

## WORKERS' COMPENSATION PROCEDURES

Utilize the following procedures when an employment-related injury occurs:

1.
  - a. **EMPLOYEES:** All employees who are injured as a result of their employment with the College must report the injury immediately to their supervisor, and contact the Worker's Comp Administrator, AmeriSys at 800-455-2079. Immediate notification may depend on many factors but should take place within the first hours of the injury. In no case should the report be more than 24 hours from the time of the injury, except in the case of a chronic condition.
  - b. **SUPERVISORS:** Immediately upon notification of a work-related injury or illness, have the injured worker notify our Worker's Comp Administrator, AmeriSys, at 800-455-2079. AmeriSys will collect the pertinent information, file the First Report of Injury, and direct the injured worker to the appropriate medical provider.
2. The injured worker or supervisor should then notify Yosef Shapiro 487-4449 or via email at [yshapiro@ncf.edu](mailto:yshapiro@ncf.edu)
3. Should the injury occur after hours, or HR representatives are not available, leave a voicemail at 487-4449 or e-mail at [yshapiro@ncf.edu](mailto:yshapiro@ncf.edu). This will serve as notification of injury to the employer.
4. The Employee and Supervisor must complete the New College Injury and Accident Investigation Report.

Except in emergencies, do not seek medical treatment without obtaining authorization from AmeriSys. Do not use your personal physician for work-related injuries.

NOTE: In some cases, for minor injuries, the injured worker may choose not to seek medical treatment at the time of the report. If this is the case, let the triage nurse know this is for a report only. You will be able to seek treatment at a later date if necessary as long as the injury was reported.

To complete the First Report, the employee will need to know the following:

- Employee Name
- Employee Social Security Number
- Date of Incident (Injury or Illness)
- Time of Incident (Injury or Illness)
- Employee Home Address
- Employee Home Phone Number
- Employee Class Title
- Employee Date of Birth
- Employee Sex (Male or Female)
- Description of Accident
- Cause of Accident
- Part of Body Affected
- Name and Address of Agency or University

- Agency Code
  - ◆ (5800 Bay Shore Rd. Sarasota, FL 34243)
- Employee Date of Employment
  - ◆ (0146)
- Employee Salary
- Employee Work Address and Phone Number
  - ◆ (5800 Bay Shore Rd. Sarasota, FL 34243)
- Employee Supervisor
- Supervisor Phone Number
- Place of Accident (Street, City, Zip)

*If you do not know particular information, indicate that and Human Resources will provide that information on the next business day. In the event of an emergency, call 911 to get medical care for the injured employee, then call AmeriSys at 1-800-455-2079 to report the incident.*