

YOUTH SERVICES POLICY

Title: Risk Management	Type: A. Administrative Sub Type: 1. General Number: A.1.7
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References: La. R.S. 39:1527 through 39:1549; Division of Administration's Office of Risk Management Exposure Reporting Manual; Catalog of Insurance Coverage's and Services; Procedures Manual for Insurance Requirements in Contracts, Indemnification Agreements; Insurance Information Notices; ACA Standards 2-CO-1B-11 Administration of Correctional Agencies) and 4-JCF-6B-02 (Performance-Based Standards for Juvenile Correctional Agencies); YS Policy Nos. A.1.14 "Unusual Occurrence Reports", A.2.48 "Driver Safety Program", A.2.49 "Worker's Compensation", A.4.1"Contract Process" and C.5.1 "Required Database Entry and Reporting Requirements"	
STATUS: Approved	
Approved By: <i>E. Dustin Bickham, JD, Interim Deputy Secretary</i>	Date of Approval: 08/14/2020

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish procedures for providing insurance coverage and for the reporting of all accidents, property damage and injuries sustained where the state may be liable for damages.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, and the Unit Safety Officers.

Each Unit Head is responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

First Report of Injury or Illness – The LWC – WC 1A-1 forms.

HR Liaison -- Designated staff assigned to complete and compile incidental forms to forward to Central Office and designated staff at Public Safety Services (PSS) related to accident/incidents at the unit level.

Unit Head -- For the purposes of this policy, Deputy Secretary, Facility Directors and Regional Managers.

Unit Safety Officer -- Person(s) responsible for bringing all affected employees into compliance and ensuring continuing compliance with the requirements set forth by ORM.

Unusual Occurrence Report – A document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee's attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs may also be submitted by email. (Refer to YS Policy No. A.1.14.)

YS Central Office -- Offices of the Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Executive Management Advisor, General Counsel, Regional Directors, and their support staff.

V. POLICY:

It is the Deputy Secretary's policy that all units follow all laws, rules, policies and procedures developed by the Office of Risk Management (ORM), and all insurance information notices to preserve and protect the assets of the State of Louisiana.

VI. PROCEDURES:

- A. The ORM "Exposure Reporting Manual", "Catalog of Insurance Coverage's and Services", "Procedures Manual for Insurance Requirements in Contracts and Indemnification Agreements and Insurance Information Notices", are the official promulgation of policies and procedures for all state agencies for incidents which may give rise to a claim against the state.

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- B. All accidents/incidents must be supported by an Unusual Occurrence Report (UOR) pursuant to YS Policy No. A.1.14.

1. Secure/Regional Staff Accident/Incidents

All accidents/incidents involving staff shall be reported immediately by the employee's supervisor on the DA2000 report to the unit Safety Officer.

The unit Safety Officer shall review the reports and forward the forms to the unit HR Liaison, who is then responsible for completing the First Report of Injury or Illness form and e-mailing the documents to designated staff at PSS: Carolyn.Hollins@la.gov and Susan.Hudson@la.gov within 48 hours of the accident/incident.

The unit HR Liaison shall maintain an Excel spreadsheet titled "Accidents/Incidents Tracking" listing the following information at a minimum per report:

- a. Date of Incident;
- b. Name of Staff Involved;
- c. Date Reports Received from the unit Safety Officer;
- d. Date Reports Forwarded to PSS;
- e. Drug Test Results, if applicable;
- f. Claim number; and
- g. Comments.

2. Central Office Accidents/Incidents

When the employee's supervisor completes the DA2000 and the First Report of Injury or Illness form, the forms shall be forwarded simultaneously to the CO designated Safety Coordinator and staff at PSS noted above. (The employee's supervisor is responsible for completing the First Report of Injury or Illness form.)

3. Secure / Regional Contractors and Visitors Accidents/Incidents

All accidents/incidents involving contractors/visitors shall be reported immediately by the contractor/visitor on the DA3000 report and forwarded to the unit Safety Officer.

The unit Safety Officer shall review the reports and forward them to the HR Liaison.

The HR Liaison shall review the DA3000 and forward the claim via email to: 6410stateofLouisiana@sedgwickcms.com within 48 hours of the accident/incident.

