



Section: Clinical

Subject: Illness/Injury on Duty

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**I. Purpose**

It is the policy of the Employee Health Services to: (1) Provide First Aid/urgent care to Jackson Health System (JHS) employees who become ill, injured and/or exposed to health hazards while on duty; (2) Evaluate and assess communicable diseases and illnesses in the workplace; (3) Determine if JHS employees are physically and/or mentally able to work; and (4) Assist JHS employees to seek appropriate medical care for illness, injuries and/or exposures to health hazards.

**II. Definitions**

Illness/Injury on Duty Work-related:

1. The Employee Health Services (EHS) will offer medical evaluations to all JHS employees for work-related illness, injuries and/or exposures to health hazards.
2. Treatment by the EHS shall cover First Aid health situations, and documented or suspected work-related illnesses, injuries, or exposures to health hazards.

**Keynote:** Students, interns, volunteers, contract workers, and all other non-JHS employees requiring immediate assessment and treatment shall be referred to the nearest Emergency Department for care, or be offered assistance by contacting external emergency medical services (EMS) and they will follow up with their respective health office/provider.

Injury on Duty: any illness or injury arising out of and related to the course and scope of the person’s employment.

Reasonable Accommodation Request: Employee who have reached maximum medical improvement and are not able to perform the essential functions of their original position, will be required to complete a RAC request for review and approval, OR have exhausted the FMLA and MLOA eligibility.



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Worker's Compensation: State mandated program for providing medical treatment and compensation for job-related injury or illness.

### **III. Procedure for Illness/Injury on Duty Work-related**

#### A. Treatment/Medical Evaluation

1. Supervisors will refer employees to the EHS by completing a Supervisor's Referral Form (See **Attachment A**). During EHS off hours, weekends, and holidays, supervisors will refer employees to Emergency Department (ED) by completing the Supervisor's Referral Form. Employees will follow up with EHS on the next business day.
2. Supervisors must report all incidents and accidents through Quantros as outlined in JHS Policy No. 347 – Workers' Compensation Injury and Illness on Duty.
3. If an employee is referred to EHS, the EHS Nurse/APRN will assess the patient and provide first aid if needed.
4. If the employee is in need of emergency services, the employee should report to the nearest JHS Emergency Department / Urgent Care.

#### B. Duty Status/Disposition

1. If the employee is physically able to work, the employee will be returned to full duty.
2. Referral will be made to Worker's compensation as needed. Employees will go to the office of Workers Compensation administrator immediately after leaving EHS.
3. If the employee has a communicable disease, EHS will follow the appropriate communicable disease policy. (See JHS Policy No. 355 – Infectious and Communicable Diseases).

**Keynote:** Refer to JHS Policy No. 347 - Worker's Compensation Injury and Illness on Duty for Modified Duty program.

#### C. Occupational Exposures

1. For job-related health issues due to possible exposures to health hazards (e.g. Tuberculosis, mold, etc.), immediately contact supervisor, complete Supervisor's Referral Form (See **Attachment A**), and contact EHS to schedule appointment for evaluation.
2. The EHS nurse will determine if referral to Worker's Compensation is necessary, and will refer the employee if applicable.
3. Infection Control will identify and notify EHS of possible exposure.
4. Once notified of a possible exposure risk, EHS will notify Environmental Health & Safety as applicable.
5. For respiratory-related exposures (e.g. mold, dust, etc.), Environmental Health and Safety will determine if the work area of exposure is to remain open.
6. If the work area is deemed free of respiratory contaminants, the employee(s) may return to the work area.
7. If the employee reports to EHS directly and Supervisor did not report exposure to Infection Prevention department; EHS will notify Infection Prevention.

#### D. Illness on Duty Non-Work Related

1. Employees who develop a serious illness should be transported to the respective JHS emergency department.
2. Employees with non-emergency conditions who feel ill at work may be excused by the supervisor to report to EHS.
3. Supervisors may refer employees to EHS when:



