

**Avera Sacred Heart Health Services
Employee Notification**

Demographic Information

Name _____ Department _____
Address _____
City _____ State _____ Zip _____ Office/Home/Cell Phone # _____
Social Security Number _____ Date of Birth _____

Event Detail

Describe event, injury and symptoms in detail: _____

Event on Employer Premises? _____ County where event occurred _____
If body fluid exposure, source patients name _____
If sharps exposure: Brand name _____ Type _____ Size _____ Gauge _____
Witness _____

Event Information

Event Date _____ Time _____ Event Location _____
Specific Body Part/ Site Affected _____
All equipment, material, or chemicals the employee was using when the event occurred _____

Specify Activity employee was engaged in when event occurred _____
Was the employee performing regular job duties? _____

Employee Safety

Was Safety Equipment provided? _____ Did you fail to use safety equipment? _____
Describe safety equipment used _____
Did you fail to follow policy/procedure? _____
Have you had a similar injury or symptoms to the affected body part in the past? _____
If yes please explain _____
Employee's suggestion to prevent a future event _____

Currently employed elsewhere-outside Avera? _____ If yes where and what are your duties? _____

Employee Detail

Education Level _____ How long in current position _____ Employment status _____
Position title at time of event _____ Average Hours worked per week _____
Time work day began on date of event _____ Date event reported to your supervisor _____
Name of supervisor report to _____
Type of treatment provided _____
If treated, provider name _____

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

Reviewed by Work Comp Coordinator/Employee Health _____ **Date** _____

NOTIFY WORK COMP COORDINATOR/EMPLOYEE HEALTH PRIOR TO SEEKING TREATMENT

AVERA SACRED HEART HEALTH SERVICES
Yankton, South Dakota
ADMINISTRATIVE POLICY

POLICY/PROCEDURE: EMPLOYEE ACCIDENT REPORT PROCEDURE		Page: 1 of 3	Policy A-1
DEVELOPED/REVISED BY: T. Curran	DATE: 12/18/90	REVIEWED/REVISED: 3/28/92; 9/1/95; 12/31/96; 2/10/97; 9/28/98; 5/10/2002; 8/2/02; 7/29/03; 9/16/03; 1/4/08; 6/23/08; 12/17/2010	
DISTRIBUTION: All Departments			
SIGNATURE: Theresa Curran		DATE: 12/17/2010	
APPROVED: Pamela J. Rezac		DATE 12/17/2010	

PROCEDURE:

1. When an employee is experiencing an injury, illness, or accident that has occurred while in the course of employment, they must report the accident, immediately, to their Department Manager or immediate supervisor on duty at the time of the accident.
2. All employees sustaining a contaminated needlestick injury or exposure must go to the Emergency Department immediately.
3. For all other accidents, the injured employee shall decide if medical attention is necessary.
4. Employees whose injuries and accidents require medical attention must notify their Department Manager, immediate Supervisor or the Workers' Compensation Case Management Coordinator (Coordinator) of the need for treatment and their medical practitioner.
5. Notification of treatment for an injury must be prior to treatment or as soon as reasonably possible after treatment has been provided.
6. Back Injury:
 - a. All employees suffering from a back or neck injury will be required to attend the Back Injury Prevention Program (Back School). Attendance at the program is mandatory and may be attended more than once a year depending on the date of injury, type of injury, how often this occurs, etc. Failure to attend the Back Injury Prevention Program may result in corrective action. (See Back Injury Prevention Program Attachment in the Employee Accident Report Procedure in the EOC Manual.)

EMPLOYEE ACCIDENT REPORT PROCEDURE

7. Needlestick/Exposures:
 - a. All employees sustaining a contaminated needlestick must report to the Emergency Department immediately. All employees receiving a percutaneous or mucocutaneous exposure to blood or body fluids must also report to the Emergency Department immediately.
 - b. When a needlesticks, percutaneous or mucocutaneous exposure to blood or body fluids occurs, the Emergency Department staff will notify the Infection Control Coordinator by completing Infection Control form “Blood Exposure Report Form” (*NS-115).
 - c. Refer to Infection Control Policy #VIII-13 for source testing.
8. Reporting the Accident:
 - a. All injuries, illness, or accidents (minor to requiring emergency treatment) will be reported immediately in Meditech Risk Management Module (Employee Notification) or for those employees that do not have access to Meditech on the Employee Notification form at the end of this policy.
 - b. The employee is responsible for completing the Meditech Employee Notification/Employee Notification form. Failure to provide electronic/written notice of injury may result in denial of the claim.
 - c. For completion of the Meditech Employee Notification see the “Front End User Guide” on the ASHH intranet.
 - d. If completing the Employee Notification form attached to this policy, the original copy will be sent immediately to the Workers’ Compensation Case Management Coordinator.
**A copy must be given to the Department Manager or Immediate Supervisor.
9. The Department Manager or Immediate Supervisor will complete the follow-up action for each notification.
 - a. For Meditech Employee Notifications, the “Manager” tab information must be completed within 24 hours. See the “Supervisor/Clinical Coordinator/Manager/Director Reference Guide” on the ASHH intranet.
 - b. For the Employee Notification form or when #9a is not met, complete the electronic form sent by the Coordinator and return to the Coordinator by the date requested.

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10. The Coordinator will verify the Meditech Employee Notification/Employee Notification form for completeness and report the information to the insurer.
11. The Coordinator will ensure the Department Manager or Supervisor completes follow-up action for each occurrence.
12. The Coordinator will provide a report on all employee accidents for review by the EOC Committee including the follow-up action taken as required to prevent reoccurrence. The EOC Committee will request corrective action if any trends are identified.