

Principal/Supervisor/Nurse Procedure for Employee Accident/Injury

Keep in mind that all medical information will be stored in the school nurse office. No medical or work comp information is to be stored in personnel or employment files. When an employee reports an injury, follow the steps listed below:

1. Have the employee go to the school nurse office at the injury site for an initial evaluation, first aid and treatment referral. The nurse (or supervisor if nurse not available) will assist the employee in completing and signing an **Employee Accident/Injury Report**. Be sure it has been completely filled out including level of medical care given and signed by the employee and nurse/supervisor. All questions are required by the State of Missouri.
2. Give the employee a copy of the **Employee Accident/Injury Procedure** for his/her information and assistance.
3. The nurse will scan the completed **Employee Accident/Injury Report** form into SNAP, fax the completed form to (816) 521-5677, and notify the **Employee Worker's Comp Office** of the injury.
4. If first aid treatment is not sufficient or additional medical attention is needed, do the following:
 - a. If this is a life threatening emergency, send the employee directly to the **Truman Medical Center Lakewood**, 7900 Lee's Summit Rd., Kansas City, MO 64139 (816) 404-7000.
 - b. For further medical evaluation and/or urgent care level services, during the hours of:
 - 1) 7:00 am to 12:00 Noon and 1:00 pm to 6:00 pm Monday through Friday, or 8:00 am to noon Saturday, call the **ISD Employee Health Clinic at (816) 521-5316** and inform them the employee is coming. The ISD Employee Health Clinic is located at **1516 W. Maple Ave., Independence, Missouri 64050**.
 - 2) 12:00 Noon to 1:00 pm or 6:00 pm to 9:00 pm Monday through Friday, 12:00 Noon to 6:00 pm Saturday, 8:30 am to 5:30 pm Sunday, and 8:30 am to 3:30 pm on Holidays, call **Urgent Care of Kansas City at (816) 795-6000** and inform them the employee is coming. The Urgent Care Clinic is located at **4741 S. Arrowhead Drive, Suite B, Independence, Missouri 64055**.
 - c. Complete and give the employee a **Treatment Authorization Form** (referral). Encourage the employee to go as soon as possible same day. They may go later in the day if condition worsens. Inform them they must present the Authorization Form at the care location to receive treatment.
 - d. **Notify the Employee Worker's Comp Office** immediately that the employee has been injured and to which location the employee was sent.

Phone: (816) 521-5424 **Fax:** (816) 521-5677 **Email:** debby_acuff@isdschools.org

5. *Remember, employee health records are considered confidential and should be handled in that manner. All employee health records will be maintained in SNAP and not in supervisor files.* After each medical visit, the employee is to give the doctor's release/restriction note to their supervisor and to the **Employee Worker's Comp Office**; the nurse should also receive all forms given to the employee concerning his/her treatment. The nurse will scan the forms into SNAP, fax the forms to, as well as, notify the **Employee Worker's Comp Office** by phone to confirm receipt and confer regarding restrictions, etc...
6. If an employee is returned to work with **restricted duties**, contact the **Employee Worker's Comp Office** immediately. The **Employee Worker's Comp Office** will request written confirmation from the Principal/Supervisor be faxed to (816) 521-5677 by the school nurse whether modified duties can be accommodated. It is important to make this determination as quickly as possible following the employee's treatment. Every day missed affects the employee's leave and pay. The objective of modified duty is to keep the employee on an assignment without loss of pay. The duties will be determined by the restrictions applicable. It is preferred that duties be related to the normal assignment. However, to accommodate the restrictions, duties may be assigned in a different area, at a different location, or on a different time schedule. Employee Benefits must monitor all stages of Workers' Compensation care.
7. **Workers' compensation is not responsible for medical needs occurring at work unless work related.** If an employee becomes ill/injured while at work and it is not the result of an accident or injury that is work related, remind and/or assist the employee to contact his/her own health care provider.