4. Central Office Contractor/Visitor Accidents/Incidents

All accidents/incidents involving contractors/visitors shall be reported immediately on the DA3000 and forwarded simultaneously to the CO Safety Officer and the CO Administrative Program Specialist for additional processing as outlined above.

5. Secure/Regional Vehicle Claims

The timeline requirement for reporting of accidents/incidents to ORM is 48 hours from the time of the incident, with the exception of weekends/holidays, which shall be reported on the next working day.

All vehicle claims shall be reported immediately to the unit Safety Officer on the DA2041 pursuant to YS Policy No. A.2.48. The unit Safety Officer shall review the paperwork and forward it to the Central Office (CO) Program Specialist and email to OJJ Property Claims within 24 hours of the accident.

The CO Program Specialist shall review the paperwork submitted and e-mail the vehicle claim(s) to the ORM designated e-mail box for vehicle accidents at: DOA-ORM-DA2041. The unit Safety Officer shall also be copied on the e-mail to ORM which shall provide a receipt covering the 48-hour timeline requirement for ORM audit documentation purposes.

The CO Program Specialist shall maintain an Excel spreadsheet titled "DA2041 Tracking" listing the following information per vehicle claim:

- a. Name of the employee(s) involved;
- b. Fleet Unit Name;
- c. Date of Accident;
- d. Date Central Office was notified;
- e. Date Accident was Reported to ORM; and
- f. Central Office Reported to ORM w/in 48 Hours (Y/N).

6. Secure/Regional Property Claims

Property claims shall be processed in the same manner as described in Section VI. B.3. above, with the exception noted below.

Upon receipt of the paperwork from the unit Safety Officer, the CO Program Specialist shall review the paperwork and e-mail the property claim(s) to the Sedgwick designated e-mail box for property claims at: 6410stateofLouisiana@sedgwickcms.com. A tracking log is not maintained by the CO Program Specialist for property claims; however, follow-up on the status of all property claims shall be maintained on file for each incident reported.

7. Central Office Vehicle / Property Claims

All Central Office Vehicle and Property Claims are submitted directly to the CO Administrative Program Specialist and emailed to OJJ Property Claims to ensure the 48 hour timeline for reporting by ORM/SEDGWICK is met.

C. Forms / Documentation

1. The current DA2000/DA3000 forms may be accessed on ORM's website at: <http://doa.louisiana.gov/Pages/orm/Loss-Prevention-Forms.aspx> and are also attached to this policy. The report shall include the following:
 - a. Information on the individual injured;
 - b. A description of the incident/accident (bodily injury vs. property damage);
 - c. A statement of what caused or might have caused the incident /accident; and
 - d. Any corrective action that has been taken or that should be taken to prevent recurrence.
2. The unit Safety Officer shall maintain all accident/incident DA2000 and/or DA3000 forms on file at the unit level for review by the ORM Loss Prevention Unit.

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3. PSS shall be responsible for the on-line reporting of all DA First Report of Injury or Illness forms to the appropriate ORM Claims Unit within five (5) working days of the accident/incident, pursuant to YS Policy No. A.2.49.
- D. Contractors providing social services to YS shall also provide insurance coverage as outlined in YS Policy No. A.4.1.
- E. The Undersecretary has overall supervision for ORM claims, and shall ensure applicable laws and policies are complied with through proper procedures and thorough investigation of all incidents which may give rise to a claim against the state.

Previous Regulation/Policy Number: A.1.7

Previous Effective Date: 06/10/2019

Attachments/References: DA2000 Form Rev 06 2020

DA3000 Form Rev 06 2020

STATE EMPLOYEE INCIDENT/ACCIDENT ANALYSIS FORM - DA2000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

WORKER'S COMPENSATION – FOR AGENCY USE ONLY

- This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com
- Required for all incidents/accidents except auto accidents, for which a police report serves as the investigation document.
- Keep completed forms on file at the location where the audit/compliance review will occur.

