

Hillsborough County Public Schools District Safety Office



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Workers' Comp Works For You

If you are injured on the job:

Workers' compensation pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

\$25,000 Reward

ANTI-FRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at

<http://www.myfloridacfo.com/fraudpage.asp>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment.
State of Florida
Division of Workers' Compensation

69L-6.007, F.A.C. Compensation Notice
DFS-F4-1548
Revised March 2010

1. Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.

2. Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.

3. If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at 1-800-342-1741.

PLACE INSURER INFORMATION STICKER HERE

Workers' Compensation Employee Injury Procedures

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Introduction



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Introduction

I. Florida State Statute 440.015 Legislative Intent

It is the intent of the Legislature that the Workers' Compensation Law be interpreted so as to assure the quick and efficient delivery of disability and medical benefits to an injured worker and to facilitate the worker's return to gainful re-employment at a reasonable cost to the employer.

II. The School District of Hillsborough County Workers' Compensation Office

An effective workers' compensation program begins before an accident occurs. There are many players in the workers' compensation system concerned with the delivery of benefits to the injured worker: The District Safety Office staff, Broadspire Claim Adjusters, the doctors, but most of all you the employer. Without the employer's active involvement, the workers' compensation system will not work.

If a School Board employee experiences an unexpected or unusual event, an accident resulting in personal injury, it is our intent to make sure that the injured worker receives the best care available.

Therefore, the Workers' Compensation Office has put together "Employee Injury Procedures", that outline proper steps and the forms needed to file a claim. These procedures will help expedite medical treatment for the injured worker so that they might anticipate a speedy recovery.

We at the Workers' Compensation Office are dedicated to finding ways of enhancing our program and we are committed to helping you.

**On The Job
Employee Injury
Procedures**

Hillsborough County Public Schools
District Safety Office



Hillsborough County
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Workers' Compensation Employee Injury Procedures

This packet contains information and instructions regarding on the job accidents/injuries. Enclosed for your use are the following forms: Injury Report Steps of Care; First Report of Injury or Illness; Broadspire Tele-reporting Instructions; Authorization for Release of Medical Information; Workers' Compensation Referral for Medical Treatment; List of approved Authorized Provider Initial Care Facilities; If you have any questions, please call one of the persons listed below:

- *Employees are to use the facility nearest their worksite or work location.*
- *Notify the Workers' Compensation Office immediately when any employee is sent out to the Emergency Room instead of the "Authorized Preferred Provider - Initial Care Facility".*
- *The Emergency Room is for emergency care only. Minor injuries and non-emergency cases are to be attended to by the "Authorized Preferred Provider - Initial Care Facilities".*
- *Injuries after 4PM may use the After Hours Urgent Care Facilities on the list. However, the next day they must follow-up with one of the Initial Care Facilities.*
- *Follow up doctor appointments and/or physical therapy is to be scheduled during non-working hours if at all possible.*

District Safety Office / Workers' Compensation Office

Glen Lathers, Manager, Safety and Risk Management Programs

Holly Sloop - Safety Specialist, Claims872-5267 Ext. 238

Cathy Wentzel, LPN, OHN.....872-5267 Ext. 239

Candyce Graham, Broadspire Liaison872-5267 Ext. 236

Janet Goodson, LPN, OHN.....872-5267 Ext. 237

Xiomara Fuentes - Safety Clerk.....872-5267 Ext. 241

Fax: 813-356-1417 - Medical (Nurses)
813-356-1663 - Administration



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On the Job Employee Injury Procedures

When an employee is accidentally injured at a School District site, the injured employee and/or co-workers shall notify the injured employees supervisor and the sites' designated person. The supervisor and/or designated person shall determine extent of the injury and initiate one of the following actions.

1. Minor First Aid Treatment

- a. Administer first aid to the wound.
- b. Do not use first aid kit as a substitute for medical attention.
- c. First report of injury, keep in school file.
- d. Document on OSHA 200 Log as first aid only.

2. Non-Emergency Medical Treatment.

- a. The immediate supervisor of the injured employee will ensure that the following forms/reports are completed, and notify workers' compensation office.
 - (1) First Report of Injury
 - (2) Workers' Compensation Referral for Medical Treatment
 - (3) School District of Hillsborough County Authorization for Release of Medical Information.
 - (4) Employee Responsibilities
- b. When medical treatment is needed the injured employee, with his/her supervisors assistance, will report to the nearest approved workers' compensation medical provider. The injured employee must provide the form "Workers' Compensation Referral for Medical Treatment" and claim number to the doctor's office.
- c. Medical provider will give employee work status document to return to employer.

On the Job Employee Injury Procedures

(cont.)

- d. If the medical provider recommends an employee for modified duty, the injured worker is to return to their regular work location. Whereas, the supervisor must allow the injured worker to return to work and insure that the employee does not exceed the doctor's limitations.

3. Emergency Medical Treatment

When site personnel determine that emergency care is warranted. The immediate supervisor will ensure that proper documentation is complete and the employee is transported to the nearest emergency/urgent care facility.

