

JEFFERSON COUNTY BOARD OF COMMISSIONERS

Consent Agenda Item FOR THE WEEK OF: July 25, 2011

I. Description -- A brief description of the agenda item.

Updating the Jefferson County Risk Management Policy

II. Issues -- A short outline of the major issues or areas that should be given particular attention.

The Risk Management Policy is a document that identifies how claims against the County will be received, and processed. The Washington Counties Risk Pool that provides the County's insurance, developed a "model" risk management policy for its' member counties to consider and this update reflects the policy and procedures proposed by the Risk Pool.

The intent of this policy is to pro-actively preserve and protect from losses the assets of County operations in the most economical and efficient manner while at the same time provide a safe, secure, and healthful working environment for County employees. The risk management program must function within the financial abilities of the County consistent with related legal requirements.

This policy applies to all risks of accidental loss, such as fire, liability, theft, property damage, malpractice, illness, and injury, both direct and indirect, as relates to all County employees including elected officials, quasi-officials, and documented volunteers.

III. Action -- What is the nature of the action the Board is being asked to take (discussion, approval of a contract, support for a grant, etc.).

Adopt this updated Policy for risk management.

Reviewed By:

County Administrator

Date

COUNTY OF JEFFERSON
STATE OF WASHINGTON

In the Matter of Updating the }
Jefferson County }
Risk Management Policy }

RESOLUTION NO.

WHEREAS, Jefferson County has the responsibility to its taxpayers and citizens to assure that modern loss control practices are employed in the administration of the public business; and

WHEREAS, there exists a need to update the established program for the processing, handling and disposition of claims and claims lawsuits filed or brought against the County and/or County officers and employees; and

WHEREAS, there exists a further need to provide a coordinated and economically efficient means for dealing with the risks facing the County without expanding the County's liability for claims or claims lawsuits.

NOW, THEREFORE, BE IT RESOLVED, that the Jefferson County Board of County Commissioners hereby adopts the proposed, updated Risk Management Policy attached hereto as Exhibit "A" along with the following forms: *Claim for Damages, Instructions for Completing the Jefferson County Claim for Damage Form, Vehicle Collision Form*; and the *Authorization for Release of Protected Health Information (PHI) to Jefferson County Risk Management*.

BE IT FURTHER RESOLVED that this Resolution and Policy repeals and replaces the Risk Management Policy adopted with Resolution 85-95 and any forms used for that policy.

APPROVED AND SIGNED this _____ day of _____, 2011.

SEAL:

JEFFERSON COUNTY
BOARD OF COMMISSIONERS

John Austin, Chair

ATTEST

Phil Johnson, Member

Raina Randall,
Deputy Clerk of the Board

David Sullivan, Member

Attachment "A"

Jefferson County Risk Management Policy

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Section 1.0 Objectives

- 1.1 To protect the people, property, and finances of Jefferson County against issues of risk in a cost effective and efficient manner.
- 1.2 The Legislative Authority recognizes the need to manage public funds wisely. The intent of this policy is to proactively preserve and protect from losses the assets of County operations in the most economical and efficient manner. Further, to provide a safe, secure, and healthful working environment for County employees.

The risk management program must function within the financial abilities of the County consistent with related legal requirements. This policy applies to all risks of accidental loss, such as fire, liability, theft, property damage, malpractice, illness, and injury, both direct and indirect, as relates to all County employees including elected officials, quasi-officials, and documented volunteers.

The success of our risk, claims and safety management program is impacted by the sincere, constant, and cooperative effort at all levels of management and the participation of all county elected and appointed officials, employees, quasi-employees, and volunteers to fully support the risk reduction efforts associated with this critical program.

Exposures to loss are either retained primarily through self-insurance or transferred through purchased insurance or contractual transfer. Insurance funds are established and maintained to pay pooling contributions/assessments, insurance premiums, bonds, deductibles, and uninsured claims.

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Section 2.0 Purpose

- 2.1 **Coordinated Program:** The purpose of this policy is to provide a coordinated program for processing, handling and disposition of claims and claims lawsuits filed or brought against the County and/or its past and present officers, employees and quasi-employees.

It is also intended to establish a procedure for the County to defend and indemnify its past and present officers, employees, or quasi-employees who, as the result of their good faith performance of County business or activities, are the subject of complaints.

- 2.2 **Bases of Liability:** This chapter shall not be construed to expand the bases of County liability for claims or claims lawsuits.

Section 3.0 Affected Parties

County departments, including elected or appointed department heads, employees, and quasi-employees (e.g. Election workers, Jurors, Advisory Board members, volunteers) and quasi-employees working under the direction of County personnel are subject to this policy.

