

When an employee is injured as a result of work or has a work-related illness, supervisors have essential responsibilities:

**In emergency situations warranting immediate medical attention, call 911!**

- ☐ Immediately assess the employee for serious injury, including significant loss of blood, head injury, or broken bone – in case of emergency - CALL 911.
- ☐ Notify Human Resources of the injury. See Human Resources Contacts and Instructions below\*.
- ☐ Complete Supervisor Report. See below\*\*.

**In non-emergency situations:**

- ☐ Assess the employee of the need for medical attention.
  - In the case of a minor injury, if the injury does not require immediate medical attention, instruct the employee to notify you if the injury worsens or does not improve.
  - Notify the employee that the District directs care for work injuries. If the employee seeks treatment that is not authorized, the employee will be financially responsible for the treatment.
- ☐ Provide the injured employee with an injury report (Found on Staff page), regardless of the need for medical attention, then instruct the employee to complete the paperwork and return it to you once completed.
- ☐ Notify Human Resources of the injury. See Human Resources Contacts and Instructions below\*.
- ☐ Complete Supervisor Report. See below\*\*.

**Return to Work:**

Joplin Schools provides early and safe return to work opportunities for employees who experience work-related injuries. Modified work is available, regardless of regular job duties, and you are to instruct the employee of this. If appropriate, supervisors should provide the injured employee with an alternative work assignment within your building that accommodates any medical limitations or provides light-restricted duty assignments whenever. Keeping a partially disabled employee in the workplace tends to speed his or her recovery, which benefits the employee and reduces costs.

Human Resources Employee Benefits will provide a modified duty job description for you to review and sign with your employee. If the employee is totally disabled or you are unable to accommodate the restrictions, maintain contact with the employee during his or her absence from work.

**Follow-up Appointments:**

Employees are expected to take an active role in their care and treatment and go to all follow-up appointments. Every effort should be made to make these appointments before or after work. If an employee schedules an appointment during work hours, they must use sick leave or personal time to be paid for their absence. Worker's Compensation does not reimburse employees for appointments.

**\*Human Resources Contacts and Instructions:**

- Employee Benefits, 417-625-5200, ext. 2001, or
- Human Resources Manager, 417-625-5200, ext. 2023, or
- Human Resources Director, 417-625-5200, ext. 2009.
  - If after-hours, notify HR Director at 417-529-3680

Provide employee name, title, description of the injury, when and how the injury happened, what the employee was doing at the time of injury, and if medical treatment is required.

**\*\*Supervisor Report**

Immediately investigate and document the circumstances relating to the injury and complete the Supervisor Report (found on the Staff page of District website) and witness statements. The purpose of the report is to initiate an accident investigation, identify obvious hazards or potential hazards, and implement immediate corrective/preventative actions to prevent further work injury, illness, or exposure. Record the findings and corrective actions then send all reports to Human Resources Employee Benefits by email or fax (417-781-2859).

The primary purpose of the SRA is to investigate the accident. It is also used to report the accident to the central office where the First Report of Injury is then completed by administrative personnel. The SRA should be filled out as soon as possible after the accident.

If the SRA is incomplete or delayed, corrective action may also be delayed. A delay in taking corrective action will probably result in the occurrence of a similar accident.

The initial information asked for at the top of the SRA concerning the injured person's name, occupation, age, job history and loss of time from work is self-explanatory, but very necessary for eventual completion of the First Report of Injury.

The following is a line-by-line set of instructions for completing of the SRA by the Supervisor of the injured employee. Concrete examples of important parts of the form are given for your use. This report should not be completed by the injured employee.

#### **QUESTIONS**

1. Was proper instruction given to the employee on how to do the job safely? Supervisors should instruct their employees on how to do the job efficiently and safely.
2. Referred to in Question No. 2.
3. The supervisor should have told the employee what personal protective equipment is necessary to do the job. Did the employee wear the personal protective equipment when this job was being done?
4. Was the work area clean and well organized? i.e., scraps on the floor, blocked aisles, wet floor, spilled food, etc.
5. Was there inadequate supervision? Did horseplay or practical jokes contribute to the accident?
6. Was the injured person using equipment that was unsafe and in need of repair? i.e., broken ladder, bad electric cord on drill, etc.
7. Would a guard prevent another accident from happening? i.e., guard around the belts and pulleys, railing properly in place, guard on saw, etc.
8. Did this person have any bodily defects which might have helped cause the accident? i.e., poor vision, previous back injury, etc.
9. Most injuries are caused in part by unsafe acts. An Unsafe Act is something that the injured person or another person did, that he or she should not have done, which led to the accident. Below is a list of the most common unsafe acts and contributing factors:

