

# Principal/Supervisor/Nurse Procedure for Employee Accident/Injury

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. Instruct the employee to go to the school nurse office at the injury site for an initial evaluation, first aid and treatment referral. The nurse (principal or supervisor if nurse is not available) will assist the employee in completing and signing an **Employee Accident/Injury Report**. This must be completely filled out including level of medical care given and signed by the employee and nurse/supervisor. **These forms are located on the My Benefits page of the District website and can be found in either the Business Office Resources near the top of the page or under the General Plans listed as Workers Compensation near the lower right side of the page.**
2. Give the employee a copy of the **Employee Accident/Injury Procedure** for his/her information and assistance. This form explains the process and answers many of the questions the employee may have at a later time.
3. The nurse (principal or supervisor) will fax the completed **Employee Accident/Injury Report** form along with the **Treatment Authorization Form** (instructions listed below), and notify the **ISD Work Comp Office** via **Phone: (816) 521-5424 Fax: (816) 521-5677 Email: [workcomp@idschools.org](mailto:workcomp@idschools.org)** in order to meet the Missouri statutory guidelines for filing claims.
4. If first aid treatment is not sufficient or additional medical attention is needed, do the following:
  - 1) If this is a life threatening emergency, call 911 and/or send the employee directly to the **Truman Medical Center Lakewood**, 7900 Lee's Summit Rd., Kansas City, MO 64139 (816) 404-7000 or **Centerpoint Medical Center**, 19600 E. 39<sup>th</sup> St., Independence, MO 64057 (816) 698-7000 for emergency treatment.
  - 2) For non-emergency medical evaluation and/or treatment, the following options should be utilized in the order listed as feasible due to either medical necessity or hours of operation available. *Note: If treatment is sought on the day of injury, it is mandatory that a notification call be placed to the treating agency prior to the injured worker's arrival. If treatment is sought after the day of injury, an appointment must be obtained for treatment.*
    - 1) **ISD Employee Health Clinic at (866) 959-9355 (preferably) or (816) 521-5316** (to leave message for a return call) for notification of a Workers' Compensation employee injury. The **Employee Accident/Injury Report** and the signed **Treatment Authorization Form** must accompany the employee for treatment.

**Location** – 1516 W. Maple Ave., Independence, MO 64050  
**Hours** – 7:00 AM-12:00 Noon & 1:00 PM-6:00 PM Monday–Friday; 8:00 AM-12:00 Noon Saturday

**Alternatives Treatment Locations** – To be used by referral only from ISD Employee Health Clinic, ISD Medical staff, after hours Supervisor or the ISD Work Comp Office. The signed Treatment Authorization Form must accompany the employee for treatment at these locations.
    - 2) **U. S. Healthworks, Inc. at (816) 478-9299** and notify that the injured employee is coming.

**Location** – 19000 E. Eastland Center Ct., Independence, MO 64055  
**Hours** – 8:00 AM-5:00 PM Monday–Friday (only)
    - 3) **Urgent Care of Kansas City at (816) 795-6000** and notify that the employee is coming.

**Location** – 4741 S. Arrowhead Drive, Suite B, Independence, Missouri 64055.  
**Hours** – 8:30 AM-9:00 PM Monday-Friday; 8:30-6:00 PM Saturday; 8:30 AM-5:30 PM Sunday; 8:30 AM-3:30 PM Holidays
5. Complete and give the employee a **Treatment Authorization Form** (referral). Encourage the employee to go as soon as possible that same day. They may go later in the day if condition worsens. Inform them they must present the Treatment Authorization Form at the care location designated on the Treatment Authorization Form to receive treatment. *Note: If treating at Urgent Care of Kansas City, the lower portion of the Treatment Authorization is to be completed by the treating physician and must be returned to the Nurse as well as the ISD Work Comp Office after treatment. This Provider Section contains release information and the employee's Return to Work Status.*

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6. **Notify the ISD Work Comp Office** immediately that the employee has been injured and to which treatment location the employee was sent.