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- a. The employee appears to have an infection or communicable disease that is covered under JHS Policy No. 355 – Infectious and Communicable Diseases, Prevention and Management of Exposures.
  - b. The supervisor needs to determine the employee's fitness for duty to continue working
  - c. The employee requests treatment for comfort measures, first aid, or other treatment that may enable the employee to continue working for the remainder of the day.
  - d. The employee claims the illness or injury is job related.
4. A Completed Supervisor Referral form must accompany the employee to EHS or selected JHS emergency department.
  5. EHS will assess the employee's condition and determine whether to refer employee to the ED or PCP.
  6. Employee who is excused to work must be cleared by EHS to return to work according to RTW Criteria in Return to Work Policy.
  7. Reasonable Accommodation Request (RAC) for non-work related illness/injury, employees shall complete the RAC form and submit via fax to 305-355-5035 or email the form to [jhsloa@jhsiami.org](mailto:jhsloa@jhsiami.org) for review and approval. RAC committee will notify employee and supervisor of result.
- E. Return to Work Clearance
1. EHS will provide return to work clearance once clearance is obtained from Workers Compensation or from an employee's urgent care treating physician.
  2. All efforts will be made for Off-site hospitals, medical centers, corrections health services, and satellite clinics to obtain clearance from EHS in advance of the return to work date.
  3. Employees with a return to work clearance note from provider may receive RTW clearance via email or in person at EHS clinic (see **Attachment B** - RTW Clearance Criteria and **Attachment C** – Healthcare Provider Evaluation form) No appointments necessary.
- F. Communication with Supervisors
1. EHS will complete the bottom of the Supervisor's Referral Form with the duty status and follow-up as appropriate for each visit. EHS will not write confidential information on the supervisor's copy.
  2. If the employee is to be sent home directly from EHS, EHS staff will notify the employees supervisor
- G. Documentation
1. Timely entry into STIX Electronic Medical Record is required.
  2. EHS staff must use the Injury on Duty incident report in Stix if the issue is job related.
  3. A Supervisor's Referral Form must be completed for each visit
- H. Reporting
1. Occupational Illnesses & Injuries will be reported quarterly for JHS through Environment of Care Committee Meetings.
  2. Any newly identified pattern or trend related to exposure, illnesses or injuries will be reported to the Leadership at each site and to Environmental Health and Safety Department.



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**IV. References**

JHS Policy No. 347 - Workers' Compensation Injury and Illness on Duty

JHS Policy No. 391 - Return to Work Clearance

JHS Policy No. 355 - Infectious and Communicable Diseases, Prevention and Management of Exposures

**Responsible Party:** Senior Director Total Rewards & Employee Wellness  
Human Resources Capital Management**Reviewing Committee(s):** Not Applicable**Authorization:** Department Head

HEALTH OFFICE / ER  
**SUPERVISORS REFERRAL FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Job Title: \_\_\_\_\_ Shift Hours: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Cost Code: \_\_\_\_\_ Department Name: \_\_\_\_\_

**REASON FOR REFERRAL:**

Illness on Duty     **Injury on Duty Report below and on back of form**     Physical Examination     Immunization

Clearance to Return to Duty     TB or Communicable Disease Exposure     Other (Brief Description) \_\_\_\_\_

Comments: \_\_\_\_\_



**INJURY ON DUTY REPORT**

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Accident Location: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Hospital #: \_\_\_\_\_ Physician: \_\_\_\_\_

Describe accident and injury in detail: \_\_\_\_\_



Name of Supervisor Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SUPERVISOR'S REPORT**

Unsafe practice/hazard involved? Yes \_\_\_ No \_\_\_ If so, explain \_\_\_\_\_

Maintenance request prioritized? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_



**HEALTH OFFICE USE ONLY**

Time arrived: \_\_\_\_\_ Time seen: \_\_\_\_\_ Time discharged: \_\_\_\_\_

Duty Status Date(s): Excused for: \_\_\_\_\_ Return to light duty: \_\_\_\_\_ Return to full duty: \_\_\_\_\_

Follow-Up: (date) Health Office: \_\_\_\_\_ Private MD: \_\_\_\_\_ Worker's Comp: \_\_\_\_\_

Discharge Instructions/Restrictions: \_\_\_\_\_

Instruction sheet given : \_\_\_\_\_

Nurse / Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THE ABOVE INSTRUCTIONS AND MY RESPONSIBILITY FOR COMPLYING WITH THEM**

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# **Injury on Duty**

## **Accident Investigation Form**

### **Questions for Managers To Determine Long-Term Corrective Measures:**

- Have I focused on the system processes that reinforced the employees' behavior?
- Was this injury the result of a specific event or cumulative events?
- Was the employee working a double shift or scheduled to work a double shift?
- What positive reinforcement has been done to encourage safe patient handling?
- Have managers actually reinforced certain behaviors by allowing them to exist?
- What is the time/order relationship between variables; i.e. cause and effect?
- Have all possible alternative explanations been eliminated to determine cause and effect?