- a. The supervisor or designated personnel shall notify Workers' Compensation Office and District Safety Office immediately.
- b. The injured employee must follow-up with visit to approved Authorized Initial Care Medical Provider within 24 hours of emergency treatment.
- c. The approved Authorized Initial Care Medical Provider will
 - (1) Treat and release to full duty or
 - (2) Treat and release with restrictions/limitations (after initial treatment) or
 - (3) Remove from duty.

The approved Authorized Initial Care Medical Provider will complete the treatment unless changed by the Workers' Compensation Office. The injured employee may not change doctors except by previous approval of the Workers' Compensation Office or Broadspire Adjusters.



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Principal's Secretary or Designated Person's Responsibilities

- ➔ HAVE INJURED WORKER COMPLETE THE WORKERS COMPENSATION CLAIM PACKET.
- ➔ IF NO TREATMENT IS NECESSARY OR EMPLOYEE ONLY WANTS A RECORD, DO NOT CALL THE CLAIM IN, THE ONLY ENTRY IS ON THE OSHA 200 LOG.
 - * *File packet in employee file.*
- ➔ HAVE THE INJURED WORKER SIGN THE “AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION” FORM.
- ➔ COMPLETE “WORKERS’ COMPENSATION REFERRAL FOR MEDICAL TREATMENT” FORM.
- ➔ CALL THE CLAIM INTO INSURANCE CARRIER.
 - * *Broadspire Tele-Reporting Number 1-877-368-2116*
- ➔ SEND INJURED WORKER TO THE NEAREST AUTHORIZED INITIAL CARE FACILITY.
 - * *Refer to the list of Workers’ Compensation Authorized Preferred Provider Initial Care Facilities for the medical center closest to your site.*
- ➔ INSTRUCT INJURED WORKER TO RETURN BACK TO THE WORK LOCATION WITH ALL PAPERWORK FROM DOCTOR.
- ➔ ENTER INJURY ON OSHA 200 LOG.
 - * *For further instructions regarding the OSHA 200 log, contact your Safety Specialist. (813) 872-5263*

HILLSBOROUGH COUNTY PUBLIC SCHOOLS, FLORIDA
LOSS SUMMARY 200 LOG

SITE NAME: _____

SITE ADDRESS: _____

SITE NUMBER: _____

AREA NUMBER: _____

FLORIDA DIVISION OF SAFETY - RULE 381-60 FAC
This document must be kept on file for 5 years.

Incident Number YYYY##	DATE (MM/DD/YYYY)	NAME Affected person's full name. (Last, First, M.I.)	OCCUPATION Regular job title or occupation (Custodian, Student, etc.)	CATEGORY C - Contractor E - Employee O - Other S - Student V - Visitor	DEPARTMENT Employer name and address Regularly assigned department Home address Grade & homeroom number Home address	LOCATION Brief description of where the incident occurred.	TYPE OF INJURY Describe the injury - indicate body parts affected, illness/disease, symptoms, property damaged, damage items or building parts	FATALITY Date of Death (MM/DD/YYYY)	LOST TIME Enter check if days away from work (✓)	EMPLOYEES ONLY		RESTRICTED DUTY Total of restricted work activity (# of days)
										LOST WORK DAYS Total days employee unable to work (# of days)	LOST TIME	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	
PREVIOUS PAGE TOTALS:												
TOTALS:												

Certified by: _____ Title: _____ Date: _____



Hillsborough County
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Principal's Secretary or Designated Person's Responsibilities

- ➔ **ALL Bloodborne Pathogen** exposures and **Repetitive injuries** (e.g. carpal tunnel) claims will be referred to **Lakeside Occupational Medical Care Facility**.

- ➔ Claims for Pink Eye, Head Lice, and Ringworm **are not covered by Workers' Compensation**.

- ➔ **Emergency Medical Services (EMS)** – If your employee is injured to the extent that EMS has to be called, they should go to the **nearest emergency facility**. **It is imperative that the employee follows up with an approved Workers' Compensation treating physician after this initial treatment**.

- ➔ If a doctor recommends an employee for **modified duty**, the injured worker will be returned to their regular work location. Whereas the supervisor **must allow** the employee to return to work and insure that the employee does not exceed the doctor's limitations.

- ➔ **If injury is caused** by the **knowing refusal** of the employee to use a **safety appliance or observe a safety rule** lawfully adopted by the department, and **brought prior to the accident to the employee's knowledge**, or **if injury is caused by the knowing refusal of the employee to use a safety appliance provided by the employer**, (e.g. safety glasses, safety belts, proper shoes, safety guards on machines) the compensation benefits as provided in State Statute 440.09 shall be reduced by 25 percent.



