



GUIDE TO INCIDENT REPORTS & WORKER'S COMPENSATION

EMPLOYEE INCIDENT REPORTING

What happens when an employee has an accident?

Please let Human Resources know as soon as you are aware an employee has had an accident. All employees need to complete the Employee's Incident Report form, no matter how minor the accident may be, within 24 hours. *It is important that this form is completed in full.* (Sometimes an employee does not want to give sensitive information such as their Social Security Number or Date of Birth, however, this information is required.) Be sure the employee gives a detailed account of the accident and/or injury. Send completed forms to Human Resources.

What should Supervisors do?

Supervisors need to complete the Supervisor's Incident Report form within the same 24 hours. It is important to actually speak with the person to whom the accident was first reported to and/or any witnesses to the incident. Please do not just copy what the employee wrote on their own report. Gathering information first hand is an important way to ensure employees are being safe, as well as correcting any safety issues. Please give a detailed account of the accident and/or injury. This form needs to be completed in full by the Supervisor and sent to Human Resources. *(Other employees should not complete the form for the Supervisor to sign.)*

Below is additional information to privately share with Human Resources if you are aware of it. *Please do not ask the employee for this information.*

- Was the employee performing work duties when injured or were they horsing around?
- Does the employee work for another employer?
- Does the employee have activities outside of work that could contribute to their injury?
- Does the employee have any pre-existing medical conditions?
- Does the employee have any personnel issues?

What happens if an employee needs medical attention?

DO NOT send the employee to a Walk-In Clinic or to their own medical provider.

For minor injuries (scratches, etc.) employees can see the School Nurse or Health Aide for treatment.

For injuries requiring medical attention or if medical attention is requested by the employee, they are required to be seen our medical provider, Concentra (formally U.S. HealthWorks). Concentra is located at 11 Medical Center Dr., Brunswick (at the entrance to Mid-Coast Hospital). Please call Human Resources so they may schedule an appointment.

In the case of an emergency, please call 911 or have the employee brought to the Emergency Room.

What if no one in Human Resources is available to schedule the appointment?

School Secretaries, Nurses, Principals or Assistant Principals may call Concentra directly and schedule an appointment for the employee. Their phone number is 207-725-2697.

What if the employee wants to see their own medical provider?

Employees are required to be seen by our provider, Concentra, for the first 10 days. After 10 days, the employee can use their own medical provider for treatment.

Employees are required to obtain an M-1 Medical Report Form from their provider every time they receive treatment. All M-1 Forms need to be sent to Human Resources.

Who manages the employee's injury and ongoing medical treatment?

Human Resources works directly with the employee, their supervisor, the medical provider, and the district's insurance carrier.

LIGHT DUTY, RETURN TO WORK, and ACCOMMODATIONS (aka Transitional Work)

It is in the best interest of both the school district and employees who have suffered workplace injuries or illnesses to return to work as soon as possible. Transitional or Light-duty assignments, including modified work schedules, will be designed to accommodate job restrictions specified by the employee's health care provider. Transitional or Light-duty assignments are intended to address short-term medical restrictions, and are not to be used as a means to establish new assignments or displace other employees. Human Resources will obtain details on the physical restrictions of the injured employee from the medical provider and review the restrictions with the employee's supervisor to determine whether there are light-duty assignments available in the employee's current department or perhaps another department. If an appropriate assignment is identified, Human Resources, the employee's supervisor and the employee will meet to discuss the new work assignment and complete the "*Employee Acknowledgement of Offer of Transitional Work*" form.

During the transitional assignment, Human Resources will meet with the injured employee to discuss concerns and evaluate progress every two weeks. Human Resources, in coordination with the employee's supervisor and the medical provider, may amend the transitional assignment should the employee have improvement or regression. The duration of the transitional assignment is contingent upon periodic medical evaluations. Employees must agree to and stay within their treating physician's parameters regarding their work capacities

MISCELLANEOUS INFORMATION

Our Worker's Compensation Carrier is MSMA (Maine School Management Association)

Human Resources is required to complete and submit a First Report of Injury to MSMA within 7 calendar days from the "knowledge of injury" date.

All Employee and Supervisor Incident Reports are submitted to MSMA along with the First Report of Injury.



MAINE SCHOOL MANAGEMENT ASSOCIATION
INSURANCE PROGRAMS

49 Community Drive, Augusta, ME 04330
Telephone: (207) 626-5450 W/C Fax: (207) 620-7090
Website: www.msmaweb.com

EMPLOYEE'S INCIDENT REPORT

REMINDER: If your employer has a primary care physician, initial treatment must be through their office. In case of an emergency, proceed to the nearest medical facility.

This report is requested even though you may have reported this injury to your Supervisor.

