

**Procedures to be followed for:  
On-the-Job Injuries  
2017/2018 School Year**

The Bloomfield Board of Education is concerned with the well being of all employees and provides all employees with Workers' Compensation coverage which applies to **On-the-Job Injuries**. It is *imperative* that the appropriate procedure be followed in the event of **on-the-job injuries**. Failure to correctly report injuries can jeopardize your workers' compensation coverage.

During the school year, **on-the-job-injuries** are to be reported to the school nurse AND the Workers' Compensation Managed Care Administrator, **FIRST MANAGED CARE OPTION at 1-800-831-9531**. They will document your accident/injury and refer you to a medical facility for treatment. **YOU ARE NOT TO SEEK TREATMENT WITHOUT AUTHORIZATION FROM FIRST MANAGED CARE OPTION.** Note: **If the medical provider designates a period of light duty as a result of your injury, this written diagnosis must be presented immediately to your supervisor, school principal, and the Payroll/Benefits Office.**

First Managed Care Option prepares the documentation and faxes same to the Payroll/Benefits Office. The school employee accident report is completed by you or the school nurse and forwarded to the Payroll/Benefits Office.

If you are injured and do not feel as though treatment is necessary, see your school nurse and complete an Employee Accident report; it will be kept on file so that a record of your accident/injury exists in the event you require treatment at a future date. But still notify **First Managed Care Option 1-800-831-9531**, as well.

Please address any questions about the above information to Payroll/Benefits at Ext.2003.

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Please return bottom portion to your school Secretary or the Payroll/Benefits Office by September 12, 2017.

Bloomfield Board of Education  
2017/2018 School Year

I certify that I have read and understand the procedures for reporting on-the-job injuries. I realize that failure to follow these procedures will jeopardize workers' compensation coverage and benefits.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
School/Department