

Reporting Procedures for Accidents/Injuries

Any time a County employee is involved in a work-related accident, damage occurs to County or private property, or an employee has an on-the-job injury or illness, the Clay County Vehicle Accident/Incident Report as well as the First Report of Injury and Illness must be completed by both the immediate supervisor and the employee.

The Vehicle Accident/Incident Report and First Report of Injury or Illness is due to Risk Management **within 24 hours** of an accident. If you are unable to complete the report or obtain signatures within 24 hours, please e-mail any available information to RiskManagement@claycountygov.com and then forward the completed documents when the report is 100% complete. Remember, your department head must also sign the report.

Any accidents/incidents of a serious nature where an employee is seriously injured, **call 911**, or when a major loss occurs, it must be reported to Risk Management **within one hour**. The same applies for any contractor or subcontractor operating under a County contract.

Please include any available doctor's notes, photos, police reports, citizen or witness written statements, etc. with your completed Vehicle Accident/Incident Report and First Report of Injury or Illness.

Any time damage to a County vehicle or equipment occurs, the damaged vehicle/equipment must immediately be taken to the Fleet Shop and reported to the Fleet Maintenance staff. No equipment should be removed from the vehicle without prior release approval from Risk Management or the Fleet Manager. During normal business hours for **Fleet Maintenance, call (904) 529-5288**. After hours, on holidays or weekends, contact **Fleet Maintenance at (904) 588-3229**.

Drug Tests

Any time an employee is involved in a work-related accident/injury or there is damage to County or private property, **regardless of the severity or significance**, the employee(s) involved **MUST** be drug tested immediately.

- Refusal to submit to a drug test must be reported immediately to Risk Management and may lead to disciplinary action, up to and including termination of employment.
- Delaying the submission of a drug test will be grounds for disciplinary action or possible termination and may result in the accompanying workers' compensation claim to be denied.

Results are generally available within 24-48 hours and will be sent to the appropriate department. Until the results have been received, the employee is not permitted to drive a County vehicle. Supervisors may request an employee be tested if there is reasonable suspicion of drug or alcohol use.

Workers' Compensation Injuries

Florida's Workers' Compensation statute requires that employees seek medical attention for any on-the-job injury from an authorized provider of the Workers' Compensation carrier. If treatment is sought somewhere else and/or not authorized by the employer, the claim could be denied.

IF YOU ARE INJURED ON THE JOB:

1. Report your injury to your supervisor/director *immediately*. Failure to promptly notify your supervisor/director could result in the denial of your claim.
2. Your supervisor, or you at their request, will contact Risk Management at (904) 540-4888.

IF YOU REQUIRE MEDICAL TREATMENT:

Non-emergency medical care must be obtained from one of the treatment providers listed. The employee should be escorted by a supervisor. If you think it is likely that X-rays will be taken, make sure to contact the urgent care provider beforehand to ensure an X-ray technician will be on duty. You will provide them with your name and your employer (Clay County Board of County Commissioners).

Call 911 or proceed immediately to the nearest hospital if injuries are serious, such as: excessive or uncontrolled bleeding, trauma to the head, protruding bones, exposures to serious chemicals or waste, or crush injuries.

1. The treating physician will provide you with a copy of the DWC25 documenting the injury and giving your "Work Status." This form, as well as any others, *must be given to your supervisor immediately*, unless you are not physically able to do so, in which case you must call the supervisor and inform him/her of your work status, and then provide the documentation the following day.
2. The Clay County Vehicle Accident/Incident Report and First Report of Injury or Illness are due to Risk Management **with 24 hours of an accident/injury**. If you are unable to complete the reports or obtain signatures within 24 hours, please e-mail what you do have to RiskManagement@claycountygov.com and then e-mail the completed documents when the reports are 100% complete. Remember, **the department head must also sign this report**. Please include any doctor notes, photos, police reports, citizen or witness statements, etc. with your Accident/Incident Report and First Report of Injury or Illness.