Hillsborough County
PUBLIC SCHOOLS
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Conjunctivitis and Like Childhood Diseases:

Hillsborough Classroom Teachers Association, Inc. Tampa, Florida

Section: 12.11.7

In addition to all Workers' Compensation benefits, employees shall also be entitled to illness in-line-of-duty leave when they are absent from duties because of certain illnesses contracted at work. This policy is intended to deal with such uncommon diseases or infestations as infectious hepatitis, meningitis and scarlet fever and the illnesses normally related to childhood diseases such as mumps, measles, chicken pox, head lice, pink eye, scabies or impetigo. This does not include the normal adult illnesses such as the common cold, influenza, etc. (Children found to contain these illnesses or infestations shall be immediately, except in emergency, excluded from the classroom and shall not be allowed to return to school until such time as the condition no longer exists.) This extended benefit is not covered under the Workers' Compensation Law; therefore employees must seek medical care on their own (without a medical referral form) and present their bills to the principal/supervisor.

To receive benefits, send the following documentation to:

Worker's Compensation Claims Representative, Safety Office – Rt. 1:

Send a **Memo from principal/supervisor** stating that the employee was personally exposed to a specific illness.

Send **Medical documentation** confirming specific illness.

Send **Proof of Payment**.

Please be advise that only co-payments will be reimbursed and that the Workers' Compensation Office will determine approval of payment for any time missed from work.

**Workers'
Compensation
Claim Packet**

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

NAME (First, Middle, Last)		Social Security Number	Date of Accident (Month/Day/Year)	Time of the Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS Street/Apt #: _____ City: _____ State: _____ Zip: _____		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)		
TELEPHONE (Area Code) Number		INJURY/ILLNESS THAT OCCURRED		PART OF BODY AFFECTED
Occupation:	DATE OF BIRTH / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F		

EMPLOYER INFORMATION

COMPANY NAME: _____	FEDERAL I.D. NUMBER (FEIN) 596000660	DATE FIRST REPORTED (MONTH/DAY/YEAR)
D.B.A.: _____	NATURE OF BUSINESS	POLICY/MEMBER NUMBER
Street: _____		
City: _____ State: _____ Zip: _____	DATE EMPLOYED / /	PAID FOR DATE OF INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE (Area Code) Number	LAST DATE EMPLOYEE WORKED / /	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> yes
EMPLOYER'S LOCATION ADDRESS (If Different)	RETURNED TO WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	LAST DATE WAGES WILL BE PAID INSTEAD OF WORKERS' COMP. / /
Street: _____	IF YES, GIVE DATE: / /	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK
City: _____ State: _____ Zip: _____		\$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO
LOCATION # (If Applicable) _____	DATE OF DEATH (If Applicable) / /	Number of hours per day: _____
PLACE OF ACCIDENT (Street, City, State, Zip)	AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of hours per week: _____
Street: _____		Number of days per week: _____
City: _____ State: _____ Zip: _____	NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL	
COUNTY OF ACCIDENT:		
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 is commits insurance fraud, punishable as provided in S. 817.234. Section 440.105(7), FS. statement.		
I have reviewed, understand and acknowledge the above statement.		
_____ EMPLOYEE SIGNATURE (If Available to sign)	_____ DATE	AUTHORIZED BY EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ EMPLOYER SIGNATURE	_____ DATE	

CLAIMS ENTITY INFORMATION

<input type="checkbox"/> 1- Case Denied--DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2- Medical Only which became Lost Time Case (completed all info in #3)
<input type="checkbox"/> 1- (b) Indemnity Only Denied Case - DWC-12 Notice of Denial Attached	Employee's 8th Day of Disability _____ / /
<input type="checkbox"/> 3- Lost Time Case -- 1st day of disability _____ / /	Entity's knowledge of 8th Day of Disability _____ / /
Date First Payment Mailed _____ / / AWW _____	Full Salary in lieu of comp? <input type="checkbox"/> Yes Full Salary End Date _____ / /
Comp Rate _____	
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T.-80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> Death <input type="checkbox"/> SETTLEMENT ONLY	
Penalty Amount Paid in first Payment \$ _____	Interest Amount Paid in first Payment \$ _____

REMARKS:			INSURER NAME
			CLAIMS-HANDLING ENTRY NAME, ADDRESS & TELEPHONE
INSURER CODE#	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAUCS CODE	BROADSPIRE
			P.O. BOX 14345
CARRIER CODE #	CLAIMS-HANDLING ENTITY FILE#		LEXINGTON, KY 40512
			(813) 350-7300

Authorization To Use Or Disclose Protected Health Information

I hereby authorize my medical provider to disclose and release medical, mental, alcohol and/or drug abuse or any other medical information of a **sensitive** nature from the health records of the individual whose name is listed below to **Hillsborough County Public Schools and Broadspire Services**

Patients Name _____ Date of Birth _____
Address _____
Phone Number _____
Social Security # _____
Lawson # _____

The information for which I am authorizing disclosure will be used for the investigation of Workers Compensation Claim.

I understand that I need not sign this form to receive treatment and it will not affect how my health care providers treat me, however, if I do not sign, Broadspire may not be able to review my claim and cannot determine whether I am eligible for benefits. This may result in denial of my request for benefits. This release will be effective for duration of claim.

