



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

MASTER CONTROLLED INSURANCE PROGRAM (MCIP)

INCIDENT/CLAIM HANDLING PROCEDURES

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The School District of Palm Beach County MCIP Contact List

MCIP Claims Handling

ACE USA / ESIS	Centralized claim reporting:	Toll-Free: TBD
<u>Worker's Compensation:</u> ACE USA / ESIS Tampa Claims Office P.O. Box 23928 Tampa, FL 33623-3928	Team Leader: Carrie Rodriguez Rep: Kelli Green	Main Line: 800-367-5189 Fax: 813-281-1339 Phone: 813-281-1472 Email: carrie.rodriquez@esis.com Phone: 813-281-1439 Email: kelli.green@esis.com
<u>General Liability:</u> ACE USA / ESIS Tampa Claims Office P.O. Box 30389 Tampa, FL 33630-3389	Team Leader: Bob Hyypio Rep: Steve Bruce	Main Line: 800-282-4651 Fax: 813-281-1398 Phone: 813-281-1462 Email: robert.hyypio@esis.com Phone: 813-281-1413 Email: stephen.bruce@esis.com

Safety Representatives

Florida League of Cities 125 E. Colonial Drive Post Office Box 530065 Orlando, Florida 32853-0065	Scott Blaser	Phone: 407-367-3434 E-Mail: SBlaser@flcities.com
ACE USA	Allen Abrahamsen Risk Control Services	Phone: 570-856-3476 E-Mail: allen.abrahamsen@ace.ina.com



MCIP Administrator

<p>c/o Florida League of Cities, Inc. 125 E. Colonial Drive Post Office Box 530065 Orlando, Florida 32853-0065</p>	<p>Attn: Cordia Murphy Director, MCIP</p>	<p>Phone: 866-903-0884 Fax: 866-701-0885 E-Mail: cmurphy@mrmriskmanagement.com</p>
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Incident Reporting/Claim Handling Procedures - Workers' Compensation

All job-site related incidents must be reported to the Construction Manager as soon as possible. The employee may decline to receive medical treatment; however, the incident must be recorded. The following procedures apply to incidents that involve a **job-related injury or illness sustained by an employee** of an enrolled contractor at The School District of Palm Beach County defined job site.

PROCEDURES

Upon notification of an incident from the employee's supervisor, the Construction Manager will:

1. Assure that necessary actions are taken to correct any unsafe act or condition in order to prevent further injury or damage.
2. Coordinate the recording of the incident with the employee and employee's supervisor. A **DWC-1 First Report of Injury or Illness Form** and a **Supervisor's Incident Investigation Report** must be completed for all incidents where an employee sustains a job-related injury or illness, to include incidents where medical treatment is waived.
3. Report the incident to ACE as soon as possible via fax, telephone or on-line.
 - a. **Phone 1-800-318-6216** : (ACE completes the DWC-1 First Report of Injury Form); or
 - b. **Fax 813-281-1339**: (Fax completed DWC-1 First Report of Injury or Illness Form)

Report the incident under ACE Master Policy number

If the employee is not injured, or was injured and waives medical attention, report the incident to ACE as "record only".

4. If medical treatment is required, provide the employee with an **Authorization for Treatment Form** and direct the employee to the appropriate medical facility (see map on the next page).
5. If the employee was injured and waived medical attention, assure completion of the **Medical Treatment Disclaimer/Request for Drug Screen** form.
6. It is **mandatory** that all employees involved in job-related incidents submit to a drug and alcohol screen even if medical treatment is waived.
7. Fax completed **Supervisor's Incident Investigation Report** to Velvet Merritt, at **813-281-1339**.

For issues concerning ACE claim reporting and/or claim service, contact Scott Blaser at FLC, 407-367-3434.



Managed Care Clinic Map – Site Specific

YOUR PRIMARY CARE FACILITY IS:

Location and Map customized for each project location



Managed Care Clinic Map – Site Specific

YOUR AFTER-HOURS FACILITY IS:

Location and Map customized for each project location



Return to Work Policy

All Enrolled Contractors are required to comply with The School District of Palm Beach County's Return-to-Work policy as outlined below.

1. PURPOSE:

The purpose of the program is to place employees in temporary job positions while recovering from on-the-job injuries. The School District of Palm Beach County and the Insurer are committed to working with the Construction Manager and all Enrolled Contractors to promote the safety, recovery, and successful return of injured employees to temporary, modified work following a work related injury. Any injured employee who is placed in a modified work position is placed in that position for a **limited time only**.

