Columbia Public Schools
Workers’ Compensation
Claim Procedures

Employees Must Report All Incidents / Injuries
All employees injured on the job must complete an Employee Injury/Incident Report, even if the employee does not need immediate medical care. This report must be completed in the employee’s handwriting, telling how the incident occurred.

1. The employee must complete the Report of Injury/Incident Report form and **immediately** fax it to Dana Jones, RN, Occupational Health Nurse (fax: 214-3724). Additionally, if the supervisor is unavailable at the time of injury, then they must sign and fax the form a second time as soon as possible.

2. Employees injured on the job must report the incident/injury to their supervisor within 24 hours, even if they do not require medical attention.

3. If the employee is only needing to report the incident and does not wish to have any medical attention: Please fill out the Employee Injury / Incident Report form, mark the appropriate box, and fax the form.

4. If an injured employee requires **minor medical attention**, the employee must call for an appointment:
   Dana Jones, RN
   Occupational Health Nurse
   Aslin Building – lower level
   1818 W. Worley
   Hours: 7:30 a.m. - 3:30 p.m.
   Office: (573) 214-3723 or Ext. 25793
   Cell: (573) 239-1772
   After Hours: If the injury is minor and the employee can wait until the next day to be seen, leave a message and Dana Jones will contact the employee as soon as possible the next morning. If not, proceed to Urgent Care.

5. If an employee has a **severe injury**, the employee should immediately report to:
   Urgent Care at the University of Missouri
   3916 S. Providence Rd.
   Columbia, MO 65201
   (573) 882-1662

   If the injury occurs after the Urgent Care center’s hours (Monday – Sunday 8:00 a.m. to 8:00 p.m.), the employee should report to the Emergency Department at University Hospital and Clinics.

6. In an emergency call 911 and have the ambulance take the employee to University Hospital.

   **IF AN EMPLOYEE SEEKS MEDICAL TREATMENT ELSEWHERE, THE WORKERS’ COMPENSATION PROGRAM WILL NOT PAY FOR THE SERVICE, NOR WILL ANY OTHER INSURANCE PLAN PAY FOR THIS**

7. Employees requiring medical treatment will be provided a “Return to Work” form by the treating workers’ compensation doctor. It is the employee’s responsibility to bring this form to their supervisor before reporting back to work.

8. If possible, employees who are given restrictions by the workers’ compensation doctor will be provided work duties as recommended by the physician and in consultation with the employee’s supervisor.
MU Urgent Care
3916 S. Providence Rd.
Columbia, MO 65201
### Employee Injury/Incident Report

<table>
<thead>
<tr>
<th>Name of Person Injured:</th>
<th>Date of Birth:</th>
<th>Male / Female</th>
<th>Employee Number:</th>
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<table>
<thead>
<tr>
<th>Home Address:</th>
<th>City</th>
<th>State:</th>
<th>Zip:</th>
<th>Marital Status:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Emergency Contact:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Name:</td>
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<tr>
<td></td>
<td></td>
<td>Phone Number:</td>
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<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
<th>Employment other than CPS:</th>
<th>If yes where?</th>
<th>No (circle one)</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>School:</th>
<th>Job Title:</th>
<th>Location of Incident:</th>
<th>Time workday began:</th>
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**Part(s) of body affected:** (examples: Palm side of L hand, Low back, R index finger, R lower leg, etc) Please indicate left or right.

**What happened?** (Give a complete description of the incident; include contributing causes; equipment involved; specific body part; if personal protective equipment was being used)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

________________________________________________________________________________________

Please use back of form if more space is needed.

**Witness:** Y / N  **Name and Title:** ______________________________

**Did you see the school nurse?** Y / N  **If YES, then list treatment provided:** ______________________________

**Medical Treatment:**

- [ ] I would like further medical treatment at this time. (Employee needs to immediately call to schedule an appointment with the Occupational Health Nurse at the Aslin Bldg. OR for severe injuries go to University of Missouri Urgent Care and leave a message for the Occupational Health Nurse). Dana Jones, RN - Occupational Health Nurse Office: 214-3723 or Cell: 239-1772

- [ ] I do NOT wish to have medical treatment at this time. I understand that if I need treatment in the future for this incident, I will contact the Occupational Health Nurse at 214-3723 or Benefits Office at 214-3710.

_________________________________  ___________________________________  ________
Employee Signature                Supervisor’s Signature                 Date

**** **Employees:** Fax this form immediately to 214-3724 ****
Information Regarding Work Related Injuries

These guidelines are intended to assist employees through the workers’ compensation (WC) process. Please note that failure to follow these guidelines could result in loss of benefits. The Benefits Office will direct all aspects of the employee's medical care related to the injury. Employees who seek medical care from a physician, who is not authorized, will be responsible for fees associated with that visit.

Employees, who receive medical care from a CPS authorized workers’ compensation provider, will receive a Return to Work Notice from that provider advising of any work restrictions. This notice shall be immediately taken to the employee's supervisor or at the beginning of the next scheduled day of work.

Employees who have work restrictions shall follow the following instructions:

• Immediately give the Return to Work Notice to their supervisor. The supervisor shall determine if work is available within the restrictions. If the employee has restrictions and light duty is available, the employee is expected to arrive to work at their normal designated work time.

• If the employee's supervisor has arranged alternate work hours to accommodate the light duty work, the employee is required to work these designated hours. Light duty work may be allowed only when there is productive work to be accomplished.

• Employees who choose not to work their designated shift will be subject to disciplinary action up to and including termination.

• It is the employee's responsibility to work within the work restrictions. Do not work outside restrictions at work or at home. If the employee feels that their supervisor is requesting that they perform duties outside of the work restrictions please notify the Benefits Office immediately.

• Earned time-off accruals will be used for absences pertaining to workers’ compensation appointments. Hours missed from work for workers’ compensation appointments (doctor appointments, CT, MRI, physical therapy, etc.) are not reimbursable by workers’ compensation.

• Report absences as WC on timecards. The timecard will be reviewed and checked against the workers’ compensation appointments by the Benefits Office. At that time, all absences for workers compensation appointments will be converted to sick leave.

• Physical therapy appointments should be scheduled during off-duty hours, as much as possible. If the employee is unable to schedule an appointment either before or after their work schedule, then it should be scheduled at the beginning or end of the workday, to avoid interruption of work duties.

• If the workers’ compensation doctor authorizes that the employee is unable to work or if light duty is unavailable, workers’ compensation loss time benefits begin the first day following a three-calendar-day waiting period as conveyed by Missouri State Statute RSMo 287.160. Employees will use earned accruals for any waiting period days away from work. For more information contact Thomas McGee at 816-843-4637.

• Employees are unable to take themselves off work due to their injury. If the employee feels they are unable to perform the scheduled duties due to pain, they must contact the District’s Occupational Health nurse immediately.

• All workers’ compensation ordered prescriptions shall be taken to HyVee on West Broadway, Conley Rd., or Nifong Blvd., where they will be filled at no cost to the employee. Employees shall notify the HyVee pharmacy staff that this prescription is for a work related injury and they are a CPS employee. If you have already filled a prescription at a different location, contact the Occupational Health Nurse at 214-3723 (office) or 239-1772 (cell).