# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

### **ADMINISTRATIVE PROCEDURE**

Date Issued 01/24

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I.	APPLICATION:
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SCCCMHA Board
SCCCMHA Providers & Subcontractors
Direct-Operated Programs
Community Agency Contractors
Residential Programs
Specialized Foster Care

### II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall adhere to OSHA and MIOSHA regulations as applicable, to ensure that all employee accidents are promptly recorded (within 24 hours) and medical attention is received as appropriate.

### III. DEFINITIONS:

- A. <u>Medical Emergency</u>: Life threatening conditions that require the assistance of trained medical professionals and would necessitate a call to EMS or ambulance. Include, but are not limited to the following:
  - 1. Cardiac and respiratory emergencies;
  - 2. The presence of severe bleeding;
  - 3. Medical conditions or acute illnesses such as severe asthma, repetitive seizures, and diabetes related emergencies;
  - 4. Stroke;
  - 5. Poisoning:
  - 6. Trauma–related accidents resulting in possible fractures or multiple injuries;
  - 7. Anaphylactic reactions and any time an Epi Pen is used;
  - 8. Any time rescue medication is given for a seizure- Nayzilam (Midazolam, Diastat or Valtoco) Diazepam, etc.
- B. <u>Minor Injury</u>: Any injury/accident requiring first aid on-site such as scrapes, cuts, bumps and bruises that does not require medical attention.
- C. <u>Non-Life Threatening</u>: Any injury/accident requiring medical attention but is not life-threatening.

# IV. STANDARDS:

A. All injuries to employees occurring while on the job must be documented on an Employee Accident Report(form #0802 in Forms Index). If there is blood exposure, a Hepatitis B Exposure

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Report must also be completed (form #0912 in Forms Index). If injury requires a call to EMS an Emergency Event form (form #0910 in the Forms Index) must be completed.

- B. Any employee injuries occurring on the job that include an individual(s) receiving services must also be documented on an Incident Report (form #0057 in the Forms Index or in OASIS).
- C. Diagnosis and/or findings by McLaren Port Huron Industrial Health or Ascension River District Hospital Occupational Health remain confidential between the employee and the Health Care Provider. Communication between the Health Care Provider and the employer will be limited to Hepatitis B, medical leave of absence and worker's compensation issues, or fitness for duty exams.
- D. Failure to report a work-related accident/injury to the employer or the treating health care provider may reduce or cancel worker's compensation coverage of the accident/injury.
- E. All forms related to employee accidents are available in ADP in the Forms Index .

### V. PROCEDURES:

# A. <u>Serious Medical Emergency</u>

# **Person Discovering the Emergency**

- 1. Responds to an emergency and determines if it is safe to proceed.
- 2. Shouts for help several times to get someone's attention.

### First Aider/ Medical Emergency Responder

- 3. Checks the victim for consciousness, movement, breathing, pulse and bleeding.
- 4. Determines if the situation is a medical emergency.
- 5. Sends another staff person to call 911 and instructs the caller to report back to you the dispatcher's response. If it is determined to be an Anaphylactic Reaction, follow procedures in Adverse Drug Reaction administrative procedure #04-001-0020.

# **Staff Calling Emergency Services**

- 6. Gives EMS dispatcher the following information:
  - a. The location of the emergency (exact address, city or town, nearby intersections, landmarks, etc.);
  - b. The telephone number / extension of the phone being used;
  - c. Caller's name;
  - d. What happened;
  - e. The number of victims;

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- f. Condition of the victim(s); and
- g. Help (first aid) being given.
- 7. Stays on the telephone in case the dispatcher needs more information.
- 8. Sends available staff to initiate Medical Emergency notification using applicable Informacast code on closest Cisco telephone for the designated Medical Emergency Safety responders to respond.
- 9. Cares for conditions found. For example: Administers CPR/uses AED or other first aid measures as indicated (according to accredited First Aid and CPR standards).
- 10. Uses CPR microshield mask to administer CPR; uses disposable gloves when there is possible exposure to blood and/or body fluids. See Personal Protective Equipment administrative procedure 09-003-0005.
- 11. Supports circulation and breathing by administering CPR and/or first aid, if necessary, until professional help (EMS) arrives and relieves you.

