

DEPARTMENT OF SOCIAL SERVICES AND HOUSING

CORRECTIONS DIVISION

POLICIES & PROCEDURES MANUAL

SUBJECT:

ACCIDENTS AND WORKER'S COMPENSATION CLAIMS

EFFECTIVE DATE: POLICY NO.: FEB 7 1986 493.01.10 CHAPTER NO.: SUPERSEDES NO.: 1 5000-Accidents

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1.0 PURPOSE

To delineate procedures which shall be followed in the reporting of accidents and the filing of worker's compensation claims.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Comptroller's Memorandum, 1985-21
- b. DSSH, Director's ICF dated, 7-9-85
- c. DSSH Policies and Procedures, 5.6.0.02, Accidents involving State Motor Vehicles

.2 Definitions

"Work Period" shall mean the normal eight hour shift or watch period to which an employee is assigned, plus any overtime required on that same shift or watch.

3.0 POLICY

All employees of the Corrections Division shall maintain and operate equipment and facilities in safe conditions at all time in order to prevent the occurrence of accidents. In the event of accidents, reporting shall be done in a timely and efficient manner.

- .1 State employees on Oahu injured in any way while performing assigned duties shall:
 - Complete and sign four (4) copies of Form WC-5, "Employee's Claim for Compensation," as soon as possible after the injury.
 - b. The employee's supervisor shall complete and submit four (4) copies of WC-1, "Employer's Report of Industrial Injury," during the work period involved.
 - c. In the event the employee needs the services of a physician, four (4) copies of Form WC-2," Attending Physician's First Report," shall be completed and submitted.

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d. All copies of the required forms shall be forwarded immediately to the Corrections Division Office.

- .2 State employees on the Neighbor Islands shall:
 - a. Prepare the same number of copies, within the same time periods, as stated above in .1 a-d.
 - b. Send the original of Form WC-5, "Employee's Claim for Compensation," Form WC-1, "Employer's Report of Industrial Injury," and For, WC-2, "Attending Physician's First Report," to the Worker's Compensation Office on their respective island.
 - c. Forward the remaining three (3) carbon copies to the Corrections Division Office.
 - d. Carrier's Case Report, Form WC-3, shall be completed by the Department's Fiscal Office <u>after</u> all of the necessary papers have been completed, determination made and award received. The Corrections Division Office will then send a completed set of papers to the employee involved.
- .3 If employees do not require the services of a physician, they shall complete four (4) copies of WC-5, "Employee's Claim for Compensation," and the supervisor shall complete four (4) copies of Form WC-1, "Employer's Report of Industrial Injury," indicating at the top left-hand corner of the forms "FOR RECORDS ONLY" to close the case. On Oahu forward four (4) copies to the Corrections Division office. On Hawaii, Kauai, and Maui send the original to the Worker's Compensation office of the respective island and forward the remaining three (3) copies to the Corrections Division office.
- .4 Supervisor Accident Report, Form DSSH 0124, (10/84), shall be compiled by the Branch safety representative for all accidents regardless of employee injury or not and forwarded to the Department Safety Officer via the Corrections Division Personnel Clerk.
- .5 Other procedures not withstanding, the Departmental Safety Officer requires 24 hours notification on all employee injuries in order to expedite that office's processing of the case. Where necessary reports are expected to be delayed beyond that time limit, telephone notification is needed.
- .6 Any inmate, ward or juvenile parolee under the jurisdiction of the Corrections Division who becomes injured shall have completed for them two (2) copies of Form DSSH 3821 (12/85), "Inmate or Parolee Injury Report," within 24 hours after the injury. The original shall be filed in the active file of the inmate or parolee and the remaining copy shall be forwarded to the Corrections Division office.

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- .7 Any collision, upset or property damage resulting from the operation of any State-owned vehicle shall be reported on ASC 309 R 22, "Automobile Accident Report," within the work period involved.
 - a. Three (3) complete copies shall be forwarded immediately to the Corrections Division office. (Refer to ADS/FIS on insurance carrier instructions.)
 - b. Any incident that results in death, major injury or major property damage shall be reported immediately to the Corrections Division Administrator and

Alexsis Risk Management, Inc. 1221 Kapiolani Blvd., Suite 901 Honolulu, Hawaii 96814

