

Safety Responsibilities

MEDIC

Safety Program information for the Medic

The following information is for your specific position and is provided to help you understand your part in your Production's **Injury & Illness Prevention Program (IIPP)/Safety Program**.

NOTE: These are your Safety Program Responsibilities ONLY. For Workers Comp instructions, contact your Production Manager (PM) or payroll company.

Please DO NOT share Workers Comp forms with your Production Safety Representative, as they contain personal health information.

In addition to their Health and Safety responsibilities, 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 Manager 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.

When you start work:

1. Obtain Injury and Illness reporting forms and procedures 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:
 - a. Obtain and review the **General Safety Guidelines for Production (Form 1)**, sign the **Employee Acknowledgment Form** and turn it in to the PM. 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.
 - b. Read the **Injury and Illness Reporting Procedures** attached to this document. Call your Production Coordinator if you have any questions.
 - c. Read the distributed **AMPTP Safety Bulletins** related to the specific hazards that you may encounter on the production (i.e. helicopters, firearms, appropriate clothing, etc.)
2. Attend and participate in safety meetings to review the following:
 - a. Safety aspects of the day's activities and the particular hazards of the location.
 - b. 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.
 - c. Set up your equipment accordingly.

Serious Accidents, Injuries and Mishaps

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.

IF AN INJURY IS SEVERE, DIAL 911 OR YOUR FACILITY'S EMERGENCY RESPONSE NUMBER FOR TREATMENT AND TRANSPORTATION OF THE PATIENT TO A HOSPITAL.

(Ensure the employee's supervisor has arranged for a return ride from the hospital.)

THEN IMMEDIATELY CALL THE EXECUTIVE IN CHARGE OF PRODUCTION/LINE PRODUCER. IF YOU CANNOT REACH THE EIC/LP, CALL THE PRODUCTION MANAGER AND THE PRODUCTION SAFETY REPRESENTATIVE IMMEDIATELY. YOU MAY LEAVE VOICE MESSAGES – BUT YOU MUST CONTINUE TO CALL UNTIL YOU SPEAK TO A LIVE PERSON.

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For every injury or illness:

1. See that the following forms are completed:
 - **Employer's Report of Occupational Injury or Illness (Form 5020)** or local equivalent.
 - **Accident Investigation Report (Form 9)**. (The form can be completed by Medic, Patient, Department Head or PM.)
 - **Right of Refusal of Medical Aid Form (Form 16)** if the patient refuses recommended treatment or transportation to the hospital.
2. Forward all completed forms to the **Production Manager**.

When to Call an Ambulance

If a Medic determines that a patient requires EMT assistance and/or transportation to the hospital by ambulance, the Medic should call 911 (or facility Emergency Number) immediately. If the patient refuses the additional medical attention, the patient can argue the case with the EMT's.

As always, any patient refusing medical treatment recommended by the Medic should be asked to sign **Form 16: Right of Refusal of Medical Aid**.

NOTE: *This production has a contract with the Verisk 3E Company for Safety Data Sheets (SDS). If someone is exposed to a chemical product, call 800-451-8346 and give as much information about the product as you can. They will send you the latest SDS with instructions for medical treatment.*

INJURY AND ILLNESS REPORTING PROCEDURES

ALL INJURIES TO CREW OR CAST MEMBERS MUST BE REPORTED TO THE PRODUCTION SAFETY CONSULTANT.

Form 9: Accident Investigation Report should be completed for every injury or illness, no matter the severity.

Serious Incident Reporting Procedures:

A Serious Incident is an injury or illness that results in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid*, any near miss during stunts or special effects, any injury – even minor – to cast members or stunt performers, or any serious property/asset damage.

**An OSHA chart of treatment that is considered First Aid is attached.*

Please note: *These are SAFETY PROGRAM procedures. Workers Comp requires different documentation. Because sensitive personal medical information is often included, please DO NOT send Workers Comp forms or reports to the Production Safety Consultant unless specifically requested.*

LINE PRODUCER:

- If the injury or illness meets the criteria for a serious incident, IMMEDIATELY notify your **Production Safety Consultant**, who will make all necessary notifications.
- **Accident Investigation Report – Form 9.**
 - Every section of this form needs to be completed, including “Steps taken to prevent recurrence.”
 - This form can be completed by the person having the most knowledge of the incident: Medic, Department Head, Production Manager, Line Producer. The Production Safety Consultant will assist if requested.
- Some injuries and illnesses require timely **OSHA notification**. The Production Safety Consultant will make this notification, based upon information from you.
- **Forward completed Form 9 to Production Manager.**

MEDIC:

- **IMMEDIATELY notify the Line Producer of the injury or illness.**
- Fill out ***Employer’s Report of Occupational Injury or Illness (Form 5020)*** or local equivalent.
- If employee refuses recommended treatment or transportation to the hospital, have employee complete and sign ***Right of Refusal of Medical Aid – Form 16.***
- **Forward completed Form 5020 and Form 16 to Production Manager.**

POC:

- **Forward completed Form 9 and Form 16 to Production Safety Consultant.**
- Forward Form 5020 if requested by Production Safety Consultant
- If patient is hospitalized, keep Production Safety Consultant updated on status.

PRODUCTION SAFETY CONSULTANT:

- Will notify OSHA if required.
- Will conduct additional investigation if needed.
- Will assist with any OSHA or other agency investigations.

First Aid List

1904.7 (b)(5)(ii) What is “first aid”?

For the purposes of Part 1904, "first aid" means the following:

(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
(B)	Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
(C)	Cleaning, flushing or soaking wounds on the surface of the skin;
(D)	Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are considered medical treatment);
(E)	Using hot or cold therapy;
(F)	Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
(G)	Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(I)	Using eye patches;
(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab;
(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(L)	Using finger guards;
(M)	Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
(N)	Drinking fluids for relief of heat stress.

(iii) Are any other procedures included in first aid?

No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

ACCIDENT INVESTIGATION REPORT

(Send to Production Office Coordinator when completed.)

*To be completed for EVERY injury or illness, regardless of severity.
For serious injuries or illnesses, see Form 4: Serious Incident Reporting Procedures.*

EMAIL OR FAX (818) 954-2805 TO PRODUCTION SAFETY REPRESENTATIVE WITHIN 24 HOURS OF ACCIDENT

PRODUCTION NAME: _____

DATE: _____

INJURED'S NAME: _____

TITLE: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM ___ PM ___

LOCATION OF ACCIDENT: _____

Type of Injury/Illness

(Check all that apply)

Fracture	Amputation	Head Injury	1 st Degree Burn	Foreign Body in Eye	Bite/Sting
Strain	Laceration	Neck Injury	2 nd Degree Burn	Contact Dermatitis	Splinter
Sprain	Avulsion	Back Injury	3 rd 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)

	Head	Chest	Shoulder	Wrist	Upper Leg	Foot	Eye	Mouth
Right	Neck	Ribs	Upper Arm	Back of Hand	Knee	Toe	Nose	Tooth
Left	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: (DO NOT SPECULATE)

Corrective Action Taken to Prevent Recurrence:

Witnesses, If Any:

Form Completed By (Print):

Title:

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: _____

