



## Workplace Illness and Injury Reporting

Policy number: 000183262

Effective date: September 2017

Next review date: June 2018

Reviewer: HR Manager

### 1. Purpose

The following procedures, which are in accordance with applicable laws are provided to assist employees in reporting work-related injury or illness to ensure compliance with state regulations and university policy.

### 2. Employees

**2.1 Life Threatening Medical Emergencies - injuries or illnesses that need immediate medical care.**

**A.** If an employee is faced with a medical emergency, he/she or a coworker may call 911 for emergency medical treatment to dispatch; or

**B.** Go to the closest emergency room;

**2.2 Non-life Threatening Injuries or Illnesses.** The following procedure must be followed in case of work related injury or illness.

**A.** Injured worker must report the workplace injury to his/her supervisor as soon as possible, within one business day; and

**B.** Complete an Injury Report form or Waiver of Medical Treatment with the school nurse and submit form to the Human Resources department. An authorizer will need to fill out the "Authorization for Examination & Treatment" form. Injured employee will visit the *Texas Star Network: Gonzaba OCCmed Clinic – 720 Pleasanton Rd 78214.*

**List of Authorizers to send employees:** Roselie Hewitt, Sandra Flores, Pamela Bocanegra, Jeffrey Flores, Alice Martinez.

**C.** Meet with Human Resources to review documents and file a claim for workers' compensation after returning from clinic.

### **3. Supervisors**

- 3.1** Perform accident investigation to determine root cause(s) associated with the injury or illness and take photos as required and report findings within 24 hours of accident/injury.
- 3.2** Implement progressive disciplinary action, if root cause is determined to be the result of the employee's engagement in unsafe work practices for which the employee has been trained and such training is documented.

### **4. Office of Human Resources**

- 4.1** Report injury or illness to the Workers' Compensation insurance carrier.
- 4.2** Provide notice to the employee's supervisor regarding the individual's status and/or restrictions, next appointment, and treatments as provided by physician.
- 4.3** Provide notice to payroll to ensure employee is compensated for reasonable time spent at doctors and treatment appointments.
- 4.4** Monitor records with the insurance carrier regarding employee status, treatment, restrictions, appointments, etc.

*Questions about this policy may be addressed to:  
New Frontiers Public Schools - Office of Human Resources  
138 Fair Avenue, San Antonio, TX 78223  
210-519-3900*

*\*\* Authorization for Examination & Treatment form / Waiver of Medical Treatment form is attached*