Signed _____ Date _____

(Nurse will complete this portion of the request)

Provider(s) Name _____

Dates of service to be released _____

Types of information to be used or disclosed are as follows:

- Medical provider notes
- X ray and imaging & other diagnostic tests
- Emergency room records
- Discharge summary
- History and physical reports
- Operative notes
- Consultation reports
- Abstract
- Lab results
- Other

Provider Please fax or mail to:
Hillsborough County Public Schools, FL
District Safety Office/Workers Compensation Department
4224 W. Crest Avenue, Tampa. FL. 33614

Phone 813-872-5267

Fax 813-356-1417

CLAIM # _____

**WORKERS' COMPENSATION REFERRAL FOR MEDICAL TREATMENT FORM
SCHOOL DISTRICT OF HILLSBOROUGH COUNTY, FLORIDA**

INSTRUCTIONS: When an employee needs medical treatment due to on-the-job (Workers Compensation) injury or illness, the work location completes Section II of this form and sends it with the employee to the medical facility. The Employee is required to go to only a managed Care Arrangement approved medical care coordinator. AVOID HOSPITAL EMERGENCY ROOMS UNLESS THERE IS A SERIOUS OR LIFE THREATENING INJURY. The medical facility completes Section III and the employee returns the form to the work location. The work location completes Section IV and sends the form to the District Workers' Compensation Office, Safety Office, Route 1 in the next school mail. Make a copy for your records. FOR QUESTIONS CONCERNING COMPENSABILITY CALL 872-5263.

SECTION I Employee	<p>Employee Authorization for Release of Medical Information: I, the undersigned, hereby authorize the medical provider (physician, nurse, hospital) completing this form to provide the School District of Hillsborough county and/or their Workers' Compensation representative, RSKCo with any and all related information which may be requested regarding my physical condition and treatment rendered thereof, and if necessary, to allow them or allow a physician appointed by them to examine any x-ray pictures taken of me or records regarding my medical history, physical condition or treatment provided to me. A photostatic copy of this authorization is to be given the same force and effect as the original.</p> <p>Employee Signature _____ S.S. # ____/____/____ Date ____/____/____</p>
SECTION II Complete at Work Location	<p>EMPLOYEE'S NAME _____ SCHOOL OR DEPT. _____</p> <p>NAME OF APPROVED MEDICAL FACILITY WHERE EMPLOYEE IS SENT _____</p> <p>WHAT HAPPENED? _____</p> <p>PART(S) OF BODY AFFECTED: _____</p> <p>THE FIRST VISIT TO YOUR MEDICAL FACILITY WILL BE COVERED BY WORKERS' COMPENSATION. ANY ADDITIONAL VISITS OR REFERRALS MUST BE APPROVED BY THE DISTRICT SAFETY OFFICE OR THE SCHOOL DISTRICTS SERVICING AGENT.</p> <p>SIGNED: _____ DATE: ____/____/____ TIME REFERRED: _____ AM/PM Signature of Prin., Foreman, or Immediate Sup.</p>
SECTION III Complete at Place of Treatment	<p>ARRIVED FOR TREATMENT ON DATE: ____/____/____ TIME: _____ AM/PM This a NEW INJURY <input type="checkbox"/> RE-INJURY <input type="checkbox"/></p> <p>DIAGNOSIS & TREATMENT: _____</p> <p>MEDICATIONS: _____</p> <p>DISPOSITION OF EMPLOYEE:</p> <p><input type="checkbox"/> BACK TO WORK WITH NORMAL DUTIES AS OF DATE ____/____/____ TIME _____ AM/PM IF PATIENT IS RELEASED TO RESTRICTED/MODIFIED DUTIES, THE FOLLOWING RESTRICTIONS SHOULD APPLY FOR ____# DAYS, FOLLOWING WHICH TIME NORMAL DUTIES CAN BE EXPECTED. (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> BACK TO WORK WITH THE FOLLOWING MODIFIED DUTY RESTRICTIONS RESTRICTED DUTIES AS OF:</p> <p>DATE ____/____/____ TIME: _____ AM/PM</p> <p>____ No lifting/carrying over ____ 5lbs ____ 10lbs ____ 25lbs ____ 35lbs ____ 50lbs</p> <p>____ No squatting/kneeling ____ No bending/stooping ____ No standing/walking ____ No driving ____ Must keep wound clean/dry</p> <p>____ Needs to sit/stand as needed ____ May not work with <input type="checkbox"/> left <input type="checkbox"/> right hand/arm ____ foot/leg day(s)</p> <p>____ May work for ____ hours/day for ____ day(s) ____ week(s) ____ Other (specify)</p> <p><input type="checkbox"/> COMPLETELY DISABLED FROM WORKING UNTIL ____/____/____</p> <p>ADDITIONAL INSTRUCTIONS AND PROGNOSIS _____</p> <p>EMPLOYEE WITH MODIFIED DUTY RESTRICTIONS <u>MUST</u> RETURN TO WORK AND <u>MUST</u> NOT EXCEED DOCTORS' RESTRICTIONS.</p> <p>TREATMENT COMPLETED: DATE: ____/____/____ TIME: _____ AM/PM TREATED BY: _____ (Signature)</p> <p>MEDICAL PROVIDERS - FAX TO RSKCo (880-5051) - FOR REFERRAL OR PRECERTIFICATION CALL RSKCo (8805071)</p>
SECTION IV Complete at Work Location	<p>EMPLOYEE RETURNED TO WORK DATE: ____/____/____ TIME: _____ AM/PM</p> <p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p align="right">CHECKED IN BY: _____ Signature PRINCIPAL or DEPARTMENT SUPERVISOR</p> <p>SITE NAME AND NUMBER _____</p>

Injured Employee Responsibilities



Broadspire

You will receive a packet from Broadspire (our third party administrator) please return all information they request as soon as possible, this will expedite providing services and benefits due to you by law.