IF YOU REQUIRE MEDICATION:

Tell the pharmacy that you have a workers' compensation claim. Provide them with the employer info (Clay County Board of County Commissioners). myMatrixx is an Express Scripts Company that the County uses for its workers' compensation prescription program. Ensure you receive the Workers' Compensation Temporary Prescription ID Card paperwork prior to seeking medical care. **For approval, the pharmacist may call 1-877-804-4900.**

**Doctors' orders must be strictly adhered to as specified by the treating physician in the DWC25.
Failure to do so may result in disciplinary action, up to and including termination.**

FIRST REPORT OF INJURY OR ILLNESS

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE
EMPLOYEE
INFORMATION

HOME ADDRESS		SOCIAL SECURITY NUMBER - -	DATE OF ACCIDENT (Month-Day-Year)	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM
TELEPHONE Area Code Number () -		EMPLOYEE'S DESCRIPTION OF ACCIDENT (include Cause of Injury)		
OCCUPATION		INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED	
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F			

EMPLOYER/COMPANY Clay County Board of County Commissioners P.O. Box 1366 Green Cove Springs, FL 32043-0038		FEDERAL I.D. NUMBER (FEIN) 59-6000553	DATE FIRST REPORTED (Month-Day-Year)
TELEPHONE Area Code Number		NATURE OF BUSINESS Municipality	POLICY/MEMBER NUMBER N/A
EMPLOYER'S LOCATION ADDRESS (if different)		DATE EMPLOYED	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
Location # (if applicable):		LAST DAY EMPLOYEE WORKED	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
PLACE OF ACCIDENT (Street, City, State, Zip)		RETURNED TO WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP?
COUNTY:		DATE OF DEATH (if applicable)	RATE OF PAY PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> DAY <input type="checkbox"/> MO
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 insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.		AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of hours per day Number of hours per week Number of days per week
EMPLOYEE SIGNATURE (if available to sign)		DATE	NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
EMPLOYER SIGNATURE		DATE	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIMS-HANDLING ENTITY INFORMATION			
<input type="checkbox"/> 1(a) Denied Case – DWC-12, Notice of Denial Attached <input type="checkbox"/> 1(b) Indemnity Only Denied Case – DWC-12, Notice Of Denial Attached <input type="checkbox"/> 3. Lost Time Case – 1st day of disability		<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8th Day Of Disability Entity's Knowledge of 8th Day of Disability Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date	
Date First Payment Mailed <input type="checkbox"/> T.T. <input type="checkbox"/> T.T.- 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> AWW <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> Comp Rate <input type="checkbox"/> SETTLEMENT ONLY		Penalty Amount Paid in 1st Payment Interest Amount Paid in 1st Payment	
REMARKS:		INSURER NAME Clay County Board of County Commissioners	
INSURER CODE # 9674	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE 921120	CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE Scibal Associates DBA Qual-Lynx 100 Decadon Drive Egg Harbor Township, NJ 08234-3831 Phone: (732) 809-5399 Fax: (904) 229-0292
SERVICE CO/ TPA CODE # 06141	CLAIMS-HANDLING ENTITY FILE #		

» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed the processing of your approved workers' compensation prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame a la Atención a Clientes en myMatrixx, una compañía de Express Scripts, al 877-804-4900.

» To the Pharmacist:

myMatrixx, an Express Scripts Company administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of \$750. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx, an Express Scripts Company Customer Care at 877.804.4900.

Pharmacy Processing Steps

- Step 1: Enter BIN number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

Express Scripts

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: ____/____/____
MM/DD/YYYY

Group #: CXRA

Employee Date of Birth: ____/____/____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

» To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

First	M	Last
Street Address or PO Box		
City	State	ZIP

Employer Name
 Clay County Board of County Commissioners

Participating Retail Network Pharmacies



A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Fam Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
Bi-Lo	Food Lion	Northeast Pharmacy	Super Fresh
Bi-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target
Brooks	Giant	P & C Food Markets	Texas Oncology Svcs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavilions	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Walmart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie

Workers' Compensation Physicians (PCP)

(First)

