



Tailgate Topic Review

[PP 01/20/2019 - 02/02/2019]

Accidents/Minor & Serious Injury/Illness Reporting

Types of Accidents

BCA Accident Reporting Flowchart identifies four types of accidents that must be reported.

1. BCA Employee Injured on Duty – Non vehicle
2. BCA Employee Mileage vehicle – Non Injury
3. BCA Employee Mileage vehicle – With Injury
4. Project Accident Form M-29

Each supervisor shall have full knowledge of the requirements for each type of accident.

WHAT IS BCA POLICY¹ (NON-SERIOUS INJURY/ILLNESS)

In the event of a BCA employee being injured in a work-related accident the injured employee and their supervisor are required to follow these instructions;

EMPLOYEE

1. Get Medical Care.
 - If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.
2. Report Your Injury².
 - Report the injury as soon as practically possible to your supervisor or to an employer representative.
 - Complete all the correct forms per the flowchart

COWORKER³ or SUPERVISOR

1. Assist the injured employee to the best of your ability.
 - If possible accompany the employee to the nearest Medical Provider Network facility or emergency room.
2. Gather as much information as soon as possible.
 - Interview the injured worker (See Cal-OSHA §342.9(c))
 - Interview any workers or witnesses
 - Take pictures of the accident site and any other pertinent areas
3. Cordon off the accident scene.
4. Contact the Bureau Safety Coordinator (213) 798-5153.
5. Contact the Division Chief (or Main Ofc) and give them the details.

¹ Based on BCA IIPP (Ed. 2015) & Cal-OSHA GISO Title 8

² CALIFORNIA - DIR Notice to Employees--Injuries Caused By Work DWC 7 (6/10)

³ Co-Worker can be either another BCA employee, contractor personnel or other city worker



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SERIOUS INJURY/ILLNESS

EMPLOYEE

1. Get Medical Care.
 - If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.
2. Report Your Injury
 - Either **Injured employee or co-worker** should call the supervisor ASAP
 - Report a serious injury or death
3. Collect information (**Injured employee or co-worker**)
 - Injury type and seriousness
 - Location of accident
 - What happened , how and why
 - Take pictures
 - Where the injured worker was transported

CAL-OSHA

Article 3. Reporting Work-Connected Injuries

§342. Reporting Work-Connected Fatalities and Serious Injuries

(a) Every employer shall report **immediately** by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any **serious injury or illness, or death**, of an employee occurring in a place of employment or in connection with any employment.

Definitions:

"Immediately" means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

"Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment 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, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

(b) Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part in which a serious injury, or illness, or death occurs, the nearest office of the Division of Occupational Safety and Health shall be notified by telephone immediately by the responding agency.

(c) When making such report, whether by telephone or telegraph, the reporting party shall include the following information. (**See attached form - Attachment CH11 B**)

(d) The reporting in (a) and (b) above, is in addition to any other reports required by law and may be made by any person authorized by the employers, state, county, or local agencies to make such reports.



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SPECIAL NOTES FOR SUPERVISOR:

1. No Immediate Hospitalization (but has been transported from/or left the jobsite)
 - Sometimes a work-related injury does not initially appear to be “Serious”. The injured employee may not be admitted for a period of 24 hours.
 - Sometimes the employee does not have immediate need for medical services because the injury does not fully manifest until later.
 - i. The Supervisor shall monitor the health of the employee throughout the next 24 hours.
 - ii. If the employee’s condition changes and is required to be hospitalized (or placed in emergency care) for at least **4 hours** the Supervisor shall contact the Bureau Safety Coordinator.
 - iii. The Safety Coordinator will make a Report to Cal-OSHA (if unavailable the Supervisor shall contact Cal-OSHA)
2. Follow all the standard Accident Reporting as set forth in the BCA IIPP (Ed. 2015)

DIVISION CHIEF

1. When a work-related injury occurs, the Supervisor (or other) shall contact their Division Chief and give as much information as they have available.
2. The Chief shall comply with BPW Personnel Policy #16 **“NOTIFICATION OF WORK-RELATED DEATH OR OTHER SERIOUS INCIDENTS⁴”**.
3. This notification shall be made within 6 hours of the work-related “serious injury or illness”.

Attached

1. BCA Accident Reporting Flowchart
2. Attachment CH11 B - ACCIDENTS REPORTING TO CAL-OSHA
 - a. All employees that witness a serious accident or death of a co-worker shall gather the information outlined on this form with appropriate pictures to submit to their supervisor or Civil (Safety) Engineer.
3. Personnel Policy #16

⁴ See attached policy

BCA ACCIDENT REPORTING FLOWCHART

NOTE FOR ALL FORMS: Must be signed by Supervisor Original Copy: BCA Timekeeper Copy: Safety Committee & Employee

Bloodborne Pathogen

1. Immediately clean all wounds
2. Report all contact with body fluids or infectious material to their supervisor.
3. Immediately contact City of Los Angeles Occupational Health and Safety Division (OHSD) for evaluation at (213) 473-7097.

General Public

Individual
Vehicle
Property

Contractor

Personnel
Equipment

Complete 1 Form

PROJECT ACCIDENT FORM M-29

Must be signed by supervisor

Original – Safety Engineer

Copy – Job File

NOTE:

This form needs to be filed with BCA within 5 working days after the inspector has received knowledge of accident. Report should include pictures wherever possible.

Exposure – Hazardous Chemicals

Any employee that may have had exposure to hazardous chemicals, asbestos, or lead must be reported to the Department’s Occupational Safety and Health Division immediately at (213) 473-7097.

