

RESOLUTION 16-31

A RESOLUTION OF THE CITY OF PANAMA CITY BEACH, FLORIDA, AMENDING THE CITY'S PERSONNEL POLICIES TO UPDATE THE CITY'S WORKER'S COMPENSATION AND INCIDENT AND ACCIDENT REPORTING PROCEDURES; ESTABLISHING REPORTING AND INVESTIGATION PROCEDURE FOR ACCIDENTS AND INJURIES INVOLVING CITY EMPLOYEES OR VEHICLES, AS MORE PARTICULARLY SET FORTH IN THE BODY OF THE POLICY; ESTABLISHING A REPORTING PROCEDURE FOR CITIZENS TO SUBMIT CLAIMS FOR ACCIDENTS OR INJURIES INVOLVING A CITY EMPLOYEE OR VEHICLE; PROVIDING FOR RECORD KEEPING; REPEALING ALL POLICIES OR RESOLUTIONS OR PARTS THEREOF IN CONFLICT HERewith TO THE EXTENT OF SUCH CONFLICT; AND PROVIDING AN IMMEDIATELY EFFECTIVE DATE.

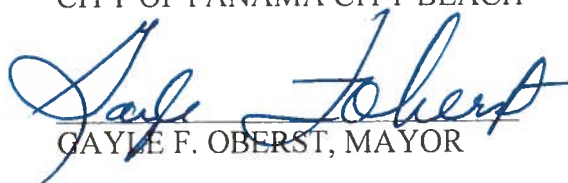
BE IT RESOLVED by the City Council of the City of Panama City Beach, from and after the effective date of this Resolution, that the Drug and Alcohol Policy attached and incorporated herein as Exhibit A to this Resolution, is hereby adopted.

AND BE IT FURTHER RESOLVED that all policies or resolutions or parts of policies or resolutions in conflict herewith are repealed to the extent of such conflict.

THIS RESOLUTION shall take effect on 1-14-16.

PASSED, APPROVED, AND ADOPTED in regular session this 14<sup>th</sup> day of January, 2016.

CITY OF PANAMA CITY BEACH

  
GAYLE F. OBERST, MAYOR

ATTEST:

  
DIANE FOWLER, CITY CLERK

## MEMORANDUM

TO: CITY COUNCIL  
CC: MARIO GISBERT, CITY MANAGER  
FROM: DIANE FOWLER  
DATE: 01/07/2016  
SUBJECT: WORKMAN'S COMPENSATION POLICY

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There were minor changes to the Workman's Compensation policy consisting of updating contact information, creating a digital copy of all related forms, and adding and updating current care providing facilities. A checklist has been created to assist supervisors during after hour situations and a coversheet developed to let the care facility know the employee is being seen for a drug test and possibly for care due to a work-related issue and is authorized by the City and the Workman's Compensation Insurance provide to receive this care and test.

Staff recommends approval of the updated policy as presented.



**WORKMAN'S COMPENSATION AND  
INCIDENT AND ACCIDENT  
REPORTING PROCEDURES**

Revised January 2016

Exhibit A

## **SECTION 1 Scope**

These procedures apply to employees in all departments and divisions of the City of Panama City Beach.

Property owned by, or in the custody of, City of Panama City Beach is covered by the City's Insurance Programs. Employees' personal property in vehicles or buildings is the responsibility of the employee.

It is recognized that there will be situations that require a deviation from these procedures. They are intended as guidelines and detail only the minimum steps required to avoid financial penalties. It is important that all deadlines be adhered to.

## **SECTION 2 Incident/Accident Reporting & Investigation Policy**

An incident/accident is any event that results in or has the potential to result in an injury to City personnel or damage to City property. Public liability is an incident/accident for which the City may be responsible due to a condition created by the City or by the action of a City employee. When an incident/accident involving City employees, property or liability does occur, the employee is to report the event to their supervisor immediately after occurrence of the incident. This is to include minor injury and property damage as well as public liability incidents. The importance of reporting each and every incident in a timely manner cannot be over emphasized. Even if an incident/accident/injury seems minor at the time of occurrence, it can develop into something more serious at a later date. If the incident is documented, it will be much easier to process the claim at the appropriate time.

Supervisors and/or supervisor designees are responsible for insuring that all employees are notified of their responsibility to report ALL incidents/accidents/injuries as they occur and the proper procedures to follow. Supervisor and/or supervisor designees are responsible to ensure that ALL employees involved in reportable accidents/injuries are sent for a drug screen.

Supervisors and/or supervisor designee are expected to investigate all incidents/accidents. The information attained during the investigation will be used to determine the conditions, circumstances, and events leading up to and causing the incident or accident.

The Safety Team Member will be available to assist the respective supervisor and or supervisor's designee in the investigation if needed. Incident/accident or a substantial property damage that occurs after normal business hours, the respective supervisor and/or supervisor designee should contact their Department Head.