Section 4.0 References

- RCW 42.30 Washington State Open Public Meetings Act
Resolution No. 87-86 – Indemnification and Tort Representation for County Employees
Resolution No. 81-88 – Authorization to Join the Washington Counties Risk Pool
Resolution No. 85-93 -- Jefferson County Loss Control Program and County-wide Safety Manual
Resolution No. 81-96 – Establishing Procedures and Guidelines for the Development and Review of Contracts
Resolution No. 42-03 -- County Policy on the Complaint Review and Enforcement
Resolution No. 92-03 – Jefferson County Personnel Administration Manual
Resolution No. 23-07 --Appointing the County's Representative Pursuant to the Bylaws of the Washington Counties Risk Pool
Resolution No. 21-08 – Designating members to serve on the Jefferson County Risk Management Committee

Washington Counties Risk Pool Inter-local Agreement (dated August 18, 1988) and Adopted By-Laws (as provided in RCW 39.34 and 48.62)

Section 5.0 Definitions

These terms shall mean the following for the purposes of this Risk Management Policy:

- 5.1 **Claim:** A formal demand for monetary compensation as a result of injury or damages allegedly caused by the County, its officers, employees, or quasi-employees and does not include claims that have been transformed into civil lawsuits filed and/or initiated in District, Superior or U.S. District Court. (See also "Covered Claim").
- 5.2 **Claims lawsuit:** A lawsuit alleging that the County and/or its officers, employees, or quasi-employees while acting within the scope of their official duties, have caused injury or damages to the plaintiff and the plaintiff is seeking redress.

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- 5.3 **Claims Coordinator:** The employee of the County Administrator's Office that is designated to handle and process the claims and claims lawsuits for the County at the direction of the Risk Manager and to serve as the County's liaison with the Pool regarding the administration of the County's claims. This person serves as the Secretary to the Risk Management Committee. This person also manages and retains the records relating to Risk Management including, but not limited to, serving as the repository of all insurance policies and contract bonds in which the County is a named or additional insured.
- 5.4 **County:** Jefferson County, State of Washington.
- 5.5 **County Safety Officer:** A person designated by the Risk Manager to serve in the role of "County Safety Officer" as required by the Washington Counties Risk Pool. The Safety Officer shall work with the Safety Committees to consider all recommendations of the Pool concerning the development and implementation of a loss control program to prevent unsafe practices.
- 5.6 **Covered Claim:** Means a demand by a third party for monetary damages because of an occurrence as defined in the applicable Joint Self Insurance Liability Policy (JSILP). (Refer also to Item 5.1).
- 5.7 **Defense:** County indemnification and hold harmless for any County officer, employee or quasi-employee against any allegation or request for relief made against a County officer, employee or quasi-employee that seeks punitive damages against that County officer, employee or quasi-employee and/or his or her marital community.
- 5.8 **Joint Self Insurance Liability Policy (JSILP):** The coverage document which defines who is covered, the events that are covered and the extent of coverage for the named insured.
- 5.9 **Member:** Jefferson County as a member of the Washington Counties Risk Pool.
- 5.10 **Pool:** Means the Washington Counties Risk Pool.
- 5.11 **Quasi-Employee:** A person acting on behalf of the county who may or may not receive wages, with temporary rights and authority relevant to the situation as outlined by the quasi-employee's description of duties or verbal instructions provided by the Departmental Director, e.g., jurors, poll workers, advisory board members and volunteers.
- 5.12 **Risk Management Committee (RMC):** A County committee with specific purpose as defined by these policies and procedures.
- 5.13 **Risk Coordinator/Assistant Risk Manager:** An employee of the County who is designated by the Risk Manager and who has completed the required Risk Management Certification classes provided by the Washington Counties Risk Pool. He/she shall also be a member of the RMC.

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- 5.14 **Risk Management:** A coordinated and continuous program for the identification, analysis, control, prevention and financing of risk and exposures to loss, including, but not limited to property and liability.
- 5.15 **Risk Manager:** The appointed County Administrator acts as the County Risk Manager and is responsible for the County risk management function and serves as the formal contact between the County and Pool (the County designee) as to risk management. The Risk Manager is also a voting member of the County RMC.
- 5.16 **Risk Pool:** Means Washington Counties Risk Pool
- 5.17 **Washington Counties Risk Pool (WCRP or Risk Pool):** A joint local government entity, known as the Washington Counties Risk Pool established under Chapters 48.62 and 39.34, RCW to provide its member counties with joint programs and services including self-insurance (see JSILP), purchasing of insurance, and contracting for or hiring of personnel to provide administrative services, claims handling and risk management.

Section 6.0 Risk Management Program and Policies

- 6.1 **Risk Manager Appointment:** Pursuant to the By-laws of the Washington Counties Risk Pool, the Board of County Commissioners has, through adoption of Resolution No. 23-07, appointed the County Administrator as the Risk Manager for Jefferson County.
- 6.2 **Risk Manager General Duties:** The Risk Manager is charged with directing, leading and implementing actions intended to minimize the County's financial loss through the identification, mitigation and/or transfer of risks. The Risk Manager shall:
- 6.2.1 **Identification, Mitigation and Transfer of Risks:** Identify, mitigate and transfer risks that face the County and shall have authority to make recommendations to the County Commissioners concerning insurance coverage or insuring options, self-insurance, reserves, deductible levels, loss prevention, and other techniques, actions or decisions for the sound management of risk.
- 6.2.2 **Loss Prevention Program:**
- A) Be responsible for developing and implementing programs for the reduction of risk and exposure to loss.
 - B) Assist all legal counsel with the defense of Claims Lawsuits against the County and insure that County departments, divisions and agencies are also assisting and cooperating in said defense.
- 6.2.3 **Insurance Policies and Information:** The County Commissioners/ County Administrator's Office shall be the repository of all insurance policies and contract bonds in which the County is a named insured. Such policies shall be maintained in a current fashion and shall include all riders and endorsements.
- A) ***Synopsis of Insurance Policies:*** The Risk Manager shall prepare and maintain a synopsis of each insurance policy carried by the County. Such

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synopses shall, at a minimum, include: a description of coverage provided, policy term, coverage limit, deductible, premium, and the carrier's agent.

