

# Worker Compensation Procedure Check Off List

Employee Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

- ☐ Complete Section 1 Incident Reporting Form
  - ☐ Complete Section 2 Employee Report
  - ☐ Call Qual-Lynx to report the injury on the same date it occurred
  - ☐ Complete Employee's Authorization for Medical Attention Form
  - ☐ Inform employee where they can report for treatment
  - ☐ Inform employee that they must report to supervisor for reassignment if they have been placed on a modified duty
  - ☐ Inform employee that all follow up appointments are after work hours (unless prior approval received)
  - ☐ Forward the Supervisor's Report to the employee's supervisor/principal
  - ☐ Email or Fax all forms to Safety Specialist within one hour of injury: [tommib@eht.k12.nj.us](mailto:tommib@eht.k12.nj.us) or fax: 609-601-2923
  - ☐ Email or fax all forms to QUAL-LYNX within one hour of injury: [QC\\_WCQUALLYNXFROI@qual-lynx.com](mailto:QC_WCQUALLYNXFROI@qual-lynx.com) / fax: 609-365-4000  
**Please use NEW CLAIM REPORT in the subject line.**
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## **Office Use Only:**

All reports received?      Yes      No

Is video available?      Yes      No

QL Case Worker \_\_\_\_\_

QC Nurse Case Worker \_\_\_\_\_

Facilities contacted?      Yes      No

Reported to Qual-Lynx same day?      Yes      No

Cause corrected?      Yes      No

# of days to report:

Detail:

**This form should be emailed or faxed to Safety Specialist- [tommib@eht.k12.nj.us](mailto:tommib@eht.k12.nj.us) / 609-601-2923**

# Egg Harbor Township Board of Education

*"Business Office"*

## Worker Compensation Procedures

An injured employee should report to the school nurse as soon as possible. The school nurse is responsible to process injuries of all staff members, including drivers, custodians, teachers, etc. If there is no nurse on duty, the employee should report the injury to their principal, supervisor or foreperson for further direction. The nurse (or principal/supervisor/foreperson) would then follow the instructions as listed below. Every employee should have an after-hours number of a principal, supervisor or athletic trainer so that injuries can be called in immediately. In the case of severe injury or an injury of an emergent nature the employee should report to the nearest emergency room and contact their supervisor as soon as it is possible, the supervisor would then complete the forms and make the contacts as listed below.

The **School Nurse** (or principal/supervisor/foreperson/athletic trainer in the absence of a school nurse) must:

1. Complete and sign **"Section 1 / Incident Report"** please be sure that there is enough detail for the reader to know exactly where the incident occurred. Example: High School, B - Wing Hallway, 2<sup>ND</sup> Floor, directly in front of room #233 or Alder Avenue MS, on sidewalk, outside the doors leading from the Auditorium. The exact time of the incident is also important. The detail is important, as we will need to ascertain if there is video of the injury available.

2. Have the employee complete and sign **"Section 2/ Employee Report"** as soon as possible. **This form should not be taken home** and returned later, but should be completed by the employee immediately. The employee must sign this document. The original should be sent to the School Safety Specialist in the Business Office. A copy should be sent to the employee's principal or supervisor with a **Supervisor's Report** for them to complete. Upon completion, the Supervisor's Report should also be sent to the School Safety Specialist in the Business Office.

3. Complete the **"Employee's Authorization for Medical Attention"** form by filling out the top portion and calling QUAL-LYNX at **1-888-342-3839** to obtain a claim control number. It is best to have the employee with you when making the call, as they may need to supply some of the information requested by the attendant (date of birth, address and social security number). The QUAL-LYNX attendant will refer you to have the employee go to a specific doctor or one of the medical facilities at the following locations:

**AtlantiCare Occupational Medicine** (AtlantiCare Urgent Care Offices)

2500 English Creek Ave #908

**Egg Harbor Township, NJ 08234**

Hours: Monday- Friday 8AM to 4:30 PM

**Shore Urgent Care**

2605 Shore Road (the old House and Garden location)

**Northfield, NJ 08225**

Hours: Monday-Friday 10AM to 8PM

Saturday/Sunday 9AM to 5PM

The employee should take with them a copy of the completed Employee's Authorization for Medical Attention form, which contains the control number that you have received from the QUAL-LYNX attendant in step #3. The employee should give this form to the medical care provider. No claim will be paid without a control number.

