Washtenaw I S D
A REGIONAL EDUCATIONAL SERVICE AGENCY

MEMORANDUM

DATE: November 8, 2017

TO: Cabinet

FROM: Cassandra D. Harmon-Higgins, Esq.
Executive Director, Human Resources and Legal

RE: ***Reporting an Incident and/or Employee Injury***

The Washtenaw Intermediate School District ("WISD" or "District") Board Policy requires all incidents that involve students and or staff, on or off of district property, to be reported. When an employee is injured during the course of his/her workday, following the procedures (referenced below) will ensure immediate care for the employee and proper processing of paperwork required by the District and/or insurance carrier:

I. If injury does not require medical treatment:

1. Employee must notify his/her Supervisor immediately (or as soon as possible following the incident[1]).
2. Employee must complete and sign the appropriate sections on the (attached) Accident Report form. The form includes the date, time, place of the incident, names of persons involved, nature of the injury (to the extent that it is known), along with a detailed description of all relevant circumstances.
3. Supervisor must complete and sign the appropriate sections on the (attached) Accident Report form.
4. Supervisor must send the completed, endorsed Accident Report for to the Human Resources Department ***within 2 days*** of the incident (for submission to the ISD's workers compensation carrier).
    a. The primary contact for Reporting Incidents/Injuries is Becky Mullins, HR Supervisor. If you are unable to reach Ms. Mullins, please contact Nicole Hubler, HR Assistant. [Ms. Hubler will contact/notify me accordingly].

II. If injury requires medical treatment:

1. Employee must notify his/her Supervisor immediately (or as soon as possible following the incident).
2. Supervisor must direct the employee to go to Washtenaw Urgent Care.
3. Supervisor must call the Human Resources office immediately to notify HR of the incident so HR can provide verbal authorization to the WUC (when they contact HR).
   Note: Pursuant to WISD Policy #8442, any incident that results in an injury, however slight, to a student, an employee of the District, or a visitor to the schools must be reported promptly and in writing to HR.
    a. The primary contact for reporting incidents/injuries is Becky Mullins (HR Supervisor). If you are unable to reach Ms. Mullins, please contact Nicole Hubler (HR Assistant). [Ms. Hubler will contact/notify me accordingly]. *If you require immediate authorization and you can reach neither Ms. Mullins nor Ms. Hubler, call my mobile number*.

[1] If the incident is not reported immediately after the incident, a detailed explanation of why it wasn't must be provided and included in the written submission.

5. Employee must complete and sign the appropriate sections on the (attached) Accident Report form.
6. Supervisor must complete and sign the appropriate sections on the (attached) Accident Report form.
7. Supervisor must send the completed, endorsed Accident Report for to the Human Resources Department ***within 2 days*** of the incident (for submission to the ISD's workers compensation carrier).
8. The WUC will forward a Summary and or Restriction report to the HR Department.
9. When either report is received from the WUC, HR will forward a copy of the report to the immediate supervisor and inform him/her if the employee will need time off or if the employee may return with restrictions.
    i. ***If restrictions***
    HR will verify (with the supervisor) whether accommodations can be made in the employee's current role, or if the employee is unable to perform job duties with the required restrictions. [Please consult with me if you are considering a denial of accommodations].
    ii. ***If time off work is required***
    HR will input the leave duration into Absence Management (AESOP). **Before an employee will be allowed to return to work, a written release from WUC must be received by the HR Department** (to ensure the employee has been medically cleared to perform the essential functions of his/her position and for inclusion in the employee's medical file).

Please discuss the requirements at your next staff meeting and share it with your support staff. Pursuant to Board policy, an employee's failure to comply with reporting requirements may result in disciplinary action.

If you have any questions, please contact me (ext. 1311) or Becky Mullins (ext. 1314). Thank you in advance for your assistance.

cc: Scott Menzel, Superintendent

EMPLOYEE/SUPERVISORS ACCIDENT REPORT

CLAIMANTS PERSONAL INFORMATION

NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ DATE OF HIRE _____

JOB POSITION _____

❍ MALE ❍ FEMALE

MARITAL STATUS _____ NUMBER OF DEPENDANTS _____ GENDER

INCIDENT INFORMATION

DATE OF INJURY _____ TIME _____ DATE REPORTED _____ ACCIDENT LOCATION _____

DRIVERS LICENSE # _____ DRIVERS LICENSE STATE _____

Accident description/Summary of incident? _____

_____

WITNESS: NAME _____ PHONE NUMBER _____

What part of the body was injured? _____ Nature of injury? _____

Initial medical treatment: ❍ NONE REQUIRED ❍ REFUSED ❍ FIRST AID ONLY ❍ PHYSICIAN/TREATMENT FACILITY VISIT ❍ EMERGENCY ROOM VISIT

