



**Work-Related Injuries
Workers Comp Procedures for Huron Valley Schools
2022-23**

Huron Valley Schools strives to put safety first in the workplace. Unfortunately, accidents may still occur. **Every employee must immediately report any on-the-job injury to the building office and/or a supervisor**

Our occupational health/workers compensation health care provider is:

**St. John Occupational Health Partners Clinic at
Ascension Providence Hospital in Novi
47601 Grand River Ave, Suite B230
Novi, Michigan 48374
(southwest corner of Beck Road and Grand River)
Outpatient Center – enter at main entrance which faces Grand River
Clinic Phone: 248.465.4800 Clinic Fax: 248.465.4872**

***Clinic Hours: 7:30AM– 4:00PM Monday through Friday
(Employees must arrive no later than 3:30PM)***

Directions: Take I-96 East to the Wixom exit.

Turn right onto Wixom Rd, then left onto Grand River. Providence Park is on the right.

Enter at the Northeast Entrance. Take the stairs or the elevator to the 2nd floor.

The Occupational Health clinic is in Suite B230.

After 4:00PM critical injury care is available at the Emergency Room at the rear of the hospital. It can be accessed from Beck Road OR Grand River Avenue.

Office Staff: Please complete the Authorization for Treatment form. Send the employee, along with the completed Authorization for Treatment, to the **Occupational Health Clinic** for treatment and any follow-up examinations.

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The employee's supervisor, principal, or office coordinator (or any person filling in for the office coordinator) must call Human Resources at **248.684.8202 or 248.684.8224** when an injury occurs.

Two forms must be completed immediately following an injury:

1. **The Supervisor's Report of Accident Form**

This form must be completed for all work-related accidents/injuries, **even if the employee does not seek treatment**. It must be signed by the supervisor and injured employee. Please fill out this form completely and accurately at the time of the accident/injury. Include as many details as possible. (Describe exactly what happened, name the specific body part affected, ex. LEFT elbow, RIGHT eye.) **Fax the completed form to Human Resources at 248.684.8266 immediately. If you are unable to obtain the supervisor's and employee's signatures, fax the form to HR without them, then fax another copy of the form once the form is signed.** The Human Resources Department must have this form so that details may be forwarded to CompOne immediately and the employee can receive necessary treatment.

2. **The Employer Authorization for Treatment Form**

This needs to be completed if the employee requires medical attention. The clinic needs this form so that the employee can receive treatment. The employee's supervisor/principal or office coordinator (or person filling in for the office coordinator) may authorize treatment and sign this form. **The supervisor calls the Human Resources Department (Ext. 8202 or 8224) to provide details regarding the accident.** A form reflecting the employee's medical status will be completed by the physician at the clinic. The employee receives two copies of the Medical Status Report – one for the employee and one for his/her supervisor. The clinic also sends a copy of the medical status report to Human Resources. The form will state whether the employee is returned to regular duty, returned to work with restrictions that the employee must follow, or state if the employee has been put off work entirely. **Contact Human Resources at 248.684.8202 or 248.684.8224 if you have any questions or concerns about authorizing treatment.**



Our work comp carrier is:

CompOne Administrators, Inc.
Ms. Kathleen Larsen
PO Box 2530
Okemos MI 48805
Phone: 517.913.1706 or 258.869.3820

The employee may forward any **medical bills** received due to a reported work-related injury to: Manageability, PO Box 2946, Milwaukee WI 53201, phone 248.344.2295, fax 248.675.2553.

When charging sick days for lost time due to a work-related injury, the following guidelines are used. These are **calendar** days, not work days.

- **7 days or less** – Charged to the employee's sick bank (claim not compensable)
- **Over 7 days** – Charged to workers compensation. Workers comp will be paid from the 8th day to the 14th day for those days only. (Ex. Off 10 days - first 7 are from the employee's sick bank, code the 8th to 14th day as work comp)
- **Over 14 days** – Charged to workers comp, workers comp will then pay retroactive to the date of injury (Ex. put off work for 15 days, no sick days from employee's sick bank; workers comp pays for all days)

TO REPORT AN INJURY, OR IF YOU HAVE ANY QUESTIONS
Please call the Human Resources Department at

248.684.8202 (Peggy Milligan) or
248.684.8224 (Stacy Sattler)