City of Garden City - Workers’ Compensation
Supervisor Accident/Injury Checklist

• This packet must be completed following any accident or incident involving an employee or authorized volunteer of the City. **Any** incident in which an employee sustains an injury, or has the potential for injury, as well as any incident where there is damage to any City property, would require completion of this packet.

• **If an employee needs serious or life-saving medical attention, send them to the ER immediately, and then contact HR.** For any medical treatment that is not life-threatening, the supervisor must first contact HR before sending the employee to receive medical treatment. **If the employee is sent to receive medical care, they must take the Authorization for Work Comp Medical Treatment form with them to be completed by the medical provider. The employee must return this form to HR immediately following the appointment or as soon as possible if after business hours.**

• **If an injury occurs after 5:00 p.m., the employee must call their supervisor to report the incident. If the supervisor determines medical treatment is necessary, they must contact the HR Director by phone before sending the employee to receive medical treatment.** If the employee was involved in a vehicle accident, they must take a chain of custody form and a photo ID to the Grow Well Clinic for a post-accident drug test within two hours. **If after hours, then the employee must take a chain of custody form and a photo ID to the ER within two hours to complete a post-accident drug test.**

• Immediately following the incident, the supervisor and employee will complete the Accident Reporting Form, the Employee Acknowledgment, and the Statement of Understanding forms. **The supervisor will need to return the first two pages of the Accident Reporting Form, the Injured Employee Written Statement, and the Witness Written Statement (if applicable), as well as the signed Employee Acknowledgment and Statement of Understanding forms to HR, no later than 24 hours following the incident date. These forms must be completed regardless of whether an employee chooses to seek medical treatment.** The Supervisor will provide the Information for Injured Employees form to the employee.

• The supervisor will utilize the remaining pages of the Accident Reporting Form to complete an investigation of the incident. This form is used to identify the root cause of the incident and develop corrective actions. **This investigation should be thorough and may take a few days to complete.** The completed Accident Reporting Form should be reviewed by the department’s Safety Rep, the Department Head, and then returned to HR.

• Ensure the employee returns to meet with a supervisor immediately following any medical visits with the Work Comp Medical Authorization form completed by the physician/NP. **Send all Work Comp Medical Authorization forms to the Human Resources Department.**

• Make certain the injured employee is following any work restrictions or modifications provided by the NP/Physician. **Remind employee that the restrictions are “life” restrictions not just while at work.** If the department does not have job tasks available for the employee to complete within the boundaries set forth by the work restrictions, coordinate with the Human Resources Department.

• **For additional information regarding the City’s Worker’s Compensation policy, please refer to the Employee Handbook.**

April 1, 2019