What to do if you are injured!

-Notify your supervisor, Practice Manager, or a Doctor (owner if they are in the building)This must happen immediately. Proper paperwork has to be filled out within 24 hours of the injury.

- If you require medical treatment you must use a facility that we send you to.

-All injuries that happen on company time/property must go through the proper protocol.

-You can not file a claim on your personal insurance as they will not pay if it is an injury on the job.

-It will be decided by the severity of the injury whether we self pay or file a workers comp case. Self Pay means the clinic will pay with a credit card.

-Most animal bites we will self pay as they only require 1 trip to urgent care.

****You need to seek medical attention for all cat bites and all bite wounds that puncture the skin near a joint ASAP. The longer you wait to go the more severe the infection could be.****

-More severe injuries we will file a workers comp claim and Jennifer will need to be made aware to file a claim and fill out the appropriate paperwork.

-The facilities that we use for minor injuries are: Urgent Medcare at 7583 Wall Triana Hwy, Madison, AL 35757 or The Occupational Health Group at the Huntsville Medical Mall at 1963 Memorial Pkwy SW StE 24, Huntsville, AL 35801.

-We have a charge account for these facilities.

- More severe injuries should be sent to the Occupational Health Group

-Life threatening injuries should have an ambulance called and sent to the emergency room.

Please fill out the attached paperwork whether you choose to seek medical attention or not. We have to have documentation of the injury.

YOU CAN NOT DECIDE TO GO ON YOUR OWN TO THE DOCTOR OF YOUR CHOOSING AND BE REIMBURSED. YOUR PERSONAL INSURANCE WILL NOT COVER INJURIES THAT HAPPEN ON THE JOB. YOU MUST FOLLOW THE ABOVE PROTOCOL.

Notify owner of pets that are involved in a bite injury as the county will call to let them know about Rabies quarantine. Employee must give information regarding the pet and owner to the doctor so that they can fill out the appropriate paperwork on their end.

Accident Report

Today's Date	
Employee Name	
Date of Injury	
Time of Injury	
What Happened	
Where are you injured?(body part)	
Where in the hospital did it happen?	
Name of animal involved	
Did anyone else see what happened?	
Did you receive First Aid at Countryside? What was done?	
Do you need further treatment at this time?	

Signature of Employee: _____

Signature of Witness:_____

Signature of Supervisor:_____