

# INCIDENT / ACCIDENT WORKFLOW

(EMPLOYEES AND SUPERVISORS MUST WORK JOINTLY WHEN DEALING WITH INCIDENT OR ACCIDENT CASES. ALL FORMS ARE DUE TO HUMAN RESOURCES WITHIN 24 HOURS OF EVENT)

Attend to the person(s) involved and provide First Aid and any additional Safety Measures if needed  
(Contact Emergency Personnel—911 / Remove possible threat / Caution or clear area to prevent further accidents)

**\*If Police are involved, please acquire case number for documentation\***

**CONTACT IMMEDIATE SUPERVISOR.  
IF IMMEDIATE SUPERVISOR IS NOT  
AVAILABLE, PLEASE FOLLOW THE CHAIN OF  
COMMAND LISTED BELOW**

**SUPERVISOR MUST NOTIFY ALL  
PARTIES REQUIRED**

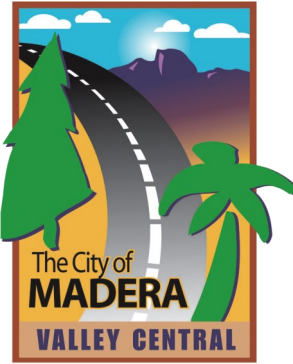
DEPARTMENT SUPERVISOR, DEPARTMENT  
MANAGER, DEPARTMENT DIRECTOR,  
HUMAN RESOURCES

**EMPLOYEE MUST COMPLETE  
INCIDENT FORM / ACCIDENT FORM**

In detail, include a description of the event.  
What and how did incident / accident occur;  
Record of events; Injury sustained; Extent of  
damage; Take photos; Gather witness; etc.

**SUPERVISOR MUST MEET WITH  
EMPLOYEE TO REVIEW INCIDENT/  
ACCIDENT FORM**

Before submitting to HR, review form and be  
sure information is clear, precise and  
accurate. Only state facts. Not opinions or  
assumptions.



**EMPLOYEE MUST MEET AND  
REVIEW FORM WITH IMMEDIATE  
SUPERVISOR**

Staff must be sure information gathered is  
clear, precise, factual and accurate. Staff  
**must not** include any assumptions, opin-  
ions or false statements.

**SUPERVISOR MUST PREPARE REQUIRED  
DOCUMENTS FOR HR**

Include **incident or accident report** in addition to other  
items (Pictures, Emails, Timeline of Events) that may be  
helpful. Speak with staff to discuss what preventative  
measures can be taken **to prevent similar outcomes**. **If  
injury was caused due to a hazard or deficiency**, please  
communicate with exterior departments to provide the  
appropriate repairs needed.

**SUPERVISOR MUST FORWARD  
DOCUMENT(S) TO HUMAN RESOURCES  
WITHIN 24 HOURS OF THE EVENT**

**If services or repairs were needed, please submit  
summary with proof of repair.**

**CHAIN OF COMMAND**

(ORDER OF CONTACT)

- 1st—Immediate Supervisor
- 2nd—David Huff
- 3rd—Ozzie Naranjo
- 4th—John Scarborough
- 5th—Mark Etheridge
- 6th—Mary Anne Seay

**EMERGENCY PERSONNEL**

- Emergency - 911
- Police Non-Emergency Number  
559-675-4200
- Fire Department  
559-675-7799
- Child Protective Services  
559-675-7839
- Adult Protective Services  
559-675-7839
- California Poison Control Sys.  
559-662-2300

# WORKERS' COMPENSATION WORKFLOW

(PLEASE FOLLOW THE STEPS BELOW WHEN DEALING WITH WORKERS' COMPENSATION CASES. ALL REQUIRED FORMS ARE DUE TO HUMAN RESOURCES WITHIN 24 HOURS)

Attend to the person(s) involved and provide First Aid and any additional Safety Measures if needed

**(IF EMERGENCY PERSONNEL IS NEEDED, PLEASE CALL 911 IMMEDIATELY)**

CONTACT IMMEDIATE SUPERVISOR AS SOON AS POSSIBLE. IF IMMEDIATE SUPERVISOR IS NOT AVAILABLE, PLEASE FOLLOW THE CHAIN OF COMMAND LISTED BELOW

## IMMEDIATE SUPERVISOR MUST NOTIFY REQUIRED PARTIES

DEPARTMENT SUPERVISOR and AMC CALL CONNECT  
(DEPARTMENT SUPERVISOR MUST REPORT UP THE CHAIN OF COMMAND AND INFORM HUMAN RESOURCES)

## SUPERVISOR MUST COMPLETE REQUIRED PAPERWORK

1. WORKERS' COMPENSATION CLAIM FORM—(DWC1)
2. SUPERVISOR'S INVESTIGATION REPORT—(FORM 7)
3. For non-emergency cases only; Take/Send employee to Concentra for treatment

## SUPERVISOR MUST RE-EVALUATE ACCIDENT

1. PREVENTATIVE MEASURES THAT CAN BE TAKEN?
2. ARE STRUCTURAL REPAIRS NEEDED?
3. WAS THIS ACCIDENT PREVENTABLE?

## SUPERVISOR MUST FORWARD DOCUMENT(S) TO HUMAN RESOURCES WITHIN 24 HOURS OF THE EVENT

If services or repairs were needed, please submit summary with proof of repair when completed.

## CHAIN OF COMMAND

(ORDER OF CONTACT)

1st—Immediate Supervisor / 2nd—David Huff / 3rd—Ozzie Naranjo /  
4th—John Scarborough / 5th—Mark Etheridge / 6th—Mary Anne Seay