2. PROCEDURES:

The School District of Palm Beach County, the CM/GC, and the employer will cooperate with the Insurer to facilitate the return to work of any injured employee capable of modified work status.

- a. The ACE Claim Adjuster will communicate with the managed care nurse and/or treating physician to determine the injured employee's temporary restrictions.
- b. Once the employee is released to modified work, the ACE Claim Adjuster will coordinate with the managed care nurse and/or treating physician and the employer to facilitate the injured employee's return to work.
- c. Upon being released to return to modified work, the injured employee will report to his/her employer for a modified work assignment.
- d. The employer will obtain from the employee (and provide copies to the Construction Manager/General Contractor) the Return-to-Work/Duty Status Instructions from the treating physician.
- e. The employer is required to accommodate the injured employee to the fullest extent and facilitate the return to work.

3. FOLLOW UP/COMMUNICATION WITH ACE:

It will be the responsibility of the ACE Claim Adjuster to maintain communication with the treating physician and the employer to facilitate the prompt return of an employee to full work status. Should the employee reach maximum medical improvement and still be precluded from returning to full work status, then the ACE Claim Adjuster will follow-up with the Construction Manager and employer to determine further action or reassignment of the employee.



Incident Reporting/Claim Handling Procedures – General Liability

All job-site related incidents must be reported to the Construction Manager as soon as possible. The following procedures apply to incidents that involve **injury or damage to the general public** in connection with the premises or operations of The School District of Palm Beach County defined job site.

PROCEDURES

Upon notification of an incident, the Construction Manager will:

1. Assure that the scene of the incident is secured and that necessary actions are taken to correct any unsafe act or condition in order to prevent further injury or damage. Assure that physical evidence related to the incident is preserved. If a camera is available, obtain photographs of the scene.
2. Assure that all potential claimants (bodily injury or property damage) are identified. If possible, record names, addresses and telephone numbers. Medical treatment is at the option of the injured party. First aid should not be applied by other than trained and certified personnel. **In the case of an emergency, call 911 immediately.**
3. Assure that all witnesses, or potential witnesses, are identified. If possible, record names, addresses and telephone numbers.
4. Coordinate the recording of the incident. The **Supervisor's Incident Investigation Report** must be completed for all incidents that involve, or may potentially involve:
 - a. injury or property damage sustained by the general public
 - b. damage to property, e.g., a backhoe hits an automobile.
5. Report the incident to ACE as soon as possible via fax, telephone or on-line.
 - a. **Fax 813-281-1398 Supervisor's Incident Investigation Report;** or
 - b. **Telephone 1-800-318-6216**

Report the incident under ACE Master policy number.

6. Fax completed **Supervisor's Incident Investigation Report** to Bob Hyypio at **813-281-1398**.

For issues concerning ACE claim reporting and/or claim service, contact Scott Blaser at FLC, 407-367-3434.



The School District of Palm Beach County

Part of the FMCIP MCIP PROGRAM

“Site Treatment Authorization Form”

Contractor/Employer: _____

Employee Name: _____

Project Contact Name & Phone #: _____

Date of Injury: _____ Time of Injury: _____

Type of Injury/Illness Sustained: _____

Empty rectangular box

THIS COMPLETED FORM MUST BE RETURNED TO THE PROJECT BY THE EMPLOYEE SO HE/SHE CAN RETURN TO WORK

Empty rectangular box

This certifies that the above named individual is employed on Florida Municipal Commercial Insurance Trust Project. Workers Compensation coverage is provided by ACE USA. Please provide appropriate evaluation and treatment, and bill to the address below. **Post-accident drug screening is required for all covered workers seeking medical evaluation/treatment. Return To Work Program in-place; employers expected to provide light/restricted duty work.**

Site Approval (Print): _____ Date: _____

Site Approval Signature: _____

THIS SECTION MUST BE COMPLETED BY THE ATTENDING PHYSICIAN

Diagnosis: _____

- Is the Employee able to return to work?
Full Duty _____ Restricted Duty _____ Total Disability _____
If restricted duty was selected, briefly describe restrictions: _____
- Will employee require any follow up treatment? Yes _____ No _____
If yes was selected, when is the next scheduled visit?
Date: ___/___/___ Time _____ Est. # of follow up visits _____
- I am aware of the restrictions placed on me by the treating Physician:

Employees Name (Please print): _____

Employees' Signature: _____

Physicians' Name (Please print): _____

All Drug Test Bills & Reports Should Be Sent Directly to Employer.



SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Page 1 of 2

The School District of Palm Beach County – Construction Wrap-Up Project
WRAP-UP MASTER POLICY: WORK COMP: TBD / GENERAL LIABILITY: TBD

School: _____ Contractor: _____

Incident Date: _____ Time: _____ Place: _____

EMPLOYEE INFORMATION: (Complete one report for each employee involved)

Name: _____ DOB: _____

Address: _____

_____ Social Security #: _____

Home Telephone: _____ Occupation: _____

How long was employee performing this operation/job: _____

Employer: _____

INCIDENT INFORMATION:

Describe in detail how incident occurred: _____

What was employee doing at time of incident: _____

_____ Were activities part of the job: YES/NO (If NO, describe further)

Were weather conditions a factor? YES NO Describe conditions: _____

Name, address and phone number of all witnesses to the incident (use separate sheet if necessary):

Did the incident result in an injury: YES/NO (If NO, skip Injury Information Section)

Did the incident result in property damage: YES/NO (If YES, complete Property Damage Information Section)

INJURY INFORMATION:

Describe nature and extent of injury: _____

Was first aid given: YES/NO When and by whom: _____

Give name, address, and phone number of injured person (if different than employee listed above):



SUPERVISOR'S INCIDENT INVESTIGATION REPORT (cont.)
The School District of Palm Beach County – Construction Wrap Up Project

Was injured transported from scene via ambulance: YES/NO Where were they taken: _____

PROPERTY DAMAGE INFORMATION:

Describe damaged property: _____

Give name, address and phone number of owner of property: _____

SAFETY:

Contributing unsafe conditions, consider equipment/tools, materials housekeeping, etc.: _____

Contributing unsafe acts; consider action(s) of employee, co-worker or others, violation of safe work rules/practices, etc: _____

Corrective action(s) recommended by Supervisor: _____

Prepared by:
Contractor Safety Representative or Supervisor:

_____ Date: _____

Reviewed by:
Jobsite Safety Manager:

_____ Date: _____

Fax to:

Fax No: _____



WRAP-UP PROJECT

EMPLOYEE NAME: _____

EMPLOYER: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DATE: _____ PHONE: _____

MEDICAL TREATMENT DISCLAIMER

I, _____, ELECT NOT TO GO FOR MEDICAL TREATMENT AT THIS TIME FOR THE FOLLOWING INJURY: _____

WHICH OCCURRED ON _____ AT _____ JOBSITE.

SIGNED: _____
(EMPLOYEE)

WITNESS: _____

WITNESS: _____

REQUEST FOR DRUG SCREEN

Subject to the Drug and Alcohol Free Jobsite policy of the School District of Palm Beach County's MCIP Project, it is requested that a drug and alcohol screen be performed on the above named individual. Refusal to submit to a drug or alcohol test will result in the removal of the employee from the Project site and will prohibit that employee from working on other projects for the School District of Palm Beach County.

Reason for test: POST INCIDENT

SEND TEST RESULTS TO:

**ACE USA/ESIS, Inc.
P.O. Box 23928
Tampa, FL 33623-3928
800.367.5189**

SEND BILLING TO:

Employer

ATTN: _____

Tel. _____

Contractor Name: _____

Address: _____

Supervisor/Contact: _____

Telephone: _____

APPROVED BY: _____ TITLE: _____

DATE: _____



The School District of Palm Beach County
EMPLOYEE CONSENT

Form G

I understand that a condition of my initial and continued assignment to The School District of Palm Beach County’s jobsite is compliance with The School District of Palm Beach County’s Drug and Alcohol Free Job-Site policy. The policy was developed to ensure that all of The School District of Palm Beach County’s jobsites are drug and alcohol free, and I hereby give my consent to, and authorize, any screening or medical procedures necessary to determine the presence and/or level of alcohol or drugs in my system. I further give my consent to the testing authority to release information regarding the results of the tests to a representative of my employer, The School District of Palm Beach County, the Insurer(s), the CM/GC, and the MCIP Manager. I realize that my refusal to sign this form constitutes a violation of The School District of Palm Beach County’s Safety Guidelines, and for that refusal, I cannot be assigned to The School District of Palm Beach County jobsite. I also acknowledge and understand that a positive drug test result at any time during the time I am working at The School District of Palm Beach County’s Job-Site will immediately result in my removal from the Job-Site and will prohibit me from working on other projects for The School District of Palm Beach County.

During my assignment to The School District of Palm Beach County’s Job-Site:

1. I hereby acknowledge receipt of a copy of and consent to abide by The School District of Palm Beach County’s Drug and Alcohol Free Job-Site policy attached to this form as Exhibit A; and,
2. I consent to post-incident, reasonable suspicion, and random drug and alcohol screenings.

