

**SAM—GENERAL**

This chapter covers general items concerning the authority of the departments of Finance and General Services, the ability of directors to reorganize their departments, general statewide office hours, and medical services provided to employees and visitors at State institutions.

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**SAM—GENERAL**

**GENERAL POLICY** (New 8/92)

**0100**

This chapter defines general policy concerning the authority of the departments of Finance and General Services, the ability of directors to reorganize their departments, general statewide office hours, and medical services provided to employees and visitors at State institutions.

**TERMS AND DEFINITIONS** (New 8/92)

**0101**

DHS. The Department of Health Services.

DPA. The Department of Personnel Administration.

DGS. The Department of General Services.

DOF. The Department of Finance.

Staggered work hours. Where employees arrive and leave the work place at different times, by an approved fixed schedule.

Flex-time. Where employees can arrive and leave the work place at different times, but not by an approved schedule, as long as they work their full assigned number of hours.

Panel physician. A physician with whom the employee is preregistered.

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**DEVELOPMENT AND ENFORCEMENT OF POLICY**

(Revised & Renumbered from 0100 8/92)

**0110**

DGS develops policies and procedures to ensure effective departmental operations. DGS also enforces its policies, investigates and holds proceedings as it deems necessary to conserve the rights and interests of the State. See Government Code Section 14600.

**APPROVAL OF PROPOSALS FOR REORGANIZING A DEPARTMENT**

**0130**

(Revised and Renumbered from 0101 8/92)

The director of each department may reorganize the department. This includes arranging and classifying the work of the department and consolidating, abolishing or creating divisions.

Except as provided by law, all organizational plans and changes at the division level or higher require the approval of the Governor. These plans and changes must be submitted through the agency Secretary and DOF. They will make their comments and recommendations to the Governor. It is best to have DOF review a reorganizational proposal as early as possible. In this way problems can be spotted and addressed promptly.

All reorganizations that may change the level of expenditures, including those below the division level, must be reflected in the Governor's budget. They must also be compatible with the programs authorized by the Legislature and with legislative intent. If new or revised programs are proposed, the Legislature must be informed. This can be done by a revised presentation in the Governor's budget, a DOF Letter, or a Section 28 Letter.

This SAM Section covers only reorganizations initiated by the director of a department. Other types of reorganizations are Executive Reorganizations pursuant to Government Code Sections 12080 through 12081.2, and those resulting from changes in laws.

**SAM—GENERAL**

**REPORTS TO DEPARTMENT OF FINANCE AND/OR DEPARTMENT  
OF GENERAL SERVICES (Revised 8/92)**

**0150**

DOF and DGS are authorized to require State agencies to submit operating reports. The reports required, forms used, and time and method of submittal are discussed in other sections of this manual. See Government Code Sections 13291, 13292, 14618 and 14746.

**SAM—GENERAL**

**REQUESTS FOR APPROVAL** (Revised 8/92)

**0170**

DOF and DGS are responsible for generally supervising all matters concerning the financial and business policies of the State. Unless exempted, all State agencies must have their contracts and agreements approved by DGS. Changes in financial and business policies must be approved before negotiations are started. See SAM Section 1200.

Government Code Section 11020 requires all State agencies to be "open for the transaction of business" from 8:00 a.m. to 5:00 p.m. every day except Saturdays, Sundays, and legal holidays. The legal holidays are listed in Government Code Sections 6700 through 6709.

Any State agency or administrative unit may stay open at other times, as long as the rules and laws and labor agreements about employee hours of work are not broken.

There must be full public access during the required open hours. Department directors and other managers must assign staff to respond to citizen needs during the legal open hours. Even with staggered work hours, flex-time and other similar arrangements, it is not necessary to budget more positions in order to meet the need for full public access. Skeleton staffing at information centers and coordination of telephone lines for answering service should permit adequate response. During the legal open hours, the public should not be told that the office is closed, that they must call again, nor that they must return on another day.

## 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.

(Continued)

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0190 (Cont. 1)

**MEDICAL AND HOSPITAL SERVICES PROVIDED BY STATE INSTITUTIONS**

(Revised 8/92)

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 ( )

DISTRIBUTION: ORIGINAL--OFFICE OF THE ATTORNEY GENERAL, TORT UNIT, P. O. BOX 944255, SACRAMENTO, CA 94244-2550 (OR IMS D-3)  
COPY--OFFICE OF RISK AND INSURANCE MANAGEMENT, 1325 J STREET, SUITE 1800, SACRAMENTO, CA 95814 (OR IMS D-32)  
COPY--RETAINED BY REPORTING AGENCY



## **SAM—GENERAL**

### **EMPLOYEE PHYSICAL EXAMS**

**0191**

(Revised 03/02)

When physical examinations are required for pre-employment or as a condition of employment, the state will provide or pay for them. The applicant must pay for any more studies or exams beyond the approved level.

State agencies that have an occupational medical clinic must perform the exams except when it costs less to have them done by an outside service.

Agencies that do not have a medical clinic should have the exams done by a state facility if possible, or by an outside service. In either case, the agency must pay for the exam.

The State Personnel Board is responsible for ensuring the uniformity of health questionnaires and exam forms. The State Personnel Board's Medical Officer must approve any job classification's requirement for all tests or procedures. The description of all special or extensive tests or procedures must also be approved by the Medical Officer.

The DHS sets the dollar amount that the State will pay for all exams and related medical services. The most allowed for a general physical exam (including routine, complete urinalysis) is \$70.15. This amount may be changed by a Memoranda of Understanding applicable to rank and file employees or by DPA regulations that apply to employees excluded from collective bargaining. The State will also pay for required diagnostic services or special tests when they are not commonly performed as part of the general physical exam. Reimbursement for physician services will be based on the proper unit value listed in the "1974 California Relative Value Studies".

A copy of the 1974 California Relative Value Studies is kept by the DHS's Rate Development Branch, (916) 657-1566 or CALNET 437-1566

**FEE SCHEDULES, MEDICAL AND RELATED SERVICES**

**0192**

(Renumbered from 0191, 0191.1, 0191.3, 0191.4 and Revised 8/92)

Fee schedules. Fee schedules include, but are not necessarily limited to, the following:

1. Medical.
2. Dental.
3. Optical.
4. Hospital.
5. Nursing home.
6. Related services.
7. Drugs.
8. Medical appliances.

These fees are binding on the programs of all agencies except those financed under an insurance principle as in the case of the State Compensation Insurance Fund and the Disability Insurance Program.

DHS has the primary responsibility for developing fee schedules for medical, dental, and related services. Policy related to priorities, expansion, or contraction of medical care programs is the responsibility of the program agency.

Sections of the schedules of maximum allowances for medical and related services are published and periodically revised by the DHS. If you need a copy, contact the department.

Advisory Committees. Advisory Committees selected for the administrative and technical staffs of program agencies concerned with medical care will be established. These committees will be created as needed to advise DHS on a particular problem or group of problems. They will serve until a solution for the problem or issue is developed.