

## WORKPLACE INJURY REFERENCE SHEET ACCIDENT REPORTING GUIDELINES

**Report the Injury or Illness Immediately (prior to end of shift) to Department Supervisor or City Clerk**

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- Assess the situation/injury.
  - Send someone for help. Call 911 if needed.
  - Render First Aid, if necessary and properly trained.
  - Determine if professional medical attention is necessary.
  - **All Work-Related Injuries and Illnesses MUST be reported IMMEDIATELY.**
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**Refer to Page 2 for Specific Information Regarding Medical Providers**

### **Post-Accident Drug Screen**

Employees may be required to submit to drug/alcohol screening after the involvement in a workplace or vehicular accident.

### **Accident Investigation**

The Supervisor will conduct an investigation and complete the "Accident Investigation Form" (within 48 hours). Completed form is to be turned over to the City Clerk for review by the Safety Committee.

### **Employee/Doctor Communications**

It is the responsibility of the employee to meet with their Manager and/or City Clerk following each doctor visit to discuss the results of the appointment. The employee will bring with them documentation with the written instructions from the physician outlining medications, days away from work and any restriction of work or motion.

### **Return to Work**

The City of XXXXXX will make every effort to identify and create alternative or modified work-duty tasks matching a worker's impaired physical capability from a work-related injury or illness.

**IMPORTANT:** For work related injuries, all employees will need to follow the City of XXXXXX reporting instructions. Failure to follow the instructions could delay workers compensation payment(s) and could result in inaccurate information and reporting. The City of XXXXXX has designated medical providers listed on the following page. If an employee chooses to see a physician that is not the City's designated physician, Worker's Compensation will only pay for the first \$500. Any amount over the first \$500 will be the responsibility of the employee.

I acknowledge that information on the above subjects was furnished to me during orientation.

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**Employee's Signature**                      Date

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**Manager's Signature**                      Date