Discussion of the reported incidents/accidents/injuries/illnesses will take place at the City Safety Advisory Committee Meeting for review of cause and recommendations will

be issued in an effort to prevent recurrence. It is beneficial for incident/accident reports within a department to be discussed at department level safety meetings.

### **SECTION 3 Workers' Compensation (Employee Injury or Illness) Reporting Procedures**

Report the incident/accident/injury to Workmen's Compensation (Florida League of Cities) immediately by telephone (877-676-3890) in order for employee to be given the proper medical attention by an appropriate medical provider.

ANY employee involved in the accident/injury must receive a drug screen. Supervisor and/or supervisor designee is responsible for calling the respective medical clinic and/or hospital to arrange for this drug screen and in cases of minor injuries the employee is required to complete and take the Post Accident Drug Screening Form to the clinic.

#### **Medical Providers:**

##### **Emergency Care:**

**AMBULANCE** 911

**Bay Medical Center - 24 Hrs Service** 769-1511  
615 N. Bonita Avenue  
Panama City, Florida 32402

##### **Primary Medical Provider (during normal business hours)**

**Go Doctors** 234-8511  
8811 Front Beach Road  
Panama City Beach, Florida 32407

**Bay Medical Center** 636-3175  
11111 PC Beach Parkway  
Panama City Beach, Florida 32407

##### **Drug test ONLY (no injury)**

**Arcpoint Labs** (850) 640-0950  
2012 Lisenby Ave.  
Panama City, FL 32405

Using the information provided - The First Notice of Injury Report will be filed by the supervisor and/or supervisor designee with the workers' compensation claims servicing company. The First Notice of Injury is required by the State of Florida within seven days

of injury or the City will sustain a \$500.00 financial penalty which will be assessed back to the respective department/division.

Supervisors and/or supervisor designees should investigate the incident/accident, complete the necessary forms and forward to the HR Director and Safety Coordinator within 48 hours.

If the accident/incident results in an employee exposure to bodily fluids or other potentially infectious materials, contact the Fire Department immediately for assistance in handling the incident to ensure the health and safety of the employee and that the Blood borne Pathogen Exposure Control Plan as described in Part XVIII, pg 59 of the Safety Manual is followed.

If the employee is absent from work due to the injury, the supervisor and/or supervisor designee must insure that the absence is authorized by a physician. All periods of disability must be documented by a medical notice from an authorized physician. The documentation provided to the employee by the authorized physician is to be forwarded to the HR Director/Florida League of Cities.

Injured employees must have a return-to-work release from their physician before they can be allowed to resume any job duties. Review the release carefully and follow any work restrictions indicated by the physician. Notify HR/Florida League of Cities and your immediate Departmental Head immediately and forward a copy of the release to HR/Florida League of Cities.

The injured worker should contact HR/Florida League of Cities with any question for medical needs during the course of their injured status.

#### **SECTION 4    Vehicle Accident Reporting Procedures**

Supervisor and/or supervisor designee should respond to and investigate all vehicle incidents/accidents that result in damage to fleet equipment, complete Vehicle Incident/Accident Report and forward to the Department Head immediately for further review and handling. Report form should be forwarded to HR/Florida League of Cities, with a copy to the City Manager and Safety Coordinator.

Should the supervisor and/or supervisor designee feel the severity of the accident requires assistance they should contact the Superintendent or if after normal business hours contact Department Head.

If the incident/accident involves a citizen, and if the citizen is injured, the City employee should offer to call an ambulance, and if the person is incapacitated or unconscious, then the employee should call an ambulance.

Secure the area, equipment and personnel from further injury or damage.  
Notify the appropriate law enforcement authority: (911 for all depending on location)

Bay County Sheriff's Office	
Lynn Haven Police Department	911
Panama City Police Department	911
Panama City Beach Department	911
Parker Police Department	911
Springfield Police Department	911
Florida Highway Patrol	911

**SECTION 5 Citizen Claims / Public Liability Reporting Procedures**

Public liability is defined as an incident or accident for which the City may be responsible due to a condition created by the City or by the action of a City employee.

No indication or commitment should be made that the City assumes liability.

Citizen Claims should be reported immediately to your immediate Supervisor. Citizen Claim Form has been established to assist in reporting third party liability claims to Human Resources/Florida League of Cities. Forms will be sent to the Human Resources/Florida League of Cities with a copy to the Safety Coordinator.

**SECTION 6 City of Panama City Beach Property Losses**

City property that is damaged or lost should be reported to your immediate Supervisor by completing the form -Property Loss or Damage Report.

**SECTION 7 Record Keeping**

Records provide the information that enables Management and the Safety Team to determine where the accidents are occurring and the types of incidents/accidents that are most costly. By reviewing and analyzing this information on a monthly basis, management with the help of the Safety Team can direct its efforts in accident prevention by concentrating on the locations and the types of accidents causing the highest frequency so that control measures can be implemented.

