

| | | |
|---|--|---|
| <p>This vehicle is owned and operated by a governmental subdivision of the State of Alabama and is therefore exempt from the provision of Chapter 7A of Title 32 Code of Alabama 1975 (Act 2000-554)</p> <p>THIS CARD IS TO BE KEPT IN THE INSURED VEHICLE</p> <p>IN CASE OF ACCIDENT:</p> <p>1. Note time and place. GET NAME AND ADDRESS of all drivers, injured parties, witnesses and license numbers of cars. 2. Report accident to police, but DO NOT accept responsibility or comment about accident to anyone except your company representative or to police if required. 3. Notify your supervisor.</p> | <p>Liability coverage is provided through the Association of County Commissions of Alabama Liability Self-Insurance Fund, Inc.</p> | |
| | <p>Member Name: <u>Houston County Commission</u> Member Number: <u>0040-0035</u></p> | |
| | <p>Effective Date: <u>1/1/2025</u></p> | <p>Expiration Date: <u>1/1/2026</u></p> |
| | <p>FOR CLAIM SERVICE CONTACT: County Risk Services, Inc. (CRS) PO Box 589 Montgomery, AL 36101 (334) 394-3232 / www.countyrisk.org</p> | |

| | | |
|---|--|---|
| <p>This vehicle is owned and operated by a governmental subdivision of the State of Alabama and is therefore exempt from the provision of Chapter 7A of Title 32 Code of Alabama 1975 (Act 2000-554)</p> <p>THIS CARD IS TO BE KEPT IN THE INSURED VEHICLE</p> <p>IN CASE OF ACCIDENT:</p> <p>1. Note time and place. GET NAME AND ADDRESS of all drivers, injured parties, witnesses and license numbers of cars. 2. Report accident to police, but DO NOT accept responsibility or comment about accident to anyone except your company representative or to police if required. 3. Notify your supervisor.</p> | <p>Liability coverage is provided through the Association of County Commissions of Alabama Liability Self-Insurance Fund, Inc.</p> | |
| | <p>Member Name: <u>Houston County Commission</u> Member Number: <u>0040-0035</u></p> | |
| | <p>Effective Date: <u>1/1/2025</u></p> | <p>Expiration Date: <u>1/1/2026</u></p> |
| | <p>FOR CLAIM SERVICE CONTACT: County Risk Services, Inc. (CRS) PO Box 589 Montgomery, AL 36101 (334) 394-3232 / www.countyrisk.org</p> | |

| | | |
|---|--|---|
| <p>This vehicle is owned and operated by a governmental subdivision of the State of Alabama and is therefore exempt from the provision of Chapter 7A of Title 32 Code of Alabama 1975 (Act 2000-554)</p> <p>THIS CARD IS TO BE KEPT IN THE INSURED VEHICLE</p> <p>IN CASE OF ACCIDENT:</p> <p>1. Note time and place. GET NAME AND ADDRESS of all drivers, injured parties, witnesses and license numbers of cars. 2. Report accident to police, but DO NOT accept responsibility or comment about accident to anyone except your company representative or to police if required. 3. Notify your supervisor.</p> | <p>Liability coverage is provided through the Association of County Commissions of Alabama Liability Self-Insurance Fund, Inc.</p> | |
| | <p>Member Name: <u>Houston County Commission</u> Member Number: <u>0040-0035</u></p> | |
| | <p>Effective Date: <u>1/1/2025</u></p> | <p>Expiration Date: <u>1/1/2026</u></p> |
| | <p>FOR CLAIM SERVICE CONTACT: County Risk Services, Inc. (CRS) PO Box 589 Montgomery, AL 36101 (334) 394-3232 / www.countyrisk.org</p> | |

| | | |
|---|--|---|
| <p>This vehicle is owned and operated by a governmental subdivision of the State of Alabama and is therefore exempt from the provision of Chapter 7A of Title 32 Code of Alabama 1975 (Act 2000-554)</p> <p>THIS CARD IS TO BE KEPT IN THE INSURED VEHICLE</p> <p>IN CASE OF ACCIDENT:</p> <p>1. Note time and place. GET NAME AND ADDRESS of all drivers, injured parties, witnesses and license numbers of cars. 2. Report accident to police, but DO NOT accept responsibility or comment about accident to anyone except your company representative or to police if required. 3. Notify your supervisor.</p> | <p>Liability coverage is provided through the Association of County Commissions of Alabama Liability Self-Insurance Fund, Inc.</p> | |
| | <p>Member Name: <u>Houston County Commission</u> Member Number: <u>0040-0035</u></p> | |
| | <p>Effective Date: <u>1/1/2025</u></p> | <p>Expiration Date: <u>1/1/2026</u></p> |
| | <p>FOR CLAIM SERVICE CONTACT: County Risk Services, Inc. (CRS) PO Box 589 Montgomery, AL 36101 (334) 394-3232 / www.countyrisk.org</p> | |

Handling an Employee Injury

Employee reports an injury to their Supervisor.

