Workers Comp
&
Motor Vehicle Accident Procedures

Florida Department of
Environmental Protection

Tom Biernacki,
DEAR Safety Manager/BMC Safety Manager/BMC EEC

What is Workers Comp?

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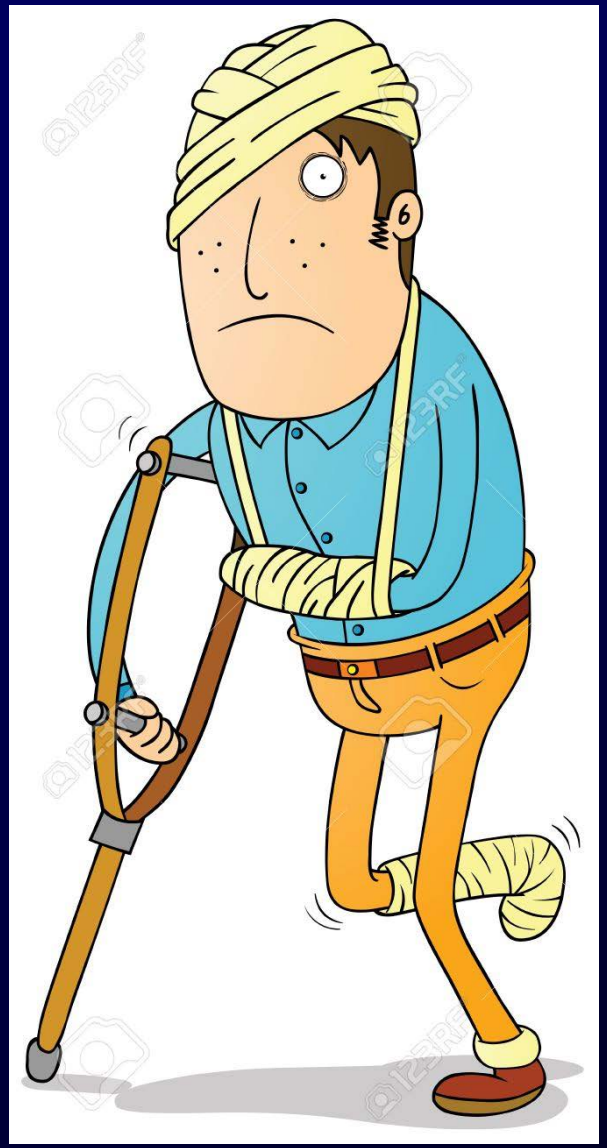


Workers Comp

Workers' compensation benefits employee injured in the course of employment while performing normal work duties as long as the employee doesn't commit any acts of gross negligence.

Such as not wearing their seat belt.

Policy – DEP Directive 450

All Work-Related Incidents must be reported as soon as possible to the employee's direct supervisor.

Workers Comp

- When to Call AmeriSys or Not Call AmeriSys
  - IF Medical attention **IS** required by a physician, AmeriSys is to be contacted at 800-455-2079. The Agency's "Procedures for Reporting on-the-Job Injury/Illness/Death to AmeriSys is listed on the Work-Related Incident Report form. The employee must be seen by the doctor assigned by AmeriSys; otherwise, the employees' medical bills will not be covered by the State's Division of Risk Management.
  - IF Medical attention <u>is not</u> required by a physician, AmeriSys is <u>not to be contacted</u>.

Workers Comp

When Medical attention is required by a physician and it is not a life-threatening emergency

First

Call your supervisor.

Workers Comp

When Medical attention is required by a physician and it is not a life-threatening emergency

First

Call your supervisor.

Second

Call AmeriSys at: 1-800-455-2079

Workers Comp

When Medical conditions are a life-threatening emergency

CALL 911

then call the employee's supervisor and
then call AmeriSys at: 1-800-455-2079

Workers Comp

- **IMPORTANT: Whether AmeriSys is contacted or not, the Work-Related Incident Report Form is to be completed and emailed to Debby S. Smith. This is so the incident can be formally documented and put on file with the Agency's Worker's Comp Coordinator. If it turns out medical attention is required, the supervisor/employee is to call AmeriSys prior to being seen by a doctor. The supervisor will notify Debby S. Smith by email that AmeriSys was contacted.**

Workers Comp

- **A *Work-Related Incident Report*, is to be completed and emailed to DEAR's Deputy Director, Greg DeAngelo and DEAR's Personnel Representative, Debby Smith as soon as possible or on the day the injury/illness is sustained.**

Workers Comp

- **Division Work-Related Incident *Reporting:***

Work-Related Incident Report

Division of Environmental Assessment and Restoration (DEAR)

Work-Related Incident Reporting – Instructions and Report Form

AmeriSys - January 1, 2014, updated October 13, 2015

DEAR Instructions

When to Report a Job-Related Injury

- Normal Business Hours: when a job-related injury/illness occurs during normal business hours, the *Work-Related Incident Report* form below is to be completed and emailed as soon as possible **on the day of injury/illness** to Debby S. Smith
- Outside of Normal Business Hours: job-related injury/illness occurring outside of normal business hours, the *Work-Related Incident Report* form must completed and emailed as soon as possible and no later than **mid-day of the next business day** to Debby S. Smith.