**Phone:** (816) 521-5424    **Fax:** (816) 521-5677    **Email:** [workcomp@idschools.org](mailto:workcomp@idschools.org)

7. *All employee health records are considered confidential and should be handled in that manner. All employee health records will be maintained separately in a locked file 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 **ISD Work Comp Office**; the nurse will also receive all forms given to the employee concerning his/her treatment. The nurse will fax the forms to, as well as, notify the **ISD Work Comp Office** by phone to confirm receipt and confer regarding restrictions, etc. If the employee was treated and released from a Hospital Emergency Room, the employee must give a copy to the nurse, principal or supervisor of the **After Care Instructions** given to the employee upon release. **Note: A copy of this document must also be given to the ISD Work Comp Office as this is the only proof that the employee can or cannot return to work following treatment.**
8. If an employee is released to work with **restricted duties** given by the treating physician, notify via phone and send a copy of the written restrictions to the **ISD Work Comp Office** as the restrictions may or may not have been sent to the **ISD Work Comp Office** from the treating physician. The **ISD Work Comp Office** will then prepare Modified Duty paperwork according to these restrictions and will forward this paperwork to the Principal/Supervisor/School Nurse/HR for the purpose of official notification of the injured worker's status and to request a formal approval signature that the work restrictions can (or cannot) be accommodated for the injured employee. The Modified Duty approval (or denial) paperwork will then be faxed to (816) 521-5677 by the school nurse, principal or supervisor. 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. Payroll/Timekeeping will monitor all stages of Workers' Compensation time.
9. **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 or if employed in an area without nursing staff, the supervisor will complete the referral. Building administrator's may also complete the **Workers' Compensation Treatment Authorization** and sign the **Employee Accident/Injury Report**.
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 or building administrator 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 Employee must be given a signed copy of the completed **Employee Accident/Injury Report** form as well as a signed copy of the **Workers' Compensation Treatment Authorization** form. The Employee must present both forms for treatment at the Clinic. The Clinic can triage, treat or refer most care levels of injuries. The ISD Employee Health Clinic location and hours are as follows:

|                                   |                       |                             |
|-----------------------------------|-----------------------|-----------------------------|
| <b>ISD Employee Health Clinic</b> | <b>Clinic Hours:</b>  |                             |
| <b>1516 W. Maple Ave.</b>         | <b>Monday-Friday,</b> | <b>7:00 am – 12:00 Noon</b> |
| <b>Independence, MO 64050</b>     |                       | <b>1:00 pm – 6:00 pm</b>    |
| <b>Telephone (866) 959-9355</b>   | <b>Saturday,</b>      | <b>8:00 am – Noon</b>       |

Alternative treatment for the injured employee may be by referral only from the ISD Employee Health Clinic, ISD Nursing Staff, after hours Supervisors or the ISD Work Comp Office. Such referrals will be due to medical necessity or for treatment outside of the hours of operation for the ISD Employee Health Clinic. These alternatives are:

|                                   |                |                   |
|-----------------------------------|----------------|-------------------|
| <b>U. S. Healthworks, Inc.</b>    | <b>Hours:</b>  |                   |
| 19000 E. Eastland Center Ct.      | Monday-Friday, | 8:00 am – 5:00 pm |
| Independence, MO 64055            |                |                   |
| Telephone (816) 478-9299          |                |                   |
| <b>Urgent Care of Kansas City</b> | <b>Hours:</b>  |                   |
| 4741 S. Arrowhead Drive, Suite B  | Monday-Friday, | 8:30 am – 9:00 pm |
| Independence, MO 64055            | Saturday,      | 8:30 am – 6:00 pm |
| Telephone (816) 795-6000          | 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 or Centerpoint Medical Center**. 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 emergency room After Care Instructions must be submitted immediately to your supervisor and to the ISD Work Comp Office.
6. Treatment appointments and leave information:
  - a. Treatment time within work hours on the 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 a 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 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   |
|                 | Building # |

**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 Work Comp Office at (816) 521-5424. Send this form and the Treatment Authorization form with the Employee to ISD Employee Health Clinic (or Treatment Authorization form only to Urgent Care of Kansas City, Truman Medical Center ER or Centerpoint ER).

