Work safety and Workers' Compensation

By: Kami Johnson

Introduction

Hi everyone, I’m Kami Johnson. I’m a Senior Human Resources Specialist in the Human Resources department, and I’ve had the opportunity to support our workforce for almost ten years.

A significant part of my work involves areas closely tied to safety, including workers’ compensation, ADA, FMLA, and our property and liability programs. I take a very hands-on approach, and I’m passionate about helping employees navigate difficult moments while ensuring our organization remains protected and safe.

Question....

What do you think of when you hear “work comp”?

- Getting hurt on the job
- Paperwork
- Doctors appointments
- Light duty
- Insurance
- Fear

Why Workers' Compensation Started

Workers' compensation emerged during the Industrial Revolution as a response to hazardous factory conditions and a legal system that heavily favored employers.

The Complexity of Workers' Compensation

1. Arranging Your Medical Care

- Send referals to providers such a specilaist, MRI's and PT
- Reserach the best providers
- Schedule specailist appointments, follow-ups and therapy visits

2. Handling the Communication & Paperwork

- Middleman between Doctors, insurance and Attorney's
- Read through all doctor notes and specialized medical reports to make sure your treatment plan is on track

3. Protecting Your Benefits

- Fix billing issues, create wage statements, provide documentation to insurance as well as subrogating claims with other carriers.

Is my injury work related?

Yes

- Carrying a box of paperwork
- Severe burns from a chemical splash
- Exposure
- MVA (while working)
- Breaking your arm using a work tool
- Concussion while completing your work task
- Poison Ivy (from work)

NO

- Coming or going from work (slip, trip or fall in the parking lot or sidewalk)
- The flu
- Horse play
- Food poisoning
- Burning your finger with your lighter
- A back injury from 20 years ago (before you worked at Greene County)

Why does safety matter?

Because YOUR LIFE MATTERS!

- **Beyond the Rules:** Safety isn't just about compliance or checking a box; it is about protecting the people behind the vests, desks, and tools.
- **My Ultimate Goal:** Every worker **must** leave work in the exact same healthy condition they arrived in.
- **The Real "Why":** The most important reason you work safely is waiting for you at home—your family, friends, and pets.
- **A Shared Responsibility:** Every safe choice you make protects not only your life but the lives of the coworkers standing next to you.
- **You Are Irreplaceable:** Machinery and tools can be replaced. **You cannot be!**

I’m hurt,now what?

1. Report the Injury to your supervisor immediately
2. Seek medical attention as directed by Kami Johnson or the Nurse Line
3. Follow the treatment plan provided

IF YOU BECOME INJURED AT WORK CALL

NurseAid+
24/7 WORK INJURY LINE

872.282.9855

1 Immediately tell your supervisor you've been injured.

2 Call the MEM NurseAid+ 24/7 WORK INJURY LINE together for non-emergent injuries.

Make the call even if the supervisor is unavailable.

3 Personalized treatment recommendation and care coordination by a registered nurse.

Learn the best course of action - self-care, clinic referral, or telemedicine.

24/7 Work Injury Line

Our 24/7 work injury line is staff by registered nurses who will collect your information, triage your injuries and direct appropriate care.

*Kami Johnson or the nurse line must direct your care. **Seeking care on your own will leave you resposnible for the bill.**

Paperwork

Greene County Workers' Compensation Injury Report

Must call nurse line with all claims
872-282-9855

COUNTY OF GREENE

Date of Incident _____

NAME OF INJURED EMPLOYEE _____
ADDRESS _____ DATE OF BIRTH _____ TELEPHONE NO. _____
SOCIAL SECURITY NO. _____ SEX: M ◯ F ◯ Department _____

EMPLOYEE JOB TITLE: | TIME OF DAY: A.M. ☐ P.M. ☐ | WAS EMPLOYEE UNABLE TO WORK? ☐ Yes, date last worked _____ ☐ No

HAS EMPLOYEE RETURNED TO WORK? ☐ Yes, date returned _____ ☐ No, still off work
DOES EMPLOYEE HAVE ANOTHER JOB? ☐ Yes ☐ No IF YES, WHAT IS THE NAME OF THE EMPLOYER?

INJURY LOCATION

☐ TRAINING ☐ BATHROOM ☐ HALLWAY ☐ CLASSROOM ☐ LOCKER ROOM ☐ LUNCH AREA ☐ OTHER (SPECIFY):
☐ OFFICE ☐ PARKING LOT ☐ PATROL ☐ KITCHEN ☐ ROADWAY ☐ JAIL POD ☐ SHOP ☐ SIDEWALK ☐ STAIRS

DEPARTMENT _____

PART OF BODY INJURED

☐ SIDE OF BODY: ☐ LEFT ☐ RIGHT
☐ ANKLE ☐ ARM ☐ BACK ☐ CHEST ☐ CHIN ☐ EAR ☐ EYE ☐ FACE ☐ OTHER (SPECIFY):
☐ FINGER ☐ FOOT ☐ GROIN ☐ HAND ☐ HEAD ☐ HIP ☐ KNEE
☐ LEG ☐ MOUTH ☐ NECK ☐ NOSE ☐ SHOULDER ☐ STOMACH ☐ TOOTH ☐ WRIST

