

The health and well-being of all employees is extremely important to Sea Mar Community Health Center. In the event of a workplace injury, we have established the following procedures to ensure prompt medical care is obtained and safe return to work occurs.

1. When an injury occurs, the injured employee must report it to their supervisor immediately and complete the attached Employee Accident Report. The supervisor will complete the Supervisor Accident Report. Both reports must be forwarded to HR within 24 hours. The only exception to this is if emergency care is needed.
2. All workplace injuries and incidents must be reported by the supervisor/manager directly to:
Mike Sotelo at 206-713-7300
3. The injured employee will then seek medical treatment with an appropriate medical provider. If a claim is filed, the provider should have the appropriate worker's compensation claim form.
4. The injured employee must receive an Activity Prescription Form (APF) or other document that outlines if restrictions are necessary to return to work safely. The attached letter should be provided to the doctor so that they understand light duty is available (pg. 4).
5. Based on the restrictions outlined in the APF, Sea Mar Community Health Center will make every reasonable effort to accommodate with a pre-approved light duty role, provided the injured employee is unable to return to the full capacity of their regular job.
6. The employee must receive and provide an updated Activity Prescription Form (APF) to Sea Mar Community Health Centers Human Resources office at each follow-up appointment until a full release to the job of injury is received.
7. If at any time there are any issues with the light duty work being offered, for example being asked to work outside of the scope of the restrictions outlined in the most recent APF, it must be reported to the supervisor and Human Resources immediately.
8. It is the employee's responsibility to reach out to their supervisor with any updates on return to work status and to ensure the supervisor is aware of upcoming appointments.

Should you have any questions regarding this process, please contact:

Lynn D'Alessandro
Human Resources Generalist
Tel: 206-764-5503
Fax: 206-764-8061
Email: lynndalessandro@seamarchc.org

Employee Accident Report

TYPE OF INCIDENT: Injury Exposure Other (specify):

EMPLOYEE NAME:		EMPLOYEE #:	
Home Address:			
Home Phone:		Contact/Message Phone:	
Date of Birth:	Sex:	Date of Hire:	Pay Rate:\$ per
Job Title:		Name of Supervisor:	
Date of Incident:	Time of Incident:	am/pm	Date & Time Reported:
Place of Incident (address, worksite, etc.):			

DESCRIPTION
What were you doing?
How did the accident/exposure happen?
Were other persons or objects involved? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.)
How could this incident have been avoided?
List Witnesses Below (names, titles & how to contact them)

INJURY/DAMAGE
Were you injured? <input type="checkbox"/> No <input type="checkbox"/> Yes Were you exposed to another's bodily fluids? <input type="checkbox"/> No <input type="checkbox"/> Yes
Specify body part(s) injured/exposed & type of injury/exposure (e.g., back strain, blood in eye):
Was Personal Protective Equipment required? <input type="checkbox"/> No <input type="checkbox"/> Yes Available? <input type="checkbox"/> No <input type="checkbox"/> Yes Used? <input type="checkbox"/> No <input type="checkbox"/> Yes
Describe actions &/or PPE used:
Was there property damage involved? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe damage)
WILL YOU SEEK MEDICAL TREATMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, NOTIFY HUMAN RESOURCES with name & address/phone of doctor.)

STATEMENT
In signing this form, I permit the release of all information related to this accident to my employer and his/her authorized representative. A copy of this permission constitutes an original.
EMPLOYEE SIGNATURE: _____ DATE OF REPORT: _____

COMPLETE & GIVE TO SUPERVISOR TO FORWARD TO HUMAN RESOURCES

Supervisor Accident Report

TYPE OF INCIDENT: Injury Bloodborne Other (specify): _____

EMPLOYEE NAME:		JOB TITLE:	
Date of Incident:	Time of Incident:	am/pm	Date & Time Reported:
Place of Incident (address, worksite, etc.):			
Employee Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On-Call	Date of Hire:	Pay Rate:\$ _____ per

DESCRIPTION
How did the accident/exposure occur? (object, activity or substance involved?)
Unsafe acts involved? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.)
Unsafe conditions present? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.)
Accident caused by anyone not on employer's payroll? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.)
List Witnesses Below (names, titles & how to contact them)
Other contributing factors (i.e., employee pre-existing injury)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain.)

INJURY/DAMAGE: IF TIME LOST OR MEDICAL TREATMENT REQUIRED, CALL HR IMMEDIATELY
Employee injury involved? <input type="checkbox"/> No <input type="checkbox"/> Yes Public injury involved? <input type="checkbox"/> No <input type="checkbox"/> Yes
Specify body part(s) injured/exposed & type of injury/exposure (e.g., back strain, blood in eye):
Was Personal Protective Equipment required? <input type="checkbox"/> No <input type="checkbox"/> Yes Available? <input type="checkbox"/> No <input type="checkbox"/> Yes Used? <input type="checkbox"/> No <input type="checkbox"/> Yes
Describe actions &/or PPE used:
Was there property damage involved? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe damage)
Was first aid given? <input type="checkbox"/> No <input type="checkbox"/> Yes Was medical treatment given? <input type="checkbox"/> No <input type="checkbox"/> Yes Was there any lost time? <input type="checkbox"/> No <input type="checkbox"/> Yes