BCA Employee

Injured on Duty – Non Vehicle

Complete 6 Forms

Box 1

Complete State WC Forms

1. State of California WC Form 5020
2. WC Claim Form DWC 1

Complete BCA Form

3. ED-18 Employee Report
4. ED-18 Supervisor Report
5. ED-18 Witness Form

Complete City Form

6. Injury Status Form 195

NOTE:

The supervisor must give the employee both claim forms (State/ED18 Form 5020 & DWC-1) within one working day of receiving notice or knowledge of injury; but the employee may choose not to file. It is however, recommended that the supervisor assists the employee to fill out the forms and keep them in case the employee changes their mind.

BCA Employee

Mileage Vehicle – Non Injury

Complete 2 Forms

Box 2

Complete City of Los Angeles

1. Automobile Accident Report Form 88
2. Supplemental Form 88

NOTE:

If the vehicle is a City owned fleet vehicle then take the vehicle to GSD Fleet Services within 5 working days. The BCA time keeper will send a Form 88 copy to GSD Fleet Services & Personnel Department.

BCA Employee

Mileage Vehicle – With Injury

Complete 8 Forms

BCA Policy: Employee w/ Serious Injury – Illness - Death on Duty

1) Call 9-1-1 2) Call Supervisor 3) Call BCA Safety Engineer 213-798-5153

Supervisor shall complete Attachment CH11 B prior to calling Cal-OSHA

CAL-OSHA NOTIFICATION

Immediately

(within 8 hours)

City Los Angeles Safety Engineer – (213) 473-6981

Cal-OSHA L.A. District Office: (213) 576-7451

Cal-OSHA Monrovia District Office: (626) 239-0369

Cal-OSHA Van Nuys District Office: (818) 901-5403

Box 1 forms

and

Box 2 forms

Heat Exhaustion

The most common signs and symptoms of heat exhaustion include: confusion, dizziness, fainting, fatigue, headache, nausea, rapid heat beat.

Things to do:

- 1) Lower Body Temp - Move person into a cool environment.
- 2) Rehydrate - Nonalcoholic and non-caffeinated beverages
- 3) Rest - No physical activity until recovered.
- 4) Call 9-1-1 if:
 - Symptoms get worse or last more than an hour
 - The person is nauseated or vomiting

Per Title 8 Section 330 (h) the definition of "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment 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, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

"Immediately" means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.



SAFETY MANUAL

11.0 ACCIDENTS REPORTING INFORMATION REPORT TO CAL-OSHA TO BE COMPLETED BY SUPERVISOR or SAFETY ENGINEER Attachment CH11 B - SERIOUS INJURY OR ILLNESS

As required by Title 8 regulations, [section 342](#), you must include the following information in your phone call, if available:

1. Time and date of accident/event

2. Employer's name, address and telephone number

*City of Los Angeles – Public Works - Bureau of Contract Administration
c/o Mr. John L. Reamer Jr. Director
1149 South Broadway, Ste 300, Los Angeles, Ca 90015
Main Office (213) 847-1922*

3. Name and job title of the person reporting the accident

4. Address of accident/event site

5. Name of person to contact at accident/event site

6. Name and address of injured employee(s)

7. Nature of injuries

8. Location where injured employee(s) was/were taken for medical treatment

9. List and identity of other law enforcement agencies present at the accident/event site

10. Description of accident/event and whether the accident scene or instrumentality has been altered.

EMERGENCY

Local Numbers to this Office or Construction Site Location

Ambulance: [\(9-1-1\)](tel:911) or [\(213\) 485-6210](tel:2134856210)

Fire-rescue: [\(9-1-1\)](tel:911) or [\(213\) 485-6210](tel:2134856210)

ADDRESS: LAFD. St#10, 1335 S Olive St, Los Angeles, CA 90015

Hospital: [US HEALTHWORKS \(213\) 401-1970](tel:2134011970)

ADDRESS: 1313 West 8th St, Los Angeles, Ca 90027

Physician: [A. Al-Pachachi, M.D. \(213\) 401-1970](tel:2134011970)

Hospital: [KAISER \(323\) 783-6621](tel:3237836621)

ADDRESS: 1526 N. Edgemont St, 1st Floor, Los Angeles, Ca 90017

Physician: [Robert Pandya MD \(213\) 783-8201](tel:2137838201)

Police: [\(9-1-1\)](tel:911) or [\(213\) 485-3294](tel:2134853294)

ADDRESS: LAPD Central St, 251 E 6th St, Los Angeles, CA 90013

Cal/osha: [\(213\) 576-7451](tel:2135767451)

ADDRESS: 320 West Fourth St. Room 670, Los Angeles 90013

Posting is required by Title 8 Section 1512 (e), California Code of Regulations



March 1990
S-500

Calendar Year

2019

State of California
Department of Industrial Relations
P.O. Box 420603
San Francisco, CA 94142-0603

OFFICE LOCATION: 1149 S. Broadway, Los Angeles 90015

It is the responsibility of the site/office supervisor to verify all numbers on this list as real working

ADOPTED BY THE BOARD OF PUBLIC WORKS

TO ALL EMPLOYEES OF THE DEPARTMENT OF PUBLIC WORKS

**SUBJECT: NOTIFICATION OF WORK-RELATED DEATH OR OTHER
SERIOUS INCIDENTS**

The Board believes it is essential that it be notified as soon as possible whenever a death has occurred and a Department employee is directly or indirectly involved as a result of his/her official City duties. This notification requirement also includes other serious incidents that need to be immediately brought to the Board's attention.

The Heads of the Bureaus and Offices in the Department of Public Works are instructed to personally notify the President or Vice-President of the Board within six hours of the incident. This notification applies on a 24-hour basis and seven days a week.

An oral presentation on the incident should be made at the next Board meeting. However the City Attorney should be contacted for advice prior to any such presentation or public release of information to ensure that the City's legal interests are protected.