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| A picture containing logo  Description automatically generated | Subject of Procedure: **Workers’ Compensation/ Injury Reporting** |
| Section of Manual:Human Resources | Procedure Number:179 |
| Originating Unit:Human Resources | Effective Date: 11/1/1998Rev: 8/30/2022 |

**Scope:**

This procedure applies to all employees of CareLink

**Definitions:**

**Procedural Requirements:**

1. On-the Job Injuries
2. Employees must report all injuries to their supervisor.
3. Employees are required to receive medical treatment for an on-the-job injury at designated medical treatment facilities. (Appendix A-45). Emergency treatment is exempt from this requirement. However, after emergency treatment, the employee must go to a designated clinic.
4. Return to Work

An employee who is injured on the job and may be eligible for workman’s compensation must furnish a certificate from the attending physician releasing the employee to return to work regardless of the time away from the job.

III. Transitional Jobs

1. Transitional jobs will be assigned to injured employees who have been released to return to work with restrictions.

B. Whenever an employee presents a return to work statement from the doctor which contains restrictions, the supervisor must contact Human Resources who will coordinate placement on a transitional job.

IV. Workers’ Compensation/Injury Reporting Forms

1. If the employee denies medical treatment the supervisor completes and emails worker comp forms to human\_resources@carelink.org. HR sends the forms, medical authorizations, and any physician reports to:

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| --- | --- | --- |
| Risk Management Resourceslori.bloom@bxsi.com 501-664-4173FAX: 501-664-4849 |  |  |

1. If the employee requests medical treatment the HR completes the workers comp forms sends the forms, medical authorizations, and any physician reports to:

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| --- | --- | --- |
| Risk Management Resources lori.bloom@bxsi.com501-664-4173FAX: 501-664-4849 |  |  |

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| Employee’s Notice of Injury – Form N(Appendix A-47) | Completed by/with the employee. “Employee Notice” located at the bottom of the form is detached and given to the employee. Form must be completed within 2 days of injury. |
| **Employer’s First Report of Injury or Illness** – Form 1A-1(Appendix A-48) | Completed by t~~he supervisor~~ Human Resources within 2 days of injury. If medical treatment declined or refused, submit form with “FOR RECORDS ONLY” written at top. |
| **Employer’s Supplemental Report** – Form (Appendix A-49) | Completed by Human Resources when the employee has missed 7 working days due to on-the-job injury/illness |
| **Authorization for Medical Treatment/Drug Test**(Appendix A-50) | Completed by Human Resources and faxed to physician or clinic before the employee arrives at clinic |

V. Drug/Alcohol Testing

1. Following any on-the-job injury resulting in medical treatment or property damage drug and alcohol testing will be done.
2. Employees will be directed to an approved drug testing site or can be tested at the clinic providing medical treatment.

VI. Follow-up Care

1. Any follow care will be conducted at an approved medical facility and coordinated with Risk Management.