Phone (808) 531-2011 or 544-1397

- c. In case of an accident on Oahu, the driver and his supervisor should be guided by the following procedure:
 - Driver should use the accident report card, fill out the details of the accident at the scene and give it to his supervisor or business office as soon as possible during the work period. He should report personal injury or serious property damage to his supervisor at once by phone.
 - 2) It is the supervisor or business office's (whichever is notified) responsibility to report the accident immediately by phone to the claims department of Alexsis Risk Management, Inc.
 - 3) A written report must follow within five (5) working days using standard accident forms, ACORD-Automobile Loss Notice, furnished by the insurance company. Send the original and two (2) copies to ADS/FIS.
 - 4) State employees using DAGS, Motor Pool Vehicles are requested to follow Section 17c, "Accident Reports" of DAGS, Central Motor Pool Rules and Regualtions in reporting accidents instead of the procedure outlined above.
- d. For accidents occurring on the Neighbor Islands employees should be guided by the following procedure:
 - Driver should use the accident report card to fill in the details of the accident at the scene and submit it to his supervisor or business office as soon as possible during the work period. He should report personal injury or

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serious property damage to his supervisor at once by phone. The supervisor shall inform Alexsis Risk Management, Inc. immediately by phone of the accident and personal injury.

- 2) For minor accidents without injury, submit the original and two (2) copies of the accident report (standard forms) by mail to ADS/FIS. The claims representative may contact you by phone to give instructions and inform the claimant of their approved repair shop on your island.
- 3) For all major accidents (especially where injury is incurred) call Alexsis Risk Management, Inc. claims department by phone.

 Tell the operator to reverse the toll charge. Your completed accident report must follow by mail within five (5) working days.

On week-ends have the operator advise the answering service that it is an emergency and that you are representing the State of Hawaii. (Excerpt from Comptroller memo of June 26, 1985)

- e. If necessary, a claim adjuster may be sent from Honolulu. The limits of liability of the State's Auto Fleet Self-Insured Liability Program are:
 - a. Bodily Injury Liability -

\$300,000 on each person

b. Property damage - \$50,000 limit each accident

4.0 SCOPE

This policy applies to all Corrections Division personnel.

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STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES AND HOUSING

CORRECTIONS DIVISION

		N E	Office Use Non-Disabling Disabling (lost-time)
	INMATE OR	PAROLEE INJURY REPORT	
NAME OF INJURED			SEX AGE
OCCUPATION			SOCIAL SECURITY
DEPARTMENT	DIVISION	BRANCH	UNIT
LOCATION		DATE AND TIME OF	INJURY
NATURE OF INJURY			
1. What job was		tion of Accident	
	iting a neavy cast	ding tools, machine and ing onto a four-wheel to	ruck.)
on his toes.)	e injured: (Examp	ie: The casting slipped	from his grasp and fell
3. What did inma	te do unsafely? (I	Example: Tried to lift	too heavy a load.)
4. What was defe Should have h	ctive, in unsafe co ad help.)	ondition, or wrong with	method? (Example:
5. What safeguar	is should be used?	(Example: Wear safety	shoes.)
6. What steps wer to assist each	re taken to prevent n other in lifting	similar injuries? (Ex heavy loads.)	ample: Instructed men
7. What other stemechanical har	eps should be taken ddling equipment fo	to prevent a recurrence r this work.)	e? (Example: Provide
 This contains injury and med 	information necessical aid administer	ary to explain in detail red and by whom.	the accident and/or
IGNATURE OF WARD	OR INMATE	SIGNATURE OF	SUPERVISING EMPLOYEE

STATE OF HAWAII Department of Social Services and Housing

SUPERVISOR ACCIDENT REPORT

Injured Employee's Name Occupation/Position Date/Time of Injury	
Nature of Injury	postan)
[] Disabling (Time Lost) [] Medical Expenses Involved [] First-Aid Only	[] Non-Disabling [] No Medical Expenses Involved [] Other
Descri	ption of Accident
1. How or why did accident occur?	
2. How was employee injured?	
3. What wasafe conditions/acts contributed	to the accident?
4. What steps were taken to prevent a recur	rrance of the accident?
5. Were there witnesses to the accident? I ments.	of so, please list their names, and attach their state-
6. Was employee using proper safety equipment	nt? Yes No
7. Was safety equipment available at the vox	rksite? Yes %o
	Supervisor's Signature Cate
DSSH 0124 (10/84)	Department/Division/Area

FUHM WC-5 (REV. 11/78)

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DISABILITY COMPENSATION DIVISION

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

NJURED	Name
ERSON	Address
	Occupation
	Phone NoSocial Security No
EMPLOYER	
	AddressPhone No
	Nature of Business
INSURANCE	E Name
CARRIER	Address
INJURY	Date of AccidentTimeDate Disability Began
	If not on employer's premises, place where accident occurred
, ·	How did accident occur
	Reason for filing: Employer has not filed WC.1
<i>(</i>	The state of the s
	Insurance carrier has not paid benefits Reopening of old claim
	Others. Specify:
WITNESS	Name
· · · · · · · · · · · · · · · · · · ·	Address
NOTICE	Did you give employer notice of injury?
·	If so, when: How:
	To whom:
ATTENDING	Name

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