

**USD 448 – INMAN SCHOOL DISTRICT
INFORMATION AND INSTRUCTIONS
FOR EMPLOYEES REGARDING
WORK RELATED INJURIES AND ILLNESS**

1. All employees are expected to immediately report any work-related injuries or illness to their immediate supervisor and the districts designated workers compensation representative.

A claim may be denied if an employee fails to notify their employer within the earliest of the following dates:

- A. 20 days from the date of accident or the date of injury by repetitive trauma;
 - B. If the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for an injury or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or
 - C. If the employee no longer works for the employer against whom benefits are being sought, 10 calendar days after the employee's last day of actual work for the employer.
2. If the injury or illness is immediately life threatening the employee should seek treatment at the closest emergency room. If the injury or illness is not life threatening and medical attention is necessary, the employee shall seek treatment at the Designated Health Care Provider(s) listed below:

Hutchinson Clinic
2101 North Waldron
Hutchinson, KS 67501
(620) 669-2500

Hutchinson Clinic in McPherson
619 North Main
McPherson, KS 67460
(620) 504-6530

If you are dissatisfied with the designated health care provider, you are entitled to up to \$500.00 in unauthorized treatment at a provider of your choice. If you exceed the \$500.00 of unauthorized medical treatment the district is under no obligation to pay additional costs unless you return to treatment with an authorized provider.

3. All employees are expected to return to work or call immediately after seeing or being treated by the physician. We must have the physical assessment and release forms returned to the district's designated representative the day of the accident, if possible. Have the physician that you see complete these forms and return them to you before leaving the office or hospital. You will not be allowed to return to work without this form. (If necessary, every effort will be made to place you in a temporary position working within the restrictions the physician specified if modified work is recommended.)
4. It is your responsibility to keep your supervisor informed of your condition at least weekly when receiving medical care for a condition that keeps you from doing your regular job, including work related injuries and illness. This will assist your supervisor in scheduling the workload for the week. Time off will not be automatically extended. Your physician must verify your inability to work. This must be in writing and given to your supervisor.
5. A copy of the prescription must accompany all receipts for prescriptions or durable medical equipment. The receipts may be brought to the designated district representative for submission of reimbursement. We encourage you to use the first fill process and prescription program provided by the Kansas Association of School Boards Workers Compensation Fund, Inc.
6. Injuries to employees while engaged in recreational or social events under circumstances where the employee was under no duty to attend and where the injury did not result from the performance of tasks related to the employee's normal job duties or as specifically instructed to be performed by the employer may not be compensable.