Injury or Accident Reporting Procedures

Please follow the instructions below if an ESS|Source4Teachers 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 ESS|Source4Teachers' Human Resources Department.

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|Source4Teachers' Human Resources Department by email or fax:
    a. Email: **Safety@source4teachers.com**
    b. Fax: **856-375-8167**

Receipt of the documentation will prompt an immediate investigation by ESS|Source4Teachers, 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|Source4Teachers authorized panel physician. The injured employee should be instructed to notify ESS|Source4Teachers' Human Resources Department immediately by calling **844-482-9200**.

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|Source4Teachers' 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|Source4Teachers' 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|Source4Teachers' Human Resources at 844-482-9200.

This form is to be completed by the Injured Employee, please complete the form in its entirety.

General Employee Information		
First Name:	Middle Name:	Last Name:
Telephone #:	Email Address:	
Full Home Address:		
Social Security #:	Date of Birth (MM/DD/YY):	Gender: Male ☐ Female ☐

Job Assignment Information
What state were you working in:
What school district were you working in:
What school were you working in:

Injury or Accident Information	
Date of Injury or Accident:	Time of Injury or Accident:
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 ☐ Pucture ☐ Sprain

☐ Strain ☐ No Physical Injury ☐ Other (Describe):

What part(s) of your body were injured? Please be specific:

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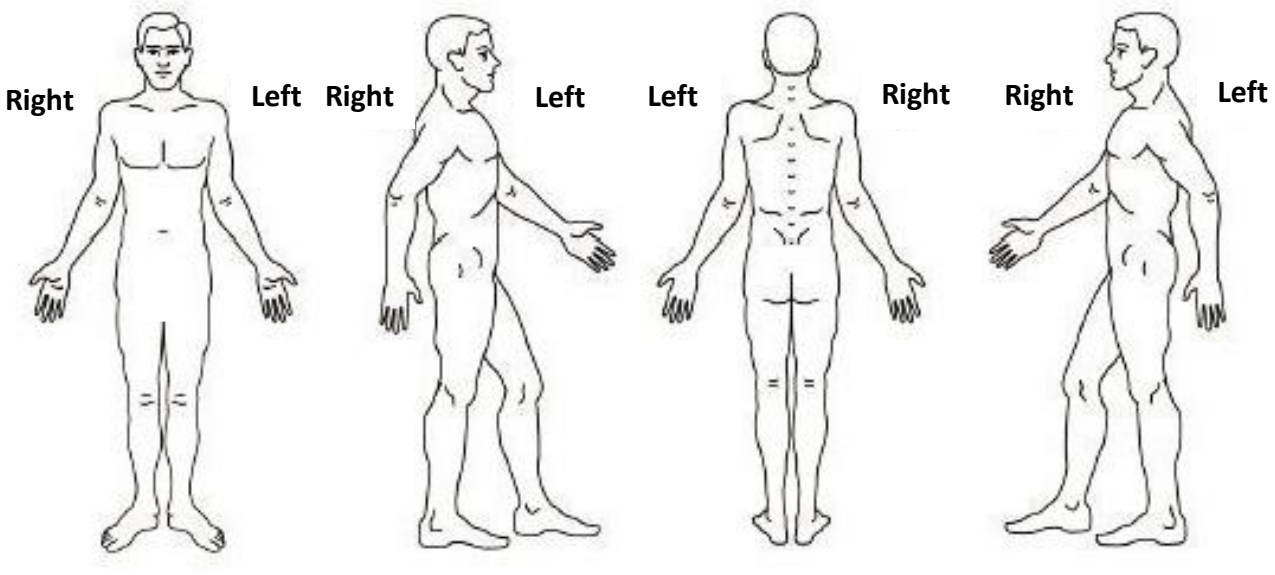
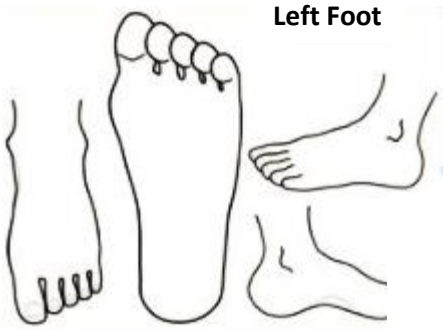
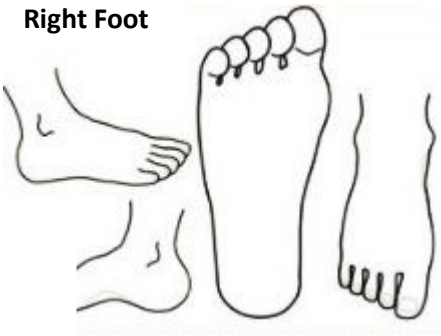
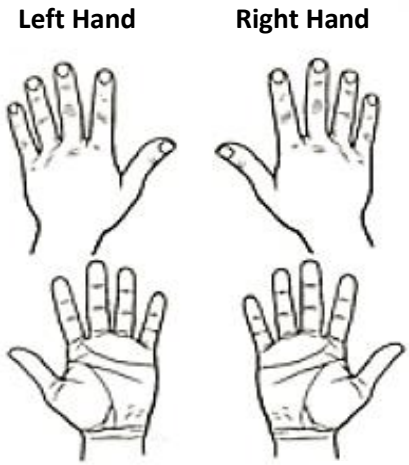
Every day counts.

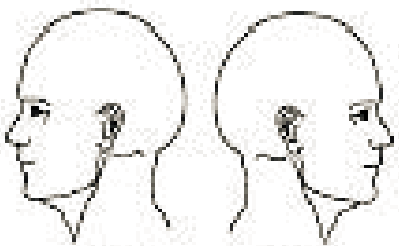
Please circle or shade the injured body part(s):

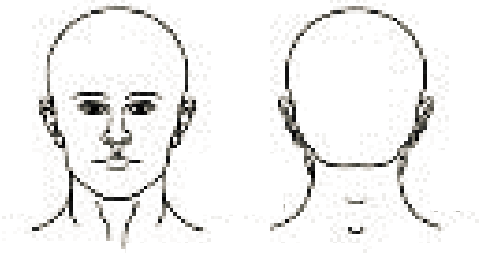












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Prior injuries to the named body part(s): ☐ Yes ☐ No If yes, when and how:
Was this injury/accident reported to the school district: ☐ Yes ☐ No If yes, to whom and when:
Was this injury/accident reported to the ESS|Source4Teachers: ☐ Yes ☐ No If yes, 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 844-482-9200 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 send the completed form to ESS|Source4Teachers' Human Resources:

Email: Safety@source4teachers.com or Fax: 856-375-8167