



EMPLOYEE ACCIDENT REPORTING

Should an **EMPLOYEE** be injured on our premises and require emergency medical attention, it is everyone's responsibility to react swiftly.

1. Managers/HR should seek appropriate medical care for the Employee.
 - a. In the event of an emergency, call 911. Emergencies include:
 - i. Choking
 - ii. Unconscious or disoriented
 - iii. Severe bleeding
 - iv. Off-balance, unable to walk
 - v. Hot, dry skin
 - vi. Seizure or convulsions
 - vii. Difficulty breathing
 - viii. Chest pain or discomfort
 - ix. Profuse sweating
 - x. Severe abdominal pain
 - b. If it is not an emergency, call the 24/7 Nurse Line – 1-844-334-6470.
2. Employee must submit to a drug and alcohol screen at the medical facility – forms provided by HR.
3. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
4. If the injury or illness is not acute, the Nurse Line will advise which Medical Provider the employee should seek treatment.
5. Supervisors must complete the **REQUEST FOR MEDICAL TREATMENT FORM** and send with the employee to the treating physician or facility.
6. Complete the **ACCIDENT, INCIDENT & OCCUPATIONAL DISEASE REPORT FORM** following all work-related accidents resulting in employee injuries. Upon completion, it should be sent to the HR department. Please be sure to include all details of the incident, as well as provide contact information for any witnesses.
7. Following the receipt of care, employees must submit a copy of any documentation, bills, or restrictions received for their care.



ACCIDENT, INCIDENT & OCCUPATIONAL DISEASE REPORT FORM

TO BE COMPLETED AT THE TIME OF THE INCIDENT/ACCIDENT

Section A: General Information	
Employee Name	Department/Position
Supervisor	
Date of Incident	Time of Incident
Section B: Incident Description	
(Include individuals, location, equipment, materials, safety devices, and personal protective equipment)	
Cause of Event – Root Causes (e.g., unsafe equipment, lack of training, etc.)	
What corrective actions are being taken to prevent recurrence?	
Have person(s) involved received training or instruction in the work or activity being carried out?	Yes No
Was there any supervision of the work or activity being carried out?	Yes No
Supervisor's Comments (Additional information on event)	
If injury occurred, please check one:	
<input type="checkbox"/> No First-Aid administered, returned to work	<input type="checkbox"/> Saw a physician, returned to light duty
<input type="checkbox"/> First-Aid administered, returned to work	<input type="checkbox"/> Saw a physician, time loss
<input type="checkbox"/> Saw a physician, returned to work	<input type="checkbox"/> Refused medical treatment
Supervisor's Signature	Date

ACCIDENT REPORT FORM—WITNESS STATEMENT**TO BE COMPLETED AT THE TIME OF THE INCIDENT/ACCIDENT****Section A: General Information**

Witness Name:

Department/Position:

Employee(s) Involved:

Incident Location:

Date of Incident:

Time of Incident:

Date of Witness Statement:

Time of Witness Statement:

Section B: Witness Statement

INSTRUCTIONS: Complete in your own words, the immediate events leading up to and including the incident event. Your effort to provide complete descriptive details of the events is essential to determine the facts about this incident.

I have read the above statement and certify that it is true to the best of my knowledge.

Witness Name:

Date:

Witness Signature:

Safety Officer Name:

Date:

Supervisor's Signature:



REQUEST FOR MEDICAL TREATMENT FORM

Part 1: (To be completed by Supervisor)

Employee Name: _____ Social Security No: _____

Date: _____ Supervisor Name: _____

Employer Name: Advantus Corp Supervisor Phone Number: _____

Employer Address: 12276 San Jose Blvd, Suite 618, Jacksonville, FL 32254

Date of Injury: _____ Location of Injury: _____

Injury Description: _____

Insurance Carrier: Zurich Policy Number: 130503

Address:

Zurich
P.O. Box 968070
Schaumburg, IL 60196

Part 2: (To be completed by Employee. Employee should take this form to the Primary Care Physician or treating physician.)

