

# Safety and Accidents

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## For any life or limb threatening injury, or injury that poses an immediate threat to the employee's health:

- **Call 911 immediately** and have an ambulance transport the employee to the nearest healthcare facility.

## For all other injuries in the San Diego area:

- Call **Dr. Russell P. Dunnum** at (858) 457-4717. He can be reached 24 hours a day, 7 days a week at this number (during non-business hours, Dr. Dunnum may be paged at this number).

## For all other areas:

- Please consult [ushealthworks.com](http://ushealthworks.com) and send the injured employee to the nearest facility.

Please send the physician's form (included in this binder) along with the employee to the medical provider.

## Report all injuries as soon as possible:

- Contact **Payrolling.com Corporation** at 858-866-2600. Also, inform the employee to fax the Physician's Report Form to 858-866-2657.

## Fill out an Accident Report Form:

- Make sure the form is completed as much as possible and fax it to our office at 858-866-2657. **This form is due within 24 hours of the accident.**

## Payrolling.com is committed to returning injured employees to work as soon as possible:

- Once all the information is gathered we will work with you, the doctor and the employee to find a solution. This process is outlined in the Early Return to Work Program in the back of this binder.

**Note: PAYROLLING.COM Corporation encourages ALL of our employees to report hazardous or potentially hazardous situations at the client company. Our Illness and Injury Prevention Program contains complete details.**

# Accident Report Form



**Workers Compensation fraud is a crime, punishment is \$50,000.00 in fines and 5 year prison term.**

## Accidents must be reported within 24 hours

Please have a supervisor or manager fill out this form as completely as possible when a Payrolling.com Corporation employee has an injury on the job. Then fax to Payrolling.com Corporation: **858.866.2657** or e-mail **Melyssa@payrollingcorp.com**

Client Company	Employee's Full Name
Date of Accident	

### EMPLOYEE INFORMATION

Address, City, State, Zip and Phone	
Date of Birth (or age)	Number of hours worked per day? Number of days per week?
<b>Reported Job Title and Description</b>	
Was employee injured while on the job?	
Does employee have group health? If yes, give name of group health provider and policy number	

Time of accident
Date & time reported to employer (must be reported within 24 hours)
Reported to Whom
Employee's Supervisor
Date employee was given claim form ( <i>California only</i> )
Address where accident/incident occurred (street, city, state, zip & county). Is this the employer's premises?
Full description of accident/incident (include what employee was doing, work process, cause, injury & body part)
Supervisor's Signature
Employee's Signature

# **EARLY RETURN TO WORK PROGRAM**

## **Policy:**

**Payrolling.com Corporation** is committed to returning injured employees to modified or alternative work as soon after an injury as possible. Temporarily modifying the employee's job or providing the employee with an alternative position will do this. The employee's medical condition along with any limitations or restrictions given by the attending physician will be considered a priority when identifying the modified/alternative position.

## **Purpose:**

This program is intended to provide our employees with an opportunity to continue as valuable members of our team while recovering from a work related injury. We want to minimize any adverse effects of an ongoing disability on our employees. This program is intended to promote speedy recoveries, while keeping the employees' work patterns and income consistent. At the same time, we benefit from having our employees contribute to the overall productivity of our business.

## **Scope:**

This program applies to ALL employees of **Payrolling.com Corporation**.

## **Responsibilities:**

### **Payrolling.com Corporation**

Administration of all injuries and throughout duration of the disability will be handled by the **Risk Manager**.

The **Risk Manager** will act as a liaison between **Payrolling.com Corporation**, the client company, the injured worker, the attending physician and State Fund.

The **Risk Manager** in coordination with the client's Human Resource contact will make sure the appropriate paperwork and forms have been properly handled and submitted to the appropriate parties.

**Payrolling.com Corporation** will make every attempt to find a modified position on the job site where the employee is currently working. However, if the client job site is unable to find a modified position, the **Risk Manager** on behalf of **Payrolling.com Corporation** will work in coordination with other clients and job sites in order to find a position that fits the employee and their proposed modified duty.

## **All Client Supervisors/ Managers**

In the event of an injury, the supervisor/manager will make sure that our employee receives first aid, or if necessary, proper medical treatment at our selected medical clinic. After the employee's immediate needs have been taken care of, the supervisor/manager will notify the Risk Manager a Payrolling.com Corp. employee has been injured and where the employee has been sent for medical treatment. The attending physician shall be notified by **Payrolling.com Corporation** on the first visit that **Payrolling.com Corporation** has a return to work program and that modified/alternative work will be provided.

The supervisor/manager will work closely with the **Risk Manager** to coordinate the return to work efforts and will be responsible for introducing the employee back into the work place in the modified/alternative position. Supervisor/manager will make sure that the injured employee receives necessary assistance from co-workers and that the employee does NOT work outside of his/her restrictions. Monitoring for transition into full duty work will be the supervisors/managers responsibility.

**(Client Supervisor)** will monitor the modified/alternative work and gather any additional information that may be needed to properly handle the Early Return To Work.

**Employees**

If an injury occurs on the job, the employee is required to report it to their supervisor/manager immediately. If the injury requires more attention than first aid, the employee must proceed to our selected provider for occupational injury, **(Russell P. Dunnun, M.D., A.P.C. or an Approved State Fund Provider)**. Together with the physician, the employee’s physical restrictions and limitations shall be discussed. All employees are expected to return to the worksite the very SAME day to report the physician’s findings and to discuss modified or alternative work. This will enable all parties to be kept abreast of the employee’s condition. Employees that have an injury shall report to the worksite after each visit to discuss his/her recovery.

Once an employee has returned to work, it is his/her responsibility to work within the physical limitations that the physician has given. The employee shall perform only those duties that are assigned to him/her. An employee shall immediately notify his/her supervisor as well as Payrolling.com Corp. of any difficulty in performing the duties. The employee must also notify his/her supervisor in advance of any medical appointments. Time off will be allowed for industrial appointments. The employee shall keep his/her supervisor/manager and Payrolling.com informed of the recovery process and the ability to perform modified/alternative work.

**Payrolling.com Corporation, Clients and Employees**

If anyone involved in the Early Return to Work process has a question, they should take the time to get an answer. Unasked questions can lead to confusion. **Payrolling.com Corporation** is committed to promoting in the best possible way a full recovery for any of our industrially injured employees. **Payrolling.com Corporation**, along with State Compensation Insurance Fund is available to answer any question that may arise.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

