

City of Hartford Workplace Injury Policy

I. Purpose

To ensure that workplace injuries are promptly treated, reported, and documented.

II. Procedure

A. Treatment & Notification: Employees who suffer a workplace injury shall immediately notify a supervisor and, wherever possible, obtain prior approval for medical treatment. Medical treatment for workplace injuries:

1. Business hours (non-emergencies/non-life-threatening injuries): Corewell Health Occupational Health 2500 Niles Road, St. Joseph Michigan 49085
2. After hours (non-emergencies/non-life-threatening injuries): After-hours locations listed on the Corewell Health Occupational Health Form
3. Emergencies or Life-Threatening Injuries (at any time): Treatment should be made at the nearest and most appropriate emergency medical facility, taking into account the welfare of the employee, and any reasonable preferences the employee may have.

B. Documentation: Prompt documentation of workplace injuries is very important. There are three documents that apply to any work-related injury.

1. Complete the City of Hartford workplace injury report which consists of a complete report surrounding the circumstances during which the injury occurred. This includes a complete narrative report. This form available from the Treasurer's Office.
 - a. This report form shall be completed for each reported injury.
 - b. This report shall be completed by the injured employee, unless the nature of the injury makes it impossible to do so, and in those cases the employees' immediate supervisor shall complete the report.
 - c. This report is to be completed before the injured employee leaves work on the date of injury, or in those cases where the supervisor is required to complete the forms due to the extent of the employee's injury, the supervisor shall complete the report prior to leaving at the end of his/her shift.
 - d. The report shall be provided to the injured employees' immediate supervisor.

C. MML Report of Injury - This is the report document which has the Michigan Municipal League logo in the upper left corner and is also known as the "short form". This form available from the Treasurer's Office. By following the questionnaire, you will be directed to the appropriate form.

1. This report form shall be completed for each injury that may medical treatment. Consider this advice regarding when to fill out the form: *Something very minor (minor cuts, scrapes etc.) that does not need medical treatment or time off of work, may not need to be reported typically. However, twisted ankles, pulled muscles, etc. should be because they can develop issues down the road.*

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2. The report shall be completed in its entirety by the injured employee's immediate supervisor.
3. The report shall be completed before the supervisor completes his/her shift.
4. This report shall include as much information as possible from the injured employee, and should be completed with the employee present so they may assist in providing answers to the required questions.
5. This report, together with the injured employee's workplace injury report and all medical documentation, shall be provided to the City Manager
6. Incident Report – Witness Statement: This statement shall be completed by any and all City of Hartford witnesses to an injury. This form is available from the Treasurer's Office.

D. Employee responsibilities

1. Notify their immediate supervisor immediately upon incurring any injury while working.
2. Generate a report for occupational injury, and complete a detailed narrative, including, but not limited to:
 - a. Date, time, exact location where the injury occurred, and a detailed description of what the employee was doing when the injury occurred.
 - b. Nature of the injury, and exactly what caused the injury.
 - c. Identify all witnesses. Identify all medical treatment, if applicable, and attach all documents provided by the treating facility.
 - d. A detailed narrative describing the events leading up to the injury, the injury itself, and the events following the injury.

E. Supervisors Role

1. The immediate supervisor of the injured employee (hereafter referred to as 'supervisor') shall ensure that this Directive is complied with.
2. The on-duty supervisor shall respond to the scene of an injured employee Dependent upon the severity of the injury and nature of the incident.
3. The supervisor will immediately assist injured departmental employees with obtaining medical treatment, when necessary. In some cases, employees will be directed to occupational health or the emergency room for treatment after an injury has been reported to the supervisor, with appropriate follow up as advised by medical personnel. Where an injury is treated at an emergency room, (including exposures to blood borne pathogens), the employee should be

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directed to see occupational health, either the next day or as appropriate, on their next work day for follow-up care.

4. A copy of the report (including the detailed narrative) will be given to the injured employees' immediate supervisor. The supervisor shall provide this report together with the reports which the supervisor has completed to the City Manager and will be maintained in the employee file.
5. In the event the employee is incapable of completing the report due to their injury, the supervisor shall assist the employee in completing it and/or complete them in their entirety on behalf of the employee, using as much information as possible from the injured employee, before the injured employee completes his or her tour of duty.
6. All supervisors shall immediately notify the City Manager, when employees incur injuries. Additionally, the respective supervisor or his/her designee will notify the City Treasurer as soon as practical, either by e-mail, phone or personal service for insurance purposes.
7. The supervisor shall complete the Employer's Report of Injury (short form), noting the City of Hartford PD case number in the upper right corner (as appropriate), with all of the following information completed:
 - a. Employee information - All requested information shall be completed.
 - b. Injury - Date of injury, time of injury, time employee began work, city + zip code where injury occurred, what kind of injury? (Contusion, cut, fracture, sprain, strain, etc.), body part injured, how did the injury occur? What was the employee doing just before incident occurred? Last date worked, check box to be checked if the employee missed no work due to the injury, date the employee returned to work, indicate yes or no if the injured employee died.
 - c. Medical - Was the employee treated in a medical emergency room, was the employee hospitalized overnight as an in-patient, Case Number from the hospital log, physician/clinic, address, telephone number, and hospital.
 - d. Employer - Full business name, federal ID#, mailing address, location, address of accident location if different from employers mailing address, contact number, telephone number, date injury was reported to the employer.
 - e. Signature - Complete the bottom signature, personal identification information of the supervisor who completed the documents.
8. The supervisor completing the injury report will submit the findings of their investigation through their chain of command to the City Manager for a meaningful review and action on the supervisor's recommendations to implement their findings, if any (i.e. policy changes, training, equipment enhancements, discipline, etc.); including periodic safety inspections and reviews.