URGENT CARE

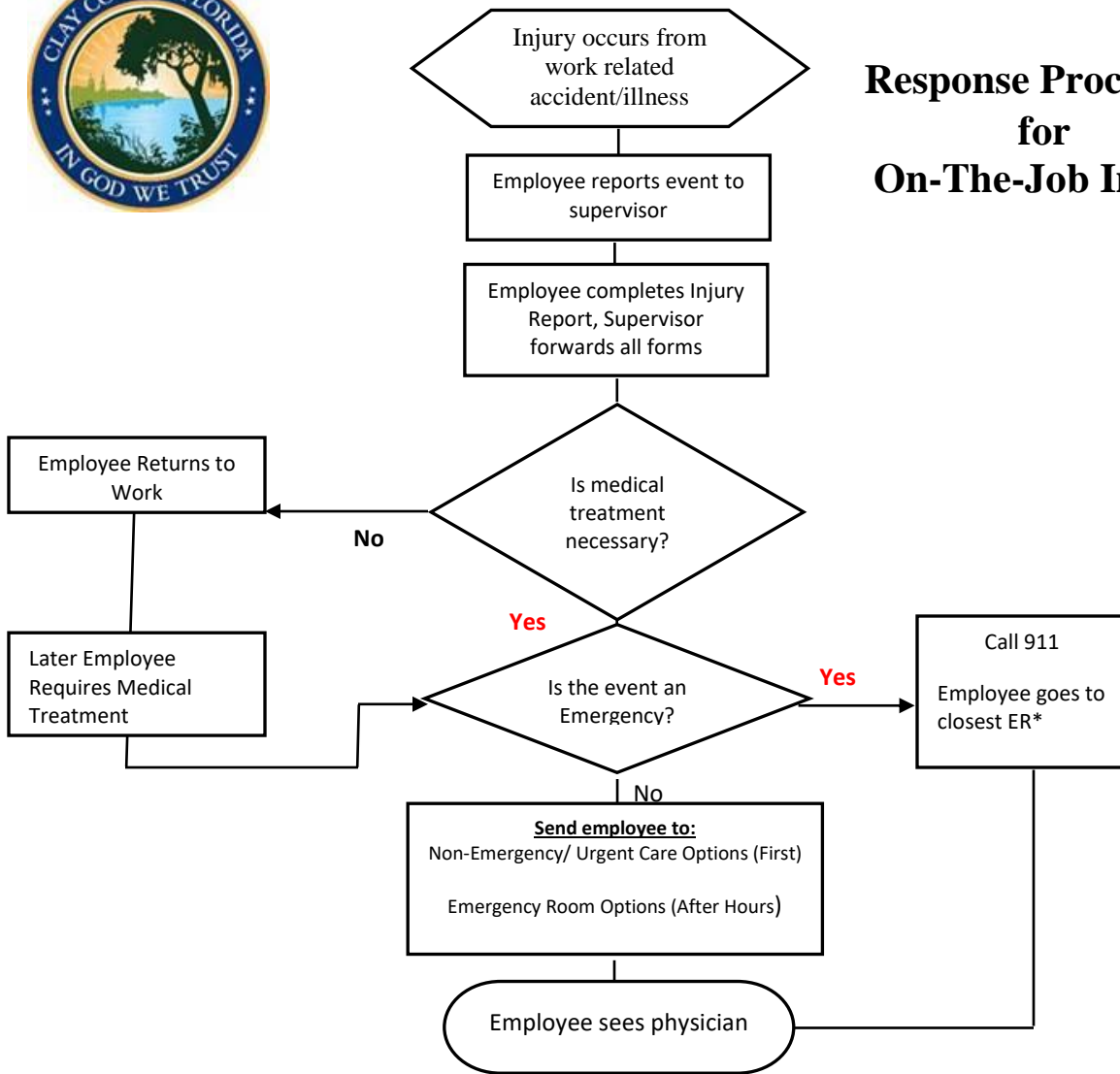
<p>CareSpot Middleburg 1708 Blanding Blvd. Middleburg, FL 32068 Phone: (904) 406-8240 Fax: (904) 291-4376 Mon. – Sun. 8am-8pm</p>	<p>CareSpot Orange Park 2140 Kingsley Ave. Ste 15 Orange Park, FL 32073 Phone: (904) 213-0600 Fax: (904) 213-0652 Mon.- Sun. 8am-8pm</p>	<p>CareSpot Fleming 1544 County Road 220 Suite 100 Fleming Island, FL 32003 Phone: (904) 830-9009 Mon.- Sun. 8am-8pm</p>
<p>Avecina Medical Oakleaf 9580 Applecross Rd. Ste 106 Jacksonville, FL 32222 Phone: (904) 778-9180 Mon-Fri 8am-8pm Sat -Sun 8am-5pm</p>	<p>Ascension St. Vincent's 2001 County Rd. 210 #100 St. Johns, FL 32092 Phone: (904) 450-8120 Mon.- Fri 7am-7pm Sat: 9am-7pm Sun: 9am-4pm</p>	<p>HCA Florida Middleburg ER 2562 Blanding Blvd. Middleburg, FL 32068 Phone: (904) 276-8600 Open 24 hours</p>
<p>Avecina Medical Orange Park 2020 Kingsley Ave. Suite 1 Orange Park, FL 32073 Phone: (904) 458-4013 Mon – Fri 8am-8pm Sat – Sun 8am 5pm</p>		<p>CareSpot Mandarin 12303 San Jose Blvd. Jacksonville, FL 32223 Phone: (904) 288-0277 Fax: (904) 288-0414 Mon.- Sun. 8am-8pm</p>
