

WORKERS COMPENSATION

Employee Injury/Illness Reporting Guidelines and Forms

This information is provided as a guide for principals, directors, managers, and other supervisory personnel to assist them in reporting work related accidents, injuries, and illnesses.

As an employer the Gulfport School District is responsible for the safety and health of all staff and employees while on duty. When an employee suffers an accident, whether it results in an injury or not, it is the immediate supervisors duty to complete and submit appropriate documentation of the incident as soon as he/she is informed. This will aid in proper recording of the injuries and ensure that the employee is cared for promptly, and will help ensure that the incident is reviewed in order to prevent reoccurrence. While obtaining care for the injured worker is the primary purpose of this system, prevention of reoccurrence is a very important aspect as well. The report documents included herein are designed to provide information to be used by insurance carriers as well as our own in house safety personnel therefore they must be as complete and accurate as possible.

Remember, as a principal, director, manager, or supervisor, you play a vital role in helping to ensure that all of us have a safe place to work and t each, and that the safety of staff and students is considered in all activities. Fortunately, you do a very good job of controlling hazards. However, in spite of the best efforts accidents do happen and people do get hurt. When this occurs, it is essential that you take immediate action to address the incident, report the incident, and help address the cause of the incident. The effort you put into the immediate follow-up to an incident can have impact on the employee as well as the district.

Filling Out the First Report of Injury or Illness

- o Workers Compensation-First Report of Injury or Illness is **to be completed by Principal or Supervisor only! NEVER THE INJURED EMPLOYEE!**
- o Keep information as accurate as possible on this form. Do not try to be the doctor, but provide as many details as possible. Although the form has complete instructions for filling it out on the back, pay close attention to the following sections of the form:
 - o Location: (Top/right under Insured Report Number) Be sure to identify your school/site location and telephone number.
 - o Employee Address: Be sure to obtain an accurate mailing address, and in case of a Post Office Box, also obtain the street address.
 - o Contact Name and Number: This is the Principal and/or Supervisors name and phone number.
 - o Date Employer Notified: Actual date the employer was first aware of incident.
 - o Type of Injury/Illness: Back pain, cut finger, swollen, painful, etc.
 - o Part of Body Affected: Be specific here-lower back, middle back, left lower back, right ankle, left knee, etc.

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- o Department or Location where accident occurred: Name of the building, room number, hall name, etc.
- o All equipment, materials or chemicals employee was using when accident or illness exposure occurred: List all things employee was using, or lifting and if a lifting injury estimate the weight being lifted.
- o How Injury or illness occurred: This is where all the details go. It's a small space, but do the best you can to keep it short, to the point, but with important details. If you did not witness the incident, nor are there any witness to the incident, put "employee states" followed by the details.
- o Witnesses and Phone Numbers: list the names and home phone numbers for any witness.
- o Date Administrator notified: date that the principal or supervisor advised, Insurance Clerk. This should be immediately.
- o Preparer's Name and Title: the person completing the form.

READ THE FOLLOWING CAREFULLY

FIRST: Complete the First Report of Injury or Illness form as soon as you are aware/notified that an incident has occurred. Only the Principal or Supervisor completes this form! At no time does the injured employee write on this form.

SECOND: Forward the completed form to the Workers Compensation Coordinator at the district office as follows:

Insurance Clerk:
(228) 865-4607
(228) 865-4618 fax

IF NO OUTSIDE MEDICAL TREATMENT IS NEEDED

Complete Form A only with notation "For Report Purpose Only" or "RPO" in the top right hand corner of the form.

Fax Completed Form A to Insurance Clerk.

A. IF OUTSIDE MEDICAL TREATMENT IS NEEDED

Call the Insurance Clerk **IMMEDIATELY.**

Complete all forms (B, C, D, E, F, and G) are required!

- Form B-Notice to the MS Workers Compensation Commission of Physician of Choice. The EMPLOYEE completes this form.
- Form (-Medical Authorization-Employee completes this form.
- Form D-HIPPA Release-Employee completes this form.
- Form E-Supervisors Report of Accident- Supervisors completes this form.
- Form F- Medical Treatment & Work Status-Employee takes to the doctor and brings a copy back to the employer.

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- Form G-Witness Statement s-Obtain written statement from Witnesses, if any.

AS THE PRINCIPAL/SUPERVISOR DO NOT UNDER ANY CIRCUMSTANCES WRITE ON THE FOLLOWING FORMS:

- The Notice to the Mississippi Worker's Compensation Commission of Physician Choice form and Medical Authorization Forms.
- Medical Treatment and Work Status Forms: To be completed by doctor with a copy returned to the employer.
- HIPAA Release form.

B. Notice To The MS Workers' Compensation Commission of Physicians Choice

- o To be completed by EMPLOYEE ONLY!!
- o Witnessed by Principal or Supervisor

C. Medical Authorization

- o To be completed by EMPLOYEE

D. HIPAA Medical Release

- o To be completed by EMPLOYEE ONLY!!

F. Medical Treatment and Work Status Summary

- o Give a copy to the employee to take to the doctor for completion.
- o The injured worker needs to return the above form with the doctor's diagnosis to you before he/she can be allowed to return to work. This form also has a notation to the doctor to fax a completed form to the District Office number. When this happens, the Insurance Clerk will advise the Principal or Supervisor by phone or email regarding limitations.

REQUIRED DRUG SCREENING

IF OUTSIDE MEDICAL TREATMENT IS NEEDED THEN A DRUG SCREENING IS MANDATORY!

OTHER FORMS

- o Supervisor's Report of Employee Accident/ Illness-must be completed by the principal or supervisor.
- o Witness Statement Forms: make as many copies as there are witnesses. Let each witness complete a statement of the incident in his or her own words.
- o Fax all completed for to: Insurance Clerk at 228-865-4618.
- o Make a copy for school files, and forward all original forms to District Office.

In case of an emergency, our first priority is to get our employees treatment.

- o If an employee requires emergency treatment, call the Insurance Clerk's office immediately and notify her/him of the situation.

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- o Fax to her/him all known information so that we can notify the District's Workers Compensation Carrier so the employee can be treated immediately.

CAUTION!!!!

Employees must not be required or allowed to perform work that exceeds the limitations set by their doctor. Example- If a return to work forms says "No lifting", it means that this employee cannot lift anything. The worked must be assigned work that does not requiring any lifting. A "temporary duties list" may be necessary in order to ensure this. The employee, as well as his/her supervisors, must be made aware of the requirements. WHEN IN DOUBT, CALL THE INSURANCE CLERK!!!!

Transitional duties are established within the Modified Duty Restrictions. Transitional duties are only temporary assignments or modifications to employee's regular duties until such time the employee is released to full duty by their doctor.

The Insurance Carrier encourages, and it is the policy of the Gulfport School district, to let an employee return to work on temporary restricted basis', such as limited lifting restrictions, limited standing, etc. this keeps the employee productive, and prevents expensive "lost time" claims. It also promotes a sense of care and concern for the employee.

If it was a serious accident and you cannot get all the above forms completed right away, do it as soon as possible. *The care for the injured employee comes first.* Forms can be completed later. However, don't delay in completing the paperwork as it can affect the management and payments related to the injured employees claim.