Human Resources/Florida League of Cities shall keep on file for each department:

- Incidents/accident reports of injured workers
- Vehicle/Fleet claims
- Workers' Compensation claims

Supervisors and/or supervisor designees shall keep on file for each department:

Property and substance inventories and locations  
Reports of exposure to toxic materials or harmful physical agents  
Safety Audit  
Safety Training Records

Incident/Accident reports will be kept current and reviewed monthly for trends

**Attachments:**

Workman's Compensation checklist  
Panama City Beach Post Accident Drug Screening/Medical Care Authorization Form and cover sheet  
Vehicle Incident/Accident Report  
City of Panama City Beach Citizen Claim Reporting Form  
Property Loss or Damage Report



## WORKERS COMPENSATION CHECKLIST

\_\_\_\_\_ Determine if situation is a medical emergency or not.

\_\_\_\_\_ if an emergency exists, send employee directly to emergency room then call the Florida League of Cities at 877-676-3890 and report incident/injury and provide information for first report of injury immediately. Contact HR.

\_\_\_\_\_ If not an emergency, obtain enough information about the incident/accident as possible. Gather names of witnesses, phone numbers, date and time etc.

\*\*\*\* Fill out other reports as needed provided in the Workman's Compensation Incident/Accident reporting Procedures Policy\*\*\*\*

\_\_\_\_\_ Contact the Florida League of Cities at 877-676-3890 and complete the first report of injury. During business hours obtain a claim number and add to drug screen/medical care authorization form cover sheet.

\_\_\_\_\_ Fill out Post Accident Drug Screening/medical care authorization form and give to employee identifying where to get drug testing and medical care done.

\_\_\_\_\_ Contact HR via email or phone call and report everything accomplished.

**\*\*\*\*\* Reporting is mandatory and should be accomplished as quickly as possible regardless if employee feels there is a need for medical attention or not.\*\*\*\*\***

**CITY OF PANAMA CITY BEACH POST ACCIDENT DRUG SCREENING/MEDICAL  
CARE AUTHORIZATION FORM**

**Cover Sheet**

The individual listed on the attached form is authorized to receive a drug screen and if applicable, medical care pursuant to an accident/injury presumed to be a result of a work related incident.

The associated workman's compensation claim number is # \_\_\_\_\_

If you have not received a workman's compensation claim number, please contact the Florida League of Cities immediately by telephone (877-676-3890) in order for employee to be given the proper medical attention by an appropriate medical provider.

If there are any questions regarding authorization or billing, please contact

Diane B. Fowler  
110 S. Arnold Rd  
Panama City Beach, FL 32407  
850-233-5100 X2409 During business hours  
850-890-6330 Cell after hours

**CITY OF PANAMA CITY BEACH POST ACCIDENT DRUG SCREENING/MEDICAL  
CARE AUTHORIZATION FORM**

**GO DOCTORS**  
8811 Front Beach Rd  
Panama City Beach, Fl 32407  
Mon-Fri 8am-5pm  
850-234-8511  
Or  
2306 HWY 77  
Panama City, Fl 32407  
850-763-9744

**BAY MEDICAL CENTER**  
615 N Bonita Ave  
Panama City Beach, Fl 32401  
24 hour Emergency Svs  
850-769-1511

**ARCPOINT LABS**  
2012 Lisenby Ave  
Panama City, Fl 32405  
Mon-Fri 8am-4pm  
850-640-0950  
**Drug test only!!**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ Picture ID Required: Yes 24 Hour Time Frame: Yes

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: City of Panama City Beach, 110 South Arnold Road, Panama City Beach, Fl 32413

CONTACT: Diane Fowler (850) 233-5100, ext. 2409 or 850-890-6330 cell

Drug tested at: \_\_\_ Arcpoint Labs \_\_\_ Go Doctors \_\_\_ Bay Medical Center

**These facilities use** the eScreen Instacheck 5 panel screening system. This is a Post-Accident Drug screen.

By signing below I give permission to be tested, and hold NO one responsible for a positive result, except myself, who gave the urine sample.

\*\*\*\*If you are taking any prescription medication, bring the bottles with you.