When to Call AmeriSys or Not Call AmeriSys

- Medical attention is required by a physician, AmeriSys is to be contacted at 800-455-2079. The Agency's "Procedures for Reporting on-the-Job Injury/Illness/Death to AmeriSys is listed below the *Work-Related Incident Report* form. The employee must be seen by the doctor assigned by AmeriSys; otherwise, the employees' medical bills will not be covered by the State's Division of Risk Management

DEAR Work-Related Incident Report Form

DEAR Work-Related Incident Report Form

1. Employee's Name:
2. PSN/Title:
3. Supervisor's Name:
4. Date and Time of accident:
5. Task being done when accident occurred:
6. Witnesses:
7. Describe how the accident occurred:
8. Describe physical injuries:
9. Date and time medical attention was sought:
10. Name of Doctor and/or Hospital:
11. Case number assigned by AmeriSys, if applicable and available at the time this form is completed:
12. Describe what could have been done to prevent an accident of this type:

IMPORTANT:

Whether AmeriSys is contacted or not, the Work-Related Incident Report Form is to be completed and emailed to Debby S. Smith. This is so the incident can be formally documented and put on file with the Agency's Worker's Comp Coordinator. If it turns out medical attention is required, the supervisor/employee is to call AmeriSys prior to being seen by a doctor. The supervisor will notify Debby S. Smith by email that AmeriSys was contacted.

Vehicle Accident Procedures

Policy – DEP Directive 630

All collisions, crashes, or accidents involving department motor vehicles and/or watercraft shall be investigated by the proper law enforcement agency, if required by law, and reported in accordance with DEP Directive 630.

Seat Belt Requirement

Department of Management Services Section 60B-1.012 F.A.C. requires mandatory use of seat belts by all personnel (front and back seat) in a state vehicle; non-compliance may result in disciplinary action and could reduce employee worker's compensation benefits if injury does occur.

Vehicle Accident Reporting

- ***Report any accident that involves private property immediately, to Law Enforcement and your Supervisor no matter how minor.***
- ***Obtain a copy of the police report.***
- ***Report incident to the Department of Insurance***
- ***Report to your Safety Manager***

Vehicle Accident Reporting

- ***Motor vehicle and boating accidents will be reported to the proper law enforcement agency and a copy of the accident report obtained after the accident has been investigated, if required by law. See section 8b of Directive 630 for exception to this requirement.***

Vehicle Accident Reporting

- ***Section 8b of Directive 630***

When accidents involve DEP employees, vehicles and/or boats ONLY and no private property and/or persons are involved, the applicable division/district office is responsible for completing the Automobile Accident or General Liability Loss Report form .

Please note, Accidents in this category do not have to be reported to the Department of Insurance.

Accident Reporting

- ***For Motor Vehicle Accidents call either:***
  - ***Local Law Enforcement (911 if urgent)***

    or
  - ***FHP (*FHP on a cell phone)***

- ***For Boating Accidents call either:***
  - ***Local Law Enforcement (911 if urgent)***

    or
  - ***FWC (*FWC on a cell phone)***

Reporting to the Department of Insurance

- Motor vehicle accidents must be reported on the Department of Insurance Automobile Accident Report form (Attachment I of Directive 630).

Reporting to the Department of Insurance

- Motor vehicle accidents must be reported on the Department of Insurance Automobile Accident Report form (Attachment I of Directive 630).

