CLOQUET
PUBLIC SCHOOLS

# Steps to Follow When an Incident Occurs

**Reporting process when employee does not lose time from work:**

1. When an employee becomes injured, fill out the Supervisor's Report of Accident together.
2. The supervisor and injured employee are both required to sign the report.
3. Send the completed report to the Secretary/Receptionist at Central Administration within 24 hours of the injury.

**Reporting process when employee does lose time from work:**

1. When an employee becomes injured, fill out the Supervisor's Report of Accident together.
2. The supervisor and injured employee are both required to sign the report.
3. Send the completed Supervisor's Report of Accident to the Secretary/Receptionist at Central Administration within 24 hours of the injury.
4. The supervisor needs to contact the Secretary/Receptionist at Central Administration, via email, if the employee is hospitalized or sees the doctor.
5. The supervisor needs to provide the employee with the Medical Packet containing forms to be brought and completed by the attending physician/hospital/clinic.
6. The employee will need to contact their direct supervisor of discharge date and present the completed Medical Packet to their supervisor before they are allowed back to work.
7. The supervisor submits the Medical Packet to the Secretary/Receptionist at Central Administration.
8. The District Office needs to assess the type of light duty jobs available to the employee that comply with the limitations specified on the Work Ability Return-to-Work form.
9. Based on the assessment noted above, the District Office may provide the employee with an offer letter.

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# Instructions on Completing the Supervisor's Report of Accident

1. Employee to enter their social security number.
2. Employee to enter today's date.
3. Employee to enter their direct Supervisor's name and telephone number. The Supervisor MUST be one of the following:

| | |
|---|---|
| Churchill Elementary | David Wangen |
| Washington Elementary | Robbi Mondati |
| Senior High School | Warren Peterson |
| | Steve Battaglia |
| Middle School | Tom Brenner |
| CAAEP | Connie Hyde |
| Community Education | Ruth Reeves |
| Custodial Garfield | Central Admin – Ken Scarbrough |
| Custodial for all other locations | Building's Administrators |
| Central Administration | Candace Nelis |
| Food Service | Beth Dohnansky |

4. Employee to enter their Supervisor's phone number.
5. Employee to enter the date of Injury.
6. Employee to enter the time of the injury and circle either AM or PM.
7. Employee to enter the start time of their shift and circle either AM or PM.
8. Supervisor to enter the date the employee brought the incident to their attention.
9. Employee to enter their name in last, first, middle order.
10. Employee to check their gender (male or female).
11. Employee to check whether they are married or not (yes or no).
12. Employee to enter their house number and street address.
13. Employee to enter their home phone number (area code included).
14. Employee to enter their date of birth.
15. Employee to enter the city, state and zip code of the home address.
16. Employee to enter their occupation.
17. Employee to enter their department.
18. Employee to enter the location of the accident.
19. Employee to enter the part of the body where the injury occurred.
20. Employee to enter the nature of the accident (such as a slip, fall, strain, cut).

If the Accident occurred Indoors – complete questions 21 through 23 and skip questions 24 through 26.
If the Accident occurred outdoors – complete questions 24 through 26 and skip questions 21 through 23.

<u>Accident Indoors:</u>

21. Employee to describe the nature of activity. (Example – Walking.)
22. Employee to enter the issue. (Example – While walking into the building I slipped.)
23. Employee to list any environmental or chemical factors.
    (Example – N/A - The floors were dry and rug was in place.)

Accident Outdoors con't:

24. Employee to describe the nature of activity. (Example – Walking across the parking lot.)
25. Employee to enter the issue. (Example – While walking across the parking lot, I slipped.)
26. Employee to enter the weather and surface conditions. (Example – N/A -The parking lot was dry.)
27. Employee to provide a detailed written statement of what happed and indicate the specific Areas of the body affected.
28. Employee to circle areas on the front and back of the human outlines denoting the areas of injury.

If there was a witness to the incident, the witness needs to complete boxes 29, 30 and 31.

29. If a witness was present, the witness needs to provide a detailed written statement of what happened.
30. Witness to sign their written declaration.
31. Witness to provide their phone numbers (area code included).