- B) ***Certificates of Insurance:*** County departments are responsible for obtaining and forwarding to the Claims Coordinator, a Certificate of Insurance from any third party, where a third-party, e.g., a vendor for the County, is contractually obligated to provide the County with proof of adequate insurance (typically names the County as an "additional insured") as a precondition to performing services or providing goods to the County, or any of its elected officials, agencies or divisions and any contract of insurance or performance bonds in which the County is the named insured or a named insured.

6.2.4 Risk Transfer/Contract Review:

- A) Implement, maintain and update the uniform system of contract review and monitoring of all County contracts, interlocal agreements and other agreements as established in Resolution No. 81-96 for risk transfer and indemnification.
- B) The contracting authority of the County is the Board of County Commissioners or Legislative Authority. No employee or agent can commit the County to a legally binding contract without the express, written consent of the Board of County Commissioners, nor can a County Elected Officer bind the County to any contract which exceeds the budgetary authority authorized by the Legislative Authority.

- 6.2.5 **Records:** Maintain, with the cooperation and assistance from the Prosecuting Attorney's office, complete and accurate records as are required by the Risk Pool. Satisfaction of the Risk Pool requirements may require retaining records with respect to insurance, claims against the County, claims lawsuits filed against the County, losses incurred by the County, all accidents or incidents giving rise to possible liability against the County, and an inventory of all property in which the County has an insurable interest. Such records shall be maintained in a fashion such that statistical data can be readily extracted from the records. Maintenance of said records by the Claims Coordinator shall satisfy the requirements of this section.

- 6.2.6 **Claims and Claims Lawsuits:** Have the duties and responsibilities with respect to claims and claims lawsuits as specified in Sections 6.5 and 6.6

- 6.2.7 **Extraordinary Investigations or Review:** Be authorized to retain an outside investigator or legal counsel (or such other person or persons having the skill or expertise in the opinion of the Risk Manager necessary to perform the required investigation) for preparation of a report or document regarding the County's potential liability with respect to a Claim filed with the County.
- A) All investigations, whether internal or by an outside person or entity shall be conducted in anticipation of litigation and treated as attorney work product and/or, where applicable, a privileged attorney-client communication.

- 6.2.8 **Confer and Consult with the Prosecuting Attorney's Office or "PAO":** The Risk Manager and an attorney representative of the PAO, consistent with their training and job responsibilities shall:

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- A) Confer with the Risk Pool as necessary to determine the legal counsel that will defend the Claims Lawsuit brought against the County or its employees, officials or representatives and to discuss the legal status of the County and the defenses, if any, available to the County.
- B) Review all contract forms utilized by the County to identify and reduce any contractual liability being assumed by the County, and attempt to transfer such liabilities.
- C) Request and receive legal advice from the PAO.
- D) Notify the appropriate County employees, representatives and officials of changes in State/Federal statutes and common law which affect municipal liability.
- E) Provide assistance to the insurer(s) in the investigation and settlement of claims against the County from both employees and the public.
- F) Provide legal assistance in the examination of insurance and bond contracts entered into by the County.
- G) File and serve Notice's of Appearance if circumstances delay formal assignment(s) of Pool-designated defense counsel.

6.2.9 Contact with the Washington Counties Risk Pool: The Risk Manager shall serve as the formal contact between the County and the Washington Counties Risk Pool on matters related to risk and loss control.

- A) The Risk Manager shall meet the requirements and perform the duties as defined as a participating County by the WCRP Membership Compact.

6.3 **Risk Management Committee (RMC) Duties:** The RMC shall be the primary mechanism by which the County manages risk, including but not limited to, the review, disposition and oversight of claims and claims lawsuits, assuring and implementing the County's compliance with the terms and obligations imposed upon it pursuant to:

- A) The Washington Counties Risk Pool Joint Self-Insurance Liability Policy and
- B) Its membership in that Risk Pool.

The RMC may make periodic recommendations through the Risk Manager to the Board of County Commissioners concerning insurance coverage, self-insurance, deductible, reserves, loss prevention, and any other technique for the sound management of risk.

6.3.1 Claims and Claims Lawsuits: The RMC shall have those duties and responsibilities with respect to claims and claims lawsuits as specified in Sections 6.5 and 6.6.

6.3.2 Appeals of Risk Pool Decisions: The RMC shall have authority to authorize the Risk Manager or the Prosecuting Attorney's Office to file with the Risk Pool a formal appeal of any correspondence from the Risk pool, including but not limited to, any correspondence denying coverage or providing coverage with a reservation of rights.

6.3.3 Liability Assessment: The RMC with the assistance of the Prosecuting Attorney's Office shall as needed and with reasonable promptness convey to the Risk Pool any new information, records, testimony or other material that changes or may change

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the potential liability of the County with respect to either a pending claim or pending claims lawsuit.

6.4 **Risk Management Committee Membership/Meetings:** The RMC shall be composed of the following members:

- 6.4.1 **Voting Members:** The RMC shall have five (5) voting members.
Risk Coordinator/Assistant Risk Manager, who shall Chair the RMC
Risk Manager
County Safety Officer
1 Elected Official other than a Commissioner
1 FLSA Exempt Employee as listed on the Exempt Wage Matrix (From a different Department than the Elected Official serving on the Committee.)

