

SOUTH LYON COMMUNITY SCHOOLS

WORK-RELATED INJURY PROCEDURE ACKNOWLEDGEMENT FORM

My signature below indicates that I have received, I have read and I understand the
“Procedures for a Work Related Injury”

Signature

Date

Print Name

Position

Title: Work-Related Injury Procedure

System: Administration

Process: Work-Related Injuries

Issue Date: 11/08/08

Issue Number: 8

Approved by: Melissa Baker

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Summary of changes: Change to 6.3.4 – transporting injured employee to medical facility

1. Purpose

To describe the procedure for reporting and managing work-related injuries, as well as employee responsibilities when a work-related injury occurs.

2. Scope

This procedure applies to all South Lyon Community Schools (SLCS) employees.

3. Definition of Terms

Employee Accident Report – The report an employee must fill out after a work-related injury occurs

Work-Related Injury – An injury or illness incurred in the course of a person’s employment with South Lyon Community Schools, and to which the employment was a significant contributing factor. It includes the recurrence or aggravation of any pre-existing injury or illness, where the person’s employment was a significant factor

Immediate Supervisor – The person an employee reports to directly

PCMI – Professional Contract Management, Inc.

PTO Day – Paid Time Off Day

4. Responsibilities

SLCS Employees – Read, understand, and comply with this SLCS work-related injury procedure

Immediate Supervisors – Ensure all employees comply with this procedure. Conduct a thorough investigation of all employee work-related injuries

Benefits Department – Maintain all SLCS Accident Reports, SLCS Incident/Accident Investigation Reports, and all Doctors notices and coordinate workers compensation payments as required

5. References

LEGAL REF: MCL Secs. 6 & 8 Occupational Safety and Health Act (1910-1030)

6. Procedure

6.1 Immediate Supervisors shall:

- 6.1.1 Ensure all employees understand this procedure and sign the “Work-Related Injury Procedure Acknowledgement form”
- 6.1.2 Ensure all employees comply with this procedure
- 6.1.3 If an employee is injured, ensure he/she seeks or gets appropriate medical attention
- 6.1.4 Ensure employees use only the approved medical facilities
- 6.1.5 After an employee is injured, conduct an immediate investigation, documenting all related facts and information and interviewing all witnesses to the injury/accident. Complete an Incident/Accident Investigation Report Form, keep a copy and forward the original to the Benefits Office
- 6.1.6 Send the original “SLCS Accident Report” to the Benefits Office, make a copy for the building/department workers comp book; give a copy of both sides of the “SLCS Accident Report” to the injured employee.
- 6.1.7 Send all doctors notices to the Benefits Office regarding an injured employee
- 6.1.8 Make arrangements with the injured employee regarding payroll and notify the Benefits Office regarding the employee’s choice with respect to using either sick/PTO days or going with no pay during the first seven days an employee is unable to work
 - Workers compensation will start paying the injured employee when he/she has been off work for 8 consecutive days. Once the employee reaches Day 15, workers compensation will go back and pay the injured employee for days 1 through 7
 - If an employee is absent due to a work related injury, it is the policy of the District to disallow the use of sick, vacation, or PTO days until it is determined if the injury will be paid as a workers compensation claim. This would effect days 1 through 7 of the absence
 - Should it happen that the employee returns to work prior to day 8, the employee shall have the ability to request sick, vacation, or PTO days for those days that were off work without pay

- However, if the employee has used sick/PTO days during days 1 through 7 and they reach Day 15, the employee is notified and the sick/PTO time paid is deducted from the first check they receive after they return to work. Those sick/PTO days used are then returned to the employee's sick/PTO bank

6.1.9 Fill out a SLCS Wage/Benefit sheet for the injured employee with first day off work, then again when the employee returns from workers compensation leave

6.2 Employees shall:

- 6.2.1** After reading and thoroughly understanding this procedure, sign a “Work-Related Injury Procedure Acknowledgement Form”
- 6.2.2** Report all work-related injuries to the immediate supervisor, whether medical attention is required or not
- 6.2.3** Submit an “SLCS Employee Accident Report” form within 24 hours of a work-related injury and have it signed by the immediate supervisor
- 6.2.4** When an injury requires medical attention, go or be taken to Concentra Medical Centers (see 6.3.1 for more information)
- 6.2.5** **When an injury is life threatening or requires immediate medical attention call 911**
- 6.2.6** If unable to return to work as determined by the clinic, immediately notify the immediate supervisor (Note: “Light Duty” work may be available in another position in the District)
- 6.2.7** If unable to return to work as determined by the clinic, contact the immediate supervisor to make arrangements regarding turning in doctor's notices. Submit the doctor's notice to either the immediate supervisor or the Benefits Bookkeeper as soon as it is feasible
- 6.2.8** If unable to return to work, choose either sick/PTO days or “no pay” to cover the first one to seven days, and notify the immediate supervisor
- 6.2.9** If medically unable to return to work after eight consecutive days, should contact the Benefits Office to discuss the procedures to follow thereafter
- 6.2.10** Notify the immediate supervisor and the Benefits Office when a doctor's notice indicates an immediate ability to return to work. Provide a copy of the doctor's notice to the Immediate Supervisor or the Benefits Office