English: I authorize payment directly to the provider for the medical services rendered and I authorize the release of medical information to Carrier/Claim Administrator or its designed for medical review.

Spanish: Autorizo a que se efectue el pago irectamente l proveedor por los servicios medicos prestados, y autorizo la divulgacion de informacion medica a la Compania de Seguros / Administrador de Reclamaciones o a la persona designada para la revision medica.

Employee is required to submit to a mandatory alcohol and drug screen within 24 hours of incident at Medical Treatment Center (or alternate location pending Human Resources Department approval).

Employee Signature: _____ Date: _____



PRESCRIPTION AUTHORIZATION

Part 1: (To be completed by Supervisor.)

Employee Name: _____ Social Security No: _____

Date: _____ Supervisor Name: _____

Employer Name: Advantus Corp Supervisor Phone Number: _____

Employer Address: 12276 San Jose Blvd, Suite 618, Jacksonville, FL 32223

Date of Injury: _____

Location of Injury: _____

Injury Description: _____

Insurance Carrier: Zurich

Policy Number: 130503

Address:

Zurich Customer Care Center
PO Box 66946
Chicago, IL 60666-6946

Part 2: (To be completed by Employee. Employee should take this form to the Pharmacy.)

English: I authorize payment directly to the provider for the prescriptions services rendered and I authorize the release of medical information to Carrier/Claim Administrator or its designed for medical review.

Spanish: Autorizo a que se efectue el pago irectamente l proveedor por los servicios medicos prestados, y autorizo la divulgacion de informacion medica a la Compania de Seguros / Administrador de Reclamaciones o a la persona designada para la revision medica.

Employee Signature: _____

Date: _____

The Workplace Injury Triage Call Process – How it works

Note that this service is only for employees who are injured at work, and should not be used for clients or customers of your company. Zurich's Workplace Injury Triage Line provides triage suitable for most injuries, but is not a 911 system for life-threatening situations.

When Employee Injury Occurs: If a supervisor is on-site, the injured employee should immediately contact the supervisor. If no supervisor is available, the injured employee should contact Zurich's Workplace Injury Triage service directly.

Always call 911 first for any potential life-threatening situations.

Potentially life-threatening symptoms include, but are not limited to:

- Choking
- Unconscious or disoriented
- Severe bleeding
- Off-balance, unable to walk
- Hot, dry skin
- Seizure or convulsions
- Difficulty breathing
- Chest pain or discomfort
- Profuse sweating
- Severe abdominal pain
- **Any other problem you feel may be an emergency!**

How it works

Step 1: Make the Call - 1-844-334-6470

Ideally, the supervisor and injured employee should place the call together, dialing the toll-free number listed on the front cover of this guidebook and immediately above. If the supervisor is unavailable, the injured employee can call Zurich's Workplace Injury Triage service directly. To be most beneficial, the call should be made as soon as possible after the injury occurs.

All calls are answered first by a digital phone system which plays a brief message for callers in both English and Spanish. Listening carefully to the entire message is very important. The caller must select the proper action from the phone tree. For injury reports, it's option 1. Please listen carefully if you need something else other than to report a new injury. After the message, callers are connected with a nurse. Most of the time, a nurse is available immediately with no waiting. In rare instances, a caller may have to wait for a few minutes because all nurses are busy with other callers. If this happens, the caller has the option to remain holding or to leave a voice mail message so the next available nurse can call back. You may select the voice mail option at any time by pressing 9. The system will prompt you to enter your 10-digit phone number first. Do not enter any additional digits or characters, as it will cause the system to reject the entry.

Once the phone number entry has been confirmed, the system will ask for your name. Please provide first and last name, and if you have an extension or any other instructions on how to reach you, please provide that when recording your name.

- **NOTE: If the injury appears severe, call 911 immediately! DO NOT wait on hold for a Triage nurse.**

Step 2: Initiate the Triage Process:

A nurse will answer the call and speak with the supervisor first, then privately with the injured employee. Following specially-designed protocols, the nurse will determine the seriousness and nature of the injury, and recommend the best way to address it. The nurse can access interpreters to assist with over 200 languages when necessary. Depending on the situation, the employee may be guided in first aid ("self-care") or may be referred off-site to an in-network medical facility for further evaluation or treatment.