Supervisor notifies the Personnel Director or Safety Director of the injury and discusses treatment options.

“Record Only”

- Incident does not require treatment at that time but the employee wants to report it in case of future problems
- Supervisor fills out a Houston County Accident/Incident Report and forwards it to Safety Department. An Alabama Worker’s Compensation First Report of Injury report and notes “Record Only” on it and submits it to our Worker’s Compensation carrier.

First Aid or Minor injury

- Supervisor may use the First Aid kit in the area to treat the injury
- Supervisor fills out an Accident/Incident Report and forwards it to Safety Department or Sheriff (if Law Enforcement).
- If injury treatment is questionable, call Personnel or the Safety Director to discuss options.

Medical Treatment

- If the injury requires off site medical treatment, the employee should be taken to Houston County’s occupational medical provider, OccMed Solutions. All non life threatening injuries should be treated there initially. If the injury requires specialty treatment, OccMed Solutions will refer the employee to the appropriate specialist and assist them in getting a timely appointment. If an injury occurs after OccMed Solutions’ normal business hours (M-F 8:00am – 5:00pm), the employee should be taken to Southeast Health Emergency room.
- A post-accident drug test & breath alcohol test should be administered at the time of the visit.
- Supervisor fills out an Accident/Incident Report and forwards it to Personnel /Sheriff’s Office. A First Report of Injury will be sent to w.c. carrier.
- If an employee’s injury worsens “after hours” or on a weekend when they are not at work, & they need to seek additional treatment he/she should contact their supervisor, Personnel or Safety Director who will make arrangements for them to be seen timely by the appropriate medical professional.

Serious or life threatening injury

- Call 911 and request Emergency Medical Services (EMS).
- Supervisor should:
 - Contact the Dept. Head, Personnel Director or Safety Director and inform them of the injury and where the employee is being taken, if known.
 - Secure the area where the accident occurred.
 - Document details of the accident scene.
 - Go to the treating medical facility to be available for any questions that might arise about the nature of the accident or injury.
 - The employee should follow up with OccMed Solutions the following day after visiting the ER.

Once the employee’s injuries have been treated, the supervisor should begin the initial accident investigation and complete the Houston County Accident/Incident Report. This information should be forwarded to the Safety Director and Personnel on the day of the injury, if at all possible. An Alabama First Report of Injury will be completed and sent to our worker’s compensation carrier.

Failure to report a workplace injury could result in denial of worker’s compensation benefits or disciplinary action up to and including termination.

Upon discharge from the treating medical facility, the employee should be given a work status report which details any modified duty requirements. The employee must give this to their supervisor prior to them being allowed to return to work.

Contact Information

Personnel Director – Sheri Garner

Work Phone 334-677-4778
Cell phone 334-618-5600

Safety Director – Kelly Crowell

Work cell phone 334-796-2471

If the employee receives a prescription, it will be filled at OccMed if at all possible prior to the employee leaving so s/he can start taking the medication. They may also provide a written prescription for the employee. If so, the employee should take it to one of the preferred pharmacies listed below. They have the county's worker's comp information on file & the employee should not have to pay anything out of pocket.

Pharmacies

- ❖ **Doctor's Center Pharmacy (Hwy 84 by Arby's)**
4119 West Main Street 334-793-1316
M-F 8 am – 6 pm, Sat 8:00 am – 2:00 pm, Sun closed
- ❖ **Circle Pharmacy (next to SAMC)**
2021 Alexander Drive 334-792-2717
M-F 8 am – 6 pm, Sat 8 am – 12 pm, Sun – closed
- ❖ **Walgreens – 5 locations**
 - **1060 South Oates 334-673-2860** M-F 9:00am – 7:00pm, Sat & Sun - closed
 - **2041 East Main Street 334-712-6638** M-F 9:00am- 9:00pm, Sat 9:00am – 6:00pm, Sun 10:00am – 6:00pm
 - **2940 West Main 334-677-6149** M-F 9:00am-8:00pm, Sat 9:00am-6:00pm, Sunday 10:00am-6:00pm
 - **3574 Montgomery Hwy 334-671-3701** M-F 9:00am- 9:00pm, Sat 9:00am-6:00pm, Sunday 11:00am-4:00pm
 - **4030 West Main Street 334-792-2261** M-F 8:00am-8:00pm, Sat 9:00am-6:00pm, Sun 10:00am-6:00pm

Vehicular Accident checklist

Any Houston County employee involved in an on the job vehicular accident will be expected to do the following unless injuries or other circumstances prevent them from doing so:

