



Calvert County Public Schools Workers Compensation Guidelines

WHAT TO DO WHEN AN EMPLOYEE OR EMPLOYEE VOLUNTEER IS INJURED IN THE WORKPLACE

SITE-BASED ADMINISTRATOR

1. Interview employee as soon as possible.
2. Present employee with a copy of these guidelines and "Employee's Statement of Accident/Injury/Illness". Advise him/her that this form must be completed and returned immediately or as soon as practical.
3. Immediately or as soon as practical, prepare both of the following:
 - a. Site-Based Administrator's Incident Report; and
 - b. Workers Compensation First Report of Injury or Illness. This report should be submitted electronically to the Human Resources Office.
4. Send the Employee's Statement of Accident/Injury/Illness, the Site-Based Administrator's Incident Report, and all Witness Statements to the Human Resources Office.
5. If medical services are needed, notify employee of treatment options:
 - a. Hospital's emergency room (for severe injuries); or
 - b. Personal physician
 - c. Employee must provide a physician's note to the Human Resources Office prior to returning
6. Record incident on OSHA 300 log record per OSHA guidelines. This log is maintained at each work site.
7. If the injury requires treatment beyond basic first aid, requiring 911 call, or transportation to the hospital, the Site-Based Administrator must contact the following to report the details of the injury:
 - a. Superintendent's Office;
 - b. Director of Human Resources
 - c. Injured employee's Principal or Director, if not the same as the Site-Based Administrator;
8. If injured employee misses time from work, absences must be recorded to payroll on "Employee Absence Report". Leave is **not** charged for the day of injury.
9. If employee is released with restrictions, call the Human Resources Office to determine whether restrictions can be accommodated.
10. Contact the Human Resources Office at 443-486-4225 if you have any questions.

INJURED EMPLOYEE

1. Report incident immediately to the administrator in charge of the building or department site (Site-Based Administrator).
2. Complete all fields, sign and date the "Employee's Statement of Accident/Injury/Illness" and submit to the Site-Based Administrator immediately or as soon as practical.
3. If medical treatment is needed, injured employee may make an appointment with personal physician or go to the hospital's emergency room for severe injuries.

Medical providers should be with your date injured and the following information:

Insured: Calvert County Public Schools
1305 Dares Beach Road
Prince Frederick, MD 20678

Insurer: MABE Claims Unit
621 Ridgely Avenue, Suite 301
Annapolis, MD 21401
Toll Free: 1-800-841-8197

4. Accrued leave will be charged when absent from work due to a work related injury/illness, except on the date injured. Loss of wages will be considered under the Maryland State Workers Compensation Commission guidelines. Any loss of wage payment will be offset by any accrued leave charged. Assault Leave will be considered under CCPS Policy and Procedures.
5. **A physician's signed certificate must be provided to the Human Resources Office prior to returning to work, to include any restrictions, if applicable.** Employee should contact his/her Principal and/or Director immediately advising when released to return with restricted duty or to regular work.
6. Send all correspondence, including, but not limited to, medical bills and receipts to the Human Resources Office.
7. Contact the Human Resources Office at 443-486-4225 if you have any questions.

Workers Compensation SITE-BASED ADMINISTRATOR'S INCIDENT REPORT

To be completed by site-based administrator (*blue or black ink only*) as soon as possible following the report of a claimant's workplace injury

*****IMPORTANT PLEASE COMPLETE ALL SECTIONS*****

Injured Claimant's Name:		School/Dept.:	
Position:		Date of Accident:	
First Day of Lost Time:		Return to Work Date:	
When Did You First Learn of Any Claimed Injury or Accident:	Date:	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Who Reported it to You?			
When Did You First Speak With the Claimant About it?	Date:	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Describe in detail what the claimant reported to you (be as specific as possible about what was said):			
What areas of the body did the claimant complain of (left hand, neck, back, etc.)? Be specific:			
Was personal protective equipment required at the time of the incident? (Yes or No) If "yes", was it utilized?			
Identify any potential Witnesses:			
Do you know of any pre-existing medical problems of the claimant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you question the occurrence of this accident/injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Did the claimant complete his or her shift? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the claimant request/receive any medical treatment? Explain:			
Your Name (Print):			
Your Position:			
Your Contact Information:	Work Phone:	Email Address:	
Site-Based Administrator's Signature:			Date:

Please submit this report with "Claimant's Statement of Accident/Injury/Illness" form to the Calvert County Public Schools' Human Resource Department within three workdays after notification of the accident.

Note: In cases that involve treatment beyond basic first aid and requiring 911 or transportation to the hospital, the Site-Based Administrator must contact the following: (a) Superintendent's Office (b) Director of Human Resources, (c) Injured employee's principal or director if not the same as the Site-Based Administrator.