CORRECTIVE ACTION
Corrective action to be taken for unsafe act (e.g., discipline, training).
Corrective action to be taken for unsafe condition (immediate & long term).
Other action taken:

DISPOSITION
<input type="checkbox"/> Sent back to work <input type="checkbox"/> First aid required <input type="checkbox"/> Sent to doctor <input type="checkbox"/> Sent to hospital Date & Time left work: _____ am/pm
Comments:
SUPERVISOR SIGNATURE: _____
DATE OF REPORT: _____

MEDICAL
Aberdeen: 360-538-1293
Battle Ground: 360-342-8060
Bellevue: 425-460-7140
Bellingham: 360-671-3225
Burien: 206-812-6140
Concrete: 360-853-8183
Des Moines: 206-212-4500
Elma: 360-861-8700
Everett: 425-312-0202
Everson: 360-354-0766
Kent: 206-436-6380
Lacey: 360-359-4840
Marysville: 360-653-1742
Monroe: 360-282-3885
Mt. Vernon: 360-428-4075
Ocean Shores: 360-289-2427
Olympia: 360-491-1399
Puyallup: 253-864-4550
Seattle: 206-762-3730
Skagit Valley: 360-588-5570
Tacoma: 253-593-2144
Thurston CWI: 360-742-5000
Tillicum: 253-280-9890
Vancouver Delaware: 360-566-4402
Vancouver Salmon Creek: 360-852-9070
Vancouver Women's Clinic: 360-892-0208
Vancouver Fourth Plain: 360-947-2550
Vancouver Hiddenbrook: 360-726-6720
White Center: 206-965-1000
Yelm: 360-400-4800

DENTAL
Aberdeen: 360-538-1463
Bellevue: 425-998-5980
Bellingham: 360-788-7101
Burien: 206-631-7316
Des Moines: 206-212-4520
Everett: 425-249-0770
Lacey: 360-359-4860
Marysville: 360-657-3091
Mt. Vernon: 360-542-8901
Monroe: 360-282-3900
Oak Harbor: 360-679-9216
Port Angeles: 360-406-5260
Puyallup: 253-864-4760
Seattle: 206-762-3263
Tacoma: 253-280-9770
Tumwater: 360-570-8016
Vancouver: 360-574-4074
White Center: 206-965-1005
Yelm: 360-400-4840

INPATIENT BEHAVIORAL HEALTH
Visions: 360-647-4266
Renacer: 206-766-6969
Turning Point Treatment Center: 206-219-5980
Tacoma: 253-280-9860

OUTPATIENT BEHAVIORAL HEALTH
Aberdeen: 360-538-1461
Anacortes: 360-293-8007
Bellevue: 425-460-7114
Bellevue Child and Family: 425-460-7125
Bellingham: 360-734-5458
Bellingham Child and Family: 360-398-5444
Des Moines: 206-212-4505
Everett Intensive Outpatient: 425-312-0201
Everett: 425-609-5505
Everett Child and Family: 425-312-0277
Gig Harbor: 253-280-9888
Kelso: 360-261-7020
Kent: 206-764-8019
Lynnwood: 425-977-2560
Monroe: 360-805-3122
Monroe Child and Family: 360-512-2044
Mt. Vernon: 360-542-8920
Oak Harbor: 360-679-7676
Puyallup: 253-864-4770
Seattle: 206-766-6976
Tacoma: 253-396-1634
Tacoma Child and Family: 253-396-1634
Tumwater: 360-704-7590
Tumwater Child and Family: 360-704-7590
Vancouver: 360-397-9211
Vancouver: 360-566-4432
Vancouver Child and Family: 360-558-5790
Yelm: 360-400-4860

PHARMACY
Bellevue: 425-998-5990
Concrete: 360-853-8109
Des Moines: 206-212-4530
Everett: 425-312-0190
Mt. Vernon: 360-542-8800
Olympia: 360-704-7575
Seattle: 206-762-3397
Tacoma: 253-246-6830

OTHER
Administration: 206-763-5277
Billing: 800-549-2493
Cannon House: 206-709-1777
Child Dev. Center: 206-788-3245
Comm. Care Center: 206-788-3200
Community Services: 206-764-4700
Home Health: 206-764-4717
Homeless Services: 360-424-5710
Housing: 206-764-5503
Human Resources: 206-764-5504
KDNA Radio: 509-854-1900
KKMO Radio: 206-463-7851
LEAP: 206-965-1057
MSS & WIC: 206-762-0876
Promotor/a Program: 360-542-8939
Home Health: 206-764-4717
Homeless Services: 360-424-5710
Housing: 206-764-5503
Human Resources: 206-764-5504
KDNA Radio: 509-854-1900
KKMO Radio: 206-463-7851
LEAP: 206-763-5277
MSS & WIC: 206-762-0876
Promotor/a Program: 360-542-8939
REACH: 206-764-4705



Sea Mar
Community Health Centers
Clínica de la Comunidad
Exceptional service. Every person. Every time.