

WHAT TO DO WHEN YOU HAVE AN ACCIDENT ON THE JOB

As an employee of BH you are protected under the Workers' Compensation Law of the State of Florida. In the event that you suffer a work related injury, illness or exposure (blood or body fluids or communicable disease), it is most important that you follow the procedures below:

1. Report your injury to your Department Head, Supervisor, or Nurse Manager.
2. Obtain the BH EMPLOYEE ACCIDENT Report Form from your Department Head, Supervisor or name manager.
3. a. Complete Section I of the EMPLOYEE ACCIDENT report Form and return to your Supervisor before leaving work.
b. Under DESCRIPTION OF ACCIDENT, please give a short specific description (if applicable, include patient involve, body part injured, floor, room number, exact place accident occurred, how it occurred, equipment involved including serial number, etc.)
4. Section III of the BH EMPLOYEE ACCIDENT Report Form must be filled out and signed by the Department Head or Nurse Manager. If either of the above is unavailable, any representative for the unit or department's management available at the time of the accident must complete *Section III and sign* the form at *once* and immediately forward form to Health, Safety and Environmental Affairs Department. It is that representative's responsibility to inform the Department Head/Nurse manager (upon their return) of the employee injury. The Department Head/Nurse manager shall send the original Human Resources to be place in the Employee's File. **Note: THE EMPLOYEE ACCIDENT Report Form is to be used to document accidents without injuries or near-misses.**
 - In the event of a slip, trip and fall accident, be sure that Security/Protective Service has been notified sot hat a slip, trip fall investigation can be completed.

IF YOU ARE EXPOSED TO BLOOD OR COMMUNICABLE DISEASE PROCEED AS FOLLOWS:

- Immediately following an exposure to blood: (a) Needlesticks and cuts should be washed with soap and water (b) Splashes to the nose, mouth or skin should be flushed with water (c) Eyes should be irrigated with Clean water, saline or sterile irrigates.
- Report all exposures to Employee Health if exposure occurs during their working hours or to the Emergency Department (ED) if after hours. Prompt reporting is essential as in some cases HIV post-exposure treatment may be commended to be started as soon as possible, preferable with 1-2 hours following the exposure. You must also call 1-888-373-8282 to report the exposure. After treatment has been determine, follow up with Employee Health.

IF YOUR INJURY REQUIRES MEDICAL ATTENTION PROCEED AS FOLLOWS:

- If you have sustained an injury or suffered a job connected illness while on duty requiring medical attention, contact the Intake Service Coordinator (ISC) by phone 24 hours a day, seven days a week at **1-888-373-8282 prior** to seeing medical care for an occupational injury that does not require **emergency** treatment. **Your ISC is your first point of contact to receive medical care for a work related injury.** A Case Manager will be assigned to you after you contact the ISC to report your work related injury.
- You **must** present your official BH Workers' Compensation ID Card to any medical care provider to verify and validate authorization prior to receiving care. **Note: Employees may not self-direct or refer themselves to any medical provider for care associate to a work-related injury or illness.**

IF YOUR INJURY IS AN EMERGENCY, PROCEED TO THE NEAREST EMERGENCY DEPARTMENT, THEN:

- You must contact the ISC at 1-88-373-8282 in order to be assigned a primary care physician (PCP) who will manage your care related to the injury following your initial visit to the ED.

FOR ALL REPORTED ACCIDENTS:

- Notify your supervisor of your injury status and maintain regular contact. If your injury results in time lost from work, BH is committed to assist you in recuperating as quickly as possible so that you may return to your full, productive work capacity. Our Workers' Compensation and MEDWORK departments will work closely with you to ensure you get the appropriate medical care so that you can continue your active employment with us.

Should you have any grievance regarding your care related to a work-related injury, refer and follow the BH Workers' Compensation grievance Policy and Procedure. You must contract the I.S.C. to initiate any grievance procedures.

I HAVE READ AND UNDERSTAND THE ABOVE. I HAVE BEEN ADVISED THAT THERE IS A GRIEVANCE POLICY AND ACKNOWLEDGE RECEIPT OF MY WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT ID CARD AND THAT I HAVE BEEN GIVEN A COPY OF THIS FORM (EMPLOYEE KEEPS YELLOW COPY).

EMPLOYEE NAME (Print): _____ **Department (Unit)** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____