

RCSD EMPLOYEE INSTRUCTIONS FOR REPORTING OF OCCUPATIONAL INJURY OR ILLNESS

- 1) Employees shall report all work-related injuries immediately to their supervisor.
- 2) The injured employee must complete and sign the District's Workers' Compensation First Report of Injury and Illness Reporting Form, and forward a copy of the form to their supervisor within the first 24 hours of the injury.
- 3) The supervisor or administrator must sign the injury form and ensure the report is immediately reported to the District's Workers' Compensation third party administrator, POMCO, Inc. at "cstobnic@pomcogroup.com" and the District's Risk Management (HCI) "Workers.Comp@rcsdk12.org" Email folder **along with** any additional documents pertaining to the incident. Contact information for POMCO and the District is below.
- 4) Should the employee leave work in an emergency situation, the incident should be reported to the supervisor and the District Risk Management Department (HCI) IMMEDIATELY. The incident will still need to be electronically reported in order to generate a claim for the injured employee. *****Please do not delay reporting the incident, the signed document and materials can be subsequently submitted through email, fax or interoffice mail.*****

INFORMATION FOR THE INJURED WORKER:

- 1) An injured employee is entitled to obtain medical treatment relating to the injury or illness.
- 2) An injured employee should choose a physician or facility who accepts N.Y.S. Workers' Compensation Insurance.
- 3) Should the injured employee receive medical treatment after the initial incident report, the employee can contact POMCO at 1-877-236-7475, or the RCSD HCI-Risk Management Office at 262-8320 to provide information.
 - a. Should the injured employee need medical treatment, the employee **must** inform the treating facility, the injury/illness is work related and to directly bill POMCO for related services.
- 4) An injured worker should not pay a deductible for receiving medical treatment. If an injured worker does pay for a medical service, including prescriptions or medical equipment, etc., they should seek to have the monies reimbursed from POMCO.
- 5) If the injured worker feels the injury or illness prevents him/her from working, he/she needs to notify his/her supervisor and if he/she remains out of work for **more than three (3) consecutive days**, medical documentation must be submitted to the District, (see collective bargaining agreements). This documentation will need to be reviewed in the Benefits/Risk Management Departments.

CONTACT INFORMATION:

HCI-Risk Management
131 West Broad Street
Rochester, New York
585-262-8320 or 585-262-8578
585-295-2614 (fax)

POMCO, Inc.
P.O. Box 325
Syracuse, New York 13206
877-236-7475
315-433-5473 (fax)