Safety Responsibilities
SET MEDIC

In addition to their Health and Safety responsibilities, Set Medics are responsible for gathering and recording injury and illness-related information required by state and federal law and Production company policy. Regardless of payroll company, your Production Office Coordinator needs information on every employee who suffers a work-related injury or illness.

Please remember that the forms you are required to fill out are legal documents, so be as accurate and thorough as possible. If you have any questions when filling out forms, call the injured employee's payroll company's Workers' Compensation Department for assistance:

Warner Bros.: (818) 977-7232
Cast & Crew: (818) 848-4614
Entertainment Partners: (818) 955-6199

When you start work:
1. Obtain *Location Set Medic Packet* from your Production Coordinator or payroll company.
2. **Review the paperwork requirements**.

Participate in the Injury & Illness Prevention Program:
1. Read and understand safety literature:

Obtain and review the ***General Safety Guidelines for Production (Form 1),*** sign the ***Employee Acknowledgement Form*** and turn it in to the POC. Additional information is available from the IIPP Manual, which can be obtained at **www.safetyontheset.**com along with all **AMPTP Safety Bulletins** and other safety info.
Read the distributed **AMPTP Safety Bulletins** related to the specific hazards that you may come into contact with on the production (i.e. helicopters, firearms, appropriate clothing, etc.)

2. Attend and participate in safety meetings to review the following:

Safety aspects of the day's activities and the particular hazards of the location.
Elements of the **Emergency Plan,** such as the location of emergency equipment, exits and telephones on site, and emergency procedures, such as evacuation plans in case of fire, nearest hospital name, location and phone number, etc. Set up your equipment accordingly.

IF AN INJURY IS SEVERE, DIAL 911 OR YOUR FACILITY'S EMERGENCY RESPONSE NUMBER FOR TREATMENT AND TRASNPORTATION OF THE PATIENT TO A HOSPITAL.
(Ensure the employee's supervisor has arranged for a return ride from the hospital.)
THEN <u>IMMEDIATELY CALL THE UNIT PRODUCTION MANAGER</u>. IF YOU CANNOT REACH THE UPM, CALL THE PRODUCTION OFFICE COORDINATOR AND THE PRODUCTION SAFETY REPRESENTATIVE IMMEDIATELY. YOU MAY LEAVE VOICE MESSAGES – BUT YOU MUST CONTINUE TO CALL UNTIL YOU SPEAK TO A LIVE PERSON.

<u>Serious Accidents, Injuries and Mishaps</u>
Serious accidents, injuries and mishaps are incidents that require transportation by ambulance, visitation to the hospital by one or more employees, any treatments greater than general first aid, or any serious property/asset damage.

For all serious injuries, the Set Medic/First Aid attendant must do the following:
1. **Notify the UPM of the injury.**
2. Provide the patient with ***Workers' Compensation Form*** or local equivalent. (The patient must sign and date a receipt. If the patient refuses the form, <u>be sure</u> to document this in your notes.)
3. FAX completed forms to the appropriate **Workers' Compensation Department**:
   a. Warner Bros.: (818) 977-6787
   b. Cast & Crew: (818) 848-4614
   c. Entertainment Partners: (818) 559-3283

d. Production Safety Representative: (818) 954-2805

1. SEND a completed copy of the form to your **Production Executive** with that day's production report.
2. Fill out ***Employer's Report of Occupational Injury or Illness*** **(Form 5020)** or local equivalent. Record the patient's recounting of events in quotes. Do not speculate.
3. FAX completed Form 5020 (or local equivalent) to the **Production Safety Representative** at (818) 954-2805.
4. Complete a ***Refusal of First Aid*** form if the employee refuses to be treated at the scene of the incident or transported to the hospital.

Non-Serious Injuries

If the injury is NOT severe, but requires medical attention:

1. Provide the employee with a medical authorization slip for the employee's payroll company.
2. Refer the employee to a clinic from the employee's payroll companies list of approved clinics. (If out of Southern CA, use the closest occupational health clinic or emergency room.)
3. Arrange for transportation of the employee to the clinic if the employee is not capable of driving.
4. For follow-up treatment, have the doctor's office of hospital contact the payroll company's Workers' Compensation Department for proper authorization. If referral to a specialist is needed, contact the Workers' Compensation Department and they will make the necessary arrangements.
5. Offer the employee **Form DWC-1** or local equivalent.
6. Complete **Form 5020** or local equivalent and fax it immediately to the employee's payroll company's Workers' Compensation Department and to your **Production Office Coordinator**.
7. Mail the original Form 5020 the Workers' Compensation Department of the employee's payroll company.