6.3 **Medical Facility**

- 6.3.1** When an injury is not life threatening and requires medical attention, the employee must go or be taken to Concentra Medical Centers (formerly Business Health Services). (See paragraph 6.3.6 below for situations where an ambulance is required)

Concentra Medical Centers
7960 West Grand River, Ste. 100
Brighton, MI 48114
(810)-225-9800
Fax (810)-225-9807
Mon-Fri, 7:30 a.m. to 5:30 a.m.

Concentra Medical Centers
4000 Grand River Ave., Ste. 105
Novi, Mi 48375
(248)478-1616
Fax: (248)478-9450
Mon-Fri, 7 a.m. to 11p.m. & Sat. 8 a.m. – 4 p.m.

After 11:00 p.m. weekdays and after hours on weekend go to:

St. Joseph Mercy
Woodland Health Center
7575 Grand River Avenue
Brighton, MI 48114
(810)-844-7511

Urgent Care Hours: 8:00 a.m. – 10:00 p.m. daily (excluding holidays)

After 10:00 p.m. go to either of the following (Open 24 Hours):

St. Joseph Mercy Livingston
620 Byron Road
Howell, MI 48843
(517)-545-6000

St. Joseph Mercy Hospital Emergency
and Trauma Center
5301 E. Huron River Drive
Ypsilanti, MI
(734)-712-3000

- 6.3.2** The first ten days of treatment must be obtained only from the medical facilities authorized by South Lyon Community Schools
- 6.3.3** An employee requiring continuing medical attention may make a request in writing to the Benefits Office to receive such treatment at a different facility. Such a request **MUST BE MADE PRIOR** to the change. If prior written approval is not obtained, the employee will be responsible for any costs incurred and the district will not pay any of the costs
- 6.3.4** When an injury is not life threatening and requires medical attention, the employee must go or be taken to Concentra Medical Centers (see 6.3.1). If the injured employee is unable to drive or if there is any question or concern about the employee driving, the injured employee should be taken to the health center by a family member, someone other than a South Lyon Community Schools employee, or by ambulance

- 6.3.5 Employees who are injured after normal working hours (when Concentra is closed) who need medical attention must be sent to St. Joseph Mercy – Woodland Health Center (see 6.3.1). The injured employee must notify the immediate supervisor the next morning and submit an “SLCS Employee Accident Report” within 24 hours of the injury
- 6.3.6 If an employee’s injury requires an ambulance, the employee may choose the hospital he/she prefers for treatment, or the ambulance may take the employee to the nearest hospital
- 6.3.7 If an automobile accident occurs while on the job and traveling within the District, a “SLCS Employee Accident Report” shall be filled out within 24 hours of the Accident, and the immediate supervisor shall be notified as soon as possible

6.4 Out of District Work-Related Injuries

- 6.4.1 While an employee is attending a conference, meeting, field trip, athletic function, etc., as part of his/her job responsibilities, an accident form may be required by the facility, school etc. where the event is taking place. A “SLCS Employee Accident Report” must also be completed and sent to the SLCS Benefits Office within 24 hours of the injury
- 6.4.2 If, in the performance of his/her duties, an accident occurs while the employee is traveling from South Lyon Community Schools to an event or back to South Lyon Community Schools from the event, the employee must fill out an “SLCS Employee Accident Report” form, have it signed by the immediate supervisor and have the original sent to SLCS Benefits Office within 24 hours of the injury
- 6.4.3 If medical attention is required for an injury sustained while an employee is performing his/her duties while at a conference or other work-related event, the employee may go to the Medical Center of his/her choice. For billing purpose the Medical Center staff must be informed that the injury is work-related and that South Lyon Community Schools is responsible for payment. **Do not have the medical facility bill a private insurance company.** All bills and diagnosis should be submitted to South Lyon Community Schools, Benefits Office as follows:

South Lyon Community Schools
Benefits Department
345 S. Warren
South Lyon, MI 48178
Phone 248-573-8133
Fax 248-437-8928