<p>CareSpot St. Augustine 2095 US Hwy 1 S. St. Augustine, FL 32086 Phone: (904) 429-0001 Fax: (904) 824-9338 Mon. – Sun. 8am-8pm</p>	<p>CareSpot Southside 8705 Perimeter Park Blvd Jacksonville, FL 32216 Phone: (904) 248-3910 Fax: (904) 248-3920 Mon. – Sun. 8am-8pm</p>	<p>CareSpot Westside 5964 Normandy Blvd Jacksonville, FL 32205 Phone: (904) 378-0121 Fax: (904) 781-1694 Mon. – Sun. 8am-8pm</p>
<p>CareSpot Beach & Hodges 13460 Beach Blvd. #1 Jacksonville, FL 32224 Phone: (904) 854-1700 Fax: (904) 223-5190 Mon.- Sun 8am-8pm</p>	<p>CareSpot Neptune Beach 410 Atlantic Blvd. Neptune Beach, FL 32266 Phone: (904) 241-0117 Fax: (904) 241-0303 Mon. – Sun. 8am-8pm</p>	<p>CareSpot Arlington/Cesery 1021 Cesery Blvd Jacksonville, FL 32211 Phone: (904) 743-2466 Fax: (904) 743-4070 Mon. – Sun. 8am-8pm</p>
<p>CareSpot Northside 2032 Dunn Ave Jacksonville, FL 32218 Phone: (904) 757-2008 Fax: (904) 757-4623 Mon. – Sun 8am- 8pm</p>	<p>CareSpot San Marco 4498 Hendricks Ave Jacksonville, FL Phone: (904) 854-1730 Fax: (904) 402-8000 Mon.- Sun 8am-8pm</p>	<p>CareSpot Yulee 463941 State Rd. 200 Yulee, FL 32097 Phone: (904)572-1959 Fax: (904) 261-9083 Mon. – Sun. 8am-8pm</p>

