



**Title: Workers' Compensation Claims**

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**Implementing Procedure For Policy # 5.09**

**Date Approved: 12/08/04**

**Division: Administration and Finance/Human Resources**

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**PURPOSE**

Workers' Compensation provides payment for medical expenses for employees who incur an injury on the job and must see an authorized physician or go to a medical facility. It also pays a percentage of wages to an employee who has been placed off work by an authorized physician due to a workplace injury. Full-time employees may supplement the remaining percentage of their wages with their accrued leave time. The College's third party administrator will send the checks (made payable to the individual) to the College for pickup at the Payroll Department and to be used in calculating the amount needed to make the paycheck(s) accurate. This is to ensure that the employee is not overpaid.

Any full-time or part-time employee (adjunct, student assistant, part-time hourly) or volunteer is eligible for compensation if he or she is injured while performing duties within the course and scope of employment. Step by step instructions for reporting and submitting a claim are outlined below.

*(NOTE: If an "off-duty" employee is injured on campus while attending a function, the incident is reported as a Liability claim rather than a Workers' Compensation claim. Incidents involving students or non-employees are also reported as Liability claims. Liability claims are handled through CF's Purchasing Office.)*

**PROCEDURE**

**INCIDENTS NOT REQUIRING MEDICAL ASSISTANCE: ACCIDENT - INCIDENT REPORT:**

1. The injured employee will contact the Public Safety Office.
2. The Public Safety Office respondent will assess the situation and photograph the scene of the accident.
3. The Public Safety Office respondent will provide the employee with a *CF Workers' Compensation Procedure* wallet card, which outlines the proper steps necessary to submit a claim should the injury prove to be more serious than originally perceived.
4. The Public Safety Office respondent will provide the employee with a Florida College System Risk Management Consortium (FCSRMC) Accident-Incident Report. (These forms are also available on the College Intranet). The employee, working with his or her supervisor, is responsible for completing sections 1, 2, 3, 6, 7, and 8 of the form. The form must be signed by the employee and his or her supervisor. In the event the employee is unable to sign, a note to that effect will be written on the form, and the supervisor's signature will suffice.
5. The Accident-Incident Report must be submitted to the Coordinator of Benefits and Special Projects in the Human Resource Office as quickly as possible. Photographs of the scene

supplied by the Public Safety respondent should accompany this form.

- Personnel at Citrus Campus, Levy Center, Hampton Center, and the Appleton Museum of Art must submit this form via fax to the Human Resource Office.
6. A copy of the FCSRMC Accident-Incident Report will be retained by the Human Resource Office and the original will be forwarded to the FCSRMC.

**INCIDENTS REQUIRING MEDICAL ASSISTANCE (NON LIFE THREATENING):**

**FIRST REPORT OF INJURY OR ILLNESS FORM**

1. An employee requiring medical assistance for a non life threatening, work related injury should contact the Public Safety Office. If the employee is incapacitated, someone acting on the employee's behalf should make the appropriate call.
2. The Public Safety Office respondent will assess the situation and contact medical transport if so needed.
3. The employee, or someone acting on their behalf, must complete an Accident-Incident Report per the instructions listed above.
4. In addition to the Accident-Incident Report, a First Report of Injury or Illness form must be completed.
5. The employee should complete all areas in the "Employee Information" section of the form. **IMPORTANT:** A clear description of the injury should be provided, and the affected part of the body should be specifically identified (e.g., right ankle, lower back on left side, thumb on right hand, etc).
6. The employee's supervisor should complete all blank areas in the "Employer Information" section of the form making sure to mark whether or not they agree with the employee's description of the injury. If there were no witnesses to the injury, a note to that effect should be written on the form.
7. The completed form must be signed by the injured employee and his or her supervisor. In the event the employee is incapacitated, the signature of the supervisor will suffice until which time the employee's signature can be obtained.
8. The FCSRMC Accident-Incident Report and the First Report of Injury or Illness form must be submitted to the Coordinator of Benefits and Special Projects in the Human Resource Office. These forms should be hand delivered and must be filed within five (5) calendar days of the injury.
  - Administrative Offices at Citrus Campus, Levy Center, Hampton Center, and the Appleton Museum of Art will handle the paperwork and submit these forms via fax to the Human Resource Office to expedite the process. Original forms will then be submitted to the Human Resource Office via campus mail.
9. The Coordinator of Benefits and Special Projects will provide the employee with a Physician Referral form which must accompany the injured employee to the designated facility. (Pink copy is maintained by the employee for reference.)

**INCIDENTS REQUIRING IMMEDIATE MEDICAL ASSISTANCE (LIFE THREATENING):**

**FIRST REPORT OF INJURY OR ILLNESS FORM**

1. First consideration is emergency assistance for the victim. If the person is unconscious, bleeding profusely, struggling for breath or in any other dire situation, immediate medical assistance is warranted.
2. An employee requiring immediate medical assistance for a work-related injury should call 911 and then contact the Public Safety Office. If the employee is incapacitated, someone acting on the employee's behalf should make the appropriate calls.
3. A FCSRMC Physician Referral form does not need to accompany the injured employee in a life threatening situation, however the Human Resource Office must be notified of the situation immediately. The Human Resource Office representative will contact the designated facility to advise them of the impending arrival of the employee for care.
4. The Accident-Incident Report and First Report of Injury or Illness form must be submitted to the Human Resource Office per the above listed instructions. These forms should be completed by the injured employee's supervisor to the best of their ability and hand carried to the Human Resource Office. In a life threatening situation, signature of the victim may be obtained at a later date.

**HUMAN RESOURCE RESPONSE:**

1. The Coordinator of Benefits and Special Projects or Human Resource Office representative will complete the FCSRMC Physician Referral form and sign as the College official.
2. The Human Resource Office representative will contact the designated facility to advise them of the impending arrival of the employee for care.
3. The Human Resource Office retains a copy of the FCSRMC Physician Referral form and provides the original to the employee for hand delivery to the designated facility (non life threatening situation).
4. The Human Resource Office will furnish the employee with direction to the authorized designated facility.
  - Administrative Offices at the Citrus Campus, Levy Center, Hampton Center, and the Appleton Museum of Art will provide employees at their site with the appropriate medical provider for their location.
5. The Human Resource Office representative will advise the insurer, Designated Facility, and the Consortium of Workers' Compensation Referrals for Medical Attention to begin the process for a workers' compensation claim.

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Vice President, Administration and Finance

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Date

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Approved by President

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Date