I further hereby release and hold harmless my employer, The School District of Palm Beach County, the Insurer(s), the CM/GC, and the MCIP Manager and any individual acting on their behalf from any and all liability or claims in connection with all actions taken in accordance with The School District of Palm Beach County’s Drug and Alcohol Free Job-Site policy including the release of any drug testing results to all of the foregoing.

Date

Signature

Print Name

Employer

Witness

Social Security No.

Date of Birth

Project Name

Print Witness Name

***The CM/GC will collect and maintain for its and Subcontractors’ employees as they are assigned to the Project, and will provide copies of the signed form and Exhibit A attached to the employee.**



EXHIBIT A

Drug and Alcohol Free Job-Site

This Project is a drug and alcohol free Job-Site. The CM/GC and all Subcontractors of every tier will maintain a drug and alcohol free environment for this project. Prior to any employee commencing work on the Job-Site, the CM/GC will obtain and maintain on file a signed Employee Consent (Form 6) for all employees of the CM/GCs and Subcontractors of every tier.

Each Subcontractor is responsible to ensure that its lower-tiered Subcontractors test their employees prior to reporting to work on the Job-Site in order to maintain a drug and alcohol free Job-Site. The CM/GC's and Subcontractors' employees may be tested randomly or for reasonable suspicion as appropriate throughout the construction process. The CM/GC and each Subcontractor of every tier will certify monthly, via the monthly payroll report that they have complied with the drug and alcohol free Job-Site requirement.

This policy is to be used in conjunction with the Subcontractor's own drug and alcohol program and in accordance with the Contract.

In addition, it is mandatory that a drug screen be performed on all employees involved in an incident where an employee:

1. receives an on-the-job injury requiring medical attention;
2. receives an on-the-job injury but waives medical attention;
3. injures another employee;
4. utilizes unsafe work practices;
5. causes damage to property; or
6. is involved in a "near-hit" incident.

Screening will be performed by an authorized provider. All post-incident screenings will be performed by the medical provider that the injured employee was dispatched to, or as otherwise mandated by The School District of Palm Beach County or the CM/GC. Costs associated with the screening will be borne by either the employer.

Refusal to sign the Employee Consent form, refusal to submit to a drug or alcohol test, or receipt of a positive test result will result in the removal of the employee from the Project site and will prohibit that employee from working on other projects for The School District of Palm Beach County. It is the duty and obligation of the employer to automatically remove an employee who refuses to sign the Employee Consent form or submit to a test or receives a positive test result, regardless of the circumstances which deemed the test necessary.



The School District of Palm Beach County

CONSENTIMIENTO DEL EMPLEADO

Entiendo que una condición de mi tarea inicial y continua del sitio de empleo es en conformidad con la póliza del Sitio del Trabajo sin Droga y Alcohol de los dueños. La póliza se desarrolló para asegurar que todos los sitios de empleos de dueños sean sin droga y alcohol, y yo por el presente doy mi consentimiento a, y autorizo, cualquier selección o los procedimientos médicos necesarios para determinar la presencia y/o el nivel de alcohol o drogas en mi sistema. Doy aun mi consentimiento a la autoridad que prueba para proveer información con respecto a los resultados de las pruebas a un representante de mi empleador, al dueño, al Asegurador (es), al Contratista de la Construcción, y al Director de MCIP. Yo me doy cuenta de que si no firmo este formulario constituye una infracción de las Pautas de la Seguridad de Dueños, y por esa negativa, yo no puedo ser asignado al sitio de empleo del dueño. Reconozco también y entiendo que un resultado positivo de la prueba de droga en cualquier vez durante el tiempo que trabajo en el sitio del trabajo del dueño tendrá como resultado mi inmediata eliminación del sitio del trabajo y me prohibirá trabajar en otros proyectos para el dueño.

Durante mi tarea en el sitio de trabajo del dueño:

1. Yo por el presente reconozco recibo de una copia y el consentimiento para respetar la póliza de Sitio del Trabajo sin Droga y Alcohol del dueño. Adjunta esta un formulario titulado Exhibición A; y,
2. Consiento a post-incidente, la sospecha razonable, y examinación de droga y alcohol al azar.

Yo aun más por el presente libero y tengo inofensivo a mi empleador, el dueño, el asegurador (es), el contratista de la construcción, y el Director de MCIP y algún individuo actuando departe de cualquiera y toda obligación o los reclamos con respecto a todas acciones tomadas en conformidad con la póliza del Sitio del Trabajo sin Droga y Alcohol de los dueños inclusive la liberación de cualesquiera resultados de droga.