EMERGENCY ROOM

<p>Baptist Medical Center Clay 1771 Baptist Clay Dr. Fleming Island FL 32003 Phone: (904)516-1000</p>	<p>Ascension St. Vincent's Clay 1670 St. Vincent's Way Middleburg, FL 32068 Phone: (904) 602-1000</p>	<p>HCA FL Orange Park Hospital (preferably only when a trauma center is needed) 2001 Kingsley Ave Orange Park, FL 32073 Phone: (904) 639-8500</p>
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Response Procedure for On-The-Job Injury



NON-EMERGENCY/ URGENT CARE OPTIONS:

During normal duty hours:

CareSpot Orange Park
2140 Kingsley Ave. Ste 15
Orange Park, FL 32073
Phone: (904) 213-0600

Avecina Medical Orange Park
2020 Kingsley Ave. Suite 1
Orange Park, FL 32073
(904) 458-4013

CareSpot Fleming
1544 County Road 220
Suite 100
Fleming Island, FL 32003
(904) 830-9009

CareSpot Middleburg
1708 Blanding Blvd.
Middleburg, FL 32068
(904) 406-8240

*** EMERGENCY ROOM PRIORITY OPTIONS:**

(Depending on extent of injury and trauma center rating)

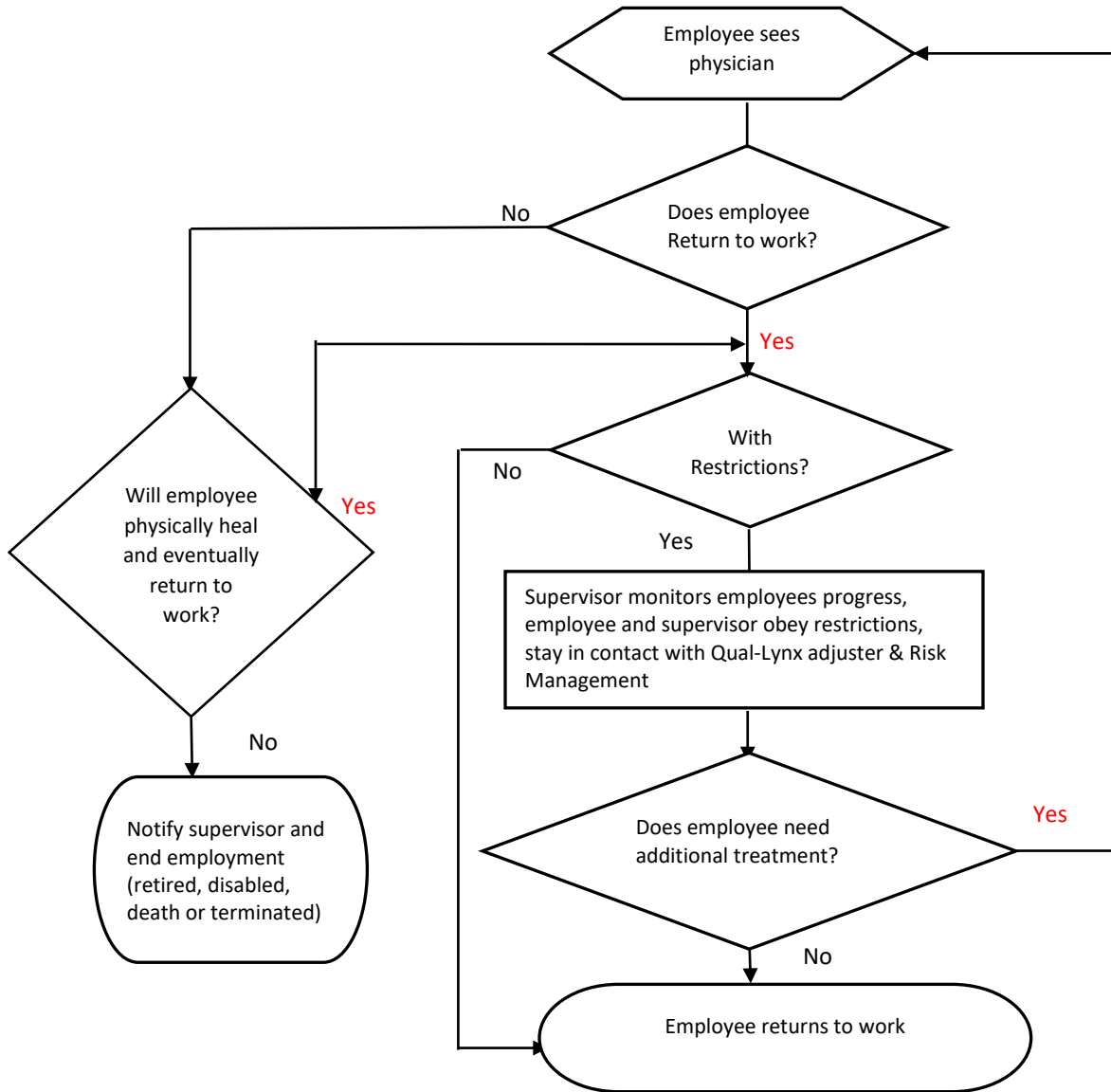
Baptist Medical Center Clay
1771 Baptist Clay Drive
Fleming Island, FL 32003
904-516-1000

Ascension St. Vincent's Clay
1670 St. Vincent's Way
Middleburg FL 32068
904-602-1000

HCA FL Orange Park Hospital
(preferably only when a trauma center is needed)
2001 Kingsley Ave
Orange Park, FL 32073
Phone: (904) 639-8500



Continued Care Procedures For On-The-Job Injury



IMPORTANT NUMBERS:

Qual-Lynx Fax	904-229-0292
Qual-Lynx Representative	732-809-5399
Risk Manager	904-540-4888

RiskManagement@claycountygov.com