Only appointed members will be counted to establish a quorum and vote. Alternates or designees are not recognized for that purpose.

- 6.4.2 **Non-Voting Members:**
Legal Advisor to the RMC: The Prosecuting Attorney or a designated Civil Deputy Prosecuting Attorney shall attend all meetings and be the legal adviser to the RMC.

Secretary of the RMC: The designated Claims Coordinator shall serve as the Secretary to the RMC.

6.4.3 **Meetings:** The RMC is subject to the provisions of the Washington State Open Public Meetings Act.

- A) ***Regular Meetings:*** The RMC shall meet regularly at a time established by the Secretary. In the event that there is no business to transact, a meeting may be canceled by the Secretary by giving notice to the remaining members and posting a notice on the door of the room where the meeting was to be held.
- B) ***Quorum:*** A quorum of the RMC shall be not less than 3/5th of the number of voting positions currently on the RMC, whether said positions are empty or not. A majority of the quorum is needed to approve any action of or decision by the RMC. A voting member shall abstain from voting on a claim being reviewed that involves a Department or Division they manage, except that this provision shall not bar the County Administrator from voting on a matter relating to one of the departments having an appointed Department Head that he or she supervises as the County Administrator.
- C) ***Special Meetings:*** A special meeting may be called per RCW 42.30 by any member. The Secretary shall give twenty-four (24) hours advance notice to the remaining members and notify those newspapers that have a request for notification on file with the Secretary. Such notice shall specify the time, place and purpose of the special meeting and the special meeting shall be limited to discussion and action on the purpose of the meeting as stated in the required notice.

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- D) *Executive Session:* In the event that the RMC is considering the disposition of or strategies for a specific claim or claims lawsuit, it may adjourn to executive session in a manner consistent with State law.

6.4.4 Records of the RMC: All records of the RMC will be maintained by the Secretary in the County Administrator/County Commissioner's Offices.

- A) *Agendas and Minutes:* The Secretary shall give notice of all the meetings of the RMC as provided in the Open Public Meetings Act. The Secretary shall prepare the agenda, record and keep the minutes of actions taken at all meetings of the RMC, the notices given thereof, the names of those present at the meetings and the proceedings.
- B) *Records:* The Secretary shall keep, in the Commissioner's/County Administrator's offices, the official RMC documents and records, including the minutes of RMC meetings and a list of all RMC members, and shall, to the extent needed, work with the attorney from the Prosecuting Attorney's office assigned to the RMC on any correspondence required by the RMC and shall have such other powers and duties as may be prescribed by the RMC.
- C) *Insurance Information:* See Section 6.2.3.

6.5 **Claims - Filing - Investigation - Disposition**

6.5.1 Filing Claims: Claims must be filed with the Office of the Clerk of the Board of County Commissioners. A claim form will be available upon request from that Office.

6.5.2 Transmittal of Claims: Immediately upon receipt of a claim the Claims Coordinator shall transmit a copy of the claim to the Risk Pool and to the Chief Civil Deputy Prosecuting Attorney. The Claims Coordinator shall also coordinate with the Risk Pool on who will investigate the claim. The County will comply with the mandated procedure for notifying the Risk Pool of a new claim.

6.5.3 Duties of the Claims Coordinator: Upon receipt of a claim the Claims Coordinator shall create a file, notify the Risk Manager and immediately give notice thereof to any insurance carrier providing insurance which may cover the claim and provide proof of such notice to the Risk Manager, the Risk Pool, and the Prosecuting Attorney's Office.

6.5.4 Duties of the Risk Manager: An investigation shall be conducted into the merits of the claim and a report of the investigation will be forwarded to the Claims Coordinator. The investigation and adjustment of the claim may be contracted to an outside person or entity at the discretion of the Risk Manager and the Risk Pool.

6.5.5 Duties of the Risk Management Committee

- A) The RMC shall not review the claim until an investigation or review is complete and/or the Claims Coordinator has received a written report from the agency, division or office of the County government where the allegedly tortious or unlawful action or omission occurred (or failed to occur.)

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- B) The RMC shall make a recommendation on all claims to the Board of County Commissioners.
 - 1) The RMC is authorized to accept the Claims in whole or in part, reject the Claim in whole or in part and/or take no action on the claim.
 - 2) The RMC is authorized to direct the Risk Manager to convey that decision in writing to the claimant.
 - 3) The RMC is also authorized to take any other step, including, but not limited to, requesting more information from the claimant and/or seeking further investigation (internal or external) it deems necessary for effective resolution of the claim.
- C) Effect of No Action Taken: If a claim received by the Claims Coordinator is not accepted or denied, in whole or in part, within 60 days of the receipt of same then said claim shall be deemed "Denied."
- D) All decisions of the RMC to accept a claim, in whole or in part shall be forwarded to the County Administrator as a recommendation of the RMC with final authority to approve the expenditure of County funds resting with the County Commissioners.
- E) The County Administrator will coordinate claim evaluation with the Pool including determining if the County has authority to settle a claim within its deductible level. Regardless of delegation authority, the Pool will actively monitor all claims.

