**[CALL 911, IF THERE IS AN EMERGENCY]**

**Steps for Handling a Work-related Injury or Illness**

1. Initial Injury Notification (Applicable to All Cases)

**Employee’s Responsibilities:**

* If this is an emergency, call 911 and let Campus Safety know that their arrival is pending.
* Notify your supervisor immediately after the injury occurs.
* Complete an Employee Incident Report Form (if able) and submit it to HR within 24 hours of the incident.
* If unable to complete the form, your supervisor should document the details and submit it to HR on your behalf.

**Supervisor’s Responsibilities:**

* Ensure that the employee is in a safe condition and assist as needed.
* If medically necessary, call 911 and let Campus Safety know that their arrival is pending.
* Gather initial details (date, time, location, witnesses, and what happened).
* Submit the completed Incident Report Form to HR within 24 hours.
* If the injury is serious, contact HR immediately for further guidance.

2. Determining Medical Treatment Needs

1. If Medical Treatment is NOT Required:

**HR’s Responsibilities**:

* Review both Incident Report Forms for accuracy and completeness.
* Determine if follow-up actions (such as workstation adjustments or safety measures) are needed.
* Create a folder in the Workers’ Compensation Benefits Folder containing the name of the employee and date of injury. (Ex Last, First 22Feb25). Save both incident reports in this folder along with any documentation related to the injury but do not file a workers’ compensation claim with Broadspire.
* Follow up with the employee within 48-72 hours to ensure no symptoms have developed and offer support if they have developed.

**Employee’s Responsibilities:**

* Monitor your condition and report any delayed symptoms to your supervisor and HR.
* If symptoms develop later, follow the steps for seeking medical treatment (below).
1. If Medical Treatment is Required/Requested:

***Immediate Actions:***

* If the injury is severe or life-threatening, call 911 or send the employee to the nearest emergency facility.
* If the injury is not life-threatening but requires care, refer the employee to Bronson ProHealth for treatment of non-emergent issues and issues that do not require imaging.

**Bronson ProHealth** - John St.
**820 John St., Suite 102**
Kalamazoo, MI 49001

Main: (269) 341-8938
Fax: (269) 341-7556

**HR’s Responsibilities:**

* Provide the employee with a Workers’ Compensation Packet, including:
	+ Address to Bronson ProHealth on John Street
	+ Information on rights and responsibilities
	+ Information about salary continuation
* Review both Incident Report forms for accuracy and completeness.
* Update the "[Z:\01 Benefits 2025\01 - Active Employee Benefits\Worker's Compensation\1-WC-forms\1-MICU Workers' Compensation Fund Claims Form 01.01.19 MW.xls](file:///Z%3A%5C01%20Benefits%202025%5C01%20-%20Active%20Employee%20Benefits%5CWorker%27s%20Compensation%5C1-WC-forms%5C1-MICU%20Workers%27%20Compensation%20Fund%20Claims%20Form%2001.01.19%20MW.xls)" form using the Incident Reports to notify the Broadspire of the injury and fax it to 1-800-245-9927 or truncate the SSN and email it to nol@chooseboardspire.com. You can also use [FileDrop](https://filedrop.kzoo.edu/) to send it without modification.
* Provide employees with their claim ID number.
* Maintain communication with the employee, their medical provider, Broadspire and their supervisor regarding treatment updates and return-to-work plans.

**Employee’s Responsibilities:**

* Seek medical treatment, as directed.
* Provide HR with any medical documentation related to work restrictions or return-to-work clearance.
* Follow any prescribed treatment and notify HR of any changes.
* Be sure to report only hours worked on your timecard. Any missed hours in connection with the injury must be communicated with HR to ensure payment is processed appropriately.

**Supervisor’s Responsibilities:**

* Accommodate temporary work restrictions, if medically necessary and feasible.
* Maintain communication with HR regarding the employee’s return-to-work status and ability to meet accommodation.
* Be mindful of the hours reported on the timecard should only reflect hours worked. Employee should not use emergency time for time away in connection with the work-place injury. These hours are paid through short-term disability and must be communicated timely to HR (by the Friday preceding the end of the bi-weekly pay cycle).

3. Follow-Up & Case Closure

**HR’s Responsibilities:**

* Track the employee’s progress and coordinate return-to-work plans as needed.
* If the injury required medical treatment, ensure all workers’ compensation documentation is submitted.
* If necessary, conduct a safety review to determine if preventative measures should be implemented to avoid future incidents.
* Close the case once the employee has fully recovered or returned to work with no restrictions.
* Update the file name by inserting “R” for “Recordable” and “NR” for “Not Recordable” after the date (ex. Last, First Name 22Feb25 R).

**Employee’s Responsibilities:**

* Follow up with medical providers as necessary.
* Report any recurring issues or concerns to HR after returning to work.

4. Preventative & Proactive Measures

**HR Responsibilities:**

* Provide a high-level overview of safety concerns monthly to supervisor and a comprehensive quarterly summary to the Safety Committee with supervisor copied.
* Participate in routine meetings with the Safety Committee coordinated by the Director of Campus Safety.
* Conduct periodic safety tours and assessments of each workplace building to ensure a safe working environment.
* Review submitted safety concern forms promptly, confirm receipt (can be built into the form and automated), update tracking log, arrange resolution (could be completing a work order to have an area salted when icy), and inform claimant of progress. Add preventative measures reporting to the comprehensive quarterly summary shared with the Safety Committee with supervisor copied.

**Employee’s Responsibilities:**

* Reporting injuries and unsafe conditions promptly by either completing the Accident/Incident Report Form or the Unsafe Conditions Notification Form.
* Follow up with medical providers as necessary.