Injury Occurs

Injury is Reported

Is injury limb /life threatening?

YES

Employee follows physician’s advice and returns to work based on the physician’s instructions.

See “Employee Returns To Work”

NO

Employee calls “Company Nurse” before employee leaves the premises to discuss the nature of their injury. (1-888-375-0279)

Did Company Nurse make a Medical Referral?

YES

Employee visits designated medical provider

Employee follows physician’s advice and returns to work based on the physician’s instructions.

See “Employee Returns To Work”

NO

Employee follows First Aid recommendations from “Company Nurse” and returns to work

Does employee need follow-up treatment?

YES

Employee needs follow-up treatment

See “Employee Returns To Work”

NO

No further documentation is required at this time.

Employee visits designated clinic from provider list and returns to work based on the physician’s instructions.

Does employee’s condition worsen/not improve?

YES

Employee sees treating physician and returns to work based on the physician’s instructions

NO

Employee follows First Aid treatment

Employee Returns To Work

Before returning to work, the employee must provide their supervisor (principal, director, coordinator, or manager) with a note from the physician indicating whether the employee can return to work and whether the employee has any work restrictions. Questions regarding temporary job modification should be directed to the District Risk Manager

NO

No action needed

No further documentation is required at this time.

Employee follows physician’s advice and returns to work based on the physician’s instructions.

See “Employee Returns To Work”

Employee visits designated medical provider

Employee follows physician’s advice and returns to work based on the physician’s instructions.

See “Employee Returns To Work”

Company Nurse (1-888-375-0279)

District Office (801-354-7400)

District Risk Management

Office: 801-354-7474 Fax: 801-354-7492

Workers’ Comp Insurance (Utah School Boards Ins. 801-569-3632)

DOCUMENTATION

As soon as possible, complete the listed documentation and send or deliver it to the NSD Risk Mgmt. Dept.
1. Employee Statement pages 1-2
2. Witness Statement
3. Supervisor Report

Nebo School District (NSD) Workers’ Compensation Injury Reporting Flowchart

DOCUMENTATION

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1. Employee Statement pages 1-2
2. Witness Statement
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Employee sees treating physician and returns to work based on the physician’s instructions

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No further documentation is required at this time.

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See “Employee Returns To Work”

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