

CITY OF WINONA WINONA, MINNESOTA ADMINISTRATIVE PROCEDURE	NUMBER: 104-5	REVISED: 9	PAGE <u> 1 </u> OF <u> 4 </u>
	SUBJECT: NEAR MISS AND INJURY - REPORTING REQUIREMENTS FOR OSHA COMPLIANCE		

1.0 POLICY

The City pays into the League of Minnesota Cities Insurance Trust for Workers Compensation Insurance for protection of employees from financial loss caused by accidents occurring on the job. This procedure establishes uniform injury reporting requirements so as to ensure that the proper Workers Compensation requirements are met and to ensure that the proper City and insurance officials are aware of the injuries incurred and what action may be taken to ensure prevention.

The following items are important requirements which pertain to all persons in the employment of the City. It is the department head's responsibility to see that all departmental personnel are familiar with these requirements.

2.0 ORGANIZATIONS AFFECTED:

All departments/divisions; City's insurance carrier.

3.0 PROCEDURE:

3.1 Employee Near Miss/Close Call Form

3.1.1 In the event of a work related near miss/close call, the employee will contact their supervisor. The supervisor will then file a written report to the Environmental Health and Safety (EHS) Coordinator, Benefits Coordinator and Human Resources Coordinator using the form on the Intranet

3.1.2 The Environmental Health and Safety (EHS) will review the near miss/close call form and discuss the incident with the parties involved. Changes in behavior or physical modification of equipment may be needed to eliminate the potential for future accidents.

3.2 Employee Incident Report Form (EIR)

3.2.1 In the event of a work related injury, the injured employee will contact their supervisor. The supervisor will then file a written report to the Environmental Health and Safety (EHS) Coordinator, Benefits Coordinator and Human Resources Coordinator using the form on the Intranet.

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3.2.2 In the event of serious injury the supervisor shall contact the EHS Coordinator immediately by phone. Office 507-457-8255 or cell 507-459-8369. If the EHS Coordinator cannot be reached, serious injuries shall be reported to the City Manager's Office, 507-457-8234.

3.2.2 The Benefits Coordinator will use the information provided in the injury report and any verbal information provided by the employee and/or supervisor to prepare a First Report of Injury (FRI) as well as record the information in the City's record keeping system.

3.2.3 The Benefits Coordinator shall forward the FRI to the insurance carrier when appropriate. An official response from the City to the employee will be prepared by the Benefits Coordinator and delivered via email or paper and include a copy of the FRI and statement of worker's compensation rights in Minnesota as required by OSHA. All correspondence regarding the claim will be kept in the employee's medical file for reference.

3.2.4 The EHS Coordinator shall prepare the OSHA 300 Log and Summary at year end and post as required by law.

3.3 Medical Treatment, Restrictions, and Returning To Work

3.3.1 For all injuries where medical treatment is sought, a physician's status report (PSR) listing the physical capabilities of the employee must be turned into the Benefits Coordinator before the employee resumes work. Employees may use the generic form provided by the physician or use a work capacities form provided by the City. A PSR must be provided to the Benefits Coordinator after every appointment.

3.3.2 If the employee is placed on work restrictions, an evaluation of the restrictions will be done by the department head and direct supervisor to determine if an accommodation can be made. If no accommodation can be made the employee will remain off of work until a new PSR slip is received.

3.3.3 All lost time shall be recorded on the employee's timesheet in the category "other" with the notation of work comp. The Benefits Coordinator shall notify the City's insurance carrier and the Payroll Technician about the lost

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time development. In instances of time off greater than five calendar days, the employee will also be placed on Family Medical Leave and time will run concurrently with worker's compensation leave.

3.3.4 All medical bills or reports shall be submitted to the City's insurance carrier for payment. The employee or employer shall never pay the bill of an accepted worker's compensation case. Medical bills received at home can be submitted to the City's insurance carrier through the Benefits Coordinator's office.

3.4 Wage Loss Payments

3.4.1 If an employee has received a work-related injury and has been unable to work for a minimum of three days, Worker's Compensation will begin wage loss payments. The City will follow the employee's contract language regarding the processing of payments and use of paid time during the period of disability. Non Union employees will follow the handbook language.

4.0 DEFINITIONS

Benefits Coordinator: Handles all paperwork and claim coordination with the insurance carrier.

EIR: Employee Incident Report. Completed by the supervisor and can be found on the City Intranet website.

EHS Coordinator: Environmental, Health and Safety Coordinator is responsible for investigating accidents and OSHA compliance.

Family Medical Leave: federally mandated leave time up to 12 weeks per year after one year of employment for employees working a minimum of 1,250 hours per year

FIR: First Report of Injury. Standardized form used to make a claim to the insurance carrier.

Near Miss: A non-contact situation where an accident with potential exposure to injury was narrowly avoided.

OSHA: Occupational Safety and Health Administration

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PSR: Physician Status Report. Generic form provided by the physician that states the employee's physical status for working and specific restrictions if any. May also list next appointment

Serious Injury: any injury or illness which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

Work Capacities Form: Form created by the City of Winona for physician to complete regarding the employee's physical status for work and specific restrictions if any. A PSR is also acceptable.

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5.0 APPENDICES

- A. City of Winona Employee Incident Report
(Completed by Department Supervisor)

- B. Work Capacities Form
(Completed by Physician, may be substituted with a generic Physician Status Report)

- C. City of Winona Employee Near Miss/ Close Call Form
(Completed by Department Supervisor)

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