

**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 <b>FIRST MCO</b> 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.																					
<p>2. Call <b>FIRST MCO 1-800-831-9531</b>. Speak with Intake Representative and report incident. Follow instructions given by Intake Representative.</p> <p><u>Exception:</u> 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.</p> <p><b>FIRST MCO 1-800-831-9531 Hours:</b> <b><u>You may call this number 24/7.</u></b></p> <p><b>CONCENTRA Locations:</b></p> <table border="0"> <tr> <td>Bridgewater</td> <td>S. Plainfield</td> <td>Edison</td> </tr> <tr> <td>M-F 8-6 Sat 9-2</td> <td>M-F 8-5</td> <td>M-F 8-5</td> </tr> <tr> <td>908.231.0777</td> <td>908.757.1424</td> <td>732.225.5454</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Somerset</td> <td>Parsippany</td> <td></td> </tr> <tr> <td>M-F 8-5</td> <td>M-F 8-8 Sat 8-5/Sun 9-2</td> <td></td> </tr> <tr> <td>732.748.1900</td> <td>973.882.0444</td> <td></td> </tr> </table> <p><b>***Concentra provides transportation for SCJIF to Concentra locations only. Advise FIRST MCO if you would like transportation coordinated***</b></p>	Bridgewater	S. Plainfield	Edison	M-F 8-6 Sat 9-2	M-F 8-5	M-F 8-5	908.231.0777	908.757.1424	732.225.5454				Somerset	Parsippany		M-F 8-5	M-F 8-8 Sat 8-5/Sun 9-2		732.748.1900	973.882.0444		2. Fill out Supervisor's Report and forward to Human Resources Department and to <b>FIRST MCO</b> at <a href="mailto:intakedepartment@firstmco.com">intakedepartment@firstmco.com</a>	<p>2. 9-1-1 or Rescue Squad must be called if an Employee suffers acute conditions. By way of example, but not limited to:</p> <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Difficulty breathing</li> <li>• Closed head injury and/or any head injury that includes dizziness, nausea or vomiting, loss of consciousness and/or blurred vision</li> <li>• Allergic reactions which involve any unusual swelling or rash, tingling in extremities, dizziness or shortness of breath</li> <li>• Profuse, uncontrolled bleeding</li> </ul> <p><b>DO NOT ATTEMPT TO TRANSPORT EMPLOYEES WITH THESE SYMPTOMS.</b></p>	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.
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3. Fill out Employee Report, forward to Human Resources and communicate with <b>FIRST MCO</b> Nurse Case Manager.	3. Call Human Resources to report accident.	3. Supervisor notifies <b>FIRST MCO</b> of the Emergency.	3. <b>FAILURE TO NOTIFY THE NJ DEPARTMENT OF LABOR WITHIN THE REQUIRED TIME WILL RESULT IN A FINE AND PENALTY FOR THE ENTITY.</b>																					
4. Telemedicine is Available	4. All FROI documents, along with appropriate Job Description for injured Employee to <b>FIRST MCO</b> .	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.**