6.6 Claims Lawsuits – Service - Investigation – Disposition

- 6.6.1 Service of Process: Service of process for claims lawsuits shall be made in a manner consistent with State law.
- 6.6.2 Transmittal by the Auditor: Immediately upon receipt of a claims lawsuit, the Auditor shall time and date stamp said claims lawsuit, state method of delivery, e.g., mail, in person or otherwise, and transmit a copy of same to the Clerk of the Board of Commissioners (on behalf of the County Commission) and the Office of the Prosecuting Attorney.
- 6.6.3 Duties of the Claims Coordinator: Upon receipt of a claims lawsuit, the Claims Coordinator shall create a file therefore and shall notify the Washington Counties Risk Pool.
- 6.6.4 Duties of the Prosecuting Attorney with Respect to Claims Lawsuits:
 - A) The responsibility for the litigation of claims lawsuits whose allegations are such that there is **no coverage** under the Risk Pool's Joint Self-Insurance Liability Policy shall be with the Prosecuting Attorney, unless otherwise decided by the BOCC upon the recommendation of the RMC.
 - B) The responsibility for the litigation of claims lawsuits whose allegations are such that **there is coverage** provided by the Risk Pool's Joint Self-Insurance Liability Policy shall be with the attorney assigned by the Risk Pool. However, the Prosecuting Attorney's Office shall provide outside assigned counsel assistance as needed and requested.

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- C) If necessary to protect the legal position or status of the County in the claims lawsuit, the Prosecuting Attorney's Office may file pleadings, attend hearings or otherwise participate in the claims lawsuit on behalf of the County before the next meeting of the RMC.
- D) The RMC and the County Commission shall be informed of the status of claims lawsuit litigation periodically or upon the request of either the RMC or the County Commission.
- E) The office of the Prosecuting Attorney shall prepare each year and deliver to the Auditor a list of the pending lawsuits against the County.

6.6.5 Duties of the Risk Management Committee: At its first meeting following receipt of a claims lawsuit, the RMC shall review that claims lawsuit.

6.6.6 Disposition of Claims Lawsuits:

- A) Claims lawsuits for which the Risk Pool has provided coverage shall be disposed of by the Risk Pool and assigned counsel.
- B) Claims lawsuits for which the Risk Pool does not or has not provided coverage shall be disposed of in accordance with the decisions of the County Commission.

6.7 **Self-Insurance Funds:** The County shall from time to time establish various funds to assist in the implementation of this policy. Such funds may be dedicated to and used for only those purposes as may be set forth in the resolutions establishing them.

6.7.1 The County will maintain a fund known as the "Risk Management Reserve" Fund for payment of claims, deductible amounts and costs incurred. The County will work with WCRP when it establishes reserves for pertinent third party liability claims. WCRP will calculate reserves to address the extent of the exposure for indemnity and defense costs.

6.7.2 When the County has or acquires knowledge regarding liability or damages that will affect the claim reserve determination, that information shall be conveyed promptly to the WCRP. The County may appeal any claim reserve determination utilizing the procedures established by the WCRP.

6.8 **Duties of County Agencies, Officers and Employees:**

- 6.8.1 Cooperation: All County officers, employees and quasi-employees shall cooperate to the fullest extent with the Risk Manager, RMC, the Prosecuting Attorney, and assigned outside counsel in defending claims, actions or lawsuits against the County and investigations by an outside agency on behalf of the County. They shall:
- A) Assist with Information: Providing information that will assist in the implementation and/or operation of the Risk Management program.
 - B) Help implement the Risk Management Program. Issuing directives to subordinate officers, employees or quasi-employees necessary to implement the Risk Management program.

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- C) **Report Accidents and Incidents:** County officers and employees shall immediately report to the County Administrator any accident or incident which a reasonable person would expect to result in the eventual filing of a claim or suit. Known traffic collisions and incidents involving County officials, employees, quasi-employees, volunteers, invitees, automobiles or property which could or do subject the County to claims for damages should be reported immediately to the County Administrator. Statements shall not be made to, or in the presence of, third parties or witnesses to the traffic collision or incident. "Fault" shall not be acknowledged. "Fault" is a legal determination that will be made within the appropriate legal forum.
- D) **Provide Fullest Assistance:** Provide information, testimony, exhibits and documents in a timely manner in preparation for the County's defense in litigation or investigations by outside agencies. In response to notification by the Prosecuting Attorney, designate a department representative to assist the Prosecuting Attorney during discovery and, preparations for trial in claims lawsuits.
- E) **Obtain Certificates of Insurance:** County departments are responsible for obtaining and forwarding to the Claims Coordinator, a Certificate of Insurance from any third party, where a third-party, e.g., a vendor for the County, is contractually obligated to provide the County with proof of adequate insurance (typically names the County as an "additional insured") as a precondition to performing services or providing goods to the County, or any of its elected officials, agencies or divisions and any contract of insurance or performance bonds in which the County is the named insured or a named insured.

6.8.2 **Prohibited Acts:** Shall not do any of the following without the prior authorization of the Risk Manager, Prosecuting Attorney or assigned outside legal counsel:

- A) Encourage the filing of a claim or claims lawsuit against the County
- B) Attempt to settle a claim, or claims lawsuit or interfere in any way with an investigation of an employee who is being defended by the County by a professional oversight or regulatory entity
- C) Make an admission of liability involving a claim or a claims lawsuit or a complaint to any person or entity; or
- D) Discuss incidents that have led to or could lead to claims, lawsuits or complaints against the County with persons who are not employed by the County.

