TO: **Administrators, Supervisors, Administrative Assistants**

FROM: **Administration Office**

RE: **Employee Accident/ Worker Comp Claims**

As a district it is our goal to help the employee receive the most effective treatment that will enable them to return to work as soon as possible. Please follow the procedures below.

- When an employee is injured it is important that you assess the situation for any immediate medical needs that may require emergency care on site or at one of our worker comp facilities. I know that is not always possible, but please use your best judgment.

- If immediate emergency care is not required and the employee feels they need to seek medical treatment please complete an **accident report/supervisor's report** and **direct them to my office. All employees are required to seek treatment at IMED or Bronson ProHealth for any work related injury (if I am not here, please send them to IMED or BPH).**

- **Please note the following hours of operation for the our Workers Comp facilities:**

  IMED, 16587 Enterprise Drive, Three Rivers
  Monday through Friday
  7:00 a.m. – 5:00 p.m.
  269-279-6700

  Bronson ProHealth, 820 John Street Suite 102, Kalamazoo
  Monday through Thursday
  7:00 a.m. – 5:00 p.m.
  Friday
  8:00 a.m. – 5:00 p.m.
  269-341-8938

- It is of utmost importance that the employee follows our procedure to ensure coverage through Workers Compensation.
  - Complete an accident report and supervisor's report with as much information about the accident as possible for all work related injuries even if the employee does not seek medical treatment. **All accident/supervisor reports** must be filed in my office **within 5 days** of the incident.
  - If the employee receives medical treatment for the work related injury they are required to give their administrator/supervisor and myself **a return to work slip before resuming job duties.** Communication between the employee, immediate supervisor/ building administrator and my office regarding the employee's work related injury is extremely important.

Schoolcraft Community Schools
Employee Accident Report

1. **Must be filled out for any accident.**
2. **Please notify Amie Goldschmeding in the Administration office as soon as possible of the occurrence. The accident form must be filed with Amie Goldschmeding within five days of occurrence.**
3. **All work related injuries must be treated at Bronson ProHealth, 820 John Street Suite 102, Kalamazoo or at IMED, 16587 Enterprise Drive, Three Rivers, MI**
4. **If medical treatment is sought, employee must bring return to work slip from Bronson-ProHealthl/IMED to their immediate supervisor.**

Name of Injured:_____Date of Accident:_____

Address:_____ Time of Injury:_____

_____ Date of Birth: _____

Phone:_____

Insurance:_____ ID#_____

Type of Injury:_____
(cut, sprain, burn, etc.)

Body Part Injured:_____

Where injury occurred: _____

How Injury Occurred:_____

_____

Was medical treatment sought?_____ Return to work?_____Restrictions?_____

Treatment given:_____

Witnesses:_____ Employee Signature:_____

Witnesses:______Supervisor's Signature:_____

Date of Report:_____Superintendent's Signature:_____

SUPERVISOR'S REPORT OF ACCIDENT

Company _____ Mailing Address _____

Division _____ Location _____

Employee's Name	First	Middle	Last	Soc Sec No	Age	Sex
Home Address				Occupation		
Date of Accident		Time of Accident	☐ A.M ☐ P.M.	Department Regular Work?		
Describe Injury						
					Fatality?	☐No ☐Yes
How Did Accident Happen?						
				Employment Date	How Long On This Job?	
Machine Or Equipment Involved?						
Unsafe Acts Performed						
Unsafe Conditions Present						
What Should Be Done To Prevent Repetition?						
Has It Been Done?	If Not, Give Reason					
Name of Physician			Address			
Name of Hospital			Address			
Supervisor's Signature		Date		Reviewed By	Date	