Title: Work-related Illness or Injury

Control Information

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<td>Owner/Curator</td>
<td>Melissa Harris</td>
</tr>
<tr>
<td>Document #</td>
<td>PolicyHR00052</td>
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<td>Supersedes</td>
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<td>File Location</td>
<td><a href="http://www.muddycreekcharterschool.org">www.muddycreekcharterschool.org</a></td>
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<td>Board Approval Date</td>
<td>February 12, 2015</td>
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<td>Consult and Notify</td>
<td>ICP, ED, HT, AA, All Staff</td>
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Revision History

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<th>Originator</th>
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<td>A</td>
<td>2/12/2015</td>
<td>Initial Release</td>
<td>Melissa Harris</td>
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1.1. **Objective:**

The objective of this policy is the following:

1.1.1. Outline the procedure for reporting work-related injuries and illnesses.
1.1.2. Educate administrators and employees on the steps they should take to report and respond to work-related injuries and illnesses.
1.1.3. Ensure that injuries and illnesses are reported based on the requirements of the law and the insurance provider.

1.2. **Reporting Work-related Injuries and Illnesses**

1.2.1. All injuries and illnesses sustained by an employee while in the actual performance of duty, occurring on school premises, at school-sponsored activities, or involving staff members performing school business should be reported immediately to the Executive Director.

1.2.2. The Executive Director and/or Administrative Assistant will work with the employee to create a written record including the details of the events leading to the employee's work-related injury or illness.

1.2.3. This written report must be completed and filed within 24 hours of the employee's report.

1.2.4. If the work-related injury or illness to an employee results in overnight hospitalization for medical treatment other than first aid, the Executive Director will inform the Oregon Occupational Safety and Health Division (OSHA). Fatalities or catastrophes shall be reported within eight hours. The Executive Directive will ensure that injuries and illnesses are reported based on the requirements of the law and the insurance provider.

1.3. **Investigating Work-related Injuries and Illnesses**

1.3.1. All injuries and illnesses sustained by the employee while in the actual performance of duty will be promptly investigated.

1.3.2. Corrective measures will be taken if the results of the investigation indicate such measures should be taken.

1.3.3. The Executive Director will inform the Board of any serious injuries or illnesses, including accidents involving school property or employees, students or visitors and outline corrective measures being taken to prevent future injuries or illnesses.
INJURY/ILLNESS REPORT FORM

Employee Information
Name: ____________________________ Occupation: ____________________________
Address: ____________________________ Phone #: ____________________________

Injury/Illness Information
Date of Injury/Illness: _________________ Time/Hour: _________________
Description of Injury/Illness: ____________________________________________

Description of Circumstances Leading to the Injury/Illness:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name(s) of any Witnesses: ____________________________
Medical Treatment Provided: ____________________________

Injury/Illness Reported To: ____________________________
Date of Report: ____________________________ Time/Hour of Report: _________________

____________________________________________________________________
____________________________________________________________________

Signature of Employee ____________________________ Signature of Individual Receiving Report

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