NATURE OF INJURY

☐ ABRASION ☐ BITE/STING ☐ BRUISE ☐ BURN ☐ CHEMICAL EXP. ☐ CUT ☐ DISLOCATION ☐ FOREIGN BODY ☐ OTHER (SPECIFY):
☐ FRACTURE ☐ INTERNAL ☐ NO VISIBLE INJURY ☐ PAIN ☐ PUNCTURE ☐ REDNESS ☐ SPRAIN/STRAIN ☐ SWELLING

CAUSE OF INJURY

☐ ANIMAL/INSECT ☐ COWORKER ☐ BUILDING ☐ CHEMICALS ☐ EQUIPMENT ☐ FENCE/GATE ☐ INMATE ☐ FURNITURE ☐ OTHER (SPECIFY):
☐ HAND TOOL ☐ POLE ☐ POWERED TOOL ☐ SELF ☐ SURFACE ☐ THROWN OBJECT ☐ VEGETATION ☐ VEHICLE

DESCRIPTION OF THE ACCIDENT

HOW DID THE ACCIDENT HAPPEN? WHAT SPECIFIC ACTIVITY WAS THE EMPLOYEE PERFORMING AT TIME OF INJURY? WHERE WAS THE EMPLOYEE?
SPECIFY MACHINE OR EQUIPMENT INVOLVED. _____

HOW WAS EMPLOYEE INSTRUCTED TO PREVENT ACCIDENT FROM RECURRING?

WAS SAFETY DEVICE PROVIDED? _____
IF YES, WAS IT IN USE AT TIME? _____
NAMES AND TELEPHONE NUMBERS OF WITNESSES:

WAS THERE A VIOLATION OF APPROVED SAFETY PRACTICES/STANDARDS? ___
IF YES, WHAT?

SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED (ENTER NAME): _____
PRESENT AT ACCIDENT? ☐ Yes ☐ No WHEN SUPERVISOR FIRST KNOW OF INJURY? _____

IMMEDIATE ACTION TAKEN

FIRST AID TREATMENT _____ BY (NAME) _____
CALLED NURSE LINE _____ BY(NAME) _____
SENT TO HOSPITAL _____ BY(NAME) _____ NAME OF HOSPITAL: _____
SENT TO OCC MED _____ BY(NAME) _____

an employee would like to run FMLA and their Workers' Compensation claim concurrently, please contact Kami Johnson at 417-868-4896.

PLOYEE SIGNATURE _____ DATE _____

PERVISOR SIGNATURE _____ DATE _____

ase return completed form into Kami Johnson within 24 hours of injury. Forms can be
ailed to kljohnson@greenecountymo.gov

