

To: All District Employees

**INSTRUCTIONS
FOR
INJURED
EMPLOYEES IN
UNIFIED SCHOOL
DISTRICT**

This information is a review of Workers Compensation procedures, and provides updated information you need to know. **Please save for reference.**

**Detailed Procedures
For
USD #489 Employees Injured on the Job**

1. The injured employee reports to the nurse assigned to that site, **the same day as the injury occurs.**
2. The nurse will help the employee fill out the **USD #489 EMPLOYEE ACCIDENT REPORT FORM.** The nurse will send a copy to Human Resources at the Rockwell Administration Center.
3. The nurse will decide if the injured employee needs to see a physician. If so, he/she will call Hays Medical Center WorkSMART Health Clinic and make an appointment. The injured employee will report to Hays Family Practice at 2509 Canterbury for the appointment.
4. The injured employee needs to return any paperwork given to them by the doctor (if applicable) to the school nurse, who in turn gives copies to Human Resources at the Rockwell Administration Center.

**USD #489-Health Services-623-2450
SCHOOL NURSE SCHEDULES**

Mary Ann Shorman, R.N. Hays Middle School 623-2450 Westside 623-2416
Lead Nurse Learning Center 623-2426

Hays Middle School 7:30 – 3:30 Daily Westside PRN Learning Center PRN

Diane Muirhead, R.N. O’Loughlin 623-2510 Wilson 623-2550

Wilson 7:30 – 11:15 Daily O’Loughlin 11:30 – 3:30 Daily

Jeanne Hauptman, R.N. Roosevelt 623-2520 Lincoln 623-2500

Lincoln 7:30 – 10:00 Daily Roosevelt 10:15 – 3:30 Daily

Misty Garrison, R.N. Hays High 623-2607 Washington 623-2540

Washington 7:30 – 9:30 Daily Hays High 9:45 – 3:30 Daily

Beth Fisher, R.N. Hays Area Children’s Center 625-3257

Diane Pfeifer, R.N. Early Childhood Connections 623-2430

Julie Pfannenstiel, Health Secretary

Mon/Wed/Friday 8:00 – 10:30 Roosevelt
Tues/Thurs 8:00 – 10:30 O’Loughlin

Daily 10:45 – 12:00 Wilson

Mon 12:00 – 2:45 Wilson **Tues** 12:00 – 2:45 HHS **Wed** 12:00 – 2:45 Washington
Thurs 12:00 – 2:45 Lincoln **Friday** 12:00 – 2:45 HHS

Schedules will vary during screening programs, such vision screening, interagency screenings, IEP meetings and educational presentations. When the nurse for your school is unavailable, check with your building principal and they will contact the nurse.

NURSING ASSESSMENT
(To Be Completed by School Nurse)

Employee Name: _____

Date: _____ Time: _____

Initial
Assessment: _____

Action: _____

Recommendation to
Employee: _____

Additional Pertinent
Information: _____

School Nurse Signature

Date

USD 489 – HEALTH SERVICES
EMPLOYEE ACCIDENT REPORT FORM

Name of Employee _____ Age _____ Sex _____
First Middle Last

Home Address _____ ZIP _____

SS # _____ Birthdate _____ Home Phone _____

Marital Status: Single Married Divorced Widow/Widower

Employee's Occupation _____ Working Hours/Day _____

Date of Injury _____ Time of Injury _____
A.M. P.M.

Place of Accident _____ First Date of Disability _____

How did the accident occur and what was the cause? _____

What was the employee doing when injured? _____

Name of substance or object that directly caused injury? _____

Describe in detail the nature and extent of injury, and indicate part(s) of body involved _____

What could be done to prevent this type of accident from happening again? _____

Name of witness to the accident _____

Was employee admitted to hospital? _____ Date _____ Emergency Room only _____

Hospital and address _____

Name and address of attending physician _____

Have you returned to work? Yes _____ No _____ If so, give date _____

I verify the above information is correct to the best of my knowledge.

Signature of Employee _____ Date _____

Signature of Principal/Supervisor _____ Date _____

Signature of person who reviews accident report _____ Date _____

DO NOT WRITE IN THIS SPACE

File No. _____

Weekly Salary _____

Date of Hire _____

Years in Current Position _____

Return Form to: Human Resources · RAC · 323 West 12th Street · Hays, Kansas 67601 · (785) 623-2400

**PHYSICIAN'S REPORT ON INJURED USD 489 EMPLOYEE
WORKSMART OCCUPATIONAL HEALTH CLINIC/
HAYS FAMILY PRACTICE
2509 CANTERBURY
HAYS, KANSAS 67601
785-623-6270**

Patient: _____ Date of Exam: _____

Work Status: _____ Date of Injury: _____

Employer: **Unified School District 489**

A. _____ Return to regular work: _____

B. _____ Unable to return to work until: _____

C. _____ Return to modified work on _____ as indicated below:

- _____ 1. No climbing
- _____ 2. No Prolonged standing or walking
- _____ 3. No Bending or stooping
- _____ 4. One-handed work
- _____ 5. Sitting down work only
- _____ 6. Half day
- _____ 7. No work around moving machinery
- _____ 8. No lifting over _____ lbs.
- _____ 9. Other _____

D. _____ Discharged from treatment: _____

Return to clinic on: _____

Comments: _____

Physician's Signature: _____

This form should be presented by the injured employee to the physician at WorkSMART Occupational Health Clinic/Hays Family Practice, and should be returned to the school nurse immediately following the appointment. He/She will send a copy to the employee's supervisor and to Human Resources at RAC.