

Procedures for On-the-Job Injuries

1. Employees who are injured on the job should report their injury to their supervisor.
2. An Injury Report must be completed by the employee, signed by their supervisor, and forwarded to the HR Dept.
3. If the injury occurs during regular business hours, the injured employee (or their immediate supervisor) will notify the HR Dept. The HR department will authorize treatment.
4. When the injured employee is in need of medical attention the following providers are authorized to provide treatment:

Urgent Medical and Family Care
102 Pomona Drive
Greensboro, NC 27410
PH: 299-0000

Urgent Medical and Family Care is the primary facility and will be used between the hours of 8:00 am and 9:00 pm, M-F, and 8:00 am to 6:00 pm on Saturday and Sunday.

Moses Cone Hospital, the secondary provider, is available to take on-the-job injuries outside of the hours identified above.

High Point Regional Hospital is the primary facility for High Point employees.

If the HR Director is not available, then the immediate supervisor should contact the treating facility and authorize services for the employee.

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Youth Focus Injury and Illness Incident Report

An incident Report form should be completed within 24 hours of the incident by:

- A staff member witnessing an incident or
- A staff member who first becomes aware of an incident
- The investigating supervisor or injured employee
- The injured employee, volunteer, or visitor

The completed form should be sent to your supervisor who will send copies to the Executive Director, Human Resources, and Safety Director.

Name of Person Completing Report: _____

Name of Injured: _____

Program Name and Address: _____

Date of Incident/Injury: _____

Time of Incident/Injury _____

Date of Report _____

Time Injured employee reported to work on date of injury _____

State what the Employee/Volunteer/Visitor was doing when injury occurred. Describe e how the injury occurred (Use additional sheets if necessary).

What object caused the injury: _____

What was the injury or illness? State part of the body that was affected:

Were there witnesses to the incident/injury? Yes No (circle one)

If "yes" please state names, addresses, phone numbers: _____

Was the incident caused by failure to use or observe safety regulations?

Yes No (circle one) If "yes" please describe: _____

If injury resulted to the Employee, Please provide the following:

Date/Time Supervisor was notified: _____

Treatment/Intervention (Check all that apply)

_____ First Aid
_____ Emergency Room – Hospital
_____ Doctor's Visit

NOTE: If medical treatment is required/requested for employee injury, the following providers must be used: Urgent Medical Care (8:00 am - 9:00 pm, M-F; 8:00am – 6:00 pm, S&S), or Moses Cone Hospital Emergency Dept., if Urg. Med. Care is not available. High Point employees may go to the High Point Regional Hospital for on-the-job injuries.

In order for additional medical treatment to be covered, it MUST be authorized by Human Resources. Failure to notify HR of the need for additional treatment within 24 hours of the injury or by the next business day may jeopardize Worker's Compensation benefits.

Date/Time injured employee returned to work: _____

Employee Information:

Address: _____ Phone: _____

City/State/Zip: _____

Date of Birth: _____ SS#: _____

Employee Signature _____ **Date:** _____

Supervisor Signature: _____

Date: _____