

COUNTY COLLEGE OF MORRIS

Procedure: EMPLOYEE WORK RELATED ACCIDENTS, INJURIES, OR ILLNESSES PROCEDURES

General

New Jersey Workers Compensation regulations and the Morris County Loss Prevention Manual require that employee work related accidents, injuries or illnesses be reported to the College administration without delay. College administration will direct the employee to the appropriate medical care facility, and will manage reports on the incident, as called for in this procedure.

Policy

All employees of the College, including student aides, are required to **immediately** report **all** incidents of work-related injury or illness, whether on or off campus, to Public Safety and the appropriate supervisor. Public Safety will notify Human Resources Benefits Officer. Failure to report injuries or illness in a timely manner may result in denial of the claim.

Infectious Disease Control

Employees exhibiting symptoms of an infectious disease while at work must notify their supervisor and Human Resources and must leave the campus. This includes employees who have a fever over 100.4 degrees.

Authority

Vice President, Human Resources and Labor Relations
County of Morris Loss Prevention Manual – Section 3:4.0
29 Code of Federal Regulations Part 1904
County College of Morris Bloodborne Pathogens Exposure Control Plan

Responsibility

Human Resources
Benefits Officer
Public Safety
Supervisors
Employees

Procedure

A. SERIOUS MEDICAL INJURIES OR ILLNESS

1. ***The employee or person witnessing an incident*** immediately contacts 9-1-1 and then the ***Department of Public Safety*** (ext. 5550 or 973/328-5550).
2. If contacted directly regarding an emergency, ***The Department of Public Safety*** **immediately** and **always calls** 9-1-1 and then notifies the Benefits Officer.

3. Follow steps (3) through (13) as described below under MINOR INJURIES OR ILLNESSES.

B. MINOR MEDICAL INJURIES OR ILLNESSES

1. **Employee** immediately notifies **Public Safety**. (ext. 5550 or 973/328-5550). If the employee is on college business off campus, they report to the nearest walk-in clinic or emergency department and as soon as possible contact **Public Safety**.
2. When **Public Safety** responds, the officer will complete a Security Investigation Report (Attachment C) and assist the employee with completing an Illness/Injury Report Form (Attachment A).
3. **A Public Safety Officer** will assist the employee in contacting Qual Lynx Hotline **1-800-425-3222** to document the workers compensation case. If medical treatment is required, Qual Lynx will refer the employee to an approved medical provider. Treatment can only be authorized by Qual Lynx. If the employee is unable to drive themselves to the medical provider, Public Safety may be able to provide transport. However, it is the employee's responsibility to provide transport at their own cost, as necessary.
4. **A Public Safety Officer** will provide the injured/ill employee with a Morris County Workers' Compensation Report of Injury Form (Attachment B). **The Employee** completes their portion (first side) of the form as soon as they are physically able and gives it to their Supervisor. **The Supervisor** investigates the incident, completes their portion (second side) of the form, has it signed by the Division or Department Head, and sends it to the Human Resources Office **within 24 hours**.
5. If the incident involves potential exposure to bloodborne pathogens, the **Public Safety Officer** must provide **the Employee** with an Exposure Incident Report (Attachment D) to complete and bring with them to the medical provider.
6. Copies of **all** completed forms must be provided to the Benefits Officer or designee **within 24 hours**.
7. **The Employee** must submit all medical Return to Work Reports and medical bills pertaining to the incident to the **Benefits Officer** who will forward them to Morris County Risk Management for processing.
8. The **Public Safety Environmental Safety Coordinator** reviews the incident reports to determine if any safety issues may require remediation and notifies the **appropriate department**.
9. The **Benefits Officer** or designee completes the on-line PMA Companies Workers Compensation claim application. The **Benefits Officer** or designee forwards the

Illness/Injury Report Form and the Security Investigation Report, medical reports, and any other pertinent documentation to Morris County Risk Management upon receipt.

10. If applicable, the **Benefits Officer** adds the employee injury to the OSHA's Form 300 Log of Work-Related Injuries and Illnesses for the current year. If the injury is percutaneous occurring from contaminated sharps it is also added to the Sharps Injury Log for the year, maintained with the OSHA's Form 300.

Since the College exercises its right under OSHA to appoint a medical provider, employees should be aware that fees to personal physicians might not be paid by the workers' compensation provider. The College will comply with the decision of the assigned medical provider which will involve either a full return to work, no return to work, or return to work with restrictions.

Employees must remain in compliance with the medical provider's orders 24/7 and attend all follow-up appointments as directed until released to full duty or reaching maximum medical improvement. Employees should make all reasonable attempts to schedule appointments outside of their normal business hours when possible. If the appointment with the medical provider is during regular work hours, the employee will be allowed up to a maximum of 2 hours leave for local providers and four hours for providers requiring travel of fifty (50) miles or more.

If the employee does not wish medical attention at the time of reporting but determines they require medical attention at a future date, they must first contact the Qual Lynx Hot Line **1-800-425-3222** to be referred to a medical provider and notify the Benefits Officer at 973-328-5035.

The College does not offer light duty but may offer **alternate duty** which will adhere to any restrictions directed by the medical provider upon a return to work. Under alternate duty, employees may be assigned job tasks not in their usual job descriptions. The College will decide whether the medical provider's restrictions can be accommodated to return an employee to work.

C. FATALITY, IN-PATIENT HOSPITALIZATION, AMPUTATION OR LOSS OF EYE

If a **fatality or in-patient hospitalization, amputation, or loss of eye** takes place, the **Benefits Officer** or the **Environmental Safety Coordinator** will call the Department of Labor Office Public Employees Occupational Safety and Health Administration (PEOSH) at 1 (800) 624-1644 within eight hours of a fatality, or within twenty-four hours of an in-patient hospitalization, amputation, or loss of eye. If the Benefits Officer or designee are unavailable, **Public Safety** must perform the notification.