32. Supervisor to fill in whether any equipment was involved. If there was not any equipment involved, then NA needs to be checked. If equipment was involved, then the supervisor needs to answer whether the wrong tool or piece of equipment was used (yes or no) and whether there was an unsafe condition involved with the tool (yes or no).
33. The supervisor needs to denote any corrective action required if the answer to number 32 is NOT N/A.
34. The supervisor needs to check the yes or no boxes on questions related to surroundings and list corrective actions on those questioned answered with a 'yes' response. Question 34 needs to be completed regardless of the answer to question 32.
35. Supervisor to answer all questions related to Employee (employment in years; new employee and if so for how many months; new to job, if yes, explain; trained, if no, explain; employee's fault, if yes, explain; whether any or all of the following were the result of the accident and is so, how: horseplay, inattention, poor judgment, unauthorized operation, student.)
36. Supervisor to answer (yes or no) whether a procedure was associated with the task; whether it was followed correctly (yes or no, if no, explain); whether the procedure failed to prevent the accident (yes or no, if yes, explain), and any corrective actions recommended to eliminate accidents in the future.
37. The supervisor needs to answer the following questions with a yes or no and provide an explanation on the 'No' responses: Was the accident preventable?, Job properly planned and staffed?, Job properly supervised?, Similar accidents occurring in the past?
38. Supervisor to complete the entire box concerning immediate actions taken. This question deals directly with any issues noted in question 24 (Indoor environmental/chemical factors), 27 (Outdoor weather and surface conditions), 33 (Accident causes), 34 (Corrective action required), 35 (Surroundings). <u>It is up to the Supervisor as the first responder to notify the appropriate personnel to remedy any existing hazards. You must note the actions taken to remedy the hazard.</u>
39. Supervisor to list and summarize any corrective actions for the employee to follow, if applicable.
40. Supervisor to list and summarize any corrective actions for new or modified procedures, if applicable.
41. Supervisor to list and summarize any corrective actions for training, if applicable.
42. Supervisor to list and summarize any corrective actions for equipment or tools, if applicable.
43. Supervisor to list and summarize any corrective actions for the surroundings, if applicable.
44. The employee needs to sign and date the Report of Accident.
45. The supervisor needs to sign and date the Report of Accident.

**The supervisor must ensure that this report be sent to the secretary/receptionist within 24 hours of the injury. Fax the form to 218-879-6724 for expediency and follow up with the hard copy report via intercompany mail.**

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# Supervisor's Report of Accident

To be completed Jointly by the Employee and Supervisor

REV: 10/13/09

| | | | |
|---|---|---|---|
| EMPLOYEE SOCIAL SECURITY NUMBER (1) | TODAY'S DATE (2) | SUPERVISOR (at time of injury) Name: (3) | Phone: (4) |
| DATE OF CLAIMED INJURY (5) | TIME OF INJURY AM or PM (circle) (6) | TIME EMPLOYEE STARTED WORK ON DAY OF INJURY: (7) AM or PM (circle) | DATE REPORTED (8) |
| EMPLOYEE NAME (last, first, middle) (9) | GENDER: (10) ☐ Female ☐ Male | MARRIED: (11) ☐ Yes ☐ No | |
| HOME ADDRESS (12) | HOME PHONE NUMBER (13) | DATE OF BIRTH (14) | |
| CITY, STATE, ZIP CODE (15) | OCCUPATION (16) | DEPT. (17) | |
| LOCATION OF ACCIDENT (18) | PART OF BODY AFFECTED (19) | NATURE OF ACCIDENT (i.e. - slip/fall, strain, cut) (20) | |

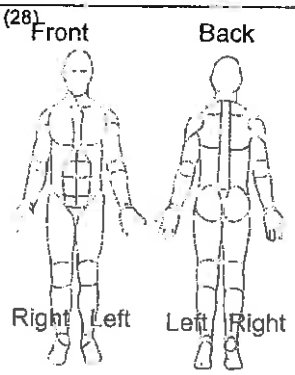
## *ACCIDENT CONDITIONS*

| INDOORS | OUTDOORS |
|---|---|
| NATURE OF ACTIVITY (21) | NATURE OF ACTIVITY (24) |
| WHAT WAS THE ISSUE? (22) | WHAT WAS THE ISSUE? (25) |
| ENVIRONMENTAL / CHEMICAL FACTORS (23) | WEATHER & SURFACE CONDITIONS (26) |

*EMPLOYEE'S WRITTEN STATEMENT OF WHAT HAPPENED ( Be DETAILED & indicate areas affected on body image below*

(27)

(28)




*WITNESS STATEMENT OF WHAT HAPPENED*

(29)

Witness name: (30) Phone: (31)

## *ACCIDENT CAUSES*

**EQUIPMENT / TOOLS** (32) ☐ N/A

What equipment was involved?

