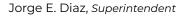
BOARD OF EDUCATION





COLLEGE READY. CAREER READY. LIFE READY.

WORKERS' COMPENSATION PROCEDURES

- 1. Any staff member injured at work (non-emergency) must report to the school nurse immediately. If the school nurse is not available, the staff member should report to his/her supervisor.
- 2. Follow the attached instructions labeled Qual-Lynx regarding the initial treatment related to a workplace injury. Please be reminded that a staff member should not seek treatment on their own (his/her doctor) in any non-emergency situation. Any deviation from the Qual-Lynx procedures may result in a claim denial and loss of sick days.
- 3. Each staff member seeking treatment should be issued a Qual-Lynx workers' compensation card and Mitchell ScriptAdvisor prescription card by the school nurse/supervisor prior to their visit with the doctor.
- 4. The school nurse/supervisor must complete a workers' compensation incident report. The report should be sent to the Business office as soon as possible. A copy should be maintained by the school nurse/supervisor.
- 5. The building administrator/supervisor needs to complete a Workers' Compensation Supplemental Investigation report providing details on the accident and the physical conditions that may have caused the incident. The report should be sent to the Business office as soon as possible.
- 6. As treatment continues, the District will periodically receive status updates on the staff member. These updates provide an employee's status report with out of work and return to work dates (including restrictions, if applicable). These updates should be maintained by the department head and utilized when approving employee absence forms.
- 7. The absence form includes a workers' compensation option. This option is only to be used when a claim has been reported. The option may not be used after an employee has been returned to work. As in the past, doctor appointments or therapy related to the injury must be scheduled outside the work day. If an employee decides to make these appointments during the day, it should be recorded as sick time. Absence forms need to be turned in as soon as possible to ensure accurate tracking.
- 8. The supervisor should maintain a file for each incident including a copy of the workers' compensation incident report, status updates received from the Business office, copies of the absence request forms, copies of the workers' compensation attendance report, and other correspondence.
- 9. Please remember that even though all workplace injuries are compensable regardless of fault, the employer does have the right (*and responsibility*) to assign all such claims to a designated physician who is identified as part of the employer's workers' compensation network. This right of assignment is assured by State law. Self-directed treatment on the part of the individual employee is not an option and will not be tolerated. We must remain consistent in how we administer the workers' compensation program in order to remain efficient and cost-effective.

732-257-3300 | 112 Rues Lane, P.O. Box 1070, East Brunswick, NJ 08816 | mcmsnj.net EAST BRUNSWICK | EDISON | PERTH AMBOY | PISCATAWAY | WOODBRIDGE

QUAL-LYNX

New Jersey School Boards Association Insurance Group WORKERS COMPENSATION ACCIDENT REPORTING GUIDELINES

If an employee is injured and requires non-emergency medical treatment, a call is to be
placed to Qual-Lynx at 1-800-425-3222. We prefer that the employee and a school nurse
or supervisor place the call to Qual-Lynx together. A Qual-Lynx representative will obtain
all the necessary information and coordinate treatment. No "paper" reporting is required
from the district either to the Division of Workers Compensation or NJSBAIG. NJSBAIG
will electronically report the case to the Division of WC for you, based on information
transmitted to us from Qual-Lynx. Any attempt to report a claim to the Division of WC on
paper will be rejected.

(In case of emergency, the employee should go directly to an emergency room for treatment, and follow up with Qual-Lynx by telephone as soon as practical.)

- If an employee is injured and requires no treatment (other than first aid provided by a school nurse), it is not necessary to report the matter to Qual-Lynx, NJSBAIG or the Division of WC. In these cases, simply keep an internal record of the incident.
- If an employee suffers fatal injuries or there is in-patient hospitalization of three or more workers, it is necessary for the district to directly report the matter to the Department of Labor both orally and by fax within 8 hours of the occurrence. The hotline number is 1-800-624-1644, fax hotline 609-292-3749. Please note that NJSBAIG cannot perform this function for you. Also note that there are substantial penalties for violations of these mandatory requirements.

If you have any questions, please feel free to call 609-386-6060. Ask for Connie Rogers at extension 3015 or Ellen Shaw at extension 3008.

MIDDLESEX COUNTY MAGNET SCHOOLS Workers' Compensation Incident Report

Incident Date:	_ Time of Incident:		Report Date:		
Employee Name:		_ D/O/B:	Status:	FT	_ PT
School:	hool: Occupation/Title:				
Exact Location of Incide	ent:				
Nature of Injury:					
Body Part Affected:					
Accident Description (C	ause of Injury):				
Witness: Name					Number
Statement of Witness: _					
Treatment of injury by:	□School Nurse On	ly ⊡QualCare	e ⊡Emergenc	y Care	□None
Treatment given on-site_					
Completed By (Print Nar	me) Title		Signature		Date
Supervisor By (Print Nar	me) Title		Signature		Date

MIDDLESEX COUNTY MAGNET SCHOOLS

Workers' Compensation Supplemental Accident Investigation				
Name of Injured Employed:	Campus:			
Job Title:	Date of Incident:			
Location of Accident:				
What was the employee doing?				
Describe the work site. Any hazardous safety equipment, etc.)?	s conditions (sidewalks, floors, machinery, vehicles,			
Do you have any recommendations to been done thus far?	prevent similar accidents in the future? What has			
Investigated by:				
Date:				
NOTE: This form is to be completed by	y the employee's immediate supervisor to provide			

NOTE: This form is to be completed by the employee's immediate supervisor to provide additional information in the risk management evaluation of the loss. This does not replace the normal Workers' Compensation report which must be filed in all instances.