- Immediately stop your vehicle. Do not leave the accident scene. (If it appears that the other vehicle is not going to stop, try and get a tag number and a description of the vehicle).
- Activate you emergency flashers. Warning signals and lights may be turned on. Rotating beacon(s) may be used – if vehicle is so equipped.
- Exit your vehicle if safe to do so.
- Take whatever actions that can be done safely to prevent another accident from occurring. If you must move your vehicle for safety reasons, take a photo of the scene first.
- Deploy warning flags, reflector triangles or other emergency equipment if the accident scene is in a high traffic area.
- Call 911 to report the accident and provide pertinent information concerning the accident.
- Notify your supervisor immediately.
- Drivers should inquire if anyone is hurt or needs medical attention and assist if possible.
- Do not admit negligence or liability or give your opinion on the accident. Do not attempt settlement, regardless of how minor.
- While waiting for Law Enforcement to arrive, gather information for the accident investigation such as photographs of the scene & damage to vehicles involved. Witness names, addresses and phone numbers should be obtained, if possible. A Houston County Accident/Incident Investigation Form can be used for this (attached).
- DO NOT leave the accident scene until law enforcement has responded.
- **Information on the County vehicle and insurance letter is located in the glove box of the vehicle.**
- Drivers should keep their up- to-date drivers license and CDL card (if applicable) with them when they are operating a county vehicle.
- Drivers should speak freely and accurately to law enforcement personnel.
- Once the law enforcement investigation is completed, the driver will be taken by his/her supervisor for a drug screen and blood alcohol test as required by the Houston County Employee Handbook.
- All personal injuries to an employee shall be reported Immediately to the Supervisor, Personnel Department, and the Safety Director following the procedures outlined in the Handling Employee Injuries Summary Sheet (attached)
- Employees and supervisors who fail to report accidents involving county vehicles shall be subject to disciplinary action. These offenses shall be treated as a Group II Offense in accordance with the Houston County Employee Handbook.

HOUSTON COUNTY ACCIDENT / INCIDENT REPORT PRELIMINARY INVESTIGATION

BACKGROUND INFORMATION:

| | | | |
|--|-------|-------|------------------------------------|
| Accident/Incident Occurred: | Date: | Time: | Day of the Week Accident Happened: |
| Accident /Incident Reported: | Date: | Time: | ___(M) ___(T) ___(W) ___(T) |
| Accident/Incident Investigation Began: | Date: | Time: | ___(F) ___(Sa) ___(S) |

____ WORKER'S COMP ONLY

____ LIABILITY ONLY

____ WORKER'S COMP & LIABILITY

EMPLOYEE INFORMATION

| | |
|------------------------|--|
| Name (Last, First, MI) | Job Title at time of Injury / Illness: |
| | # Years in Job Position: |
| Home Address: | Supv. at Time of Injury / Illness: |
| | Location at time of Injury/Illness: |
| Phone #: | Witness(es): |
| Date of Birth: | |

NON-EMPLOYEE INFORMATION (CLAIMANT) Fill out if another party was involved in the Accident / Incident

| | |
|----------------------------------|----------|
| Claimant Name: (Last, First, MI) | Address: |
| Phone Number: | |

ACCIDENT / INCIDENT LEVEL

- | | |
|---|---|
| A. No Injury ___ At Risk Behavior ___ Near Miss ___ Property Damage | B. Injury ___ Record Only ___ First Aid by Employer ___ Medical Treatment ___ Lost Time ___ Fatality ___ Other |
|---|---|

Description of Injury or Illness, Part of Body Affected and Treatment Received: (Check if Drug Test Only)

Doctor / Hospital Name and Address:

Description of Accident / Incident:

Corrective Actions taken to prevent recurrence:

Also complete the reverse side (or page 2) if the accident involves a motorized vehicle

Employee's Signature: _____

Person Completing Form: _____

Contact Phone #: _____

HOUSTON COUNTY ACCIDENT / INCIDENT REPORT

Complete this form if the accident/incident is related to a motorized vehicle.

| COUNTY VEHICLE: | |
|---------------------------------|--|
| Driver: | |
| Address: | |
| Telephone: | |
| Driver's License: | |
| Date of Birth: | |
| Owner of Vehicle: | |
| Make, Model, & Year of Vehicle: | |
| Tag Number: | |
| County Vehicle ID#: | |

| OTHER VEHICLE: | |
|---------------------------------|--|
| Driver: | |
| Address: | |
| Telephone: | |
| Driver's License: | |
| Date of Birth: | |
| Owner of Vehicle: | |
| Make, Model, & Year of Vehicle: | |
| Tag Number: | |

LOCATION OF ACCIDENT / INCIDENT:

DESCRIPTION OF ACCIDENT:

| Witness(es) | |
|--------------------|----------|
| Name: | Name: |
| Address: | Address: |
| Phone #: | Phone #: |

Person Completing Form: _____ Phone # _____