Seek medical treatment with an approved medical facility.

You must use a doctor approved/authorized by HCSB or Broadspire for treatment for your w/c injuries or **YOU WILL BE RESPONSIBLE FOR THE BILL.** If you go to the emergency room you must follow-up with an authorized workers' compensation doctor the next day or when released from the hospital. If you treat after hours at urgent care, the employee must follow up and be seen the next day with an authorized workers' compensation doctor.

Return the paperwork from all doctor visits to your site.

In order for your paycheck to be correct, return the information from your doctor's visit to secretary/payroll person at your site. The employee shall receive normal pay for the day of the injury and up to (10) days normal salary following the injury **if the doctor removes the employee from work. After the 10 days, Broadspire will pay you according to the statutory rates.**

Return to work in modified duty

If the doctor returns you to work with restrictions (modified duty) the district will accommodate you. **We have work for everyone, regardless of your job classification.**

Keep all appointments

Follow-up doctor appointments and physical therapy should be scheduled during non working hours (per union contracts) any employee failing to keep appointments can be considered non-compliant and benefits can be terminated.

MMI

Once you reach Maximum Medical Improvement (**MMI**), you are required to pay a \$10.00 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury has healed to the extent that further improvement is no likely.

How to contact the Workers' Compensation Office (813) 872-5267

Holly Sloop	Safety Specialist, Claims	Ext. 238
Janet Goodson	LPN, OHN	Ext. 237
Cathy Wentzel	LPN, OHN	Ext. 239
Xiomara Fuentes	Safety Clerk	Ext. 241
Candyce Graham	Broadspire Liaison	Ext. 236

I have read and understand the employee responsibilities

Employee Signature _____ Date _____

Please make a copy of the employee injury responsibilities for the employee, keep original with the claim packet. Fax entire claim packet to (813) 356-1663

STATE: FLORIDA
ACCOUNT: HILLSBO
LOCATION ID#:

BROADSPIRE TELEREPORTING SERVICE
1-877-368-2116

IF AN EMPLOYEE IS INJURED ON THE JOB & REQUIRES MEDICAL TREATMENT, CALL BROADSPIRE TELEREPORTING AT 1-877-368-2116 TO FILE A FLORIDA WORKERS' COMPENSATION CLAIM. BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS:

- ACCOUNT NAME AND LOCATION (REFER TO TOP LEFT HAND CORNER OF THIS SHEET)
- DATE OF INJURY (IF EMPLOYEE DIED, THE DATE OF DEATH)
- **EMPLOYEE INFORMATION:**
 - ❖ NAME (LAST, FIRST, MIDDLE INITIAL)
 - ❖ SOCIAL SECURITY NUMBER
 - ❖ DATE OF BIRTH
 - ❖ MARITAL STATUS
 - ❖ NUMBER OF DEPENDENTS
 - ❖ CURRENT ADDRESS
 - ❖ PHONE NUMBER
 - ❖ JOB TITLE
 - ❖ HIRE DATE
 - ❖ SALARY (PER HOUR, WEEK, MONTH OR YEAR)
 - ❖ HOURS PER DAY WORKED
 - ❖ DAYS PER WEEK WORKED
- **INJURY INFORMATION:**
 - ❖ TIME OF INJURY
 - ❖ EMPLOYEE PAID IN FULL FOR DAY OF INJURY (Y/N)
 - ❖ DID INJURY OCCUR ON EMPLOYER'S PREMISES (Y/N)
 - ❖ EMPLOYEE INJURED DOING REGULAR JOB (Y/N)
 - ❖ DATE THE EMPLOYER WAS NOTIFIED
 - ❖ LAST WORK DATE (IF LOST TIME)
 - ❖ DISABILITY START DATE (IF LOST TIME)
 - ❖ HAS EMPLOYEE RETURNED TO WORK (Y/N) IF SO, THE DATE RETURNED)
 - ❖ ADDRESS WHERE INJURY OCCURRED (IF DIFFERENT THAN WORK ADDRESS)
 - ❖ NAME, ADDRESS AND PHONE NUMBER OF THE DOCTOR OR HOSPITAL
 - ❖ DESCRIPTION OF THE INJURY
 - ❖ DESCRIPTION OF WHAT EMPLOYEE WAS DOING AT TIME OF INJURY
 - ❖ OBJECT OR MOTION THAT PRODUCED THE INCIDENT/ACCIDENT
 - ❖ CAUSE THAT LED TO THE INJURY, ILLNESS OR INCIDENT
 - ❖ PART (S) OF THE BODY AFFECTED
 - ❖ RESULT/DIAGNOSIS OF THE INJURY
 - ❖ FOREMAN/SUPERVISOR'S NAME
 - ❖ DO YOU AGREE WITH THE DESCRIPTION OF THE ACCIDENT?
- HILLSBOROUGH COUNTY PUBLIC SCHOOLS ARE **SELF INSURED**
- FAILURE OF ANY EMPLOYER TO REPORT AN EMPLOYEE ON-THE-JOB INJURY IN A TIMELY FASHION MAY SUBJECT THE EMPLOYER TO FINES AND PENALTIES.

