

**Union County Educational Services Commission
Procedures for Responding to Work-Related Injuries
2017 – 2018 School Year**

Effective July 1, 2017, Union County Educational Commission will begin using Consolidated Services Group (CSG) as the new contractor for managing all Workers' Compensation claims.

Please take a moment to review the following revised procedures for responding to work-related injuries:

1. All employees injured at work must report immediately to a School Nurse and/or Supervisor.
2. If emergency medical treatment is required, the injured employee should immediately proceed to the nearest hospital and present the attached "Referral for Work Related Injury" form. The School Nurse and/or Supervisor should report the injury to Consolidated Services Group (CSG) by calling (800) 293-9795 x 1.
3. If non-emergency medical treatment is required, the injured employee should report the injury to Consolidated Services Group (CSG) by calling (800) 293-9795 x 1 and obtain medical attention by presenting the attached "Referral for Work Related Injury" form at one of the following locations:

Summit Medical Group Urgent Care Center
574 Springfield Avenue
Westfield, New Jersey 07090
(908) 673-7256

Urgent & Specialty Care
100 Commerce Place
Clark, New Jersey 07066
(732) 499-0606

Complete Care
1814 E 2nd Street
Scotch Plains, New Jersey 07076
(908) 322-6611

4. Once a work-related injury is reported, the employee will be contacted by a Nurse Case Manager from Consolidated Services Group (CSG) who will coordinate additional medical care if necessary.
5. If medical treatment rendered by the School Nurse is sufficient, the injured employee can elect to report the work-related injury by faxing the attached "Workers' Compensation Occurrence" form to Consolidated Services Group (CSG) at (609) 631-7736.
6. A UCESC "Employee Accident/Incident Report" must also be completed by the School Nurse and injured employee and submitted to the employee's supervisor for all work-related injuries regardless of the necessity of formal medical treatment.

Please contact Lynn Thorn or Michael Kowalski should you have any questions.

Thank you!



Building Partnerships for Tomorrow

45 Cardinal Drive
Westfield New Jersey 07090
Phone: 908-233-9317
Fax: 908-233-7432
Transportation Fax: 908-518-1669

Terry Foppert
Superintendent
tfoppert@ucesc.org

Robert A. Behot, Ed.D.
Business Administrator/
Board Secretary
rbehot@ucesc.org

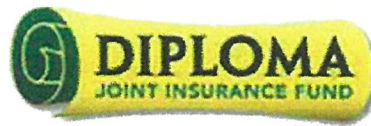
Michael J. Kowalski
Director of Pupil & Personnel Services
mkowalski@ucesc.org

William C. Schaarschmidt
Transportation Coordinator
wschaarschmidt@ucesc.org

Referral for Work-Related Injury

Please be advised that the following employee of Union County Educational Services Commission is seeking medical treatment for a work-related injury.

All claims will be handled by the following provider organization:



Employee Name: _____

Body Part Injured: _____

Date of Injury: _____

Employer Name: _____

Authorized Employer Signature: _____

Date: _____



Mail Provider Bills, Diagnosis, & Supporting Documents to:

CSG/CHN PPO
300 American Metro Blvd., Suite 170
Hamilton, NJ 08619
800-293-9795

This card does not guarantee coverage or compensability of the workers' compensation claim.



Workers' Compensation Occurrence
Fax Notification with No Medical Treatment Requested
Please fax to (609) 631-7736

NO TREATMENT REQUESTED

Completed By Name and Title:		Phone Number:
CLAIMANT INFORMATION		
Name (Last, First, Middle)		
Date of Birth	Social Security #	
Address (Include zip code)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation/ Title	
Home Phone Number	Cell Phone Number	
EMPLOYER INFORMATION		
Employer Name		Phone Number
Address (Include zip code)		
OCCURRENCE INFORMATION		
Date of Occurrence	Time of Occurrence <input type="checkbox"/> am <input type="checkbox"/> pm	Date employer notified
Location/department where occurrence occurred:		
Describe how the incident occurred:		
List affected body part/s	<input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Right <input type="checkbox"/> Lower	
Employee Signature	Date	