Step 3: Receive Treatment Recommendations:

If the injured worker can safely return to work, the nurse will provide first aid ("self-care") instructions to the employee. Self-care instructions may be faxed or e-mailed to the employee/supervisor at the conclusion of the call. During the call, the nurse may determine that the employee should be referred off-site for further evaluation or treatment. If a referral for off-site treatment is made, the nurse will encourage the employee to go to an in-network medical facility in the area. After the nurse provides the treatment recommendation to the injured worker, they will ask to speak to the supervisor to conclude the call.

Step 4: Finish the call

At the conclusion of the call, the nurse will speak with the supervisor again to explain any first aid recommendations or confirm recommendation of offsite treatment. Upon call completion, Medcor's reporting system will send a custom incident report to the appropriate designated recipients.

Injured workers are encouraged to call back with any questions, changes in condition, or concerns – a call confirmation number will be provided at the conclusion of the first call and should be referenced during subsequent calls. Zurich's Workplace Injury Triage line is available 24 hours a day, seven days a week.

Please note: Unless specifically requested in the set-up of your account, at this point in the triage process a claim has NOT been automatically reported to Zurich. Please follow your company's specific claim reporting guidelines. In order to report a claim to Zurich, please see the workers' compensation claim reporting information below:

WC Claim Reporting Delivering when it matters most

When a workers' compensation claim occurs, it is vital that you report it as soon as possible. Delays in claim reporting can contribute to higher claim costs and missed opportunities to mitigate medical spending. Prompt reporting of an alleged injury, regardless of severity, is the key to driving optimal outcomes. To make the claim reporting process as simple and convenient as possible, Zurich provides several ways to report claims, 24 hours a day, 365 days a year:

Report your claim:

Online webclaims.zurichna.com

Phone 1-800-987-3373

Fax 1-877-962-2567

Email USZ_CareCenter@zurichna.com

Should you need to make updates or changes to an existing claim, make sure you have your claim number and date of loss ready, then contact your claim professional for further assistance. If you have additional supporting documentation for your claim, note your claim number on the document and fax to 1-877-962-2567.

Frequently Asked Questions

1. What is the average length of a call to Zurich's Workplace Injury Triage Line?

The average call is 18-20 minutes including the introductory recording.

2. How is your call center staffed?

The call center is staffed with registered nurses 24 hours a day, seven days a week, under the direction of Medcor's full-time medical director. The Medcor Injury Triage medical director is board certified in emergency medicine.

3. Do your nurses speak any other language besides English?

If a language barrier exists, a translation service is quickly brought into the call. Over 200 languages are available.

4. When nurses recommend self-care, can employees still request to see their own doctor?

Absolutely. The service does not deny employees their right to medical care; however, it is intended to provide employees with expert information to aid them in making the best decision for their medical care.

5. If a referral recommendation is made to a designated medical facility, what information do employees need to take with them?

No further information is necessary unless your company requires specific paperwork.

6. What do we do if the injured employee is a minor?

Each employer should follow its own procedures for managing injured employees who are minors. Medcor does not require parental consent for triage, but medical providers at off-site facilities may require parental consent before treating employees who are minors.

7. Are the calls recorded?

Calls are digitally recorded for quality assurance and to accurately document the facts of the injury. Callers are notified that the call is recorded and they consent to the recording by participating in the call.

8. Is the service available for non-work-related injuries?

No, you should follow your company guidelines for non-work injuries.

9. Should we call Zurich's Workplace Injury Triage Line if a guest is injured at our location?

No, you should follow your company guidelines if a guest is injured at your location.

10. Should I call Zurich's Workplace Injury Triage Line with billing, payment, insurance, or authorization questions?

No, Medcor is not able to answer these types of questions. Please follow your company guidelines.