

# Policy Manual



## Employee Safety and Wellness

**The following text is CONFIDENTIAL ⚠️**

### Viewing Content in **Policy Manual - Employee Safety and Wellness**

<b>Title</b>	Employee Injury Follow-Up
<b>Statement</b>	7.1.00
<b>Changed</b>	Wednesday, April 17, 2024 08:44 AM
<b>Effective</b>	Wednesday, January 01, 2014
<b>Attachment</b>	No associated files

### Procedure/Content

Purpose: To ensure that the district is properly following up with any employee injury

Policy: In the event an employee of the Fitch-Rona EMS District is injured while on duty, the following should occur:

1. Injury occurs while on duty, but the employee feels no need for physician evaluation:
  - a. Report accident/potential injury to the on-shift Lieutenant. If no lieutenant is on duty, contact the OIC
  - b. Fill out an Employer's First Report of Injury or Disease Form.
  
2. Injury occurs while on duty, and the employee requires medical attention:
  - a. Report accident/potential injury to on-duty shift Lieutenant. If no lieutenant is on duty, contact the OIC
  - b. Fill out an Employer's First Report of Injury or Disease Form.
  - c. If a medical evaluation is required, Fitch Rona would prefer the employee be seen at an urgent care facility. ( See below). The employee can be seen in the ER if they wish or if the critical nature of the Injury dictates.
  - d. The following St. Mary's Urgent Care facilities should be used:

SSM Health Urgent Care	SSM Health Urgent Care
752 N. High Point Road 1st floor	1821 S. Stoughton Rd
608-250-1525	608-250-1525
7 AM-8 PM Monday-Friday	7 AM-8 PM Monday-Friday
8 AM-5 PM Weekends	8 AM-5 PM Weekends

Required Administrative Forms:

All Injuries / Significant Exposure      Employer's First Report of Injury or Disease

Complete as much of the form as possible

Be specific about what happened

Injuries that require medical attention:      Transitional Duty Evaluation Form / Letter

Must be completed and signed by the treating physician. The form must be specific about a return to work status and any restrictions.

Exposure to blood or other body fluids:      Determination of Exposure to Blood / Body fluids  
Complete as much of the form as directed.

The employee should be seen at the hospital the patient was transported to.

Forms can be found:

Workers Comp / Accident binder in the ambulance

Workers Comp / Accident binder in the paramedic offices

EMS Manager/storage / workers comp information

All completed forms must be returned to the Deputy Chief for processing.