Location of treatment? _____

TO BE COMPLETED BY SUPERVISOR OF INJURED EMPLOYEE

How did accident happen? _____

Describe injury (include body part): _____

Where did the accident occur? _____

Detail any machine or equipment involved: _____

What was the employee doing prior to the injury? _____

What was the employee doing at the time of the injury? _____

What conditions were present at the time of injury? _____

Was corrective action taken? _____

Has it been done? ❍ YES ❍ NO If no, give reason: _____

SIGNATURES

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

HR USE ONLY:

CLAIM NUMBER _____

DATE RECEIVED _____ DATE SUBMITTED _____

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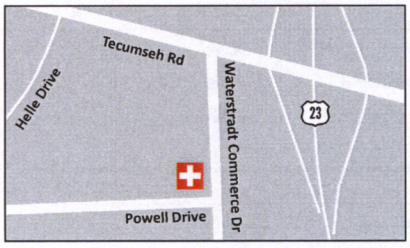
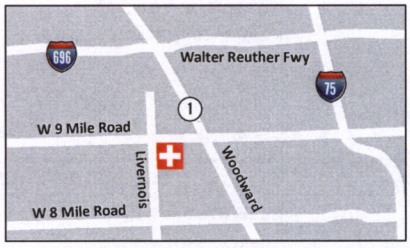
Brighton
2300 Genoa Business Park Drive
Suite 120
Brighton, MI 48114
P 810.844.0400
F 810.844.0804
8AM - 10PM

734-225-9300 Main

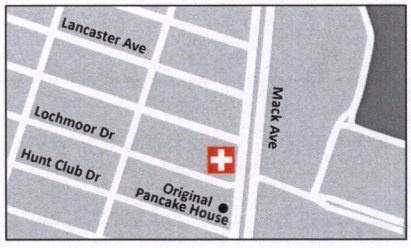
Dundee
100 Powell Drive
Suite 8
Dundee, MI 48131
P 734.823.5900
F 734.823.5425
9AM - 9PM



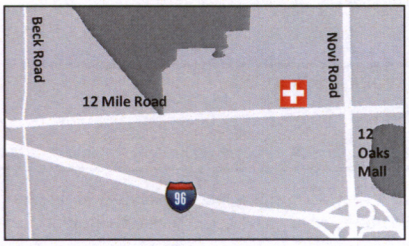
Ferndale
641 West 9 Mile Rd.
Suite C
Ferndale, MI 48220
P 248.206.1600
F 248-206-1605
8AM - 10PM



Grosse Pointe
20311 Mack Avenue
Grosse Pointe Woods,
MI 48236
P 313.499.6000
F 313.499.6001
8AM - 10PM

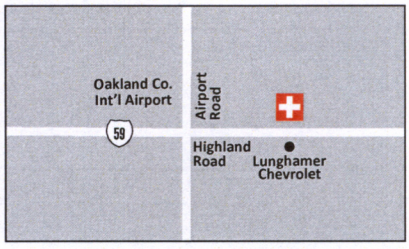


Novi
44000 W 12 Mile Road
Suite 101
Novi, MI 48377
P 248.374.3595
F 248.374.3640
9AM - 9PM

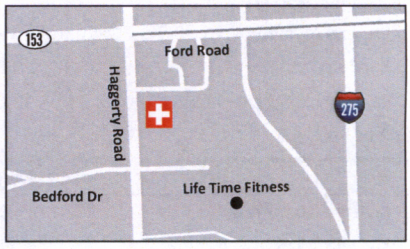


Washtenaw
3280 Washtenaw Ave
Ann Arbor, MI, 48104
P 734.389.2000
F 734.389.2005
8AM - 10PM

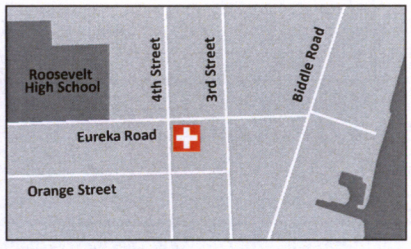
Waterford
5800 Highland Road
Waterford, MI 48327
P 248.290.5700
F 248.290.5695
8AM - 10PM



Western Wayne
2050 Haggerty Road
Suite 140
Canton, MI 48187
P 734.259.0500
F 734.259.0505
8AM - 8PM



Wyandotte
375 Eureka Rd.
Suite B
Wyandotte, MI 48192
P 734.225.9300
F 734.225.9305
8AM - 8PM



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The Michigan Urgent Care and Occupational Health family of clinics located throughout Southeast Michigan is dedicated to the treatment of adult and pediatric injury and illness, and is a leading provider of occupational health services.

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