SOMERSET COUNTY JOINT INSURANCE FUND
NOTIFICATION PROCEDURES FOR REPORTING WORKERS COMPENSATION

INJURED EMPLOYEE	SUPERVISOR	EMERGENCY PROCEDURES	FATALITIES, HOSPITALIZATIONS, AMPUTATIONS, & LOSS OF AN EYE
1. Notify Supervisor.	1. Make sure Employee calls **FIRST MCO** and follows their directions. If the Employee cannot call, the Supervisor must assume this responsibility.	1. Injured Employee provided medical care at nearest Hospital Emergency Room.	**1. Work related in-patient hospitalizations, amputations or loss of an eye, call the NJ DEPARTMENT OF LABOR @ 1-800-624-1644 within 24 hours and notify HUMAN RESOURCES.**
2. Call **FIRST MCO 1-800-831-9531.** Speak with Intake Representative and report incident. Follow instructions given by Intake Representative. Exception: Emergency - If Employee suffers acute condition, call 9-1-1 or Rescue Squad for medical care at RWJ/Somerset Hospital, Hunterdon Medical Center or closest Emergency Room. **FIRST MCO 1-800-831-9531** **Hours: You may call this number 24/7.** **CONCENTRA Locations** Mon – Fri 8:00 am-5:00 pm Bridgewater 908.231.0777 S. Plainfield 908.757.1424 Edison 732.225.5454 Somerset 732.748.1900 Parsippany 973.882.0444 *****Concentra provides transportation to Concentra locations only. Advise FMCO if you would like transportation coordinated***** **CityMD Locations** Mon – Fri 8:00am-8:00pm Raritan Sat & Sun 9:00am-5:00pm 908-557-9802 Watchung Sat & Sun 9:00am-5:00pm 908-557-9806	2. Fill out Supervisor's Report and forward to Human Resources Department and to **Guardian Public Entity Claims Service (GPECS) at WCclaims@guardianpecs.com or Fax 800-878-7386.**	2. 9-1-1 or Rescue Squad must be called if an Employee suffers acute conditions. By way of example, but not limited to: • Chest pain • Difficulty breathing • Closed head injury and/or any head injury that includes dizziness, nausea or vomiting, loss of consciousness and/or blurred vision • Allergic reactions which involve any unusual swelling or rash, tingling in extremities, dizziness or shortness of breath • Profuse, uncontrolled bleeding **DO NOT ATTEMPT TO TRANSPORT EMPLOYEES WITH THESE SYMPTOMS.**	**2. If an Employee dies as a result of a work related injury call the NJ DEPARTMENT OF LABOR @ 1-800-624-1644 within 8 hours and notify HUMAN RESOURCES.**
3. Fill out Employee Report, forward to Human Resources and communicate with **FIRST MCO** Nurse Case Manager.	3. Call Human Resources to report accident.	3. Supervisor notifies **FIRST MCO** of the Emergency.	**3. FAILURE TO NOTIFY THE NJ DEPARTMENT OF LABOR WITHIN THE REQUIRED TIME WILL RESULT IN A FINE AND PENALTY FOR THE ENTITY.**
4. Telemedicine is Available	4. All FROI documents, along with appropriate Job Description for injured Employee to **GPECS**.	4. Employee reports back to Supervisor and follows procedures as indicated in previous columns.	

ALL NECESSARY PAPERWORK REGARDING WORK RELATED INJURIES MUST BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES WITHIN 48 HOURS OF AN ACCIDENT, WITH EXCEPTION OF A WORK RELATED FATALITY WHICH MUST BE REPORTED WITHIN 8 HOURS. ANY WORK RELATED IN-HOSPITAL ADMISSIONS, AMPUTATIONS, OR LOSSES OF THE EYE, MUST BE REPORTED WITHIN 24 HOURS.