

POLICIES AND PROCEDURE MANUAL

Human Resources		
Employee Injury Reporting Procedure		
Review Cycle: Biennial	Adopted Date: 04.24.2015	Related Policies: MSHN Personnel Manual
Author: MSHN Executive Support Specialist	Review Date: 07.01.2025	Wishin Personnel Manual
	Employee Injury Reporting Review Cycle: Biennial Author:	Employee Injury Reporting Procedure Review Cycle: Biennial Adopted Date: 04.24.2015 Author: Review Date: 07.01.2025

Purpose

Mid-State Health Network (MSHN) shall provide a safe and clean environment within its facilities for its consumers, staff and visitors. This procedure provides employees with clear instructions for how to manage and properly report an employee injury and/or medical emergency occurring at a MSHN facility.

Procedure

- A. **Medical Emergency:** In the event a staff member determines a situation to be a medical emergency, the following steps should be taken:
 - 1. Remain calm.
 - 2. If you are alone with the victim, go to the nearest phone, and call 9-1-1 if injury is life threatening
 - 3. If there is another staff immediately present, one person should remain with the victim; the other should institute the emergency call.
 - 4. If you or someone in the immediate vicinity is CPR/First-Aid trained, apply appropriate procedures. If not, remain with the victim until help arrives.
 - 5. Direct medical personnel to the location of the emergency
 - 6. Notify the Chief Executive Officer and/or Deputy Director
 - 7. In the event a fall occurs, do not attempt to move the victim (unless to move from danger) until the individual has been assessed for possible injury. If the victim is able to move his/her own body without pain, this is acceptable, however they should still be assessed by a physician/nurse.
- B. **Employee Injury Reporting**: As soon as possible, but not more than 72 hours following the incident, the employee, supervisor, and any witnesses shall complete an Injury Report. The Injury Report provides a written record of the incident and supports risk mitigation. Once complete, the Injury Report shall be submitted to the Deputy Director. The Deputy Director shall determine if any type of remediation is necessary (i.e. Environmental changes, employee training, etc.).
- C. Worker's Compensation: Filing an Injury Report does NOT constitute filing a Workers' Compensation claim. It is not necessary to fill out a Workers' Compensation Claim Form to obtain first-aid treatment for a minor work-related injury. This one-time treatment, and any follow-up visit for the purpose of observation, is considered first-aid, even though provided by a physician or registered health care professional. If the physician indicates the injury requires medical treatment beyond first-aid or certifies disability beyond the work shift at the time of injury, the Professional Employer Organization (PEO) shall be contacted for support in completing a Workers' Compensation Claim Form and Notice of Potential Eligibility.
 - 1. The injured employee should be directed to the nearest urgent care occupational medical center. For information on the nearest facility, contact the PEO Workers' Compensation Department to assist with locating the nearest Concentra Center at 248.671.1314 or utilize Concentra's online search at http://maps.concentra.com/corporate/.
 - a. If the employee has a vehicle and it is safe for them to drive, they may drive their own vehicle to the clinic. If not, either the supervisor/manager or a co-worker can take them. If the injured party requires arrangements and no one is available to drive them, a cab or shuttle service can be used.

- b. The PEO Injury Coordinator will contact the employee within twenty-four (24) hours of when the claim is reported.
- 2. Complete an Injured Worker's Statement of Injury: Part of the claims handling will be completing an injured worker's statement. A thorough accident investigation will include the following:
 - a. Employer Injured Worker's Statement of Injury (completed by the supervisor/manager to include their description of the incident or injury)
 - b. Employee Injured Worker's Statement of Injury (to be completed by the employee to include the type of injury and whether medical treatment is required)
- 3. Contact CoStaff Services
 - a. Michael Sternberg 248.671.1314 or
 - b. Kacey Weiss 248.671.1338
- 4. Events required to be directly reported to Occupational Safety and Health Administration (OSHA) (via Deputy Director/CoStaff) include:
 - a. All work-related fatalities within eight (8) hours
 - b. All work-related inpatient hospitalizations, all amputations and all losses of an eye within 24-hours
 - i. Report to OSHA by:
 - 1. Calling OSHA's free and confidential number at 1.800.321.6742
 - 2. Calling your closest Area Office during normal business hours
 - 3. Using the new online form found here:
 - c. Only fatalities occurring within thirty (30) days of the work-related incident must be reported to OSHA. Further, for an in-patient hospitalization, amputation or loss of an eye, these incidents must be reported to OSHA only if they occur within twenty-four (24) hours of the work-related incident
- 5. Recordable under OSHA's record-keeping regulation include:
 - a. All work-related fatalities

Applies to

- b. All work-related injuries and illnesses that result in days away from work, restricted work or transfer to another job, loss of consciousness or medical treatment beyond first aid
- c. Significant work-related injuries or illnesses, diagnosis by a physician or other licensed health-care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first-aid or loss of consciousness
- d. Injuries such as, but not limited to, a cut, fracture, sprain, or amputation
- e. Illnesses such as, but not limited to, a skin disease, respiratory disorder, or poisoning

Any (all) required forms from the PEO should be referenced and included as attachments.

☑ All Mid-State Health Network Staff	
Selected MSHN Staff, as follows:	
☐ MSHN CMHSP Participants: ☐ Policy Only	Policy and Procedure
Other: Sub-contract Providers	

Definitions

<u>First-Aid</u>: means any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which does not ordinarily require medical care. <u>Medical Emergency</u>: A medical emergency is an occurrence where it becomes evident that a MSHN employee, or visitor requires immediate medical assistance due to an injury or illness.

MIOSHA: Michigan Occupational, Safety & Health Administration

MSHN: Mid-State Health Network

OSHA: Occupational Health & Safety Administration

PEO: Professional Employment Agency

Other Related Materials

MSHN Emergency Notification External Procedure MSHN Emergency Notification Internal Procedure OSHA forms for Recording Work-Related Injuries and Illnesses



CoStaff Universal Injury Form.pdf



CoStaff Authorization for Treatment Form.po

References/Legal Authority

Workers' Compensation Claims Handling Procedure MSHN Certificate of Liability Insurance

Change Log:

Description of Change	Responsible Party
New Procedure	Executive Assistant
Annual Review	Deputy Director
Annual Review	Deputy Director
Annual Review	Deputy Director
Biennial Review	Deputy Director
Biennial Review	Deputy Director
Biennial Review	Deputy Director
	Annual Review Annual Review Annual Review Biennial Review Biennial Review