



Medical Emergency Plan

1. LIFE THREATENING INJURY OR ILLNESS:

- Unconscious or Loss of Consciousness
- Not Breathing
- Severe Bleeding

Call 911

2. SERIOUS INJURY:

- Concussion (without unconsciousness or vomiting)
- Fractures (without severe bleeding)
- Burns or Scalding
- Cuts, Lacerations or Punctures Which Require Suturing

Transport Victim To Nearest Occupational Health Clinic

3. MINOR INJURIES:

- Minor Cuts, Abrasions, Burns, etc.

Victim To Use First Aid Kit To Treat Injury

4. COMPLETE AN INCIDENT REPORT:

Immediately following steps 1, 2 or 3, complete and Incident Report in its entirety. Be sure to provide a detailed description of the incident, list any witnesses, and a description of the employee's normal duties. **Fax the completed Incident Report to the attention of Human Resources at (586) 790-6801 within 24 hours to assure proper claims adjudication.**



Medical Emergency Plan

Instructions For Injured Employees

1. You are a valued part of World Wide Medical Staffing (WWMS) and we want to help in your recovery and provide a safe return to work. We will cooperate with your medical providers to assist them in your recovery. WWMS will provide transitional light duty work within ANY restrictions the doctor provides.
2. If you are injured at work, you must immediately report it to your supervisor or member of management. **ALL INJURIES, REGARDLESS OF SEVERITY, MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR OR MANAGEMENT.**
3. If you need medical care, please go to OUR designated medical provider. Please inform the provider that you are an employee of WWMS.
4. If you would like to see another medical provider, you must inform WWMS at (586) 790-6800 prior to making any appointments.
5. There are forms (Treatment Authorization) that **MUST** be completed at each medical visit. These forms are available from either your supervisor or WWMS and must be returned to your supervisor.
6. Please notify your supervisor of the date and time of each medical appointment. If you need to cancel any appointment, notify your supervisor **AND** reschedule the appointment within 24 hours.
7. You may **NOT** miss work for a Workers' Compensation injury without an examination and authorization note from a medical provider.
8. Please schedule follow-up medical, chiropractic and physical therapy appointments outside of work hours. If this is a problem, or you have questions regarding this policy, please discuss them with your supervisor.
9. A nurse, or other person, from our insurance carrier may telephone or visit you to assist you in the process of recovery, safe return to work and receipt of appropriate Workers' Compensation benefits.
10. Please send bills relating to your injury to WWMS at the attention of Human Resources.
11. Please speak with your supervisor or WWMS if you have any questions or concerns regarding your injury or this policy.
12. In the interest of aiding in your recovery and safe return to work, failure to comply with these work related injury instructions may result in disciplinary action.

Employee's Signature

Date

Supervisor's Signature

Date



Medical Emergency Plan

Worker's Compensation Procedures

WWMS handles all Workers' Compensation and Occupational injuries under our service agreements for clients and our employees.

1. When an employee has sustained a WORK RELATED INJURY, they must immediately report it to their supervisor or member of management. The employee and supervisor should fill out the WWMS Incident Report and FAX it to (586) 790-6801 to the attention of Human Resources immediately following the incident. **ALL INJURIES, REGARDLESS OF SEVERITY, MUST BE REPORTED TO WWMS WITHIN 24 HOURS OF THE ACCIDENT, INJURY OR INCIDENT.**
2. Direct the injured employee to the dedicated medical facility. Provide employee with the WWMS Treatment Authorization Form. The doctor's office should complete the WWMS Treatment Authorization and return the completed form to the employee. The employee must then return the WWMS Treatment Authorization Form to his/her supervisor. The supervisor must immediately FAX the form to WWMS to the attention of Human Resource.
3. If the injury is life-threatening (Step #1), please ensure the injured worker is sent to the nearest hospital emergency room. Please immediately call (586) 790-6800 in addition to completing the Incident Report.
4. If the physician releases the employee to work with restrictions that are NOT accommodated or if you expect the employee will lose more than one (1) day from work, please immediately call WWMS. This will allow our insurance carrier the maximum opportunity to successfully impact the outcome of each claim. If the employee is able to return to a modified duty position, it will be to your advantage to accommodate restrictions. This will allow the expense of each claim to be kept at a minimum and allow WWMS to continue a cost-effective program for all clients. WWMS's insurance partners require our best efforts at Return To Work Programs and this is a condition of each client's WWMS Service Agreement.
5. If the employee is unable to work, remind the employee to provide you with updated medical reports to support their continued disability.
6. Forward all medical reports and medical bills to WWMS at the attention of Human Resources at 35787 Moravian Dr., Clinton Township, MI 48035.
7. Refer any questions, comments, or additional documentation needs to Human Resources at WWMS at (586) 790-6800.



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<p style="text-align: center;">Occupational Injury Return To Work Program</p>
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1. Here at WWMS, we understand that from time to time an employee may be put on a restricted work program due to an occupational injury, which will limit his/her ability to perform regular work requirements.
2. If an employee is given temporary restrictions due to an occupational injury, we will make every effort to place the employee in a position, which accommodates the restrictions prescribed by the treating physicians. Our primary concern is to keep our employee on the job and maintaining a positive attitude while awaiting recovery and release to full duty.
3. Any employee with temporary restrictions assigned to work that provides him/her the opportunity to continue with gainful employment while recovering from an occupational injury, will be assigned for a period not to exceed (8) weeks and will be subject to modifications based on medical re-evaluation.
4. Every employee provided with temporary restrictions is obligated to comply with his/her medical treatment plan and restrictions. This includes attending all scheduled medical appointments, working within the restrictions and advising the safety coordinator whenever a work assignment exceeds restrictions. Compliance will help to ensure proper recovery and return to full duty.

I have read and understand the Return To Work Program and agree to follow all temporary restrictions as prescribed by the treating physician.

Employee's Signature

Date

Supervisor's Signature

Date

Safety/Training Director Signature

Date