6.9 **Defense of County Officers and Employees:** County officers, employees and quasi-employees may request of the County a "Defense" (as defined in this policy) in order that past and present County officers, employees and quasi-employees may act in good faith with the course of employment on the County's behalf without fear of personal liability. In accordance with RCW 4.96.041, as that law may thereafter be amended, the County is authorized to pay punitive damages assessed against a County officer, employee, or quasi-employee pursuant to the process established in this policy.

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- 6.9.1 **Alternative Protection:** Portions of this section provide a means of protection for County officers, employees and quasi-employees that are in addition to the coverage provided to the County by its membership in the Washington Counties Risk Pool.
- 6.9.2 **Application for Defense:** After receipt of a Summons and Complaint, a past or present County officer, employee or quasi-employee who desires that the County provide a Defense, as that term is defined in this Chapter, shall immediately make an application for defense to his or her direct supervisor, who shall pass the request along to the Risk Manager so that it may be brought to the attention of the County Commissioners.
- 6.9.3 **Duties of the Risk Manager:** Upon receipt of an application for a Defense and if requested to do so by the County Commissioners, the Risk Manager, shall review the application for a Defense immediately. The Risk Manager shall investigate the allegations of the Claims lawsuit. If the Risk Manager determines that a lawsuit or complaint was the result of the officer, employee or quasi-employee's good faith performance of the County's lawful business, then the Risk Manager shall recommend to the County Commissioners that they adopt a resolution pursuant to State law memorializing the Commissioner's decision to provide such a Defense.
- 6.9.4 **Establishment of Good Faith:** If the County Commissioners determine the suit, complaint or investigation relates to the officer, employee or quasi-employee's good faith performance of the County's lawful business, then the County will provide the Defense and/or pay a judgment, sanction or settlement.
- 6.10 **Safety and Loss Prevention:** Safety and Loss Prevention Policies and Procedures shall be maintained by the designated County Safety Officer. The County has designed and manages a safety and loss prevention program with the cooperation of all County Officials and Safety Committee representatives.
- 6.10.1 Records of all mandated training shall be maintained in the Office of the Clerk of the Board and approved by the Human Resource Manager.
- 6.10.2 Policies and procedures will be reviewed and updated to ensure compliance.
- 6.10.3 County Officials shall post all required safety related literature.
- 6.11 **Safety Program Purpose:** The purpose of the safety program is to reduce accidents causing injuries to County employees and the public, and to reduce the frequency and severity of all property losses.
- 6.11.1 The County will make full use of the expert services of the Pool, insurers, brokers, and departmental safety personnel whenever possible to develop better safety and loss prevention procedures.
- 6.11.2 The County's program shall comply with Washington State Labor and Industries regulations and shall include but is not limited to:
- A) Periodic inspection of facilities.

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- B) Investigation into the causes of accidents and property losses.
- C) Development of safety training programs for employees.
- D) Communicating safety literature to all departments.

6.12 All accidents and losses shall be reported promptly to the Risk Manager and in accordance with prescribed procedures.

6.13 The County Safety Policy designates the position that will serve as Safety Officer.

Claim #: _____

JEFFERSON COUNTY Claim for Damages

This Claim Form is provided solely as an accommodation to claimants, and the County makes no representations as to its legal sufficiency. Responsibility for complying with all requirements of State law regarding claims rests with the claimant. No County Employee is authorized to advise a claimant in completing this form or reviewing its sufficiency. The County expressly disclaims responsibility for any such advice or review. Information requested on this form may be subject to public disclosure. This claims form **must be presented with an original signature** and cannot be submitted electronically (by e-mail or fax.)

PLEASE TYPE OR PRINT IN INK

Mail or Deliver
Original claim to:

RISK MANAGER
JEFFERSON COUNTY COURTHOUSE
1820 JEFFERSON STREET
PO BOX 1220
PORT TOWNSEND, WA 98368

Business Hours:
Mon. - Fri. 8:30 a.m. to 4:30 p.m.
Closed on weekends and officials
State and Federal Holidays

CLAIMANT INFORMATION

I, AS THE CLAIMANT, HEREIN BELIEVE THE CONTENTS OF THIS CLAIM TO BE TRUE. I HEREBY PRESENT A CLAIM FOR DAMAGES AGAINST JEFFERSON COUNTY, WASHINGTON, BASED UPON THE FOLLOWING INFORMATION AS REQUIRED BY RCW 4.96.020 AND 36.45.010:

If more space is needed to answer any items, attach additional sheet and specify the item number.

My name, address and phone number at the time of presenting and filing this claim is:

- 1) Name _____ Date of Birth: _____
(Last) (First) Middle (mm/dd/yy)
- 2) Physical Residence Address: _____
- 3) Mailing Address (if different than residence): _____
- 4) Daytime Phone Numbers: _____
(Home) (Business) (Cell)
- 5) Physical Residential address for six (6) months immediately prior to the date of the incident (if different from current address):

- 6) Your e-mail address: _____

INCIDENT INFORMATION

7) Date Incident Occurred: _____ Time: _____
(mm/dd/yyyy) A.M. or P.M.

8) If the incident occurred over a period of time, date of first and last occurrences:
FROM: _____ Time: _____ A.M. or P.M. TO: _____ Time: _____ A.M. or P.M.

