HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: EMPLOYEE INJURY / WORKER'S COMPENSATION **Effective Date: 3/00**
Policy Number: 136 **Med Staff:**
Regulation: HCGH Compensation Insurance **Admin:**

I. POLICY

Hardin County General Hospital provides a compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, worker's compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

All work related injuries/illnesses are to be reported to the appropriate supervisor immediately and/or no later than the end of the shift during which the injury/illness occurred. The injured employee must immediately report to the Emergency Room (ER) to receive a medical evaluation including a drug screen. A *Report of Employee Injury or Illness* form must be completed by the employee and supervisor. Also, the appropriate *Authorization for Release of Medical Information* form must be completed by the employee, either for injury and/or for exposure, such as Hepatitis or HIV claims. If the incident was witnessed by another employee, a *Witness Statement* form must be completed.

If further evaluation needs to be conducted by a physician, or if work time is lost, the employee must obtain an Employee *Evaluation and Injury Follow-up* form from their supervisor or the Human Resources department, and have it filled out and returned to Human Resources immediately after the appointment. This will enable an eligible employee to qualify for coverage as quickly as possible.

In the event an employee has a repeated injury, the Employee Retraining/Inservice form must be completed with your supervisor.

You will not be paid vacation, holiday, or personal day pay while you are receiving Worker's Compensation benefits.

II. DEFINITIONS

III. RESPONSIBILITY

All hospital and clinic staff

IV. EQUIPMENT

Required forms

V. PROCEDURES
INFECTION CONTROL: N/A

1. The supervisor will provide the injured/ill employee with the *Report of Employee Injury or Illness* form.
2. The supervisor and employee will complete their respective sections of the incident report. The employee will then take the form to the ER or physician selected by the facility.
3. The ER nurse or physician will collect a urine specimen for a drug screen and evaluate the employee's condition to decide if treatment is required.
4. If, in the judgment of the ER nurse or physician, the employee does not require treatment, the nurse will complete his/her section of the incident report and the appropriate ER records and related documents. If the employee still wishes to see a physician, he/she may see the physician.
5. If the employee requires treatment by the physician, the physician will complete the required medical records and attach copies to the incident report. The injured/ill employee must see the physician if the ER nurse deems it necessary.
6. In the event the ER nurse or physician is unable to attend to the employee promptly, and the employee is not obviously seriously injured, he/she may request the ER nurse or physician to contact them at their work station ***before the end of the injured employee's work shift.*** It is **MANDATORY** that all injured employees are seen by the ER nurse and/or physician ***prior to the end of their shift***.
7. The ER nurse or physician is responsible for seeing all pertinent information and related documentation are returned promptly to Human Resources.
8. Any employee sustaining a repeated work-related injury will be retrained and inserviced by their supervisor and appropriate departments. Example: Any employee sustaining 2 back injuries will be retrained and inservices on their lifting techniques by their supervisor and the Rehabilitation Department.

VI. DOCUMENTATION

As required on all forms applicable to the illness/injury. The original forms are to be given to Human Resources within 24 hours of the incident.