Fecha

Firma

No. de Seguro Social

Escriba su Nombre

Fecha de Nacimiento

Empleador

Nombre del Proyecto

Testigo

Escriba el Nombre del Testigo

***El Contratista de la construcción reunirá y mantendrá para su y los subcontratistas empleados como ellos son asignados al proyecto, y proporcionarán copias del formulario firmadas y el Exhibición A adjunto al empleado.**



EXHIBICIÓN A

SITIO DE EMPLEO SIN DROGA Y ALCOHOL

Este Proyecto es un sitio del trabajo sin droga y alcohol. El Contratista de la Construcción y todos los Subcontratistas de cada nivel mantendrán un ambiente para este proyecto sin droga y alcohol. Antes de cualquier empleado el trabajo que comienza en el Sitio de trabajo, el Contratista de la Construcción obtendrá y mantendrá en el archivo un Consentimiento firmado de Empleado para todos empleados de los Contratistas de la Construcción y Subcontratistas de cada nivel.

Cada Subcontratista es responsable de asegurar que su (sub) Subcontratistas de cada nivel examine a sus empleados antes de reportarse para trabajar en el Sitio de trabajo para mantener un Sitio del Trabajo sin droga alcohol. El Contratista de la Construcción y empleados de Subcontratistas pueden ser probados azar o para la sospecha razonable como sea propia a través del proceso de la construcción. El Contratista de la Construcción y cada Subcontratista de cada nivel certificarán mensualmente, vía el informe mensual de pagos, que ellos se han acatado los reglamentos de un empleo sin drogas ni alcohol.

Esta póliza deberá ser utilizada en conjunción con el propio programa del Subcontratista de droga y el alcohol y de acuerdo con el Contrato.

Además, es obligatorio que un examen de droga sea realizado en todos los empleados implicados en un incidente donde un empleado:

1. recibe una lesión en el trabajo que requiera atención médica;
2. recibe una lesión en el trabajo pero renuncia la atención médica;
3. hiere a otro empleado;
4. utiliza prácticas peligrosas del trabajo;
5. causas daños a la propiedad; o
6. es implicado en un incidente “que pudiera ver causado un golpe”.

El examen será realizado por un proveedor autorizado. Todos los exámenes posteriores del incidente serán realizados por el proveedor médico que examino al empleado herido, o de otro modo puesto bajo el mandato por el dueño del Contratista de la Construcción. Costos asociados con el examen serán soportados por o el empleador o el Contratista de la Construcción.

El negarse para firmar el formulario del Consentimiento de Empleado, el negarse para someterse a una prueba de droga o alcohol, o al recibo de un resultado positivo de la prueba tendrá como resultado la eliminación del empleado del sitio de Proyecto y prohibirá ese empleado trabajar en otros proyectos para el dueño. Es el deber y la obligación del empleador de quitar automáticamente a un empleado que rehúsa firmar el formulario de consentimiento del empleado o se somete a una prueba o recibe un resultado positivo de la prueba, a pesar de las circunstancias que hicieron la prueba necesaria.



**SCHOOL DISTRICT OF PALM BEACH COUNTY
MCIP PROGRAM**

FACSIMILE TRANSMITTAL SHEET

TO: VELVET MERRITT	FROM:
COMPANY: ACE USA/ESIS CLAIM CTR	DATE:
FAX NUMBER: 813.281.1339	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 800.367.5189	SENDER'S REFERENCE NUMBER:
RE: W/C FIRST REPORT OF INJURY	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Attached is the completed DWC-1 First Report of Injury Form for the below listed employee:

Site/Location Code: _____

Name: _____

Should you have any questions, please feel free to contact us.

ACE USA/ESIS, INC.
P.O. BOX 23928
TAMPA, FL 33623
(TEL) 800.367.5189



**SCHOOL DISTRICT OF PALM BEACH COUNTY
MCIP PROGRAM**

FACSIMILE TRANSMITTAL SHEET

TO: BOB HYYPIO	FROM:
COMPANY: ACE USA/ESIS CLAIM CTR	DATE:
FAX NUMBER: 813.281.1398	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 800.282.4651	SENDER'S REFERENCE NUMBER:
RE: GL NOTICE OF CLAIM	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Attached is **GL Notice of Claim** for the below listed claimant:

Site/Location Code: _____

Name: _____

Should you have any questions, please feel free to contact us.

ACE USA/ESIS, INC.
P.O. BOX 30389
TAMPA, FL 33630-3389
(TEL) 800.367.5189