\*\*\*\*Bring a Picture ID

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

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

Print Name: \_\_\_\_\_

## VEHICLE INCIDENT/ACCIDENT REPORT

In the event of a vehicle/fleet accident:

1. DO NOT discuss accident with anyone other than law enforcement or City Representative
2. DO NOT admit liability or fault
3. DO NOT state the City will take care of damages
4. DO NOT sign any documents w/o City Representation
5. SUPERVISOR COMPLETE and return this report to Human Resources/Florida League of Cities immediately

NAME OF CITY DRIVER: \_\_\_\_\_ VEHICLE #: \_\_\_\_\_

DEPT/DIV: \_\_\_\_\_ DATE & TIME : \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

ESTIMATED COST OF REPAIR: (attach copy of Police Report) \$ \_\_\_\_\_

### INFORMATION OF OTHER VEHICLE(S) (If applicable):

Name \_\_\_\_\_ Address \_\_\_\_\_

Vehicle Year, Make & Model \_\_\_\_\_

License Plate Number \_\_\_\_\_ Driver License Number \_\_\_\_\_

### WAS ANYONE INJURED?

INJURY TO CITY EMPLOYEE(S) - CALL SUPERVISOR

Driver/Employee \_\_\_\_ Yes \_\_\_\_ No Passenger(s) in City Vehicle \_\_\_\_ Yes \_\_\_\_ No

Name(s) \_\_\_\_\_

Occupant(s) of Other Vehicle \_\_\_\_ Yes \_\_\_\_ No

Name(s) \_\_\_\_\_

Pedestrian(s) \_\_\_\_ Yes \_\_\_\_ No Name(s) \_\_\_\_\_

DESCRIPTION OF ACCIDENT (What happened, who was involved? What injuries or damage resulted? Did Police investigate?) \_\_\_\_\_

\_\_\_\_\_

### Vehicle Incident/Accident Report

Check "Yes" or "No"

1. Were driver's usual duties and usual route being followed at the time?  Yes  No
2. Did Weather or road conditions contribute to the accident?  Yes  No
3. Is there any evidence of need for further training?  Yes  No
4. Can driver attitude, courtesy, etc. be further improved?  Yes  No
5. Was driver properly using seat belt or similar protection against injury?  Yes  No
6. Is vehicle proper size, type, etc. for job being performed?  Yes  No
7. Would additional units or other accessories make operation easier and safer?  Yes  No
8. Did mechanical features or failures contribute to this accident?  Yes  No
9. Any evidence that vehicle is being misused, i.e., speed?  Yes  No
10. Any evidence that vehicle is not receiving proper service or maintenance?  Yes  No
11. Was vehicle overloaded, according to design capacity?  Yes  No
12. Was cargo properly distributed, secured; or passengers properly seated?  Yes  No
13. Can routing or scheduling of trips be improved?  Yes  No
14. Are parking and loading facilities adequate?  Yes  No
15. Could further driver action, within reason, have prevented the accident?  Yes  No

### CAUSES OF ACCIDENTS

Accidents are caused by Driver Failure, Vehicle Failure and the Environment. In some cases all contribute to the accident. Often what seems to be the obvious cause is assumed to be the only cause. You should seek out all contributing factors. The driver should be interviewed and the actual scene of the accident visited when necessary to properly visualize conditions. The idea of investigation as a means of "fixing blame" should be minimized - The primary purpose should be preventive action.

Supervisor's Comments - Include action taken to prevent recurrence and/or plans for future action.


WITNESS CONTACT

INFORMATION: \_\_\_\_\_

SIGNATURE INVESTIGATOR/SUPERVISOR FILING REPORT: (Print & Sign)
SIGNATURE DEPARTMENT DIRECTOR AND/OR DIVISION MANAGER: (Print & Sign)

CITY OF PANAMA CITY BEACH  
Citizen Claim Reporting Form

Date and Time of Incident: \_\_\_\_\_

Date and Time of Notification: \_\_\_\_\_

NAME AND ADDRESS OF CITIZEN:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was City Property involved in Incident:

\_\_\_\_\_

Was City Employee(s) involved - Name & Emp I.D. #:

\_\_\_\_\_

Names/Phone Numbers of any witnesses:

\_\_\_\_\_

\_\_\_\_\_

Investigating Supervisor's Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures:

\_\_\_\_\_

Claim Taken by (Printed Name and Signature)

Date

\_\_\_\_\_

Investigating Supervisor and/or Designee (Printed Name and Signature)

Date

\_\_\_\_\_

Department Director or Superintendent (Printed Name and Signature)

Date

## PROPERTY LOSS OR DAMAGE REPORT

THIS FORM IS TO BE COMPLETED AND FORWARDED TO YOUR SUPERVISOR

PLEASE CHECK ONE:  LOSS  STOLEN  DAMAGED

\_\_\_\_\_  
Department Division/Section

\_\_\_\_\_  
Name/Employee Employee ID #

\_\_\_\_\_  
Date/Time of Incident

\_\_\_\_\_  
Location of Incident

Property Description:  
\_\_\_\_\_  
\_\_\_\_\_

City ID#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Estimated Loss: \$ \_\_\_\_\_ Pictures Attached: [  ] Yes [  ] No

Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Information: (attach any witness statements)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signatures: (Print Name & Sign)

\_\_\_\_\_  
Investigating Supervisor/Supervisor Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date