**Authorized Preferred
Provider
Initial Care Facilities**

**Hillsborough County Public Schools
Workers' Compensation Authorized Medical Providers**

Fast Track Urgent Care

Open 7 days a week 8 a.m. to 8 pm

Referral needed during school hours

Phone: (813) 925-1903

Fax: (813) 749-8370

Westchase

11969 Sheldon Road

Tampa, FL 33626

Carrollwood

4505 Gunn Hwy.

Tampa, FL 33624

South Tampa

3301 W. Gandy Blvd.

Tampa, FL 33624

New Tampa Urgent Care

Open 7 days a week

Referral needed during school hours

M-F 8 a.m. to 8 p.m.

Saturday 8 a.m. to 4 p.m.

Sunday 9 a.m. to 5 p.m.

Phone:(813) 929-3600

Fax: (813) 929-3113

1644 Bruce B. Downs Blvd.

Wesley Chapel, FL 33544

US Health Works

Open M-F 8 a.m. to 5 p.m.

Tampa West

5927 Webb Road

Tampa, FL 33615

Phone:(813) 490-8231

Fax: (813) 490-8327

Tampa East

3012 U.S. Hwy. 301 N #100

Tampa, FL 33619

Phone:(813) 490-0099

Fax: (813) 490-0204

G & G Occupational Medical Services

613 Medical Care Drive

Brandon, FL 33511

Open M-F 8 a.m. - 5 p.m.

Phone: 813-653-9996

Fax: 813-653-9669

Workhealth Occupation Medical Center

607 W. MLK Blvd. #102

Tampa, FL 33603

Open M-F 8 a.m. to 5 p.m.

Phone:(813) 238-1222

Fax: (813) 238-1214

Lakeside Occupational Medical Centers

Open M-F 7:30 a.m. to 5:00 p.m.

Airport

5606 Hoover Blvd Suite #21

Tampa, FL 33634

Phone:(813) 248-8149

Fax: (813) 884-7085

Tampa West

4728 North Habana Ave. Suite #102

Tampa, FL 33614

Phone:(813) 870-4485

Fax: (813) 554-8116

Tampa

1750 North 50th Street

Tampa, FL 33619

Phone:(813) 247-4489

Fax: (813) 247-4480

Temple Terrace

10320 N. 56th Street Suite #110

Temple Terrace, FL 3361

Phone:(813) 980-3151

Fax: (813) 980-3731

Plant City

2303 N. Airport Road

Plant City, FL 33567

Phone:(813) 752-1195

Fax: (813) 754-4478

Hillsborough County Public Schools

District Safety - Workers' Compensation Office

FOR INJURIES OCCURRING

AFTER 4:00 PM

PLEASE USE ONE OF THE FACILITIES LISTED BELOW

MUST PROVIDE PHOTO ID

Please Note:

After treatment at the Urgent Care the Employee must follow up and be seen the next day by an authorized workers' compensation doctor.

Fast Track Urgent Care

Open 7 days a week 8 a.m. to 8 pm

Referral needed during school hours

Phone: (813) 925-1903

Fax: (813) 749-8370

Westchase

11969 Sheldon Road

Tampa, FL 33626

Carrollwood

4505 Gunn Hwy.

Tampa, FL 33624

South Tampa

3301 W. Gandy Blvd.

Tampa, FL 33624

**First Care Urgent Care at
South Florida Baptist**

Open 7 days a week 10 a.m. to 9 p.m.

301 N. Alexander Street

Plant City, FL 33566

Phone: (813) 707-8779

Fax: (813) 757-8501

Late Hours Urgent Care Center

Open 7 days a week 10 a.m. to 12 p.m. (Midnight)

3444 Lithia Pinecrest Road

Valrico, FL 33594

Phone: (813) 643-9393

Fax: (813) 643-8465

Urgent Care USA

Open 7 days a week 9 a.m. to 9 pm

Plant City

413 N. Alexander Street

Plant City, FL 33563

Phone: (813) 752-7222

Fax: (813) 752-7255

Fishhawk

5464 Lithia Pinecrest Road

Lithia, FL 33547

Phone (813) 681-2111

Fax: (813) 681-2611

New Tampa Urgent Care

Hours: Monday - Friday 8:00 a.m. - 8:00 p.m.

Saturday 8:00 a.m. - 4:00 p.m.

Sunday 9:00 a.m. - 5:00 p.m.

