MONROE PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
STANDARD PRACTICE BULLETIN

NO. P-4

Date Issued: November 13, 1974 Date Effective: November 13, 1974
Revised: August 1, 1989 Revised: January 5, 2005 Revised: May 15, 2024
Revised: January 5, 1998 Revised: May 30, 2019

SUBJECT: WORK RELATED INJURY/ILLNESS TO EMPLOYEES

I. PURPOSE:

To set forth procedures relative to injuries/illnesses of a school employee which arise out of the course of employment.

II. GENERAL:

A report of all injuries/illnesses is to be submitted to the Human Resources Office immediately along with pertinent information regarding the accident or occurrence. The report form contained herein includes three pages:

- Accident Report to be completed by the employee.
- Supervisor Report to be completed by Building/Department Administrator
- Permission to Treat completed by Supervisor and Sent with Employee to ProMedica 360

III. PROCEDURES:

In all cases of employee work-related injuries, employees are required to receive treatment at ProMedica 360, 901 North Macomb Street, Suite #1, Monroe, Michigan (across the street from ProMedica Monroe Regional Hospital).

Below are the procedures for the immediate handling of Work-Related Injuries unless circumstances do not allow:

Step 1 Notify Human Resources Office of employee injury by calling 734-265-3020.

Step 2 Supervisor/Building Principal complete "Order for Treatment" and send with Employee to ProMedica 360 after approval from the Human Resources Office.

Step 3 Employee receives treatment at ProMedica 360. Any documentation received during the entire course of treatment should be forwarded to the Human Resources Office, including follow-up appointments.

Step 4 Employee and/or Supervisor/Building Principal shall complete the Employee Injury Report and send it to the Human Resources Office (humanresources@monroe.k12.mi.us).

Step 5 The Supervisor/Building Principal completes the Supervisor Report and sends it to the Human Resources Office (humanresources@monroe.k12.mi.us).

Return completed form to Human Resources Office at humanresources@monroe.k12.mi.us.

MPS - EMPLOYEE INJURY – EMPLOYEE DATA

Form WCC Revised 05/24

Notify Human Resources of the injury immediately by telephone (734-265-3020), and fill out this form for all injuries, including diseases, which arise out of and during employment. ***indicates a required field.**

*Date of this report: _____

*Employee's Full Name: _____

*Social Security #: _____ *Building: _____

*Street Address: _____

*City/State/Zip: _____ *Phone: _____

*Birthdate: _____

*Gender: _____

Number of Dependents: _____

Tax Filing Status (check one):

- Single
- Single, Head of Household
- Married, Filing Jointly
- Married, Filing Separate
- Unknown

*Date of injury: _____ *Time of Injury: _____AM/PM

*Time Employee Began Work: _____ *Last Day Worked: _____

*Date Returned to work: _____*Location of Injury (building & area): _____

*Describe the nature of injury or illness: _____

*Part of body directly affected by the injury or illness: _____

*What object or substance exactly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply, leave it blank. _____

*What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.

_____

_____

_____

*How did the injury occur? Examples: When ladder slipped on wet floor, worker fell 20 feet; Worker was sprayed with chlorine when gasket broke during replacement.

_____

_____

List Witness(es): _____

All injured employees must report to ProMedica 360 for treatment. This form must be signed by the supervisor and the Human Resources Office notified prior to the employee reporting for medical treatment unless circumstances do not allow.

_____ _____

*Employee Signature Date

Return completed form to Human Resources Office at humanresources@monroe.k12.mi.us.

MPS - EMPLOYEE INJURY – SUPERVISOR'S REPORT

***indicates a required field.**

*Supervisor: _____

*Name of Employee: _____

*Occupation of Injured Employee: _____

*Building: _____

*Date of Injury: _____

*Time Employee Began Work: _____ AM / PM

*Time of Injury: _____ AM / PM

*Did employee seek treatment? ☐ Yes – Date _____ ☐ No

If Yes: ☐ ProMedica 360 *

☐ Emergency Room (only if ProMedica 360 is CLOSED)

☐ Other _____

Note – All employees must report to ProMedica 360 for treatment unless circumstances do not allow.

*Date of Return to Work: _____

*Restrictions? ☐ YES (attach doctor report) ☐ NO

*Analyze and describe the underlying causes of the accident, in your opinion, considering Policies, Procedures, Equipment, Training, and Supervision Practices (Note: employee carelessness is not a cause):

*Analyze and describe the Preventative Measures you recommend addressing the underlying causes of the accident, considering Policies, Procedures, Equipment, Training and Supervision Practices (Note: just telling the injured employee to be more careful after the accident, is an incomplete supervision practice.)

*Action(s) or corrective action(s) taken to prevent reoccurrence of the above incident or the like:

*Date of this report. _____

*Building/Department Administrator Signature: _____

Return completed form to Human Resources Office at humanresources@monroe.k12.mi.us.

Order for Medical Treatment
Send with Employee for Treatment

ProMedica 360
901 N. Macomb Street, Suite #1
Monroe, MI 48162

Kindly render such FIRST AID service as may be necessary to care properly for the injury sustained by _____ while in our employ on _____.
(employee name) *(date)*

Nature of Injury: _____

Monroe Public Schools

_____
Supervisor Signature

Time: _____ Date: _____

Doctor: Please complete and return this portion with the Employee:

Medical Diagnosis: _____

Can employee return to work? ☐ No ☐ Yes

If yes, any restrictions? _____

_____

_____

Total Disability: ☐ No ☐ Yes – Estimated Length _____

Physician Information (please print):

Name: _____

Address: _____

Phone: _____

Date: _____ _____
Physician's Signature

ProMedica 360: Any questions contact Human Resources - (734) 265-3020

Return completed form to Human Resources Office at humanresources@monroe.k12.mi.us.