DFS form DO-261

DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

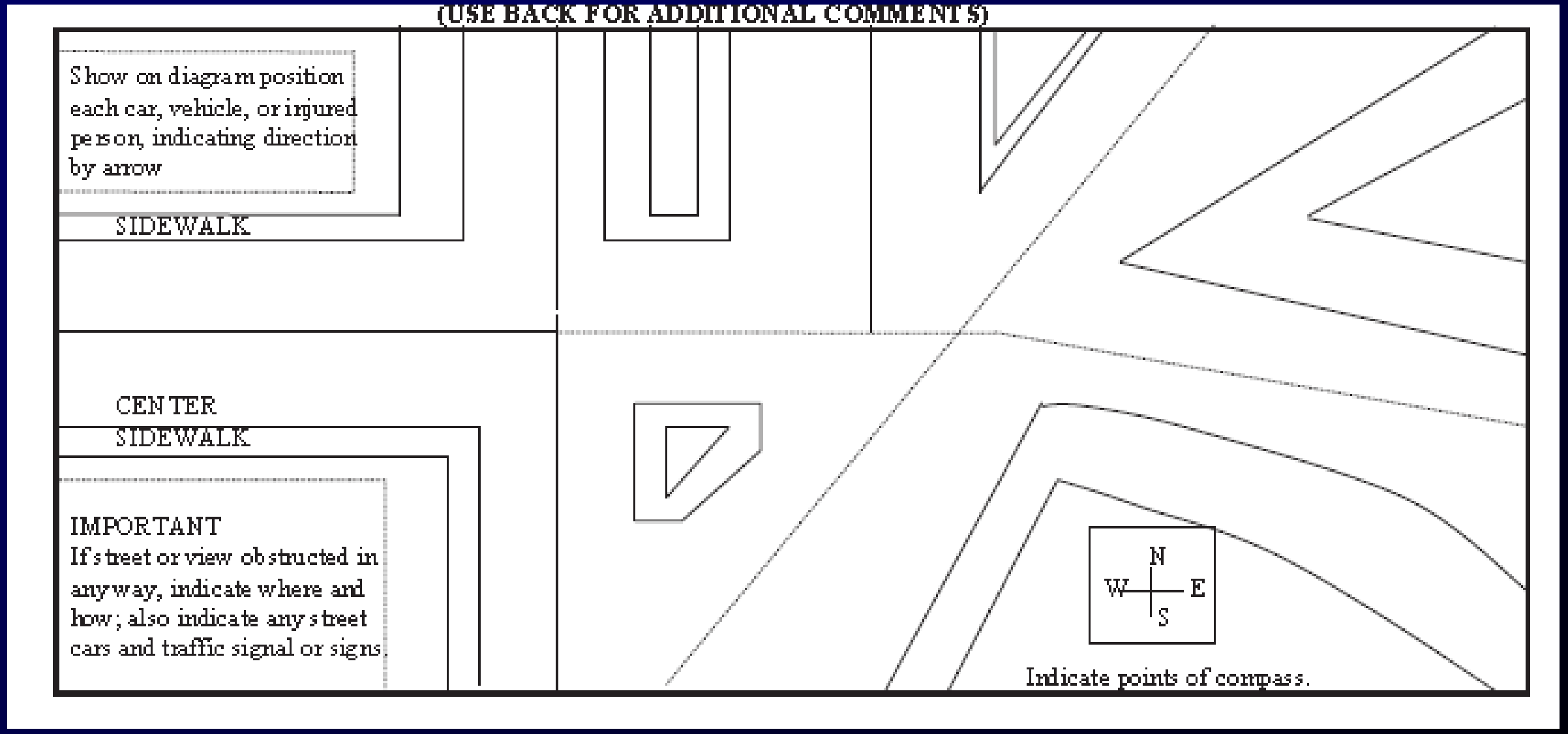
AUTOMOBILE ACCIDENT REPORT

State Liability Claims
Tallahassee, FL 32399-0338

RM File #: _____

INSURED STATE AGENCY	Department _____ Bureau, Institution or District _____ Location and Address _____
INSURED AUTO AND DRIVER	Year: ____ Make: _____ Model: _____ Tag No.: _____ Driver: _____ Phone No.: _____ Employed by: _____ Age: _____ Purpose of Use at Time of Accident: _____ Amount of Damage to Vehicle: _____
TIME AND PLACE	Date of Accident or Loss: _____ Hour: _____ Location of Accident: _____ Police Authority Investigating: _____
DAMAGE TO PROPERTY OF OTHERS	Owner of Property Damage: _____ Address: _____ Phone No.: _____ Driver of Other Vehicle: _____ Address: _____ Phone No.: _____ Driver's License No.: _____ If Automobile, Year: ____ Make: _____ Model: _____ Tag No.: _____ Kind of Property and Extent of Damage: _____ Insurance Carrier: _____

DFS form DO-261
Incident Map



Reporting to the Department of Insurance

- Motor vehicle accidents must be reported on the Department of Insurance Automobile Accident Report form (Attachment I of Directive 630).

Reporting to the Department of Insurance

- **Boating accidents must be reported on the Department of Insurance General Liability Loss Report form (Attachment II). These forms will be completed in full by the driver/operator of the state owned vehicle/boat and submitted to their division/district office within three working days of the accident.**

All Accidents/Crashes must be Reported to the Division Safety Manager

- ***All accidents that do not involve private property or have no injuries should be reported as soon as possible to the Supervisor and Division Safety Manger.***

- ***All Near-Miss incidents must also be reported to the Division Safety Manager***

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Questions?

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