

Policy number: III-12	Subject: WORKMAN'S COMPENSATION & SAFETY & HEALTH
	Revision: one
Approved: Agency Board:	June 28, 2006
Policy Council:	May 17, 2006

Objective:

To provide medical care and compensation to employees who are injured or contract occupational illness in the course of employment.

Policy:

All employees are covered by workers compensation plan of the Tennessee Municipal League, and should adequately document work status, if any, from the office or center locations by using the sign-out sheet located at each site.

Procedure:

The Administrative Office shall assist employees in filing Workman's Compensation claims and all accidents must be reported on the First Report of Injury Form within (24) twenty-four hours of injury. Upon request, the agency shall consider making up the difference between Workman's Compensation payments and normal straight time earnings utilizing sick or annual leave, upon request of the employee. Training and safety practices are an integral part of service deliveries.

Every employee will be instructed in safe work-place practices, and should have a safe work environment, including during travel status.

Employee Responsibilities:

1. Inform the center supervisor of the injury or accident as soon as possible. If the extent of the injury permits, the employee should immediately fill out (DOL) for which shall include the following:
 - a. Date, time, and place of injury or accident;
 - b. Brief description of and conditions that caused the injury or accident; and
 - c. Description of injured parts of the body or disease resulting from the injury or accident.
2. Request doctor to promptly provide information requested by the employer about the condition of the employee. Our insurance company requires the use of a panel of approved medical providers, however this does not establish proof that the providers are licensed, insured, or competent.
3. Keep records off all bills, dates of treatment, compensation payment dates worked and not worked, to whom the injury or accident was reported and any other information relating to the employee's injury or accident.
4. If the employee is unable to complete the forms due to the injury, all details should be reported by the staff with knowledge of the accident. Supervising staff at the worksite should remain in contact with the injured staff member.

Supervisor Responsibilities:

1. Call for immediate medical care (911, a local ambulance service) if warranted and provide first aid aid to the extent indicated.
2. Notify the Health Manager or Program Administrator of the accident or injury and work with them to resolve or correct the cause of the accident or injury.
3. Fill out a First Report of Injury form.
4. If the injured employee is unable to complete the first report form, staff with knowledge fo the event should complete the form.