4. Email or fax above listed forms immediately to: QUAL-LYNX [QC\\_WCQUALLYNXFROI@qual-lynx.com](mailto:QC_WCQUALLYNXFROI@qual-lynx.com)  
Please enter NEW CLAIM REPORT in subject line / fax: 609-365-4000

Email or fax forms to Safety Specialist: [tommib@eht.k12.nj.us](mailto:tommib@eht.k12.nj.us) / 609-601-2923

5. In the event of a severe or traumatic injury or death contact the following:

Safety Specialist:	(609) 646-7911 Ext. #1039
QUAL-LYNX:	(609) 833-2913 K. Conway or
	(609) 833-2906 C. Meeks

### **Reporting Purposes Only**

If the employee does not wish to receive medical attention at this time, please continue to **complete all the reports and email to** [QC\\_WCQUALLYNXFROI@qual-lynx.com](mailto:QC_WCQUALLYNXFROI@qual-lynx.com) **or call the injury in to the hot line.** Be sure that all reports are signed. At the bottom of the second page, Section 2 of the Employee Report Form, there is a box to check if they have declined medical attention.

### **After Hours Employees**

Principals, supervisors and fore persons who have employees working after hours should supply their employee with a contact number so that they can report the injury to their principal/supervisor as soon as possible. Principal/Supervisor of after-hours employees should have access to reports to complete in the event that they are contacted by an injured employee. All injuries must be called in to QUAL-LYNX **on the same day as the injury**. Steps one through five above must be followed. The forms must be sent to the Safety Specialist at the Business Office immediately.

### **Employees Released on Light Duty/Modified Duty/Sedentary Duty**

An injured employee who is released, by the worker compensation doctor, to light/modified/sedentary duty is to report to their immediate supervisor to be placed in a light duty position within his/her own department. If the principal/supervisor does not have a light/modified/sedentary duty position available for this employee, the principal/supervisor is to contact the Safety Specialist/Worker Compensation Coordinator to obtain an alternate assignment position for this employee until they are released to full duty.

If the district has no alternate position available, the employee will be authorized to be at home at full pay. This determination may only be made by the Safety Specialist (or another member of Central Administration), not the principal/supervisor.

If an employee refuses to work an alternate duty assignment, they may stay at home using time from the employee's personal sick leave bank. If the employee has no sick leave they will be docked.

**Doctor Appointments**

Worker compensation doctor appointments for follow up care or therapy should be scheduled

**Before or after working hours.** However, there are times when specialists cannot accommodate an employee's schedule. Those appointments made during the employee's work day should be approved through the Safety Specialist.

**Witnesses**

Be sure to list all witnesses to the injury. Administration will reserve the right to conduct in depth interviews with all witnesses.

**SAME DAY REPORTING IS IMPERATIVE.**

## REMINDERS

1. The Employee Report is not to be taken home by the employee, but is to be completed as soon as possible and sent to the Business Office.
2. It is important that the forms are emailed or faxed to the Business Office immediately, as noted in step 4 of the procedures. Notification should be made via email or faxing of reports within an hour of the injury.
3. **If the employee declines medical treatment:** All reports should be completed and the injury **must** be emailed to [QC\\_WCQUALLYNXFROI@qual-lynx.com](mailto:QC_WCQUALLYNXFROI@qual-lynx.com) or called in to the hotline.
4. AtlantiCare Occupational Medical and Shore Urgent Care is our primary treatment centers. However, if the injury is severe or traumatic, send the injured worker to the nearest emergency room.
5. Advise employees who are seeking medical attention that follow up doctor appointments should be scheduled before or after working hours.
6. If the employee is released by the doctor on light, modified or sedentary duty by the worker compensation doctor, the employee is to report to their supervisor to receive instruction on an alternate assignment.
7. An illness is seldom a worker compensation injury. For example: high blood pressure, fainting, heart attack, panic attack. Those are personal injury. However, a report should be made just to document the details of the situation, and called into Qual-Lynx to report the illness. The report should be sent to the Business Office with "report of illness for the record" written upon the top.
8. Same day reporting is **MOST IMPORTANT**.

### List of reports due for ALL injuries

<b>Section #1- Incident Reporting Form</b>	1 Page
<b>Section #2- Employee Report of Accident, Injury, or Illness</b>	1 Page
<b>Employee's Authorization for Medical Attention</b>	1 Page
<b>Supervisor Report</b>	1 Page

Those four pages listed should be emailed or faxed within an hour of the injury being reported to the Safety Specialist in the Business Office: [tommib@eht.k12.nj.us](mailto:tommib@eht.k12.nj.us) or 609-601-2923. It is understandable if the Supervisor Report is not faxed with the other forms.