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: _____

2. ACCIDENT DATE and TIME: _____ 3. REPORTING DATE: _____

4. EMPLOYEE NAME (LAST, FIRST): _____

5. JOB TITLE: _____

6. IMMEDIATE SUPERVISOR: _____

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED: (USE ADDITIONAL SHEET IF NECESSARY): _____

8. PARISH WHERE OCCURRED: _____ 9. PARISH OF DOMICILE: _____

10. WAS MEDICAL TREATMENT REQUIRED? ____Y ____N?

11. EXACT LOCATION WHERE EVENT OCCURRED: _____

12. NAME(S) OF WITNESS(ES): _____

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____

14. SIGNATURE: _____ 15. DATE: _____

**This form is for internal use only
and is prepared in anticipation of litigation.**

STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____
17. POSITION/TITLE: _____
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? _____Y _____N
19. WAS EQUIPMENT INVOLVED? _____Y _____N (If no, skip to question 20) STATE-OWNED? _____Y _____N
- A. TYPE OF EQUIPMENT: _____
- B. IS THERE A JSA FOR EQUIPMENT? _____Y _____N C. DATE LAST JSA PERFORMED: _____
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? _____Y _____N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL? _____Y _____N
22. SAME LOCATION? _____Y _____N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION? _____Y _____N
- A. DATE & TIME: _____ B. ARE PICTURES AVAILABLE? _____Y _____N
- C. IF NO, REASON FOR NOT VISITING: _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

GENERAL LIABILITY – FOR AGENCY USE ONLY

- This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com
- Required for all incidents/accidents except vehicle accidents for which a police report serves as the proper documentation.
- Keep completed forms on file at the location where the audit/compliance review will occur.

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: _____

2. DATE and TIME of INCIDENT/ACCIDENT: _____ 3. REPORTING DATE: _____

4. VISITOR/CLIENT NAME (LAST, FIRST): _____

5. VISITOR/CLIENT ADDRESS: _____

6. VISITOR'S/CLIENT'S TELEPHONE #: _____

7. VISITOR'S/CLIENT'S DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED:

8. DID ANY EMPLOYEE ASK THE VISITOR/CLIENT IF HE/SHE WAS INJURED? ___Y ___N

9. DID THE VISITOR/CLIENT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

(IF NO, SKIP TO Q. 10)

A. WHICH PART OF HIS/HER BODY WAS INJURED? PLEASE BE SPECIFIC (e.g., RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

B. WAS MEDICAL CARE OFFERED? ___Y ___N

1. DID THE VISITOR/CLIENT ACCEPT MEDICAL CARE? ___YES ___NO

10. WERE THERE ANY WITNESS(ES)? ___Y ___N (IF NO, SKIP TO Q. 11)

A. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

B. WITNESS STATEMENT(S) ATTACHED? ___Y ___N

VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

11. DETAILED DESCRIPTION OF INCIDENT/ACCIDENT LOCATION _____

A. IS THIS LOCATION IN A STATE-OWNED OR LEASED BUILDING?

B. IS THIS SPACE SHARED WITH NON-STATE EMPLOYEES? ___Y ___N

12. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT? ___Y ___N IF YES, PLEASE PROVIDE A BRIEF SUMMARY:

13. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION(S) THAT IS/ARE APPLICABLE TO THE INCIDENT/ACCIDENT:

RAINING SUNNY CLOUDY FOGGY COLD HOT LIGHTING WIND

OTHER WEATHER CONDITION(S) _____ WEATHER NOT A FACTOR

14. CHECK THE APPROPRIATE BOX(ES) THAT PERTAINS TO THE INCIDENT/ACCIDENT:

STAIRS PARKING LOT GARAGE SIDEWALK ELEVATORS GRATING

SPONSORED ACTIVITY DORMITORY WAITING ROOM WALKWAYS RAILINGS

FURNITURE LIQUID ON FLOOR - TYPE OF LIQUID _____

FLOORING - DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____

EQUIPMENT (SPECIFY TYPE) _____ STATE-OWNED? ___Y ___N

OTHER CONDITION(S): _____

15. IF THE INCIDENT/ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (e.g., furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF INCIDENT/ACCIDENT AND NAME OF VISITOR/CLIENT.

IF THE STATE-OWNED ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED.

THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT.

IF APPLICABLE, WERE THESE STEPS FOLLOWED? ___Y ___N

16. WAS THE VISITOR/CLIENT AUTHORIZED TO BE IN THIS AREA? ___Y ___N

17. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT? ___Y ___N

(IF NO, SKIP TO Q. 18)

A. WAS A STATEMENT OBTAINED AND ATTACHED? ___Y ___N

18. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

19. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? ___Y ___N

20. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT:

DATE