

FOOD AND NUTRITION PROCEDURES

Miami-Dade County Public Schools

The logo consists of the letters 'G5' in a large, bold, black sans-serif font, centered within a white square with a thin black border.

Subject: **ILLNESS/INJURY**

PURPOSE

The purpose of this procedure is to provide the appropriate course of action for injuries or illness occurring at work or outside of work.

PROCEDURE

Injuries Occurring at Work

If an injury occurs at work:

- A. Call 911 if the injury is critical or serious.
- B. Immediately report the injury to the food service manager/satellite assistant and school site administration.
- C. Promptly go to the principal's office to ensure the proper accident forms are completed according to the M-DCPS [Workers' Compensation Manual](#).

During the first 10 injury days, if a part-time employee is not able to work, the employee must remain on the assigned worksite payroll. If the employee is still not able to resume the pre-injury duties after that time period, the employee should contact the Workers' Compensation Department for placement in the appropriate Workers' Compensation Program.

When an employee is released from Workers' Compensation (without doctor's restrictions), the employee is to report to the original job site and is expected to resume the pre-injury duties. Prior to returning to work from a Workers' Compensation case, the **Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form is required**. This signed form should be kept on file in the food service manager/satellite assistant's office.

Illness/Injury Occurring Outside Work

When an employee is absent from work for three (3) or more days due to illness or injury, the attached Food Service Employee Authorization to Return to Work form [FM-1737](#) must be completed. The food service manager/satellite assistant is to indicate which of the duties on the form are required by the employee to complete the daily duties within the assigned job function ([See Food and Nutrition Procedure G-01](#)). The food service manager/satellite assistant provides the form to the employee for their physician to complete and sign prior to the employee returning to work. This form is required in order to protect the employee and fellow employees. This form should be kept on file in the food service manager/satellite assistant's office.

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Subject: **ILLNESS/INJURY**

For Action By: Principals, Food Service Managers, and Satellite Assistants

Refer Questions to: Department of Food and Nutrition

Revised: July 2004(2nd), July 2010, July 2011, July 2020, July 2022.

Reviewed: July 2024