

SAM—GENERAL

MEDICAL AND HOSPITAL SERVICES PROVIDED BY STATE INSTITUTIONS (Revised 8/92)

0190

State agencies are responsible for carrying out the policies of this SAM Section.

Extensive medical and hospital services should only be provided to the inmates, wards, patients, members or students for whom the State-operated medical facilities were established. This is because of physical and policy limitations.

Employees. Limited care and treatment of employee injuries and illness is permitted. In this case the medical staff, equipment, materials, and hospital services may be used. The illness or injury must be reported to arise out of and occur during the course of State employment. They also must be within the scope of the State's liability as defined by Workers' Compensation and Safety Laws. The following are considered to be reasonable services:

1. First aid treatment.
2. First medical treatment of a work injury.
3. Diagnosis and prognosis of conditions connected with work.
4. Arrangement for further treatment.
5. Evaluation of the physical ability of an injured employee to return to work.
6. Pre-employment and periodic physical exams for fitness and ability to safely perform arduous and hazardous tasks.
7. Preventive measures such as chest x-rays, lab tests, immunization and other measures that will minimize hazards of exposure to contagious diseases while at work.

First medical treatment of a work injury should usually be limited to injuries that will not require more than five visits to a first aid clinic or will not result in a disability beyond the date of the injury. Injury that will result in a temporary disability payment or a permanent disability should be treated by a panel physician outside of the institution. Injuries that require hospitalization should also be treated by an outside panel physician.

See SAM Sections 2581.4 through 2581.6 for procedures on reporting employee work injuries.

Visitors. First aid is the only medical service that should be given to visitors who become ill or are injured while on state property. Medical personnel must be certain that one of the following has occurred before the visitor is discharged:

1. The visitor has been transferred to another physician.
2. A friend or relative has accepted responsibility for further care.
3. The visitor can properly take care of himself or herself if no further medical attention is needed.

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0190 (Cont. 1)

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When outside physicians or ambulances are called, it should be made clear to the visitor that the visitor, and not the state, is responsible for the costs of all medical care, treatment, and other provided services.

When the visitor alleges injury or was involved in an accident on state property, Accident Report form, STD. 268 *must* be filled out. See Appendix A-1. SAM Section 2460 explains the reporting procedures.

Records. Complete records must be kept of all first aid services rendered at state medical facilities. The records must fully identify:

1. The person treated.
2. The date of the injury or illness.
3. The full diagnosis.
4. The reason the treatment was needed; i.e., a description of the accident, etc.
5. The services rendered, including drugs and supplies used.

SAM—GENERAL

STATE OF CALIFORNIA

**ACCIDENT REPORT
(Other than Motor Vehicle)**

STD. 266 (REV. 6-94)

*This report should be completed
and distributed within 48 hours of
the incident. Attach any photos or
diagrams.*

CONFIDENTIAL—ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except authorized state officials.

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME
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INJURED PARTY INFORMATION

INJURED PARTY'S NAME (Last, First, M.I.)	BIRTH DATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
NATURE AND EXTENT OF APPARENT / CLAIMED INJURY (Describe incident in detail on reverse.)		

PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM	FIRST AID GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM
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PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, M.I.)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE / LOSS (Describe in detail on reverse of this page)		

WITNESS INFORMATION

NAME (Last, First, M.I.)	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER
1.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
2.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
3.	WORK	()
	HOME	()
DRIVER'S LICENSE NUMBER:		()
REPORTING AGENCY NAME		
REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)		TELEPHONE NUMBER ()
REPORTING EMPLOYEE'S SIGNATURE <i>[Signature]</i>		
REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)		TELEPHONE NUMBER ()

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