

Sullivan County BOCES Employee Injury/Illness Reporting Procedures (Current 04/29/15)

For Sullivan County BOCES Employees:

Sullivan County BOCES has modified the process for completing the BENETECH Injury/Illness form which is to be used to report all work related injuries and illnesses. The form is NOT electronic, it must be completed by hand. The bottom portion of the form tears off and gives you information to use if you need to fill a prescription and/or have routine (non-emergency) diagnostic testing (i.e. X-rays or MRIs) performed. It also has the Workers Compensation insurance company contact information for emergency rooms and doctors.

If you have a work related injury (or illness), immediately notify your supervisor or department head, then alert the Health and Safety Office. You may either email healthsafety@scboces.org (subject line: Incident Report) or call extension 4028 (295-4028 if outside call). You do not need to go into detail, just give your name, department/work location, where injury occurred (building and room/area), whether you have notified your supervisor, and whether or not you have obtained the Work Related Injury/Illness Packet which is available in the following locations:

Admin Building	Form Bin (near shredder), 2 nd bin from bottom on right
RPEC/Special Ed	Special Ed Office Copier/Mail Room
RPEC/Career and Tech	Career and Tech Office
RPEC Alternative Ed	Alternative Ed Office
RPEC Maintenance	Maintenance Office
SJSEC	Adult Ed Office Copy Room
SJSEC (Health Occ/3 rd Flr)	Outside Health Occ Office
WSS	Next to color printer in main hallway

This packet contains the following:

BENETECH Form (Note: Each form has a unique serial number. DO NOT use copies of form)
This form is to be filled out with as much detail as possible. It is mostly self-explanatory. See attached sample. For Hour of Day, please put the time in the appropriate box. For Employee Statement, do NOT use names of people (especially students) for privacy reasons. You **must** also sign the statement regarding receiving the claimant information packet (see below). Leave Preparer's Name and Telephone Number, Today's Date, and Case Number blank, they are for the Health and Safety Office use. Keep the bottom portion for your use. The completed form should then be sent to your Supervisor for review. The Supervisor should sign where it says Employee's Supervisor and mark the box regarding seeing the incident, then send the form to the Health and Safety Office

Claimant Information Packet – This is required to be provided to you in the event of a work related injury or illness by the Workers Compensation Board (WCB). It explains how to file a claim with the WCB. Please note that BENETECH notifies the WCB of all injuries and completion of the attached C-3 and/or C3.3 is OPTIONAL, but you must be provided with the packet and sign that you received it on the BENETECH form. You should complete it if you have medical expenses or miss time from work. If you elect to complete it, YOU must send it to the WCB as shown on the form. DO NOT send C-3's or C-3.3s to the Health and Safety Office.

After completing the BENETECH form, it should be sent via interoffice mail (mark envelope CONFIDENTIAL) to Health and Safety office, attention Michael LaFountain as soon as possible after the incident.