### **Equipment**

1. Did the equipment malfunction?  No If yes,  *MaxiMove*  *Sara 3000*  *SaraPlus*  
 *Stedy*  *HoverMatt*  *MaxiSlide*
2. Was the right piece of equipment readily available for the need?  No  Yes
3. Was the right size of sling readily available for the need?  No  Yes
4. What size sling was used?  XXL  XL  L  M
5. Did patient's weight exceed equipment capacity, resulting in a manual lift?  No  Yes

### **Profile**

1. What was the transfer/lift/positioning profile for the patient?  No lifting equipment  
 *MaxiMove*  *Sara 3000*  *SaraPlus*  *Stedy*  *HoverMatt*  *MaxiSlide*
2. How many staff were present at the time of the lift/repositioning?  One  Two  More
3. Was the transfer/lift done differently than the profile?  No  Yes  
If yes, why? \_\_\_\_\_
4. Can caregiver who completed the patient profile demonstrate the correct procedure?  Yes  No

### **Injured Caregiver**

1. Can the injured caregiver demonstrate correct lifting/repositioning procedure?  Yes  No
2. If "no" was the Return Demonstration Checklist used and signed? Date \_\_\_\_\_  No

### **Unit Manager**

1. What procedural/management steps are being taken to prevent a recurrence?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Diligent Consultant Review**

Comments:

## Employee Health Services

Jackson Medical Towers, 11<sup>th</sup> Floor, Suite 1129

305-585-6903

[JHS-ReturnToWork@jhsiami.org](mailto:JHS-ReturnToWork@jhsiami.org)

# Healthcare Provider Evaluation Form Return to Work Clearance

HEALTH CARE PROVIDER MUST PROVIDE RETURN TO WORK CERTIFICATION BY COMPLETING THIS FORM

Employee's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Date medically clear to return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis or description of injury/surgery/illness: \_\_\_\_\_

### Patient's return to work status:

Return to full duty

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to work with noted restrictions

From Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Detailed Restrictions: \_\_\_\_\_

**\*If Restrictions, employee must be seen at the clinic**

MD Office Stamp

Health Care Provider's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date \_\_\_\_\_

Address City and State Zip: \_\_\_\_\_

### EMPLOYEE HEALTH SERVICES USE ONLY

EHS Review Type: **Clinic Visit**  **Email:**

Time Arrived: \_\_\_\_\_ Time with Provider: \_\_\_\_\_ Time Discharged: \_\_\_\_\_

Status Dates: Return to full duty on: \_\_\_\_\_ R.A.C Referral: \_\_\_\_\_

Discharge Instructions/Restrictions: \_\_\_\_\_

Cleared to Return to Work: YES  NO  Need to Follow-Up with EHS

Nurse Examiner Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee must complete:**

I UNDERSTAND THE ABOVE INSTRUCTIONS AND MY RESPONSIBILITY FOR FULL COMPLIANCE:

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# RETURN-TO-WORK CLEARANCE CRITERIA

Return-To-Work Clearance		
EHS evaluation/clearance required (along with physician's clearance note)	Physician's clearance - accepted without EHS evaluation (documentation must be submitted in person or via email)	Return-to-work clearance not required
Following any injury or illness for four days or longer	Absence due to any illness not requiring surgical intervention (cold, flu, pneumonia, bronchitis, persistent cough, etc.) It is recommended that employees missing work due to pneumonia, bronchitis, or other acute respiratory illness return to the EHS office for respiratory system evaluation.	Funeral leave
Following an absence due to any communicable disease or infection (TB, mumps, etc.)	Absence due to pink eye; The physicians note must indicate the start of a 5-7 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise, clinic visit is required.	Vacation
After absence due to a work-related injury	Any other absence due to non-surgical, non-infectious condition.	Paternity leave
Leave of absence (LOA) due to medical reasons, like hospitalization	Strep throat infection  The physicians note must indicate the start of a 7-10 days course of antibiotic therapy with an elapsed time of at least 24 hours after initiation of the antibiotic therapy first dose; otherwise, clinic visit is required.	FMLA for baby-bonding
Following a reasonable accommodation request or any modification of job assignment as a result of a medical condition		FMLA for care of family member (non- infectious)
Following the last chance agreement counseling or disciplinary action counseling that requires medical monitoring		Maternity leave (non C-section)
Following an absence due to an open wound or surgical procedure (C-section, etc.)		