

MONROE PUBLIC SCHOOL DISTRICT
HUMAN RESOURCES OFFICE
STANDARD PRACTICE BULLETIN

NO. P-4

Date Issued: November 13, 1974

Date Effective: November 13, 1974

Revised: August 1, 1989

Revised: January 5, 1998

Revised: January 5, 2005

Revised: May 30, 2019

SUBJECT: WORK RELATED INJURY/ILLNESS TO EMPLOYEES

I. PURPOSE:

To set forth procedures relative to injuries/illnesses of a school employee which arise out of the course of employment.

II. GENERAL:

A report of all injuries/illnesses is to be submitted to the Fringe Human Resources Office immediately along with pertinent information regarding the accident or occurrence. The report form contained herein includes three pages:

- Accident Report to be completed by Employee
- Supervisor Report to be completed by Building/Department Administrator
- Permission to Treat completed by Supervisor and Sent with Employee to ProMedica 360

III. PROCEDURES:

In all cases of employee work-related injuries, employees are required to receive treatment at ProMedica 360, 901 North Macomb Street, Suite #1, Monroe, Michigan (across the street from ProMedica Monroe Regional Hospital).

Below are the procedures for the immediate handling of Work-Related Injuries unless circumstances do not allow:

- | | |
|--------|--|
| Step 1 | Notify Human Resources Office of employee injury |
| Step 2 | Supervisor/Building Principal complete "Order for Treatment" and send with Employee to ProMedica 360. |
| Step 3 | Employee receives treatment at ProMedica 360. Any documentation received during treatment should be forwarded to the Human Resources Office. |
| Step 4 | Employee and/or Supervisor/Building Principal complete Employee Injury Report and send to the Human Resources Office. |
| Step 5 | Supervisor/Building Principal completes the Supervisor Report and sends to the Human Resources Office. |

MONROE PUBLIC SCHOOL – EMPLOYEE INJURY REPORT
Return to Human Resources Office at the Administration Bldg.

Form WCC

Revised 10/06

Please notify **Human Resources immediately** by telephone (265-3020), and fill out this form for all injuries, including diseases, which arise out of and in the course of employment.

Injured Employee: _____

Social Security #: _____ Building: _____

Address: _____

City/State/Zip: _____ Phone: _____

Birthdate: _____ Age: _____ Sex: _____ Marital Status: _____

Number of injured employee's children under 16, living with injured: ____

Number of other family members or relatives at least 50% supported by injured. _____

Date of injury: _____ Time of Injury: _____AM/PM

Last Day Worked: _____ Date of this report: _____

Nature of Injury: _____

Part of Body: _____

Location of Injury (building and area): _____

How Did Injury Occur? _____

(Describe fully the events which resulted in injury)

Any suggestions to avoid further potential injuries? _____

Name of Any Witness(es): _____

All injured employees must report to the ProMedica 360 for treatment. This form must be signed by the supervisor and the Human Resources Office notified prior to the employee reporting for medical treatment unless circumstances do not allow.

Employee Signature

Date

MPS - EMPLOYEE INJURY - SUPERVISOR'S REPORT

Supervisor: _____

Name of Employee: _____

Occupation of Injured Employee: _____

Building: _____

Date of Injury: _____

Time Employee Began Work: _____ AM / PM

Time of Injury: _____ AM / PM

Did employee seek treatment? Yes - Date _____ No

If Yes: ProMedica 360 *

Emergency Room (only if ProMedica 360 is CLOSED)

Other _____

* Note - All employees must report to the ProMedica 360 for treatment unless circumstances do not allow!

Date of Return to Work: _____

Restrictions? YES (attach doctor report) NO

Analyze and then describe the underlying causes of the accident, in your opinion, considering Policies, Procedures, Equipment, Training, and Supervision Practices (Note employee carelessness is not a cause):

Analyze and describe the Preventative Measures you recommend to address the underlying causes of the accident, considering Policies, Procedures, Equipment, Training and Supervision Practices (Note - just telling the injured employee to be more careful after the accident, is an incomplete supervision practice)

Action(s) or corrective action(s) taken to prevent re-occurrence of the above incident or the like:

Date of this report. _____

Building/Department Administrator Signature: _____

Order for Medical Treatment
Send with Employee for Treatment

ProMedica 360
901 N. Macomb Street, Suite #1
Monroe, MI 48162

Kindly render such FIRST AID service as may be necessary to care properly for the
injury sustained by _____ while in our employ on _____
(employee name) *(date)*

Nature of Injury: _____

Monroe Public Schools

Supervisor

Time: ____ Date: _____

Doctor: Please complete and return this portion with the Employee:

Medical Diagnosis: _____

Can employee return to work? No Yes

If yes, any restrictions? _____

Total Disability: No Yes – Estimated Length _____

Physician Information (please print):

Name: _____
Address: _____
Phone: _____

Date: _____

Physician's Signature

ProMedica 360: Any questions contact Human Resources - (734) 265-3020