# **Supervisor**

- 12. Assigns staff to accompany the individual to the hospital to assist in admission process into the emergency room.
- 13. Notifies emergency contact person of staff member in medical emergency.
- 14. Notifies Assistant Division Director, Program Director, and Human Resource Designee as soon as possible and informs them of what has taken place.
- 15. Completes and faxes, or sends with employee, McLaren Port Huron Industrial Health Medical Authorization (form #0725 in Forms Index) or Ascension River District Employer Authorization for Treatment/Billing (form #0730 in Forms Index) to the hospital emergency room if medical emergency is job related.
- B. Non-Life Threatening Injury/Illness

### Supervisor/Designee

- 1. Calls the McLaren Port Huron Industrial Health at 810-982-8016 or Ascension River District Occupational Health at 810-329-8912 and indicates the following:
  - a. Employee name
  - b. That they are employed by St. Clair County Community Mental Health
  - c. Gives patient employee's name and nature of illness/injury
  - d. Finds out when the patient employee should come in for the examination and treatment, which is generally immediately

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- 2. Allows provider to determine location, either clinic or hospital, of treatment.
- 3. Completes McLaren Port Huron Industrial Health Medical Authorization Form or Ascension River District Employer Authorization (forms #0725 and #0730 in Forms Index) and faxes or sends with employee to the treatment site.
- 4. Instructs employee to go to designated treatment site.
- 5. Arranges, if needed, for transportation and assistance to the hospital.
- 6. Contacts, if requested by employee, emergency contact person.
- 7. Instructs employee not to use their insurance for treatment of work-related injuries or for prescriptions, if prescribed.
- 8. Contacts Human Resource Designee as soon as possible regarding employee accident information.

# **Employee**

- 9. Submits bills and paid receipts, if personal expenses incurred, to Human Resource Department.
- 10. Submits to the supervisor, immediately upon return to work, the return to work instructions provided by the hospital after treatment.
- 11. Telephones supervisor immediately if unable to return to work and informs them of when they expect to be able to return to work.

# **Supervisor**

12. Directs inquiries regarding employee's status / condition to the provider's representative.

# **Employee**

13. Informs supervisor of appointment dates and times for follow-up care.

# C. Minor Injury

### First Aider / Medical Emergency Responder

- 1. Administers first aid for minor injuries sustained, such as cuts, scrapes, bumps, bruises, etc.
- D. Follow-Up and Documentation Requirements

# **Employee**

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- 1. Completes page one of Employee Accident Report (form #0802 in Forms Index) and Hepatitis B Exposure Report (form #0912 in Forms Index) if injury/accident involved exposure to blood or other potentially infectious body fluids.
- 2. Submits a copy to supervisor within 24 hours.

# **Supervisor**

- 3. Directs inquiries regarding employee status/conditions to the provider's representative.
- 4. Investigates any injury/accident as soon as possible, completes page two of the "Employee Accident Report" (form #0802 in Forms Index) and forwards to Safety Chairperson or Human Resources Designee within 24 hours of injury/accident. If EMS is called, completes Emergency Event Form (form #0910 in the Forms Index) and forwards to Safety Chairperson within three (3) work days.

### **Human Resource Designee**

5. Forwards Employee Accident Report (pages one and two) and Hepatitis Report (if applicable) to Program Director.

#### **Program Director**

6. Reviews, comments, signs and returns the Employee Accident Report to the Human Resource Designee.

# **Human Resource Designee**

7. Investigates accident, comments, signs and records occupational injuries and illnesses to the MIOSHA 300 log.

### **Human Resource Designee**

- 8. Coordinates the recording of the injury/accident for Workman's Compensation records (if applicable).
- 9. Maintains a central file of all Employee Accident Reports.

# VI. REFERENCES:

A. OSHA and MIOSHA

### VII. EXHIBITS:

None Available

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# VIII. <u>REVISION HISTORY</u>:

Dates issued 05/88, 04/90, 06/92, 10/94, 01/98, 05/00, 04/02, 04/04, 04/06, 06/08, 06/10, 05/12, 09/13, 11/14, 11/15, 11/16, 11/17, 11/18, 01/20, 01/21, 09/21, 11/22.