

# **WORKERS' COMPENSATION INJURY PROCEDURES**

- **ALL work-related injuries or illnesses REQUIRE the completion of this form (which should be returned to Human Resources/Benefits):**
  1. EMPLOYEE INJURY REPORT
    - \*NOTE: State law requires the forms be completed and recorded within **SEVEN DAYS** after the date of occurrence. Please return the forms to the Human Resource Office within the legal timeframe or we may be subject to large fines.
- **IF medical attention is required**, employees must go to the **ASCENSION Michigan at Work office (formerly Crittenton Occupational Health) within ten days of occurrence**. This office is located at **1135 W. University Drive, Suite 346**.
- The attached **AUTHORIZATION FOR TREATMENT** form should be completed and the employee should present it to the clinic at the time of treatment. A building administrator or secretary can sign the form. No appointment is necessary however the facility is only open until approximately 4:00 p.m.
- After treating with Ascension Michigan at Work, employees may have the opportunity to treat with their own physician, however it **MUST be pre-approved** by our workers' compensation carrier before the visit or payment may be denied. Employees should contact Amy Gora directly if they would like authorization to see their own physician.
- All **work status** (medical report forms) should be faxed to Human Resources **immediately** (248-726-3187). If an employee is placed on "restrictions" by a physician and is unable to perform their own job, Human Resources will attempt to place them in a "restricted duty" position until they are able to return to their regular duty work. Please contact Amy Gora immediately if an employee is unable to work in their regular position due to a work-related injury.
- **Attendance in Absence Management can be coded by building personnel as 19-worker's comp. If you are unable to use the W/C code, please code as 01-personal illness and contact Amy Gora.**

**Please contact Amy Gora at ext. 3112 if any of the procedures are unclear or questions arise regarding any workers' compensation claims.**

# ROCHESTER COMMUNITY SCHOOLS

## EMPLOYEE INJURY REPORT

This report is to be completed by any employee of Rochester Community Schools injured on school property. Describe fully the circumstances of the injury, alleged cause and piece of equipment, furniture, etc. involved.

|                             |  |              |  |            |  |
|-----------------------------|--|--------------|--|------------|--|
| Name                        |  | Phone number |  | DEN number |  |
| Address<br>City, State, Zip |  |              |  |            |  |

### INJURY/MEDICAL DATA

|                |  |      |  |          |  |
|----------------|--|------|--|----------|--|
| Date of Injury |  | Time |  | Location |  |
|----------------|--|------|--|----------|--|

What was the employee doing just before the incident occurred. Describe activity, tools or materials. Be specific: \_\_\_\_\_

How did the injury occur? Example: "When ladder slipped on wet floor, worker fell 20 feet." \_\_\_\_\_

Describe the injury: \_\_\_\_\_

Name the object or substance that directly attributed to the accident. \_\_\_\_\_

| BODY PART  |            |              |  | TYPE OF CONDITION |                       |                            |  |
|------------|------------|--------------|--|-------------------|-----------------------|----------------------------|--|
| Abdomen    | Forearm(s) | Ribs         |  | Abrasion          | Grinding Wound        | Repetitive Motion Disorder |  |
| Ankle(s)   | Groin      | Shoulder(s)  |  | Amputation        | Hearing Loss          | Scratch                    |  |
| Back       | Hand(s)    | Spine        |  | Avulsion          | Heart Attack          | Silver                     |  |
| Buttock(s) | Head       | Stomach      |  | Blisters          | Heat (cramps, stroke) | Splinter                   |  |
| Calf(s)    | Hip(s)     | Teeth        |  | Burn              | Hernia                | Sprain / Strain            |  |
| Chest      | Jaw        | Thigh(s)     |  | Contusion         | Infection             | Slip / Fall                |  |
| Ear(s)     | Knee(s)    | Throat       |  | Death             | Insect bite           | Other                      |  |
| Elbow(s)   | Leg(s)     | Thumb(s)     |  | Dermatitis        | Irritation (dust)     | <b>ACTION TAKEN:</b>       |  |
| Eye(s)     | Lungs      | Toe          |  | Foreign Object    | Irritation (vapor)    |                            |  |
| Face       | Mouth      | Upper Arm(s) |  | Fracture          | Laceration            |                            |  |
| Finger(s)  | Neck       | Whole Body   |  | Frostbite         | Pulmonary Condition   |                            |  |
| Foot       | Nose       | Wrist(s)     |  | Ganglion          | Puncture Wound        |                            |  |

Provider Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Preparing Report: \_\_\_\_\_ Report Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor should retain a copy and send a copy of this report to Amy Gora, HR Benefit Specialist

# Ascension Michigan Employer Solutions

# Employer Authorization

## For Treatment/Billing

Date \_\_\_\_\_ Employee Name \_\_\_\_\_  
 Job Title/Duties \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip

**MINORS MUST BE ACCOMPANIED BY PARENT OR LEGAL GUARDIAN**

**Injury Care:** (Describe) \_\_\_\_\_  
 Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.   
 p.m.   
**Controlled Substance Test with this injury:**  Urine Drug Screen  Breath Alcohol Test  
 Patients treated after hours in Urgent Care or Emergency Department should return  
 for follow-up care at the nearest occupational health office.