1644 Bruce B. Downs Boulevard

Wesley Chapel, FL 33543

Phone: (813) 929-3600

South Tampa After Hours

Immediate Care

Hours: Monday - Friday 5 p.m. to 10 p.m.

Sat-Sun 10 to 5 p.m.

602 South Howard Avenue

Tampa, FL 33606

Phone: (813) 253-2113

Fax: (813) 251-4290

Broadspire ID #
Schools / Sites

Schools / Sites

Broadspire ID #	School/Center
00123	Adams
00441	Alafia
00201	Alexander
00480	Alonso
00505	Alternative Ed. (Non DJJ)
00202	Anderson
00401	Apollo Beach
00438	Armwood
00544	Bailey
00203	Ballast Point
00543	Barrington
00527	Bartels
00204	Bay Crest
00205	Bellamy
00460	Benito
00143	Bevis
00340	Bing, E.L.
00150	Blake High
00442	Bloomngdale
00506	Bowers/Whitley Career
00447	Boyette Springs
00431	Brandon
00131	Brewster Tech Center
00402	Brooker
00101	Broward
00403	Bryan, PC
00485	Bryant Elementary
00125	Buchanan
00404	Buckhorn
00453	Burnett
00483	Burney
00439	Burns
00102	Cahoon
00146	Caminiti
00249	Cannella
00206	Carollwood
00138	Carver Center
00132	Chamberlain

Broadspire ID #	School/Center
00207	Chiaromonte
00478	Chiles
00484	Cimino
00208	Citrus Park
00302	Clair Mel
00346	Clark
00209	Claywell
00350	Clemie Ross James
00104	Cleveland
00227	Coleman
00521	Collins
00449	Colson
00406	Cork
00507	Corr
00210	Crestwood
00446	Cypress Creek
00470	Davidson
00508	Davis
00529	Deer Park
00303	DeSoto
00211	Dickenson
00528	Doby
00407	Dover
00320	Dowdell
00105	Dunbar Magnet
00451	Durant
00328	East Bay
00304	Edison
00212	Egypt Lake
00321	Eisenhower
00331	Erwin Tech Center
00243	Essrig
00486	Farnell
00324	Ferrell Middle Magnet
00509	FishHawk Creek
00342	Folsom
00106	Forest Hill
00305	Foster

Schools / Sites

Broadspire ID #	School/Center
00322	Franklin
00487	Freedom
00522	Frost
00242	Gaither
00332	Gary Adult
00306	Gibsonton
00523	Giunta
00213	Gorrie
00214	Grady
00107	Graham
00323	Greco
00536	Hammond
00494	Heritage
00145	Hill
00133	Hillsborough
00343	Hunter's Green
00488	Ippolito
00408	Jackson
00473	James
00233	Jefferson
00495	Jennings
00108	Just
00307	Kenly
00537	Kimbell
00329	King
00409	Kingswood
00410	Knights
00109	Lake Magdalene
00215	Lanier
00216	LaVoy
00344	Learey Tech Ctr
00110	Lee
00525	Lennard
00134	Leto
00339	Lewis
00489	Liberty
00411	Limona
00412	Lincoln Magnet

Broadspire ID #	School/Center
00448	Lithia Springs
00308	Lockhart
00309	Lomax
00437	Lopez
00437	Lopez ESE
00251	Lowry
00111	Lutz
00217	Mabry
00112	MacFarlane Park
00228	Madison
00413	Mango
00218	Manhattan
00149	Maniscalco
00426	Mann
00427	Marshall
00479	Martinez
00414	McDonald
00477	McKitrick
00428	McLane
00491	Memorial
00114	Mendenhall
00341	Mendez Center
00547	Metropolitan Ministries
00490	Middleton
00115	Miles
00445	Mintz
00219	Mitchell
00229	Monroe
00220	Morgan Woods
00116	Mort
00540	MOSI
00496	Muller
00497	Mulrennan
00338	Nature's Classroom
00498	Nelson
00499	Newsome
00244	Northwest
00126	Oak Grove

Schools / Sites

Broadspire ID #	School/Center
00310	Oak Park
00311	Orange Grove Magnet
00312	Palm River
00541	Patel
00230	Pierce
00415	Pinecrest
00347	Pizzo
00234	Plant
00432	Plant City
00313	Potter
00474	Pride
00314	Progress Village
00510	Rampello Downtown
00475	Randall
00538	Reddick
00315	Riverhills
00416	Riverview
00469	Riverview High
00417	Robinson
00235	Robinson High
00316	Robles
00500	Rodgers
00221	Roland Park
00222	Roosevelt
00418	Ruskin
00548	Sanchez Full Service Center
00501	Schmidt
00248	Schwarzkopf
00419	Seffner
00117	Seminole
00502	Sessums
00118	Shaw
00511	Sheehy
00512	Shields
00317	Shore
00455	Sickles
00504	Simmons Career
00325	Slight
00539	Smith