9) Location of incident: _____
(State & County) (City, if applicable) (Place where occurred)

10) If the incident occurred on a street or highway: _____
(Name of street/highway) (Milepost)

(at intersection with or nearest intersecting street)

11) The nature of the damages or injury I sustained are: _____

12) Jefferson County Department(s) or employee(s) allegedly responsible for damage/injury: _____

13) Name(s) address, and telephone number(s) of all persons involved in, or witness to, this incident: _____

14) Name(s), address, and telephone number(s) of all Jefferson County department(s) or employee(s) having knowledge of this incident: _____

15) Name(s), address, and telephone number(s) of all individuals not already identified in (12) and (13) above that have knowledge regarding the liability issues involved in this incident, or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge.

16) Describe the cause of the damages or injury. Explain the extent of property loss or medical expenses. _____

17) Has the incident been reported to law enforcement, safety or security personnel? If so, when was it reported and to whom?:

18) Provide name(s) addresses, and telephone number(s) of treating medical providers. Attach copies of all medical reports and billings:

19) Please attach all documents which support your claim:

20) I claim damages from Jefferson County in the sum of \$ _____
The amount of damages sustained must be itemized

21) If you are injured, are you a Medicare beneficiary? Yes No

If Yes, please provide your Medicare # _____

22) The name of my insurance agency is: _____

23) If your claim involves a motor vehicle accident, complete, sign and include the attached vehicle collision form. Two (2) estimates of the cost of repairs must be attached to this claim with the amount of damages sustained itemized.

24) If you are presenting a personal injury claim, complete, sign and include the attached Medical Release form

This claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant to serve as the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or Guardian Ad litem on behalf of the Claimant.

I declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Signature of Claimant

Date

Place (residential address)

Print Name

Place (City & County)

Title (if Claimant is a Company)

INSTRUCTIONS FOR COMPLETING The JEFFERSON COUNTY CLAIM FOR DAMAGE FORM

Before presenting a Jefferson County Claim for Damages Form please read these instructions and the Claim for Damages Form in its entirety.

Type or print clearly in ink and sign the Claim for Damages Form. The Jefferson County Claim for Damages Form must be signed by:

- * Claimant; or
- * Person holding a written power of attorney from the Claimant; or
- * Attorney in fact for the Claimant; or
- * Attorney admitted to practice in Washington State on the Claimant's behalf; or
- * A court-approved guardian or guardian ad litem on behalf of the Claimant

Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily understood.

The following are examples on how to complete the numbered items on the Claim for Damage form:

- 1) Smith, John Conner, 12/01/1910
- 2) 222 One Way Street, Apt. Z, Port Townsend, WA 98368
- 3) Post Office Box 101, Quilcene, WA 98376
- 4) 360-123-4567 360-123-4567 360-123-4567
- 5) 222 One Way Street, Apt. Z, Port Townsend, WA 99201
- 6) claimant1@comcast.net
- 7) 01/01/2009, 8:00 a.m.
- 8) From: October 31, 2009 8:00 p.m. To: November 2, 2009 7:00 a.m.
- 9) Washington, Jefferson; Chimacum County maintained road.
- 10) Center Road northbound, milepost 4.0 Egg & I Road
- 11) Please describe the incident that resulted in the injury, or damages, specifically answering the questions who, what, where, when and why.
- 12) Jefferson County Roads Department
Smith, Jenny, 222 One Way Street, Apt. Z, Port Townsend, WA 98368, (360)123-4567, riding
- 13) in the car at the time of the incident; Fitzgerald, Who sits, 3287 Wonderful Lane, Brinnon, WA 98331, (360)111-1111; witnessed the incident.
- 14) List address and telephone numbers of all County Departments and employees having knowledge about this incident.

List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items (12) and (13). Also include
- 15) a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, and telephone number, and indicate she witnessed the incident.

Instructions for Completing Jefferson County Claim for Damages Form

- 16) Describe how the damages or injury was caused.
- 17) If you reported this incident to law enforcement, safety or security personnel, please provide the name of the person you spoke with, and the date and time you spoke to them and include a copy of the report or contact information for the person with whom you spoke.
- 18) Please provide a list of all your medical providers, including their names, address, telephone numbers, and the type of treatment. Please attach copies of all medical records and billings if you were treated for a personal injury under this claim.
- 19) Attach documents which support the claim's allegations.
- 20) Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total damages.
- 21) If you were injured, please indicate if you are Medicare eligible and provide your Medicare number. If you are presenting a personal injury claim, submit the Medical Release form.
- 22) Please provide the name of the company that provides you insurance for this type of claim.
- 23) If your claim involves vehicle accident, submit the Vehicle Collision Form

VEHICLE COLLISION FORM

PLEASE TYPE OR PRINT IN INK

Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME [A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT]				DATE OF ACCIDENT (mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>			
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE	HOME WORK		
	(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL			
	State/Country/City (if applicable) where occurred		STREET OR HWY	MILEPOST NO.	INTERSECTION OR NEAREST STREETROAD					
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?			
	NAME OF VEHICLE OWNER			ADDRESS	CITY	HOME AND WORK PHONE				
	NAME OF DRIVER			ADDRESS	CITY	HOME AND WORK PHONE				
	DRIVER'S LICENSE NUMBER			STATE OF ISSUANCE		DATE OF EXPIRATION				
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.				
	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN					
OTHER VEHICLE INFORMATION (VEHICLE #2)	NAME OF OWNER			ADDRESS	CITY	PHONE				
	NAME OF DRIVER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
OTHER NON-VEHICLE DAMAGE	NAME OF OWNER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
INJURED PARTIES	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
				HOME WORK						
				HOME WORK						
				HOME WORK						
				HOME WORK						
				HOME WORK						
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)			ADDRESS	CITY	PHONE				
							HOME WORK			
							HOME WORK			