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**Physical Exam (bring eyeglasses and/or contact lenses and case)**

|  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Post-offer/Pre-hire | <input type="checkbox"/> DOT—new hire | <input type="checkbox"/> MCOLES               |
| <input type="checkbox"/> Annual              | <input type="checkbox"/> DOT—renewal  | <input type="checkbox"/> Preventive Well Exam |
| <input type="checkbox"/> Return to Work      | <input type="checkbox"/> Hazmat       | <input type="checkbox"/> Silica Exam          |
| <input type="checkbox"/> Other _____         |                                       |   |

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**Drug and Alcohol Testing (photo identification required)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> DOT Urine Drug Screen | <input type="checkbox"/> Urine Drug Screen | <input type="checkbox"/> Breath Alcohol |
| <input type="checkbox"/> DOT Collection Only   | <input type="checkbox"/> Collection Only   |   |
| <input type="checkbox"/> DOT Breath Alcohol    | <input type="checkbox"/> Hair Testing      |   |

**Reason:**  
 Pre-hire  Random  Post accident  Reasonable suspicion  Return to duty  Follow Up  Other

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**Screening/Immunization**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Audiogram  | <input type="checkbox"/> TB Test (PPD)               | <input type="checkbox"/> Tspot                         |
| <input type="checkbox"/> Audiogram w/Analysis   | <input type="checkbox"/> Hepatitis B Vaccination     | <input type="checkbox"/> Pulmonary Function Test (PFT) |
| <input type="checkbox"/> EKG  | <input type="checkbox"/> Hepatitis B Titer           | <input type="checkbox"/> Lift Test                     |
| <input type="checkbox"/> Respirator Questionnaire   | <input type="checkbox"/> Travel Medicine (Rochester) | <input type="checkbox"/> Hepatitis A Vaccination       |
| <input type="checkbox"/> Respirator Fit Test <b>(No facial hair. No tobacco, food or drink (except water) one hour prior to test)</b> |  |  |
| <input type="checkbox"/> Other _____  |  |  |

**AUTHORIZED BY:** \_\_\_\_\_  
(Please print) Phone

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

# Ascension Michigan Employer Solutions

## Locations in SE Michigan to Serve Your Workplace

### **DETROIT/GROSSE POINTE WOODS**

Ascension St. John Hospital  
19251 Mack Ave., Suite 100  
Grosse Pointe Woods, MI 48326  
**313-343-3740** • Fax: 313-343-7864  
**amesdetroit-gpw@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **EAST CHINA**

Ascension River District Hospital  
4100 River Rd.  
East China, MI 48054  
**810-329-8912** • Fax: 810-329-8913  
**ameseastchina@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **GRAND BLANC**

Ascension Genesys Hospital  
Main Entrance,  
1 Genesys Parkway, Suite 162C  
Grand Blanc, MI 48439  
**810-606-5957** • Fax: 810-606-5907  
**amesgrandblanc@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **HOWELL**

Ascension Medical Center  
1225 S. Latson Rd., Suite 130  
Howell, MI 48843  
**517-338-2370** • Fax: 517-338-2371  
**ameshowell@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m., after hours injury care  
available in Urgent Care daily until 8 p.m. and holiday  
hours vary

### **LIVONIA**

Ascension Providence Health Center  
37595 Seven Mile Rd.  
Livonia, MI 48152  
**734-432-6668** • Fax: 734-542-6108  
**ameslivonia@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **MACOMB TOWNSHIP**

Ascension St. John Hospital Health Center  
17700 23 Mile Rd.  
Macomb Township, MI 48044  
**586-868-9120** • Fax: 586-868-9136  
**amesmacombtwp@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **MADISON HEIGHTS**

Ascension Macomb-Oakland Hospital, Madison Heights  
27351 Dequindre Rd.  
Madison Heights, MI 48071  
**248-967-7715** • Fax: 248-967-7716  
**amesmadisonhgts@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **NOVI**

Ascension Providence Hospital, Novi Campus  
Outpatient Center, Northeast entrance  
47601 Grand River Ave., Suite B230  
Novi, MI 48374  
**248-465-4800** • Fax: 248-465-4872  
**amesnovi@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **ROCHESTER**

Ascension Providence Rochester Medical Office Building  
1135 W. University Dr., Suite 346  
Rochester, MI 48307  
**248-652-5203** • Fax: 248-652-5128  
**amesrochester@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

### **SOUTHFIELD**

Ascension Providence Health Pavilion  
22255 Greenfield Rd., Suite 422  
Southfield, MI 48075  
**248-849-3195** • Fax: 248-849-3390  
**amessouthfield@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

**AFTER HOURS INJURY CARE IS AVAILABLE  
IN THE EMERGENCY ROOM AT  
ASCENSION MICHIGAN HOSPITALS**