Rutland City Public Schools

# Injuries at Work Guide

- **Report all injuries to your Supervisor IMMEDIATELY.**

- **Promptly, within 24 hours of occurrence,** contact administration or your supervisor to fill out the First Report of Injury Form. Once it is filled out, administration will send completed form to Ara Penny

- **If emergency care is needed employees should go to the Emergency Room at RRMC. Call 911 for potential life threatening emergencies.**

- If you need medical care: Go to Occupational Health Partners. Occupational Health Partners is the RPS designated medical service provider in accordance with Rule 12 of the Vermont Workers Compensation Act which states, "An employer may designate the employee's first physician following a compensable injury." Occupational Health Partners is located at 9 Commons Street (across from the RRMC Allen Street entrance.) They are open Monday-Friday, 8:00 AM – 5:00 PM and phone number is (802) 779-4443. You may also book an appointment online at: **http://ohp.healthcare/**

- Be sure to tell the medical doctor that you are being seen for a work related injury/illness and submit all work tracking forms to your School Administrator upon receipt.

- You must either be cleared to return to work without restrictions or your supervisor must agree to accommodate any medical restrictions prior to your returning to work. AFSCME and REA-ESP (Paraeducators) employees will be required to pass a fit for duty physical prior to returning to work unless the injury is irrelevant to the job duties.

- If you are injured in an incident with student involvement, an Administrator will interview you regarding the incident. (Administrators, please forward interview forms to Pam Reed, Director of Equity and Inclusion.)

# Rutland City Public Schools First Report of Injury

| Employee Name | Job Title: | |
|---|---|---|
| Building/School | Phone | Personal Email |
| Description of Incident: | | |

**Incident Details**

| Date of Incident | Where did the incident take place? Please be specific. |
|---|---|
| Time of Incident | Began Shift |
| Witness(es) | |

| Medical Attention **PLEASE CHECK ONE** | Occupational Health Partners 9 Commons Street Rutland, VT 05701 ☐ | RRMC Emergency Room 160 Allen Street Rutland, VT 05701 ☐ | No Medical Attention ☐ | First Aid ☐ |
|---|---|---|---|---|

Part of Body Injured (mark all that apply)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Head | | Arm | R L | Torso | R L | Hip | R L | Foot | R L |
| Face | | Elbow | R L | Shoulder | R L | Thigh | R L | Toe | R L |
| Eye | R L | Forearm | R L | Chest | | Knee | R L | Ribs | R L |
| Nose | | Hand | R L | Back | Upper Lower | Leg | R L | Skin | |
| Neck | | Finger | | Abdomen | | Ankle | R L | Other | |

**Nature of Injury (mark all that apply)**

| | | | | |
|---|---|---|---|---|
| Abrasion | Puncture | Chemical | Inhalation | Burn |
| Bruise-Crushed | Fracture | Hearing | Fatality | Laceration |
| Poisoning | Sprain | Amputation | Strain | Foreign Object |
| Other: | | | | |

| Employer Supervisor or Representative | Date: |
|---|---|

Release of Medical Information: *I certify that the above information is true to the best of my knowledge and I authorize the release to my employer and workers' compensation company all records relevant to my disability and my claim for disability or workers' compensation benefits, including but not limited to medical diagnosis, prognosis, treatment, and periods of hospitalization. It is understood that the company will use the information to verify my disability and determine my eligibility of appropriate benefits. The authorization applies to physicians and other health care providers, hospitals, clinics, insurance companies, workers' compensation carriers, and organizations administering benefits programs. This authorization will remain in effect throughout my claim for workers' compensation benefits. I understand that I have the right to revoke this in authorization in writing. A photocopy of this authorization will be as valid as the original.*

| Employee Signature | Date: |
|---|---|

**Updated 09/16/2026**