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

## EMPLOYEE INFORMATION

Employee ID#: \_\_\_\_\_ Full Name: \_\_\_\_\_

Phone: (Home #) \_\_\_\_\_ (Work #) \_\_\_\_\_ Primary Work/Building Site: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: M / S / Sep / D / W Gender (M/F) \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Status: (Full/Part Time/Sub) \_\_\_\_\_

## 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: \_\_\_\_\_ Who Was Notified \_\_\_\_\_

Description of What Happened: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Body Part(s) Injured: (Left/Right) \_\_\_\_\_ Type of Injury: \_\_\_\_\_

Witnesses: \_\_\_\_\_

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

Injury Location Site: \_\_\_\_\_ Location at Site: \_\_\_\_\_

## TREATMENT INFORMATION

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

**ISD Employee Health Clinic:** \_\_\_\_\_ (7AM – 12:00 Noon & 1PM – 6 PM, M-F; 8AM – 12 Noon, Sat)

U S Healthworks, Inc.: \_\_\_\_\_ (8 AM – 5 PM, M-F only)

Urgent Care of Kansas City: \_\_\_\_\_ (8:30 AM – 9 PM, M-F; 8:30 AM – 6 PM Sat; 8:30 AM – 5:30 PM, Sun; 8:30 AM – 3:30 PM, Holidays)

\_\_\_\_ Other Provider Care Site \_\_\_\_\_

Emergency Care: \_\_\_\_\_ Truman Medical Center Lakewood; \_\_\_\_\_ Centerpoint; \_\_\_\_\_ Other \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor/Nurse Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

| OFFICE USE ONLY         |                       |                                      |  |
|-------------------------|-----------------------|--------------------------------------|--|
| <b>Report #:</b> _____  | <b>SSN#:</b> _____    | <b>Wage:</b> _____                   |  |
| <b>Hire Date:</b> _____ | <b>Entered:</b> _____ | <b>PMA Management Corp. #0839910</b> |  |
|                         |                       | <b>Phone: 1-888-476-2669</b>         |  |

# Workers' Compensation Treatment Authorization

PMA# 0839910

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 Noon & 1 PM – 6 PM, M – F; 8 AM – Noon, Sat)

U S Healthworks, Inc.: (8 AM – 5 PM, M-F only)

Urgent Care of Kansas City: (Independence)

(8:30 AM – 9:00 PM, M – F; 8:30 AM – 6 PM Sat; 8:30 AM – 5:30 PM, Sun; 8:30 – 3:30 PM, Holidays)

Other Provider Care Clinic Location: \_\_\_\_\_

Emergency Care: Truman Medical Center Lakewood

Emergency Care: Centerpoint Medical Center

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 Effective Date: Modified Duty \_\_\_\_\_ Full Duty \_\_\_\_\_

Detail Restrictions below  No Restrictions  Unable To Return to Work Until \_\_\_\_\_

No Lifting Over \_\_\_\_\_ lbs. No Pushing/Pulling Over \_\_\_\_\_ lbs.

Additional Modifications: \_\_\_\_\_

Follow-up Appointment: Date/Time \_\_\_\_\_ None Needed \_\_\_\_\_

Provider Signature: \_\_\_\_\_

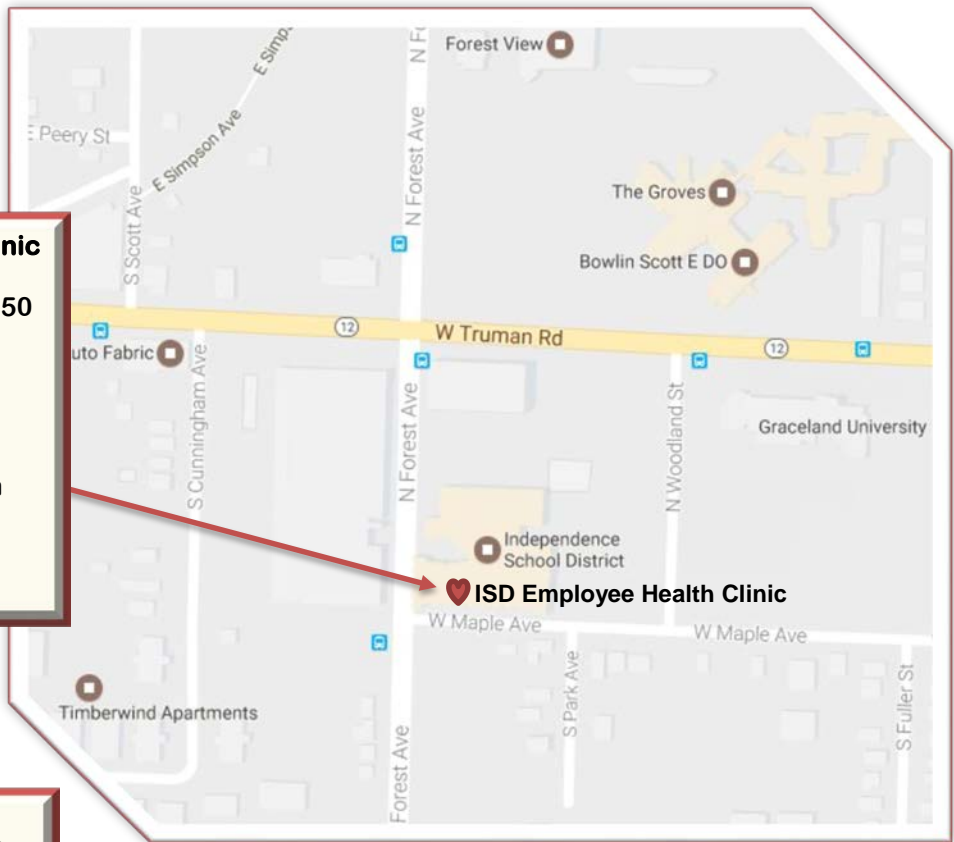
Referrals to Medical Specialists **MUST BE PREAUTHORIZED** by contacting PMA at 1-888-476-2669.

