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# Workplace Injury



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# What is a Workplace Injury?

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A workplace injury is any injury or accident that occurs while a staff is on shift. Examples include:

- Trips, slips, and falls.
- Vehicle accidents.
- Fire or burns.
- Head injuries.
- Cuts or lacerations.
- Needle sticks or other bloodborne pathogen exposures.

# Reporting a Workplace Injury

All accidents/injuries, no matter how slight, must be reported within 24 hours.

Failure to report an injury may result in loss of worker's compensation benefits.





Workplace injuries are reported in **Clarity** by the employee or the employee's supervisor.

Submit Event



Employee Reporting Form

# Completing a Workplace Injury Report

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A Workplace Injury Report contains the following information:

- Home/Location
- Event Date/Time
- Event/Sub Event Type
- Employee Name & Occupation
- Start/End Shift Times
- Nature of Injury/Body Parts Affected
- Describe the Event / Witness Information
- & Other procedural questions

# Workplace Injury Follow-up

- Injured employees are to report to the local medical treatment designee immediately to be seen, treated, and drug screened.
- Copies of all medical documents must be sent to the Human Resources department.
- Payments for medical expenses and lost time at work are determined by state law. Compensation benefits begin after seven (7) days of lost time and are paid through the insurance carrier.



# Refusing Treatment

Employees have the right to refuse treatment for minor injuries.

A Workplace Injury Report must still be completed, and a Medical Treatment Refusal must be completed and submitted to HR.

For injuries such as a head injury, fall, or any injury requiring more than first aid, employees cannot refuse treatment.



  
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Medical Treatment Refusal  
Addendum to OSHA Form

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I, \_\_\_\_\_, voluntarily decline medical treatment that the  
Employee's Printed Name

organization has offered me due to a work-related injury on \_\_\_\_\_  
Date

Date of Injury: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature (Required) Date

\_\_\_\_\_  
Home Manager Signature (Required) Date

# Additional Information

For further questions on Worker's Compensation or Injury Reporting for a specific incident, reach out to the Human Resources department. [HR@beaconspecialized.org](mailto:HR@beaconspecialized.org)





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