

Civitan Workers Compensation Process

- 1. Immediately report any workplace injuries to Supervisor, then HR.
- 2. If life or limb threatening emergency, call 911
- 3. With Supervisor present, Call TriageNow at 1-855-863-9088
 - a. If supervisor is unavailable call TriageNow directly
- 4. Follow their instructions. They will send HR all the necessary paperwork
- 5. HR will follow up with the SPV and EE for a more detailed report of the incident for investigative purposes.
- 6. If employee is instructed to go to Urgent Care or ER, they must request a release to come back to work, and submit to HR.
- 7. Employee is to keep HR posted on all visits, and progress. In addition, HR will continue to check on employee's progress. If the employee is given work restrictions or light duty employee needs to check in with HR before the start of their next shift to make sure all work restriction protocols are being followed. HR will supervise and oversee all light duty, modified duty and work restrictions. All managers and supervisors need to refer all employees regarding work related injuries to HR.
- 8. All incidents will be reported to the safety committee after the investigation is completed. The safety committee will document the incident on the safety log and initiate mitigation efforts as appropriate.

HR will receive immediate notices via email for all injuries that are called in to TriageNow. When an employee is referred to care, TriageNow will fax an injury alert notice to the clinic to arrive prior to the employee arriving at the clinic.

A more detailed video can be viewed here: https://vimeo.com/289482050/72a5f9107c

Posters are to be posted in at each location.



EMPLOYEE INCIDENT REPORT

Employee Name		Did an Injury Occur?		EMT Called		Did you go to Wesco			
			Yes						
			No		Yes	No	Yes	N	0
Department	Supervisor				Police N	Notified			
					Yes	No			
Date of Incident	Time of	Loc	ation of Incider	nt	Van # (If	f	# of	clients or	1
	Incident				Transpor	tation	van		
					related)				
Description of Incident location.	Facts only. If an	injur	y is noted, be s	pecific	as to ho	w it occurre	ed and r	ote injur	y
A. What happened bet	fore the incident?								
B. Describe the incide	ent/observation.								
C. What happened after	er the incident?								
Print Employee Nam	ne Date	- -	Print V	Vitnes	ss Name	e (if any)	Da	ite	
Signature of Employ	ee Date)	Signat	ture o	f Witnes	ss (if any)	Da	ite	

	l



Page 2 of 2 Employee Incident Report

Immediate Supervisor's Comm	ents:		
Signature			Date
Department Head's Comments:			
Signature			Date
Human Resource Director Com	monts:		
Number related incidents		sportation related, die	d a mandatory drug testing occur?
		,	, , , ,
Signature			Date
Executive Director's Comments	:/Signature	Needed for Proce	dural/Special Issue):
Executive Director 3 Comments	or Originature	C (Neceded for 1 1000)	
Signature			Date
Signature			Date
DDD Call Center Notified		Yes □	No □
		.00 🗀	🗅
West	Fax [602.771.1857	
Central		□ 602.532.5511	
East	_	□ 520.723.2637	
Lasi	ı⁻ax ∟	<u> </u>	