Was the wrong tool or piece of equipment used? ☐ Yes ☐ No

Was there an unsafe condition involved with the tool? ☐ Yes ☐ No

Corrective action required?: ☐ Repair ☐ Replace ☐ Other (*Describe below*)

Explain: (33)

**SURROUNDINGS** (34)

| | | | **CORRECTIVE ACTIONS RECOMMENDED** |
|---|---|---|---|
| Poor Lighting? | ☐ Yes | ☐ No | |
| Poor Access? | ☐ Yes | ☐ No | |
| Poor Housekeeping? | ☐ Yes | ☐ No | |
| Poor Visibility? | ☐ Yes | ☐ No | |
| Vehicle / Eq. Involved? | ☐ Yes | ☐ No | |

## EMPLOYEE

Length of employment in years: (35) _____ years

New employee? ☐ Yes ☐ No If Yes, number of months employed: ____ months

Was employee new to job? ☐ Yes ☐ No If Yes, why? _____

Was employee trained? ☐ Yes ☐ No If No, why? _____

Was employee at fault? ☐ Yes ☐ No If Yes, how? _____

Did the accident involve?:

☐ Horseplay ☐ Inattention ☐ Poor Judgment ☐ Unauthorized Operation ☐ Student

Explain answer(s) to above:

## PROCEDURE

Was there a procedure associated with the task at the time of the accident? ☐ Yes ☐ No (36)

If Yes, was it being followed correctly: ☐ Yes ☐ No (If No, explain)

Did the procedure fail to prevent the accident? ☐ Yes ☐ No (If Yes, explain how)

Corrective Actions Recommended (CAR) at this time:

## SUPERVISOR

Do you think this was a preventable accident? ☐ Yes ☐ No (If No, explain) (37)

Was the job properly planned and staffed? ☐ Yes ☐ No (If No, explain)

Was the job properly supervised? ☐ Yes ☐ No (If No, explain)

Have similar accidents occurred in the past? ☐ Yes ☐ No (If No, explain)

Explain / Comment:

## IMMEDIATE ACTIONS TAKEN

EMPLOYEE: (38)

- First Aid ☐ Yes ☐ No
- Medical Attention ☐ Yes ☐ No
- Rest / Modified Duty ☐ Yes ☐ No
- Other: _____

EQUIPMENT

- ☐ Locked-Out
- ☐ Repaired
- ☐ Replaced
- ☐ Discarded
- ☐ Other

SURROUNDINGS

- ☐ Modified
- ☐ Cleaned-up
- ☐ Posted
- ☐ Evacuated
- ☐ Other

Explain the above:

## SUMMARY OF CORRECTIVE ACTIONS RECOMMENDED AT THIS TIME

**EMPLOYEE:**
(39)

**PROCEDURE:**
(40)

**TRAINING:**
(41)

**EQUIPMENT/TOOLS:**
(42)

**SURROUNDINGS:**
(43)

## ACKNOWLEDGEMENTS

EMPLOYEE (44)_____ _____ _____
*Signature* *Date*

SUPERVISOR (45)_____ _____ _____
*Signature* *Date*

CLOQUET
PUBLIC SCHOOLS
Central Administration
302 14th Street
Cloquet, MN 55720

# Return-to-Work Program

Cloquet Public Schools supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

If you are injured at work, report the injury to your direct supervisor immediately—no matter how minor the injury is. Your supervisor will report it to our organization's workers' compensation claims coordinator within 24 hours. Any questions concerning workers' compensation should be directed to the Central Administration Secretary/Receptionist (879-6721 x6205).

Your supervisor will provide you with the appropriate documentation to bring to your physician should you require medical care.

Current positions may be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available either with your department or through a temporary assignment with another department.