Employee Information and Accident/Injury Procedures

The Independence School District provides Workers' Compensation statutory coverage for all employees of the District for injuries occurring out of and in the course of the employee's employment with the District.

For any claim to be processed, the employee must comply with the following requirements:

1. Report to the school nurse's office at the injury site for an initial medical evaluation, first aid treatment and referral for treatment with the completion of the **Workers' Compensation Treatment Authorization** form. Outside of the nurse hours, the supervisor will complete the referral.
2. Work related injuries must be reported immediately to your supervisor or as soon as possible but in no more than 24 hours.
3. An **Employee Accident/Injury Report** form must be completed and signed by the employee and the school nurse or supervisor at the time the incident is reported even if no medical treatment is needed. This will be completed in the school nurse office during initial evaluation. If a nurse is not available, the supervisor will assist.
4. All work related injuries must be treated by **ISD Employee Health Clinic** and be referred by the school nurse or supervisor. The Clinic can triage, treat or refer most care levels of injuries. The ISD Employee Health Clinic location and hours are as follows:

ISD Employee Health Clinic	Clinic Hours:	
1516 W. Maple Ave.	Monday-Friday,	7:00 am – 12:00 Noon
Independence, MO 64050		1:00 pm – 6:00 pm
Telephone (816) 521-5316	Saturday,	8:00 am – Noon

If an injury occurs and urgent care level treatment is needed after Clinic hours, you can be treated until 9:00 pm Monday through Friday, Saturday, Sunday and Holidays as listed at:

Urgent Care of Kansas City	After ISD Clinic Hours:	
4741 S. Arrowhead Drive, Suite B	Monday-Friday,	6:00 pm – 9:00 pm
Independence, MO 64055	Monday-Friday,	12:00 Noon – 1:00 pm
Telephone (816) 795-6000	Saturday,	12:00 Noon – 6:00 pm
	Sunday,	8:30 am – 5:30 pm
	Holidays	8:30 am – 3:30 pm

If an injury is a **true emergency**, you can be treated at the **Truman Medical Center Lakewood**. Limit all visits to the Emergency Room to injuries that cannot possibly wait until the next day.

5. **Following each treatment, the doctor's release to work, restrictions or After Care Instructions must be submitted immediately to your supervisor and to the Employee Worker's Comp Office.**
6. Treatment appointments and leave information:
 - a. Treatment time within work hours on day of injury only are paid as work hours.
 - b. All appointments (including follow-ups) for Work Comp after day of injury are treated the same as personal doctor appointments for purposes of leave. For that reason, it is best to get immediate evaluation and to make all other appointments before or after work hours as much as possible.

Your failure to follow these requirements may invalidate any present or future compensation claims that arise as a result of an injury. Eligibility for medical expense and/or disability income reimbursement has relatively strict guidelines and it is important for you that you do not jeopardize your claim.

Policy coverage provisions include a stipulated death benefit, blanket medical expense coverage, and weekly disability income reimbursement should the employee be unable to work upon doctor's orders. There is a waiting period of three (3) work days before work comp weekly disability income reimbursement begins. There is also statutory provision for lump sum payment for injuries that result in permanent or partial disabilities that might occur to employees.

The District will provide Modified Duty when possible and if so prescribed by the physician. Modified Duty allows the employee to receive full wages while recovering rather than reduced Workers' Compensation disability reimbursements.

Employee Accident/Injury Report/Internal Form

OFFICE USE ONLY	
	ID#
	Dept. #
	Months
	Calendar

Attn: Give the employee a copy of the Employee Accident/Injury Procedures.

Outside medical attention: Immediately fax this completed form to (816) 521-5677 and call the ISD Employee Worker's Comp Office at (816) 521-5424. Send this form along with the Treatment Authorization form with the Employee to ISD Employee Health Clinic (or Treatment Authorization form only to Urgent Care of Kansas City or Truman Medical Center ER if after hours).

