

PLEASANT VALLEY SCHOOL DISTRICT
Brodheads ville, PA 18322



Work-related accident/injury procedures –

If a co-worker is injured and unable to drive themselves and a family member can not be reached, DO NOT transport them to a doctor or hospital in your personal vehicle. Always call 911 for an ambulance.

Procedure to follow when completing an accident/injury report for Workers' Compensation for your own work-related accident/injury –

Supervisor responsibility:

1. Complete the Accident Investigation Form and forward to Deborah Sandt in the District Office.
2. Give SDIC Safety Packet (insurance packet) to injured employee. Make sure they receive a copy of the list of panel doctors.

Employee responsibility:

1. Report the work-related accident/injury to supervisor immediately.
2. After getting insurance packet from supervisor follow instructions in packet to report work-related accident/injury to SDIC—"Employee Instructions for Claims Reporting."
 - ✓ Call the 800 number to report your work-related accident/injury.
 - ✓ Call the district Workers' Compensation Coordinator, Deborah Sandt, ext. 1315, in the District Office, that you have reported your work-related accident/injury.
 - ✓ Seek medical treatment with one of the providers listed on your Posted Panel which is located on the Pleasant Valley Web site – Departments – Business Office – Workers Comp Panel of Providers.
 - ✓ Give your claim number and SDIC's address to all medical providers.
 - ✓ Use the Pharmacy Sheet and temporary pharmacy card to fill scripts issued for treatment of your work-related accident/injury.
 - ✓ Complete all documents in the packet as soon as possible. Make sure you complete and sign the Medical and Employee Record Release form and leave it with your health care provider.
 - ✓ Sign and return the Employees Rights and Duties to Deborah Sandt, District Office.
 - ✓ Notify your Claims Representative at SDIC and the district Workers' Compensation Coordinator immediately when you receive a return to work date.

Failure to complete the above steps following a work-related accident/injury may result in your not being able to collect the Workers' Compensation benefits to which you are entitled.

Instruction and information regarding reporting work-related injuries are available to district employees through the employee portal on the district web site—PV Home Page – Staff – Employee Portal.



PLEASANT VALLEY SCHOOL DISTRICT

District Administration Office
2233 Route 115, Suite 100
Brodheadsville, Pennsylvania 18322
Telephone: (570) 402-1000 / Fax: (570) 992-7275
www.pvbears.org



Workers' Compensation Information

(1) The workers' compensation law provides indemnity benefits (wage loss) and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

(2) Your employer is required to pay benefits when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

(3) You should report any injury or work-related illness as soon as possible to your employer and to your Workers' Compensation service provider as directed. Your benefits could be delayed or denied if you do not notify your employer immediately.

(4) You have the right to request a hearing before a workers' compensation judge if your employer denies your claim.

(5) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501

Telephone number within Pennsylvania (800) 482-2383;
Telephone number outside of this Commonwealth (717) 772-4447;
TTY (800) 362-4228 (for hearing and speech impaired only)

www.state.pa.us PA Keyword: **workers comp**

ACKNOWLEDGEMENT

I hereby acknowledge below receipt of the "Workers' Compensation Information" form by my employer Pleasant Valley School District for the 2021/2022 school year.

Employee Signature

Date

Print Name