

# PROCEDURES AND INSTRUCTIONS FOR ON-THE-JOB INJURIES

1. All work related injuries, ***including incidents where no medical treatment or time off is needed at that time***, must be reported to your supervisor as soon as possible following the incident, but no later than the end of that shift and an **ACCIDENT ANALYSIS REPORT** completed and forwarded to the Workers Comp. Coordinator in the Business Services Dept., 740-775-4250 Ext. 108.

Failure to do so may be cause for disciplinary action and may be grounds to not certify the claim to the Bureau of Workers' Compensation.

***All injuries will be fully investigated by your supervisor.***

2. While ensuring the employee's right to choose their medical provider, all injured employees needing medical care must seek INITIAL treatment from **Adena Occupational Health, 272 Hospital Road, Chillicothe, OH 45601** for prompt medical attention and/or referral to an appropriate specialist.
3. If possible, before seeking the initial medical treatment, the employee should report to the Board of Education, Workers Comp. Coordinator to receive a Workers Compensation claim number to give the doctor. Immediately after receiving the initial medical treatment you are to return to the Workers Comp. Coordinator with records from your doctor visit, including any restrictions. The only exception is a medical condition that prevents your return, and in that case contact the Business Services Department at (740) 775-4250 Ext. 108.

In cases of ongoing medical treatment, it is the employee's responsibility to keep the Workers Comp. Coordinator updated with all subsequent medical appointments and if off work the possible return to work date. It is the employee's responsibility to inform the medical providers of your assigned claim number.

4. Any employee who is unable to return to his/her full time duties will be subject to consideration for our transitional-work-program within prescribed medical restrictions based on availability of duties and physical capabilities of the injured worker.

**The above also applies to future treatment related to a previous non medical incident, in which you seek medical care at a later date due to the incident.**

I hereby certify that I have received and understand the On-the-Job Injury policy. I understand a copy of this procedure will be posted on the bulletin board and web site.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Complete signatures, date and return to the: **Board of Ed., Business Services Dept.**