If the employee "may have been injured" or does not want to go to a clinic:

1. You must offer **Form DWC-1** or the local equivalent to the employee.
2. Tell the employee if he or she later decides to seek medical attention for the injury to first call his/her payroll company's Workers' Compensation Department.
3. You must complete (to the best of your knowledge) **Form 5020** or the local equivalent and send it to your Production Office Coordinator. When completing the form, record what the patient says. Do not speculate.
4. Document the injury on the Log Sheet and in your Nursing Notes.
5. Fill out the **Accident Investigation Report (Form 9)** and give it to the Production Office Coordinator.
6. If the patient refuses medical attention, fill out the **Right of Refusal of Medical Aid Form (Form 16)** and give it to the Production Office Coordinator.

Form 9 and Form 16 are for documentation of the Safety Program and are to be completed for every injury or illness in addition to any Workers Comp forms.

Document work-related injuries and illnesses:

1. **Log Sheets** – follow instructions below. At end of week, send ORIGINAL log sheets and nursing notes to your Production Office Coordinator.
   a. Use one log sheet for each day if patients are seen.
   b. If no patients are seen, use one sheet for several days (Write the date and "No Patients Seen.")
   c. Complete ALL information on log sheet –
      - DOI: Date of Injury
      - TOI: Time of Injury
      - MOI: Mechanism of Injury
      - LOI: Location of Injury
   d. Narrative – if you complete detailed nursing notes on a separate form, circle "yes" in the narrative column and return your original notes to the Production Office Coordinator.

e. WC Packet – you are to give WC Packets to employees who sustain significant injuries, even if they decline further treatment at the time of the injury. Circle “yes” on the log to document the WC Packet.

2. **Work Comp (WC) Packet** and the procedures required are different for each payroll company. Contact your Production Office Coordinator or the payroll company at the beginning of production for the WC Packet and procedures for your show.

ACCIDENT INVESTIGATION REPORT

(Turn in to Production Office Coordinator)

FAX TO PRODUCTION SAFETY REPRESENTATIVE AT 818-954-2805 WITHIN 24 HOURS OF ACCIDENT

PRODUCTION TITLE:_____ DATE:_____

INJURED'S NAME:_____ CAST ☐ CREW ☐ OTHER ☐

DATE OF ACCIDENT:_____ TIME OF ACCIDENT:_____ am ☐ pm ☐

LOCATION OF ACCIDENT:_____

Type of Injury/Illness

(Check all that apply)

☐ **Fracture**	☐ **Amputation**	☐ **Head Injury**	☐ **1st Degree Burn**	☐ **Foreign Body in Eye**	☐ **Bite/Sting**
☐ **Strain**	☐ **Laceration**	☐ **Neck Injury**	☐ **2nd Degree Burn**	☐ **Contact Dermatitis**	☐ **Splinter**
☐ **Sprain**	☐ **Avulsion**	☐ **Back Injury**	☐ **3rd Degree Burn**	☐ **Allergic Reaction**	☐ **Nausea**
☐ **Dislocation**	☐ **Abrasion**	☐ **Abdomen Injury**	☐ **Tooth Injury**	☐ **Rash**	☐ **Illness***
☐ **Contusion**	☐ **Puncture**	☐ **Crushing Injury**	☐ **Hearing Loss**	☐ **Infection**	☐ **Other***

* Describe Illness or Other:_____

Injured Part of Body

(Check all that apply)

☐ **Right**	☐ **Head**	☐ **Chest**	☐ **Shoulder**	☐ **Wrist**	☐ **Upper Leg**	☐ **Foot**	☐ **Eye**	☐ **Mouth**	
☐ **Left**	☐ **Neck**	☐ **Ribs**	☐ **Upper Arm**	☐ **Back of Hand**	☐ **Knee**	☐ **Toe**	☐ **Nose**	☐ **Tooth**	
	☐ **Back**	☐ **Abdomen**	☐ **Elbow**	☐ **Palm of Hand**	☐ **Lower Leg**	☐ **Forehead**	☐ **Cheek**	☐ **Throat**	
	☐ **Buttocks**	☐ **Pelvis Area**	☐ **Lower Arm**	☐ **Finger** (Digit_____)	☐ **Ankle**	☐ **Ear**	☐ **Chin**	☐ **Other***	

* Describe Other:_____

Explain Cause of Accident and Nature of Injury:_____

Corrective Action Taken to Prevent Recurrence:_____

Witnesses, If Any:_____

Medic, Supervisor or Dept. Head Signature_____ **Date**_____

RIGHT OF REFUSAL OF MEDICAL AID

Show Name: _____

I hereby refuse the first aid treatment recommended to me by the First Aid Person employed by my production for the illness or injury incurred by me on this date.

In signing this waiver, I release the First Aid Person, the Production and its personnel from any liability resulting from this refusal to accept such first aid treatment.

_____ _____
Injured's or Guardian's Signature Date

_____/_____ _____
Injured's Name (print) Injured's Cell # Job Title or Position

_____ _____
Guardian's Name in case of minor Relationship to Injured

_____
First Aid Person Signature

_____
First Aid Person Name (print)

_____
Witness Signature

_____/_____
Witness Name (print) Witness Cell #

This form should be signed, dated and returned to the Production Safety Representative.

NOTES: _____

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