Examples of these transitional jobs or tasks include:

_____

_____

_____

This return-to-work program is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

Created: 10/13/09

# WORK ABILITY and RETURN-TO-WORK

CLOQUET PUBLIC SCHOOLS

Send completed forms to:
Central Administration
302 14th Street
Cloquet, MN 55720 (REV 03/16/11)
FAX 218/879-6724 Attn: Paula M

| EMPLOYEE | SS# |
|---|---|
| Employee name here | Social Security number |
| **EMPLOYER** | **DATE OF INJURY/ILLNESS** |
| Employer name here | Injury/illness date here |

| DIAGNOSIS | ICD-9 CODE |
|---|---|
| | |

History and findings:

Work related injury/illness? ☐ No ☐ Yes ☐ To be determined

Any pre-existing conditions affecting this injury/illness? ☐ No ☐ Yes, description:

Permanent partial disability? ☐ No ☐ Yes, _____%

Maximum Medical Improvement reached? ☐ No ☐ Yes, date reached_____

## RETURN TO WORK

☐ Return to work with ***no limitations*** on _____/_____/_____ (MO/DAY/YR)

☐ Return to work ***with limitations*** on _____/_____/_____ through _____/_____/_____ (MO/DAY/YR)

_____ has light-duty work available. Please call _____ at ( ) _____ if you plan to take this employee off work.

☐ Unable to work from _____/_____/_____ through _____/_____/_____ (MO/DAY/YR)

## EMPLOYEE'S CAPABILITIES

BODY PART AFFECTED: ☐ Neck ☐ Upper back ☐ Lower back ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hand ☐ Leg ☐ Knee ☐ Ankle ☐ Foot ☐ Other_____

SIDE AFFECTED: ☐ Left ☐ Right ☐ Both

| Lift/Carry | Not at all | Occasional 0-33% | Frequent 34-66% | Continuous 67-100% |
|---|---|---|---|---|
| 0-9 lbs | ☐ | ☐ | ☐ | ☐ |
| 10-19 lbs | ☐ | ☐ | ☐ | ☐ |
| 20-29 lbs | ☐ | ☐ | ☐ | ☐ |
| 30-39 lbs | ☐ | ☐ | ☐ | ☐ |
| 40-49 lbs | ☐ | ☐ | ☐ | ☐ |
| No lift from floor | ☐ | ☐ | ☐ | ☐ |
| **Push/Pull without resistance** | | | | |
| 0-19 lbs | ☐ | ☐ | ☐ | ☐ |
| 20-40 lbs | ☐ | ☐ | ☐ | ☐ |
| > 40 lbs | ☐ | ☐ | ☐ | ☐ |
| Bend | ☐ | ☐ | ☐ | ☐ |
| Twist/turn | ☐ | ☐ | ☐ | ☐ |
| Kneel/squat | ☐ | ☐ | ☐ | ☐ |
| Sit | ☐ | ☐ | ☐ | ☐ |
| Stand/walk | ☐ | ☐ | ☐ | ☐ |
| Ladder/stair climb | ☐ | ☐ | ☐ | ☐ |

**Hand, wrist and shoulder activities**

| | Not at all | Occasional 0-33% | Frequent 34-66% | Continuous 67-100% |
|---|---|---|---|---|
| Avoid prolonged, repetitive or forceful: | | | | |
| Gripping/grasping | ☐ | ☐ | ☐ | ☐ |
| Repetitive wrist motion | ☐ | ☐ | ☐ | ☐ |
| Reaching: | | | | |
| Above shoulder | ☐ | ☐ | ☐ | ☐ |
| At shoulder height | ☐ | ☐ | ☐ | ☐ |
| Below shoulder | ☐ | ☐ | ☐ | ☐ |

Restrictions (circle):

Keyboarding (hr/shift) 0 1-2 3-4 5-6 7

Writing (hr/shift) 0 1-2 3-4 5-6 7

Total spread out evenly over shift at_____intervals

Change positions every

☐ As needed
☐ Half hour
☐ One hour
☐ Two hours

☐ Worksite stretches, i.e., per handout

☐ Exercises ☐ Other_____

Comments

## INSTRUCTIONS

☐ Keep wound clean and dry. Change dressing every_____

☐ Medication_____

☐ Ice_____ min._____ ☐ Heat_____ min._____

☐ Splint/brace _____

☐ Referral _____

*Follow-up appointment scheduled for*_____

THIS TREATMENT HAS BEEN discussed WITH THE EMPLOYEE

| HEALTH CARE PROVIDER SIGNATURE | LICENSE / REGIS.# | DATE OF EXAM |
|---|---|---|
| | | |

| HEALTH CARE PROVIDER SIGNATURE |
|---|
| |

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