**WORKER’S COMPENSATION PROCEDURES**

* ALL EMPLOYEES (*NO EXCEPTIONS*) NEED TO **REPORT** ALL WORK-RELATED INJURIES OR ILLNESSES TO THE SCHOOL NURSE IN THE BUILDING IN WHICH THE INJURY OCCURS **IMMEDIATELY** AFTER THEIR INCIDENT.
* THE EMPLOYEE MUST NOTIFY THEIR ***IMMEDIATE SUPERVISOR*** OF THEIR INJURY ON THE SAME DAY OF THE INCIDENT. NIGHT SHIFT EMPLOYEES MUST FILL OUT AN EMPLOYEE ACCIDENT AND ILLNESS REPORT THAT THE SUPERIVOR HAS MADE AVAILABLE AND LEAVE THE REPORT FOR THE SUPERIVOSR TO REPORT THE NEXT DAY.
* THE EMPLOYEE MUST FILL OUT THE ***EMPLOYEE ACCIDENT AND ILLNESS REPORT*** IN DETAIL AS SOON AS POSSIBLE AND RETURN IT TO THE SCHOOL NURSE SO THAT SHE CAN PHONE IN THE INCIDENT TO THE PERSONNEL OFFICE WITHIN 24 HOURS OF THE INJURY/ILLNESS.
* IF THE SCHOOL NURSE IS BUSY AT THE TIME OF THE INCIDENT, LET HER KNOW THAT THERE IS A WORK INJURY/ILLNESS TO REPORT AND THE NURSE WILL REACH OUT AT A LATER TIME THAT **SAME DAY** OR THE REPORTING CAN BE DONE BEFORE DEPARTING THE BUILDING FOR THE DAY.
* IF THE EMPLOYEE NEEDS TO GO TO THE **DOCTOR/HOSPITAL**, NOTIFY THE HEALTH OFFICE WITH THE DOCTOR’S FULL NAME OF THE FACILITY/DOCTOR’S OFFICE FULL NAME, ADDRESS, PHONE NUMBER AND APPOINTMENT DATE. THIS MUST BE REPORTED TO OUR WORKER’S COMPENSATION CARRIER WITHIN 24 hours.
* IF THE EMPLOYEE **LOSES ANY WORK TIME** DUE TO A WORK INJURY OR ILLNESS, THE EMPLOYEE MUST NOTIFY THE HEALTH OFFICE, LEAVES OFFICE AND THEIR SUPERVISOR ***IMMEDIATELY***. THE SCHOOL NURSE WILL NOTIFY THE PERSONNEL OFFICE AS SOON AS POSSIBLE. A DOCTOR’S NOTE MUST ALSO BE SUBMITTED IF BEING TAKEN OUT OF WORK.
* THE SCHOOL DISTRICT’S WORKER’S COMPENSATION CARRIER EFFECTIVE

***April 1, 2013*** IS AS FOLLOWS:

***NCACOMP, INC.***

***14 Lafayette Square, Suite 700***

***Buffalo, NY 14203***

***PHONE: 888-806-1109***

***FAX: 716-842-0018***

* **DO NOT** USE PERSONAL HEALTH INSURANCE (i.e. Excellus BCBS) FOR CLAIMS REGARDING WORK INJURIES.
* IT IS **AGAINST THE LAW** TO BILL PERSONAL HEALTH INSURANCE CARRIER FOR A WORK-RELATED INJURY.
* QUESTIONS, PLEASE CONTACT THE **PERSONNEL DEPARTMENT** AT EXT. 8831.

*mydocuments/osha-pesh/forms/workerscompprocedures.wpd\_2024*