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

# MAPS 2017-18

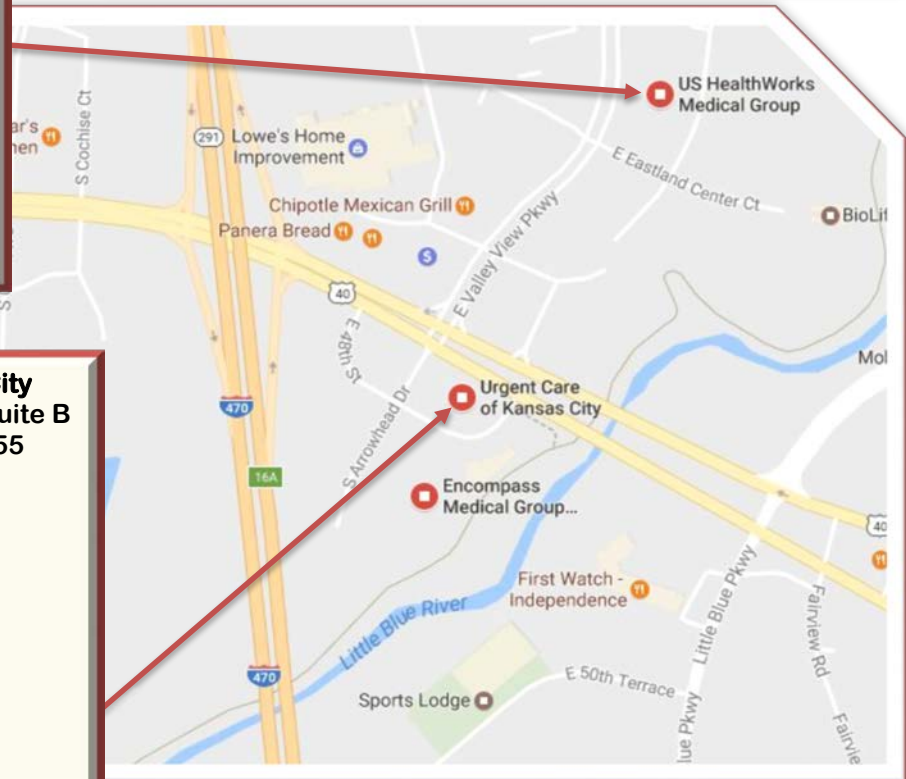
**ISD Employee Health Clinic**  
1516 W. Maple Ave.  
Independence, MO 64050  
(866) 959-9355  
(816) 521-5316

**Hours:**  
Monday – Friday  
7:00 AM – 12:00 Noon  
1:00 PM – 6:00 PM  
Saturday  
8:00 AM - Noon



**U S Healthworks, Inc.**  
19000 E. Eastland Ctr. Ct.  
Independence, MO 64055  
(816) 478-9299

**Hours:**  
Monday – Friday  
8:00 PM – 5:00 PM  
Saturday and Sunday  
Closed



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

**Hours:**  
Monday – Friday  
8:30 AM – 9:00 PM  
Saturday  
8:30 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

**Centerpoint Medical Center**  
19600 E. 39th St.  
Independence, MO 64057  
Phone: (816) 698-7000