Broadspire ID #	School/Center
00481	South County Career Center
00526	Spoto High
00420	Springhead
00542	Steinbrenner
00124	Stewart
00546	Strawberry Crest
00545	Stowers
00119	Sulphur Springs
00444	Summerfield
00532	Summerfield Crossings
00476	Symmes
00120	Tampa Bay Boulevard
00330	Tampa Bay Technical
00148	Tampa Palms
00318	Temple Terrace
00127	Thomas
00421	Thonotosassa
00223	Tinker
00429	Tomlin
00224	Town & Country
00422	Trapnell
00430	Turkey Creek
00524	Turner
00121	Twin Lakes
00471	Valrico
00128	Van Buren
00443	Walden Lake
00456	Walker
00326	Washington, B.T.
00463	Waters Career Center
00231	Webb
00225	West Shore
00129	West Tampa
00255	Westchase
00457	Wharton
00600	Williams
00503	Willis Peters ESE
00423	Wilson

Payroll Information



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

MEMORANDUM
Division of Human Resources
District Safety Office

DATE: March 2, 2012

TO: All Principals/Site Administrators

FROM: Daniel J. Valdez, Deputy Superintendent
Glen A. Lathers, Manager of safety and Risk Management Programs

SUBJECT: Workers' Compensation 10-day Salary Continuance (06 Code)

Effective April 2, 2012, the 10 day salary continuance will no longer be automatically paid out if the Principal/Site Administrator reports the accident in the line of duty code. The employee must produce the off work status (report from the doctor) to the site in order to be eligible for the salary continuance (Workers' Compensation 06 code)

District sites will still be able to enter Workers' Compensation (06) code for employees that have a valid Workers' Compensation claim; however, each claim using this code will be verified by the Workers' Compensation Office before it is paid - This may result in the employee not being paid for the time reported. This change will stop double payments and/or overpayments (regular pay from the District and pay from the Workers' Compensation fund, which is paid by a third party) for employees who are ineligible to use this code.

In addition, it will also stop the use of this code for doctor/medical appointment at the discretion of the Principal/Site Administrator. Employees are required to attend these appointments on their own time. There is an exception for the first treatment or the appointment has been scheduled by the Workers' Compensation Office. The Workers' Compensation Office will notify the Principal/Site Administrator when there is a change or the employee is referred out for Specialist care or testing.

If you have any questions, please contact Glen lathers at (813) 872-5263.



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Payroll Instructions for Workers' Compensation

Please do not charge anything to workers' compensation payroll until the employee provides proper documentation from the authorized treating physician taking them OUT OF WORK. It is the employee's responsibility to turn in all paperwork.

When processing time accessed to Workers' Compensation:

Use payroll codes:

"06" – Illness/Accident in Line of Duty

Or

(New) "14" – Non-Paid Workers' Compensation

Or

"20" - Not Entitled to Holiday Pay

- If injured employee is sent to an approved Medical Facility the day of accident or injury, any time spent at the facility should be processed as normal duty or normal pay.
- However, if injured employee seeks medical treatment after the day of accident, than the time spent at the facility should not be processed as illness/accident in line of duty.
- Upon recommendation of Risk Management, the School Board may also pay illness/accident salary to an employee who is injured on the job for the first ten working days following such injury. The employee will only be paid if **documentation is presented from the authorized treating physician taking that employee out of work**.
- The maximum of illness/accident paid days shall be ten days in any given year regardless of the number of injuries during that year.
- All illness/accident paid time that is processed before the maximum allotted time is exhausted, should be processed using payroll code "06". Complete a "Request For Leave of Absence" form, documenting the type of leave as "Illness/Accident in Line of Duty". Attach medical verification and send to Holly Sloop, @ District Safety Office – RT. 1.
- Use new attendance code "14" Non-Paid Workers Compensation, when the employee has exhausted allotted illness/accident paid days, (06) and continues to be kept out of work by the authorized treating physician. Complete "Request for Leave of Absence" form, documenting that the type of leave requested as "Non-Paid Workers Compensation **and** Illness/Accident in Line of Duty". Attach medical verification form and send to District Safety Office, Rt. 1.

Payroll Instructions for Workers' Compensation

(cont.)

- It is at this point that Broadspire (Workers' Compensation Insurance Carrier) will begin paying the employee at 66 2/3% of their pre-injury regular weekly wage. However, this benefit will not be higher than the State of Florida's maximum rates.
- Employee may elect to supplement Workers' Compensation benefits paid by the Insurance Carrier by utilizing a portion of a sick day to provide full salary equivalent. If this benefit is elected, contact Holly Sloop at the District Safety Workers' Compensation Office for instructions.
- Follow up doctor appointments and /or physical therapy WILL NOT be covered in these ten days **unless** the authorized treating physician schedules an appointment and removes the employee from work. (Per Contract)
- Or if the employee is referred to a specialist by the treating physician and the Hillsborough County Public Schools Occupational Health Nurse schedules the appointment. Then the time spent in the office and **1-hour travel** time (1/2 hour to appt. and 1/2 hour from appt.) can be charged towards W/C.
- Travel time is only paid if the employee leaves from and returns to their work location.

If you have any questions, please call the Workers' Compensation Safety Specialist at:
813-872-5267 ext. 238