

Alachua County Public Schools

On-the-Job Injury and Illness

Information to Employees

The State of Florida Employee Assistance Office

at:

1-800-342-1741

The State of Florida Employee Assistance Office can assist you in:

- Understanding the Workers' Compensation System.
- Learning about your benefits.
- Communicating with the right people (your employer, Workers' Compensation Insurance Carriers, Doctors, etc).
- If your employer does not have coverage, call the Bureau of Compliance at 1-800-742-2214.

"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits a felony of the third degree."

What Is Workers' Compensation?

A State Required Program to Provide:

- Medical care
- Part of your lost pay

...to an employee injured as a result of a work-related activity.

- All benefits are set by Florida Law.
- Workers' Compensation is provided at no cost to you.

Q: Do I have to pay any of my medical costs?

A: No. But if you were injured on or after 1/1/94, you must pay \$10 per visit for treatment after your doctor releases you and you have reached maximum medical improvement (MMI).

Q: What kind of medical treatment can I get?

A: Medically necessary visits to an authorized health care provider (chiropractic visits may be limited), surgery, hospital care, dental, prescription medications, braces and crutches, mileage to and from the doctor, and any other medical supplies ordered by your authorized physician.

What Should I Do?

- As soon as you can, you must tell your supervisor (employer) you have been injured at work.
- Go to a medical provider authorized by your employer.
- Give your doctor as many details about your accident as possible.
- Follow your doctor's instructions.
- Ask your doctor when you may return to work.
- Let your employer know how you are doing.
- Under certain circumstances, you may be required to take a drug test.

Q: Can I choose my own doctor or change doctors?

A: You can choose a doctor from the list of physicians provided by your employer's managed care arrangement or insurance carrier. **If you go to a doctor other than one that is authorized, you may have to pay your own medical bills.**

What Should My Employer Do?

- Your employer is required to provide you the medical care needed to treat your injury or condition, so you can return to work.
- Complete an accident report.
- If you cannot work for more than seven days, due to your injury or condition, you will receive a portion of your normal pay according to a state determined schedule.
- These benefits may be paid by your employer or your employer's insurance carrier.

Q: When will I get my first check?

A: The earliest you can expect your check is within three weeks of your injury. This can only happen if you report your injury to your employer immediately.

Q: How much will my benefit check be?

A: In most cases, your weekly pay will be 66 2/3 percent of your average weekly wage, subject to a state maximum.

Q: Can my employer fire me if I file for workers' compensation benefits?

A: By law, you cannot be fired for filing or attempting to file a workers' compensation claim.

Q: Will my employer keep my job for me?

A: Not necessarily. You and your employer need to work together to get you back to work as soon as you are able.

Q: If I am unable to return to the type of work I did before I was injured, what can I do?

A: You may be able to get help finding another job or being retrained. Call the Department of Education, Division of Vocational Rehabilitation at (850) 245-3470 for information.

BE AWARE:

Your right to receive benefits and medical care may end if there has been no payment for lost pay or necessary medical care provided for a one year period.

This publication is being offered as an informational tool only, with the understanding that this is not official language of the Florida Statutes. In no event will the State of Florida, Division of Workers' Compensation be liable for any direct, indirect or consequential damages resulting from the use of this printed material.

On-The-Job Injury/Illness

Background:

On-The-Job-Injuries covered by the District's Workers' Compensation insurance are guided by Workers' Compensation Law [Florida Statutes] policy and procedures of the Florida School Boards' Insurance Trust [FSBIT] and district.

Your recovery and return to work is of the greatest concern. If you follow the process prescribed in this policy, you will find that all services can be obtained with minimal effort in a satisfactory manner.

Employee's Responsibilities:

- Report all injuries and illness to the supervisor immediately.
- Assist in the completion of all forms necessary to communicate the injury or illness
- Injuries of a serious/life-threatening nature will follow a different procedure. Care at the nearest emergency facility or emergency room will be authorized. Other injuries of a lesser magnitude will follow the procedure defined below:
- The nurse at your work location or a designated school will administer "first-aid" and assist you in obtaining further needed care.
- If you are not at a school location, you will use the nurse at the shown location for "first-aid":

Work Location:

Transportation
Manning Building
Printing
Oscar Servin Center
Sivia Center

Designated Site/Location:

Lake Forest Elementary / 4401 SE 4th Ave/ 955-6710
"
"
"
Rawlings Elementary / 3500 NE 15th Street / 955-6715

Special Note: During summer months when nurses are not working at any of the school sites, First Care of Gainesville; located at: 4343 W. Newberry Rd, Suite 10 is the only facility that can render care.

1. It is important to note that if an accident/injury is minor and professional medical attention is not required, the supervisor must submit a notice of injury and accident investigation form and indicate that they are for file purpose only. This effort preserves the right for an employee to later seek medical care should complications from the injury occur.

2. The Managed Care Program provider authorized for treatment of on-the-job injuries/illnesses is:

**First Care of Gainesville
4343 Newberry Rd, Suite 10
Gainesville, FL 32607
[352] 373-2340**

3. No employee is authorized to seek medical care without authorization. Florida Statute provides under 440.134 (17) as follows: “Treatment received outside the Workers’ Compensation Managed Care arrangement is not compensable unless authorized by the carrier prior to the treatment date.” **If you seek medical care on your own, you will be liable for the payment of the service.**
4. Emergency rooms are to be used only if the accident is serious/life threatening and/or the employee cannot be treated at First Care of Gainesville.
5. **Follow-up appointments, rehabilitation, or therapy MUST be scheduled during non-working hours.**
6. Follow the directions of the Managed Care Physician (First Care of Gainesville) for any medical specialist or treatment referrals. You must complete all prescribed appointments.
7. It is the employee’s responsibility to turn-in to their immediate supervisor all “work status/restrictions” reports from the treating physician or facility.
8. If a care provider determines that you are unable to work, you must report this to your supervisor and Risk Management at [352] 955-7668. The original work status note must be provided to your immediate supervisor.
9. Although you may be unable to return to your current position, you may be, dependent upon your restrictions, be re-assigned to another work location.
10. Employees returned to “Light or Restricted” duty will be accommodated at the workplace, if at all possible. When not possible, the work site supervisor will coordinate “reassignment” of the employee for the restricted period with the Human Resources Department.
11. “Temporary-Duty-Elsewhere” [TDE] presents unique circumstances and receiving care at an “out-of-network” / “Out-of-County” facility takes special coordination. As provided for above, injuries of a severe/catastrophic nature will be at the nearest emergency facility. Should such an event occur you are to contact your work site administrator for assistance.

Employee Information
Alachua County Public Schools
On-the-Job Injury and Illness

Acknowledgement:

My signature below confirms that I received the On-the-Job Injury/Illness Information to Employees packet.

Mandatory Fraud Statement

Any person who knowingly and with intent to defraud or deceive any employer or employee, insurance carrier, or self-insured program who files a statement of claim containing false or misleading information can be charged with a third degree felony that can result in fines, civil liability, and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that leads to arrest and conviction of persons committing insurance fraud.

Employee Name: (Please Print) _____

Employee Signature: _____

Date: _____

**(FILE AT SCHOOL/WORKSITE AND FORWARD COPY OF
SIGNED DOCUMENT TO RISK MANAGEMENT)**