QUAL-LYNX: 1-888-342-3839

EGG HARBOR TOWNSHIP BOARD OF EDUCATION

Email or fax within one hour of the injury

**SECTION #1- INCIDENT REPORTING FORM**

<b>Social Security #:</b>		<b>Employee Name:</b>	
<b>Home Address:</b>			
<b>Date of Birth:</b>		<b>Marital Status:</b>	<b>Sex:</b> Male Female
<b>Phone: Home</b>		<b>Cell</b>	<b>Work</b>
<b>Time of Injury:</b>	<b>Date of Injury:</b>	<b>School/Building:</b>	
<b>Did Accident occur on premises? Yes No</b>		<b>Exact Location/Area Accident Occurred:</b>	
<b>Person Injury was Reported to:</b>		<b>Time Injury Reported:</b>	<b>Date Injury Reported:</b>
<b>Body Part Injured:</b>	<b>Nature of Injury:</b> Burn, Strain, Contusion, Abrasion, Laceration, Other:		
<b>Accident Description/Cause of Injury:</b>			
<b>List Witnesses:</b>			
<b>If employee went for treatment list facility:</b>			
<b>Was a student involved? Yes No</b>		<b>Was the student a special needs student: Yes No</b>	
<b>Person Completing this form:</b>			<b>Date:</b>

This form is to be completed by the Nurse (or Supervisor/Principal/Foreperson) in conjunction with the injured employee.

## **Section #2- Employee Report of Accident, Injury, or Illness**

**Name:** \_\_\_\_\_

<b>Date of Hire:</b>	<b>Job title:</b>
<b>Supervisor's Name:</b>	<b>Employee Work Hours:</b>
<b>Person Incident was reported to:</b>	<b>Date and Time Incident Was Reported:</b>
<b>School/Building:</b>	<b>Exact Location/Area of Incident:</b>
<b>Date and Time of Incident:</b>	<b>Body Part Injured:</b>
<b>Nature of Injury:</b> <b>Burn,</b> <b>Strain,</b> <b>Contusion,</b> <b>Abrasion,</b> <b>Laceration,</b> <b>Other:</b> _____	
<b>Have You Injured This Body Part Previously?</b> <b>Yes</b> <b>No</b>	
<b>If Yes Please Explain:</b>	
<b>List Witnesses:</b>	
<b>Describe Fully What Happened to you</b>	
<div></div>	
<b>Do you have other employment?</b> <b>Yes</b> <b>No</b>	<b>Company Name:</b>

☐ **CHECK HERE IF YOUR ARE REFUSING TREATMENT AT THIS TIME**

**Injured Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This Form to Be Completed by Injured Employee**

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Supervisor Report

Please circle:            Injury    Illness	Employee Name:
Occupation:	
Did Accident Occur on Premises: Yes      No	School/Building/Location:
Nature of Injury/Illness:	

1. What job was the employee doing?

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2. How was the employee injured?

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3. What improvements should be made with method, procedure or injured persons' performance?

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4. What was defective or in an unsafe condition?

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5. If equipment/machinery was involved, where is it now? Please store for inspection.

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6. What equipment should be used?

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7. What steps were taken to prevent similar injuries?

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Supervisor Signature:

Date:

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# **Egg Harbor Township School District**

## Employee's Authorization for Medical Attention

\_\_\_\_\_, is authorized to leave the premises of the

Employee Name

EHT Board of Education to see medical attention for an injury reported to the first undersigned

at \_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_.

The Board of Education is not in a position to determine whether or not the injury is compensable within the meaning of the NJ Worker's compensation Law. However, it is the intent of the Board of Education to provide its employees and authorized treating physicians with an answer to the question of compensability as soon as possible. Therefore, the employee receiving this form is required to have the treating medical provider complete this form at the time of his/her initial treatment.

First Undersigned: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse/Principal/Supervisor/Claim Coordinator

Second Undersigned: \_\_\_\_\_ Date: \_\_\_\_\_

Injured Employee

Initial Complaint: \_\_\_\_\_

\_\_\_\_\_

## Instructions to Medical Provider

Please complete and sign this form, then fax it and the Workers' Compensation Treatment and Status Report to our Claim Administrator and to the Board of Education at the addresses and/or facsimile numbers shown below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider

Qual-Lynx  
ACCASBOJIF Claims  
100 Decadon Drive  
Egg Harbor Township, NJ 08234  
Phone: 609-653-8400  
Fax: 609-601-3196

Egg Harbor Township School District  
Attn: Brooke Tommi, Safety Specialist  
13 Swift Drive  
Egg Harbor Township, NJ 08234  
Phone: 609-646-7911 ext. 1039  
Fax: 609-601-2923  
Email: tommib@eht.k12.nj.us