Injury or Accident Reporting Procedures

Please follow the instructions below if an ESS employee gets injured while on the job.

Procedure for Reporting Work-Related Injuries or Accidents
Every work-related injury or accident should be reported IMMEDIATELY to the ESS Human Resources Department.

Located in **AL, CT, DE, FL, GA, NJ, NM, PA, RI, SC, TN, TX, UT, VA**
1. Please have the individual call 844-482-9200 to report the injury or accident.
2. Please have the individual complete the Employee First Report of Injury or Accident Form included in this packet.
3. Send completed form to ESS Human Resources Department by email or fax:
   a. Email: SafetyEast@ESS.com
   b. Fax: 856-375-8167

Located in **AR, MS, MO**
1. Please have the individual call 800-541-6377 ext. 6797 to report the injury or accident.
2. Please have the individual complete the Employee First Report of Injury or Accident Form included in this packet.
3. Send completed form to ESS Human Resources Department by email or fax:
   a. Email: SafetySouth@ESS.com
   b. Fax: 870-565-1011

Located in **OR**
1. Please have the individual call 503-208-7454 to report the injury or accident.
2. Please have the individual complete the Employee First Report of Injury or Accident Form included in this packet.
3. Send completed form to ESS Human Resources Department by email or fax:
   a. Email: SafetyWest@ESS.com
   b. Fax: 971-239-0637

Receipt of the documentation will prompt an immediate investigation by ESS, which not only assists in determining the cause of the injury or accident but may help in the prevention of future injuries or accidents.
Medical Treatment
In the event of a work-related injury or accident, the injured party should obtain immediate first aid (as needed) from the school nurse. If additional medical treatment is required, the injured worker would be directed to an ESS authorized panel physician. The injured employee should be instructed to notify ESS Human Resources Department immediately.

In the event of a medical emergency, call 911. Medical emergencies include but are not limited to: loss of consciousness, chest pain, excessive bleeding, and/or broken bones. If in doubt, the school nurse will determine if paramedics and/or an ambulance is needed. If paramedics and/or an ambulance are needed, please notify ESS Human Resources Department immediately.

Return to Work/Modified Duty
A written doctor’s release is required before an injured employee can return to work. The release should specifically indicate if any work limitations/restrictions are imposed on the individual as a result of the injury.

ESS Human Resources Department will review the work limitations/restrictions and determine if temporary modified or alternate work is available within the school district. If no limitations are noted, the employee is released to full duty.
# Employee First Report of Injury or Accident Form

Immediately upon injury, please contact ESS Human Resources. This form is to be completed by the Injured Employee, please complete the form in its entirety.

<table>
<thead>
<tr>
<th>General Employee Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>First Name:</td>
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<tr>
<td>Middle Name:</td>
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<tr>
<td>Last Name:</td>
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<tr>
<td>Telephone #:</td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Full Home Address:</td>
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<tr>
<td>Social Security #:</td>
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<tr>
<td>Date of Birth (MM/DD/YY):</td>
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</tr>
<tr>
<td>Gender:</td>
<td></td>
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</tr>
<tr>
<td>Male ☐</td>
<td>Female ☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Assignment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>What state were you working in:</td>
</tr>
</tbody>
</table>

| What school district were you working in: |
| What school were you working in: |

<table>
<thead>
<tr>
<th>Injury or Accident Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury or Accident:</td>
</tr>
</tbody>
</table>

| Where, exactly, did the Injury or Accident happen: |
| What were you doing at the time of the Injury or Accident: |
Describe step-by-step the events which resulted in injury, please explain in detail:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Nature of Injury:
☐ Burn          ☐ Concussion       ☐ Contusion       ☐ Dislocation       ☐ Foreign Body       ☐ Faint/Pass out
☐ Fracture      ☐ Infection       ☐ Inflammation    ☐ Laceration       ☐ Puncture          ☐ Sprain
☐ Strain        ☐ No Physical Injury ☐ Other (Describe):

What part(s) of your body were injured? Please be specific:
Please circle or shade the injured body part(s):
Prior injuries to the named body part(s): ☐ Yes ☐ No
If yes, when and how:

Was this injury/accident reported to the school district: ☐ Yes ☐ No
If yes, to whom and when:

Was this injury/accident reported to the ESS: ☐ Yes ☐ No
If yes, to whom and when:

Was this injury/accident witnessed: ☐ Yes ☐ No
If yes, please provide the following:

Witness Name: ______________________  Witness Telephone #: ______________________
Witness Name: ______________________  Witness Telephone #: ______________________
Witness Name: ______________________  Witness Telephone #: ______________________

Medical Information

Was first aid provided by school nurse: ☐ Yes ☐ No

Is additional medical treatment required: ☐ Yes ☐ No
If yes, please call ESS immediately.

I certify that all information provided is true and correct to the best of my knowledge. I understand that any intentionally false or misleading information is considered fraud and may constitute a crime and be punishable by law.

I hereby declare that the facts stated are true.

Employee Signature ___________________________ Date ____________

Please email the completed form to ESS Human Resources.