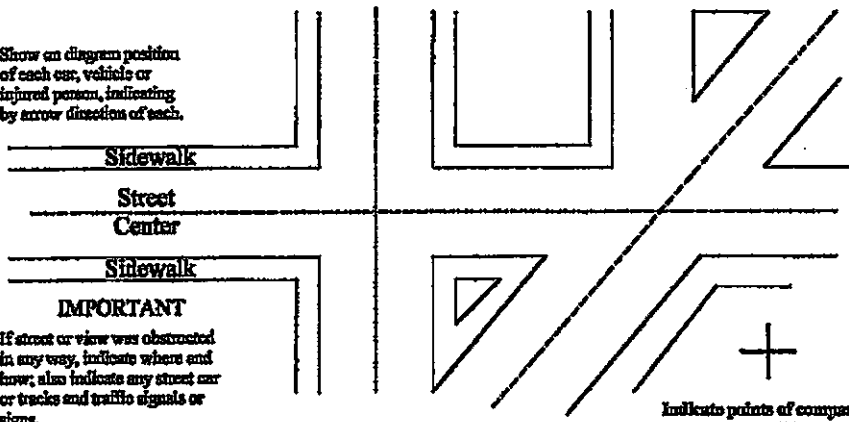
COMPLETE ALL DETAILS

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Straight Road | <input type="checkbox"/> Hillcrest | <input type="checkbox"/> One Lane |
| <input type="checkbox"/> Curve - R or L | <input type="checkbox"/> Uphill | <input type="checkbox"/> One and One-Half Lane |
| <input type="checkbox"/> Level | <input type="checkbox"/> Downhill | <input type="checkbox"/> Two Lane or Four Lane |

Mark Damaged Areas

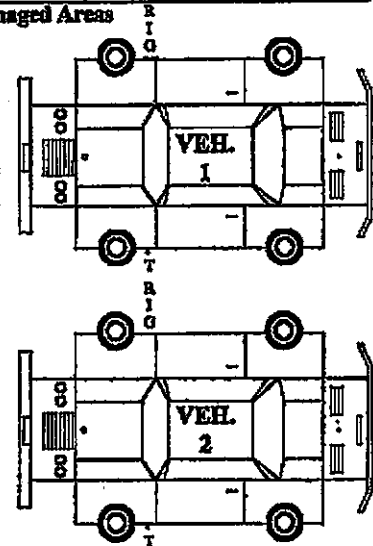
Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.



IMPORTANT

If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.

Indicate points of compass
N. E. S. W.



LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTER-CHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)		
7 <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			
NAME OF INVESTIGATING POLICE AGENCY:					
INVESTIGATING AGENCY REPORT NO.					

A separate claim form should be submitted for each claimant.

This information is being provided to aid in resolving the claim.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Claimant

Date and Place (residential address, city and county)

**AUTHORIZATION for Release of Protected Health Information (PHI)
To Jefferson County Risk Management**

Name: _____
(Last, First, Middle Initial or Middle Name)

Date of Birth: Month _____ Day _____ Year _____

I hereby authorize disclosure of my protected health information to Jefferson County for the purposes of processing my claim for damages.

I understand that by signing this document, I authorize the release of the following information:

Complete medical record for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of the medical record.

HIV Test Results and medical information related to HIV testing or treatment

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment

Alcohol assessment, testing, referral or treatment records

All other chemical dependency assessment or treatment records

Pharmacy prescriptions and reports

All letters and memos received or sent, including electronic mail, referencing my treatment, information related to alleged sexual assault or sexually transmitted disease, including test results

Urgent care, outpatient or other clinic visit information

Gynecological and/or obstetrical information

All client records generated for or by governmental programs of which I am a client. Identify the program(s) and agency:

Financial records related to my care and treatment

I understand the following: (Please Read and Initial All Statements)

Authorization & Release of Protected Health Information (PHI) to JC Risk Management

	I understand that my records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02).
	I understand that my health information may be subject to re-disclosure by Jefferson County and not protected for purposes of evaluating and investigation of the claim I have filed with Jefferson County.
	I understand that the specific information to be disclosed in my medical record may include information regarding alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of acquired immune deficiency syndrome.
	I understand that I may revoke this authorization at any time by notifying Jefferson County in writing, and that revocation will be effective as of the date Jefferson County receives it. Any records obtained pursuant to this Authorization for Release of PHI prior to the revocation will be deemed authorized by me for release and use by Jefferson County.
	I understand that this Authorization for Release will expire 90 days from the date sign it or on _____ (date) for the release to be valid.

A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to Jefferson County.

Signature of Authorizing Individual: _____

Date of Signature: _____ Telephone number _____

Witness (where patient is over 13 and signing the release):

 (Print & Sign Name) Date

Where the signer is not the subject of the records:

I am authorized to sign this because I am the (Check what applies and attach proof of authority):

<input type="checkbox"/>	Parent of minor
<input type="checkbox"/>	Legal Guardian
<input type="checkbox"/>	Personal Representative
<input type="checkbox"/>	Other – Explain

To the Provider or Records Custodian: Please send legible copies of all records to:
 Jefferson County Risk Management
 C/O County Administrator's Office
 PO Box 1220
 Port Townsend, WA 98368