Name _____ Cell Phone _____

Address _____ Home Phone _____

SS# _____ Gender _____ Date of Birth _____ Date of Hire _____ #Dependents _____

Employee Email Address _____ Secondary Email _____

Employer/School _____ Supervisor _____

Do you work for another employer? Name/address of that Employer _____

Occupation when injured _____ Secondary Employment _____

Were you doing your regular work? _____ If not, what work? _____

Date of injury _____ Hour of day _____ AM ___ PM ___ What time did you begin work: _____

Exact place where injury occurred _____

Describe fully how injury occurred: _____

Describe your injury in detail (mention body parts affected) (specify (L) or (R) side) _____

Do you have any pre-existing or contributory Injuries/Conditions? _____

Names of any witnesses _____

Name of doctor treating you for this injury _____ First Date seen: _____

Doctor's Address _____

Name and addresses of medical providers seen for this injury _____

Did you lose time from work? _____ If so, when did disability start? _____

What time did you leave work: _____

Have you returned to work? _____ When? _____

Light Duty _____ Regular Duty _____ Number of Hours _____ Rate of Pay \$ _____

To whom was injury reported? _____ When (date)? _____ AM ___ PM ___

Date

Signature



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SUPERVISOR'S INCIDENT REPORT

This report should be completed within 24 hours of the incident while the facts are still fresh in the minds of witnesses and should be filed with the department responsible for the processing of Workers' Compensation claims.

Name of injured employee _____

Occupation when injured _____ School _____

Was employee performing regular occupation? _____ If not, what occupation? _____

Was employee experienced/trained in this occupation? _____ Secondary Employment? _____

Date of injury _____ Hour of day _____ AM _____ PM _____

Describe the events which resulted in the injury or disease _____

Primary Cause of Injury _____

Action taken to prevent recurrence _____

Describe the injury /disease and indicate body parts affected (specify (L) or (R) side) _____

Do you have any questions or concerns pertaining to this injury? Yes _____ No _____

If "yes," please explain _____

Are you aware of any pre-existing or contributory injuries/conditions? _____

Name(s) of any witnesses _____

Was medical treatment provided? _____ Doctor _____

_____ Hospital _____

Were you notified by the injured employee of this injury? _____ If so, when? _____

Did employee lose any time from work? _____ If so, when did disability start? _____

Has employee returned to work? _____ When? _____

Light Duty _____ Regular Duty _____ Number of Hours _____ Rate of Pay _____

Any Light Duty work available? _____

Date

Signature

Phone number

(Position and Department)



RETURN TO WORK AND LIGHT-DUTY ASSIGNMENTS

M.S.A.D. No. 75 believes that it is in the best interest of both the school system and employees who have suffered workplace injuries or illnesses to return to the work environment as soon as possible. Further, the Board recognizes the need for a program to effectively manage workers' compensation costs throughout the system, while conserving its most valuable resources – the skills, knowledge and experiences of its employees. To that end, the Board supports the establishment of a comprehensive return-to-work program, including transitional or "light-duty" work assignments, whenever appropriate, to minimize lost time and facilitate an employee's transition back to regular or full-time work.

Transitional or light-duty assignments, including modified work schedules, will be designed to accommodate job restrictions specified by the employee's health care provider. Transitional or light-duty assignments are intended to address short-term medical restrictions, and are not to be used as a means to establish new assignments or displace other employees.

Return-to-work Program

Employees must immediately notify their supervisor or school nurse of any work-related injury and complete an "*Employee Incident Report*" that must be forwarded to the Human Resources Department within 24 hours of the accident or injury. The employee's supervisor must also complete a "*Supervisor's Incident Report*" and forward it to Human Resources within the same time frame. If the accident or injury is not an emergency, medical treatment will be provided by US HealthWorks or the employee's own physician if preferred. Visits to US HealthWorks can be coordinated through Human Resources. If an employee is not able to return to their regular work duties and/or schedule, a transitional work assignment may be considered.

To be considered for a transitional work assignment, Human Resources will obtain details on the physical restrictions of the injured employee from the attending medical provider and review the restrictions with the employee's supervisor to determine whether there are light-duty assignments available in the employee's current department. If not, Human Resources will coordinate with other Administrators to identify any other appropriate assignments.

If an appropriate assignment is identified, Human Resources, the employee's supervisor and the employee will meet to discuss the new work assignment and complete the "*Employee Acknowledgement of Offer of Transitional Work*" form.

During the transitional assignment, Human Resources will meet with the injured employee to discuss concerns and evaluate progress every two weeks. Human Resources, in coordination with the employee's supervisor and the medical provider, may amend the transitional assignment should the employee demonstrate improvement or regression. The duration of the transitional assignment is contingent upon periodic medical evaluations.



M.S.A.D. No. 75

Employee Acknowledgement of Offer for Transitional Work

I, _____, have read and understand the attached Return to Work Guidelines.

I accept the work being offered which is in accommodation of the parameters set forth by my treating physician and agree to stay within my treating physician's parameters regarding my work capacities, which are:

I agree that I will begin the Modified/Transitional assignment on ___/___/___.

Schedule to work will be: _____

The Modified/Transitional assignment is as follows:

I agree that if I encounter any difficulties performing the above assignment, I will report this to my immediate supervisor. I understand that any difficulties I encounter will be evaluated by my supervisor, the Human Resources Department and my treating physician, if necessary, before any lost time will be authorized.

I will keep my supervisor and the Human Resources Department updated regarding my medical treatment. Upon medical release to return to my regular duties, I will notify my supervisor and the Human Resources Department.

Employee Date

Supervisor Date

Human Resources Representative Date