First aid or no medical attention: Fax this form to (816) 521-5677 and call the ISD Employee Worker's Comp Office at (816) 521-5424.

EMPLOYEE INFORMATION:

SSN/Emp #: _____ Name: _____
Phone: (Home) _____ (Work) _____ Primary Work Site: _____
Home Address: _____
City: _____ State: _____ Zip: _____
D/Birth: _____ Marital Status: M / S / Sep / D / W Gender (M/F) _____
Title: _____ Status: (Full/Part Time) _____

ACCIDENT/INJURY INFORMATION:

Time Employee Began Work: _____ AM/PM Date of Injury: _____
Time of Injury: _____ Check If Time Cannot Be Determined _____
Date Employer Notified: _____ Time Notified: _____
Description of What Happened: _____

Cause: _____

Body Part Injured: (Left/Right) _____ Nature of Injury: _____

Witnesses: _____

Did Injury Occur on Employer Premises: Y/N _____ Inside _____ Outside _____ Vehicle _____

Location Site: _____ Location at Site: _____

Is Employee Going to Receive Medical Attention: Y/N _____ On-Site First Aid: Y/N _____

ISD EMPLOYEE HEALTH CLINIC: _____ (7:00 AM – 12:00 Noon and 1:00 PM – 6:00 PM, Monday – Friday;
8:00 AM – Noon, Saturday)

Urgent Care of Kansas City: _____ (6:00 PM – 9:00 PM and 12:00 Noon – 1:00 PM, Monday – Friday;
(Independence Location) 12:00 Noon – 6:00 PM, Saturday; 8:30 AM – 5:30 PM, Sunday;
8:30 AM – 3:30 PM, Holidays)

_____ Other Provider Care Site _____

Emergency Care: _____ Truman Medical Center Lakewood _____ Other: _____

Employee Signature: _____ Date: _____

Supervisor/Nurse Signature: _____ Date: _____

OFFICE USE ONLY			
Report #:	SSN#:	Wage:	
Hire Date:	Entered:	PMA Management Corp. #0476127	
_____-_____-_____-_____-_____-_____-		Phone: 1-888-476-2669	

Workers' Compensation Treatment Authorization

PMA# 0476127

School District: Independence School District

School Name: _____

Address: _____

School District Contact: Debby Acuff Phone Number: 816-521-5424

Fax Number: 816-521-5677

EMPLOYEE INFORMATION

Employee Name: _____

Employee Address: _____

Employee Phone Number: Home _____ Work _____

Employee SSN: _____ Employee DOB: _____

Date of Injury: _____ Injured Body Part: _____

How Did Injury Occur? _____

Sent to Location (below): _____ Date: _____

_____ ISD Employee Health Clinic: **(7:00 AM – 12:00 Noon and 1:00 PM – 6:00 PM, Monday – Friday;
8:00 AM – Noon, Saturday)**

_____ Urgent Care of Kansas City (Independence): **(6:00 PM – 9:00 PM, Monday – Friday;
12:00 Noon – 1:00 PM, Monday – Friday;
12 Noon – 6:00 PM, Saturday;
8:30 AM – 5:30 PM, Sunday;
8:30 – 3:30 PM, Holidays)**

_____ Other Provider Care Clinic Location: _____

_____ Emergency Care: Truman Medical Center Lakewood or Other: _____

Treatment Authorized By: _____

(Print Name)

(Signature)

PROVIDER SECTION

Please complete information below and fax to PMA at 1-800-432-9762 and the district contact listed above.

(Note: The medical provider's standard injury status report reflecting the injured worker's return to work status can be substituted to fax the information requested below to both PMA and the district contact listed above.)

Diagnosis: _____

Treatment Recommendations: _____

Return to Work Status: Modified Duty _____ Full Duty _____

Detail Modifications below or: No Restrictions _____

No Lifting Over: _____ lbs. No Pushing/Pulling Over: _____ lbs.