1. Operating without authority	8. Failure to use equipment provided	14. Poor housekeeping practices
2. Failure to warn or secure	(except personal protective	15. Disregard of instructions
3. Operating at unsafe speed	equipment)	16. Lack of knowledge or skill
4. Making safety devices inoperative	9. Unsafe loading, placing and mixing	17. Action of other than injured
5. Using equipment, tools, materials or	10. Unsafe lifting and carrying (including	18. Others...
vehicles unsafely	insecure grip)	
6. Using defective equipment, materials,	11. Taking an unsafe position	
tools or vehicles	12. Adjusting, clearing jams, cleaning	
7. Failure to use personal protective	machinery in motion	
equipment	13. Distracting, teasing	
10. The accident should have been reported immediately to the supervisor; was it?

#### **ACCIDENT**

1. Describe what the injured was doing at the time of the accident.
2. What happened?
3. Who was involved?
4. What injuries resulted?  
Example: John was drilling a hole in the ceiling and chips of plaster fell into his eye. (This answers questions 1 and 2). John got chips of plaster in his eye, resulting in a scratch to his eye. John was wearing his prescription glasses. (This answers questions 3 and 4.) Note the names of witnesses, if any.

#### **UNSAFE ACT**

Refer to Question 9 above and examples of Unsafe Acts. Example: John was not wearing proper personal protective equipment.

#### **UNSAFE CONDITIONS**

- |   |                          |                      |
|---|--------------------------|----------------------|
| 1. Defective tools, equipment, substances | 4. Improper illumination | 7. Poor housekeeping |
| 2. Unsafe design or construction          | 5. Improper ventilation  | 8. Congested area    |
| 3. Hazardous arrangement                  | 6. Improper dress        | 9. Other             |

**ACTION TAKEN:** Example – John has been re-instructed to wear proper personal protective equipment such as goggles or face shield when drilling overhead.

**REMEDY:** Example – Standard safety policy should be adopted that requires use of personal protective equipment. This policy should be strictly enforced by the supervisors.

**MEDICAL CARE:** Include all medical information that is known at this time. Do not delay the completion of this form for more complete information.

As supervisor, do you feel that this injury should be covered under workers' compensation benefits? As a general rule, if the employee is injured while at work, that injury is covered under workers' compensation. However, if you as a supervisor, have reason to suspect that the injury did not occur at work, please tell us. This is only an opinion and by itself will not deny benefits.



RISK ADMINISTRATION SERVICES, INC.

## SUPERVISOR'S REPORT OF ACCIDENT

(Please read and follow instructions on back)

Name of Employee	Company	Department
Date of Accident	Time	Did employee lose time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours lost on date of accident	Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title	Service with the Company	Years in present job

**Every accident should be investigated and the causes corrected so that more accidents will not occur. Do not overlook the so-called "unimportant" cases, because, except for "chance" they could also have been serious. It is only by thorough investigation that many of the real causes can be determined and corrected.**

Give us your honest comments on questions below. We are not trying to blame anyone. Your opinion may help us prevent accident repetition.

**PLEASE ANSWER THE FOLLOWING:**

**CHECK "YES" OR "NO"**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Was injured person properly instructed in safe and efficient methods? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did injured person violate any instructions?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was necessary protective equipment worn? (if applicable)              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did poor housekeeping contribute to injury?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did horseplay cause the injury?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Was it caused by something that needed repairs?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Should a guard be provided?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Did any bodily defect contribute to injury?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Was it caused by an unsafe act?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Did injured report the injury to you, the supervisor, immediately?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ACCIDENT – Describe what injured was doing at time of accident, what happened, who was involved, nature of injury, part of body affected.

---



---

WITNESSES' NAMES \_\_\_\_\_

UNSAFE ACTS – What did the employee or another person do incorrectly?

---



---

ACTIONS TAKEN – What did you do to correct the conditions which caused this injury?

---



---

REMEDIES – What should your organization do to prevent other injuries like this?

---



---

MEDICAL CARE – Did employee go to doctor or hospital? ☐ Yes ☐ No If Yes, complete the following:

Name of Doctor or Hospital \_\_\_\_\_ Date of Initial Visit \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

As supervisor, do you feel that this injury should be covered under workers' compensation? ☐ Yes ☐ No

Reasons Why? \_\_\_\_\_

**Report Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_