The Numbers

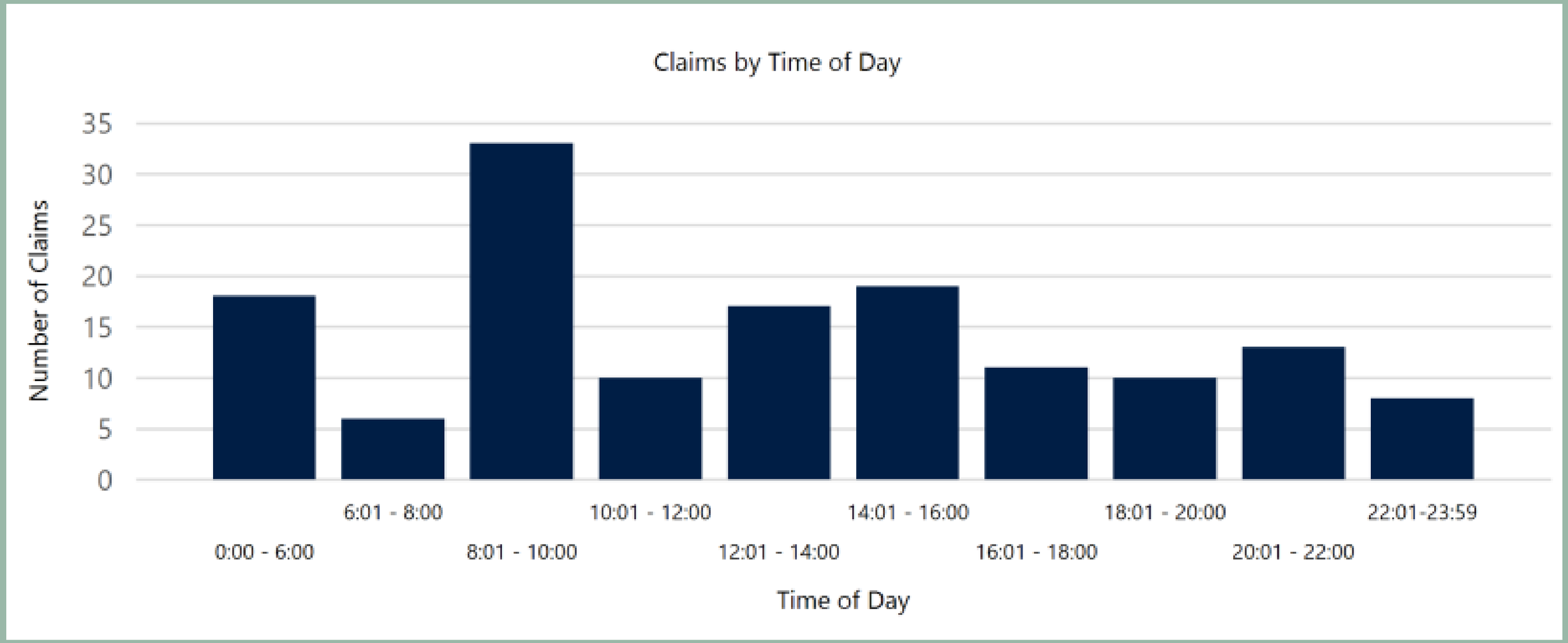
Policy Analysis

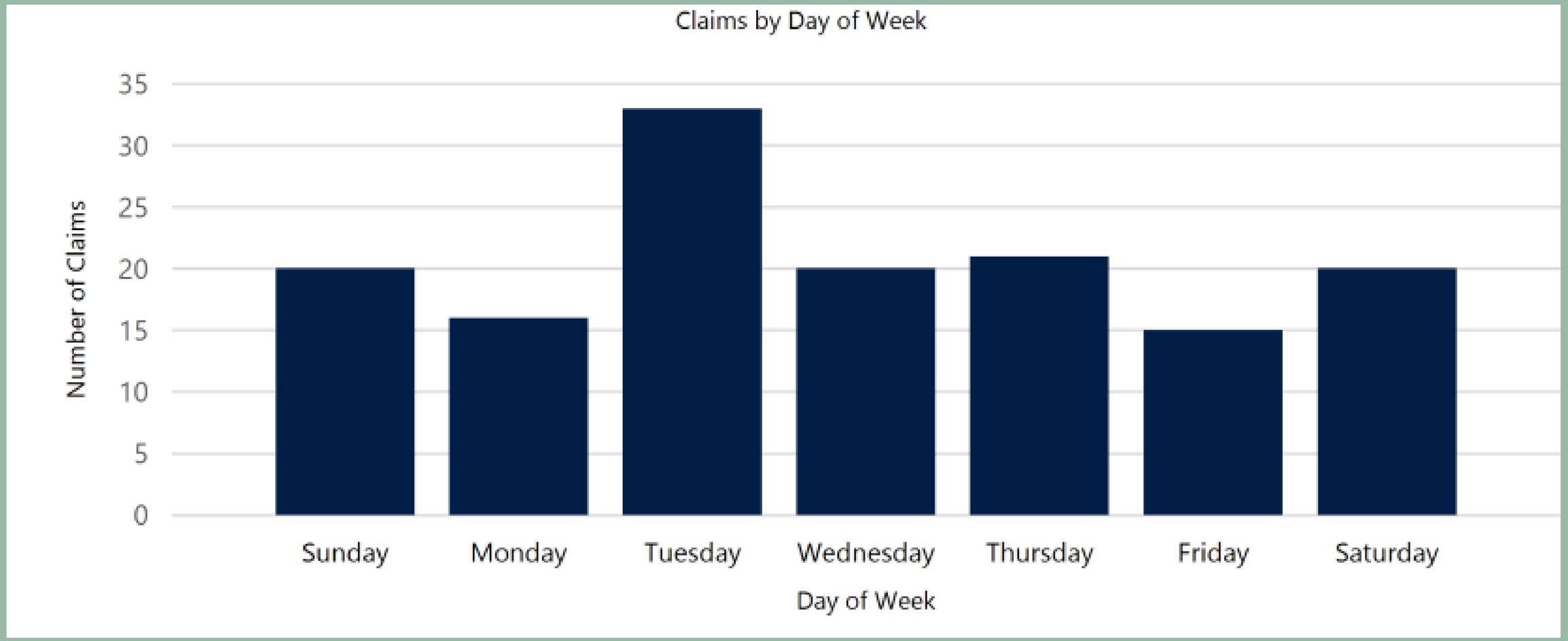
Policy Number	# of Claims	% of Total	$ in Claims	% of Total
MEM 3002001-06	145	100	$1,937,879.32	100

Incident Analysis – By New Employees (Employed < 6 Months)

New Employee?	# of Claims	% of Total	$ in Claims	% of Total
No	123	85	$1,648,299.22	85
Yes	22	15	$289,580.10	15

Reporting Period: July 1, 2025 to June 30, 2026


Claims by Time of Day
Number of Claims
35
30
25
20
15
10
5
0
0:00 - 6:00
6:01 - 8:00
8:01 - 10:00
10:01 - 12:00
12:01 - 14:00
14:01 - 16:00
16:01 - 18:00
18:01 - 20:00
20:01 - 22:00
22:01-23:59
Time of Day


Claims by Day of Week
Number of Claims
35
30
25
20
15
10
5
0
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Day of Week

Top 3 Claim Types

1. Struck or injured by
2. Strain or Sprain
3. Slip, trip or fall

Thank you!