



THE SCHOOL DISTRICT OF UNIVERSITY CITY

Transform the Life of Every Student Every Day!

Work Related Injury Procedure Information The School District Of University City

If you become injured on the job it is the employee's responsibility to follow the procedures listed below for all work related injuries. No matter what that injury is, regardless if medical treatment is needed or not, notify your supervisor immediately. Complete an accident/incident form immediately. In the event of a serious accident or injury, seek immediate medical attention first. This form will be sent to the HR Department at hr@ucityschools.org

- If it is a life threatening emergency, call 911 immediately from any campus phone. The closest emergency room is: St. Mary's Hospital 6420 Clayton Rd. 63117
- If the injury requires medical attention, but is not an emergency, you must go to: Concentra (Midtown Location): 6542 Manchester Ave. 63139 Phone: 314-647-0081

Note: If the employee is unable to drive, the supervisor or supervisor's designee should accompany the injured worker to an authorized medical provider for initial treatment.

Employee Responsibilities

- Tell your supervisor immediately. You must report any injury to your supervisor before the end of your shift, no matter how trivial the injury may seem. You will need to tell them when and where the injury occurred, what happened, and if anyone witnessed the injury.
- Complete the necessary forms. Once you report your injury to your supervisor, they will prepare an Accident/Incident Form and email this form to the HR Department at hr@ucityschools.org within 24 hours of knowledge of the injury.
- The employee must provide a written release to return to work from the treating physician before they return to work. Forward copies of these documents to your direct supervisor as well as the HR Department via email at HR@ucityschools.org.
- If you choose not to seek medical treatment then you must initial and sign on the form that you are refusing medical treatment.
- Under no circumstance are you to seek medical treatment for a work related injury from your personal physician. All care must be done through our work comp clinic, not your personal physician. If further treatment is needed, the workman compensation doctor will make the necessary arrangements.
- Employees who require Therapy Services must use **PTO, sick, or vacation** to cover their time away from work (during school hours/scheduled shift).
- If an employee does not want to use their time they must attend all therapy appointments before or after their scheduled work day. UCSD covers the billing for therapy services, but not time spent away from work.

If you choose to have treatment from your personal doctor, there is a possibility that your claim will not be paid from workman's compensation and it may or may not be denied by your personal health insurance.

Supervisor Responsibilities:

- If the injury is life threatening, call 911.
- If medical attention is needed for any reason, the administrator will need to call the HR Department to make us aware of the injury. The HR Department will contact Concentra and give prior authorization for the employee to be seen for non-life threatening injuries.
- Ensure that the employee released to modified work is working within their job restrictions.

Updated January 2021

School District of University City

Nurse Clinical Assessment/Treatment Report

District Building: _____

Reporting Nurse: _____ Phone Number: _____

Date entered clinic: _____ Time: _____

Injured/Treated Subjects Information:

Classification: Staff Student Community Member Other _____

Name: _____ D.O.B. _____

Address: _____ Phone Number: _____

Nature and Extent of Injury: _____

Treatment Received: _____

Was a family member contacted Yes No? If yes, who? _____

Relationship: _____ Phone Number: _____

Did subject require medical treatment Yes No? Did subject decline medical treatment yes no?

If declined medical treatment, please sign _____

Method of transportation: EMS District Vehicle Commercial Vehicle Other _____

What facility? _____ Time of Departure: _____

Did subject require assistance to leave? Yes No If yes, what type? _____

If staff, was the Office of Human Resources notified? Yes No If yes, who did you speak with?

Additional Information:

Building Level Administrator: _____ Date: _____

Office of Student Services: _____ Date: _____

*Copies of this form should be kept at the following locations: School Clinics, Student Services (students), Human Resources (staff), Operation and Finance