Additional Modifications: _____

Follow-up Appointment: Date/Time: _____ None Needed: _____

Provider Signature: _____

Referrals to Medical Specialists **MUST BE PREAUTHORIZED** by contacting PMA at 1-888-476-2669.

Send medical bills to: PMA Customer Service Center
P. O. Box 5231
Janesville, WI 53547-5231

ISD Employee Health Clinic
1516 W. Maple Ave.
Independence, MO 64050
(816) 521-5316

Hours:

Monday – Friday
7:00 AM – 12:00 Noon
1:00 PM – 6:00 PM

Saturday
8:00 AM - Noon



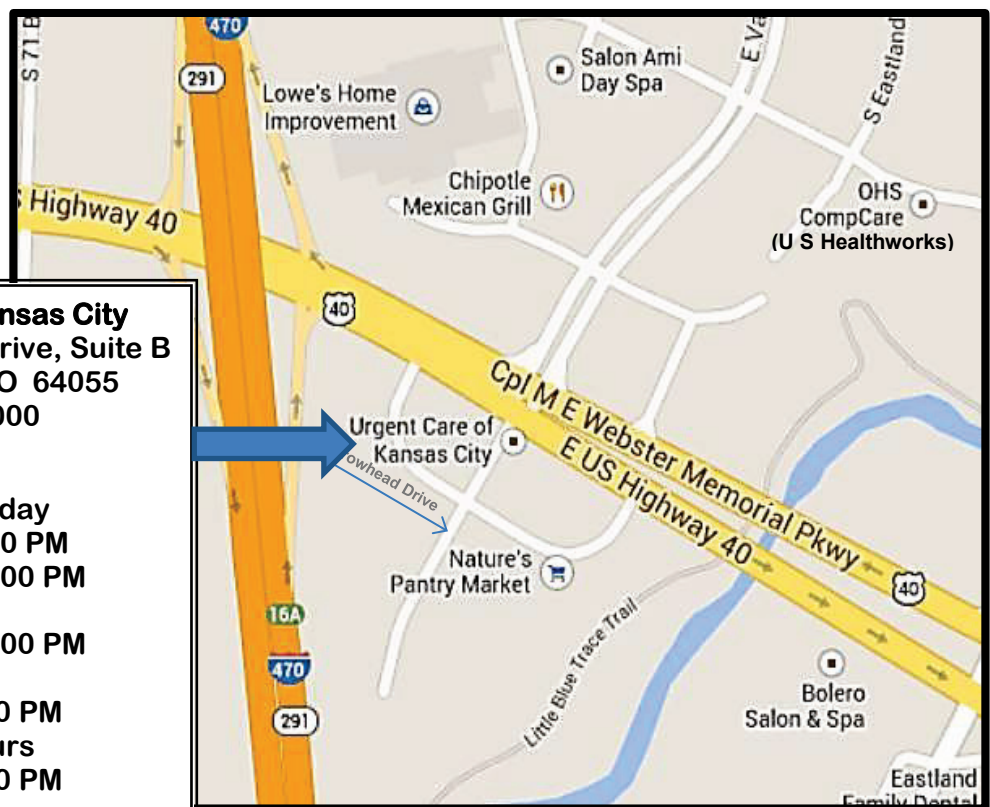
Urgent Care of Kansas City
4741 S. Arrowhead Drive, Suite B
Independence, MO 64055
(816) 795-6000

Hours:

Monday – Friday
6:00 PM – 9:00 PM
12:00 Noon – 1:00 PM

Saturday
12:00 Noon – 6:00 PM

Sunday
8:30 AM – 5:30 PM
Holiday Hours
8:30 AM – 3:30 PM



Emergency or After Hours:

Truman Medical Center Lakewood
7900 Lee's Summit Rd.
Kansas City, MO 64139
Phone: (816) 404-7000