

## REPORTING EMPLOYEE INJURY

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### SUMMARY

This procedure explains how to report the injury of an employee, what forms are required, what deadlines apply and what benefits are available.

### PROCEDURE

1. An employee who sustains an on-the-job injury or illness, regardless of severity, shall immediately report the incident to his/her supervisor.
2. In addition to the reporting requirements listed below, incidents involving serious injury or death to a County employee shall be promptly reported by phone to: 9-1-1; the Office of Safety (305-876-8000 or after-hours: 305-546-1419); and Internal Services Department/Risk Management Division (ISD/RMD) (305-375-3216 or after hours 305-794-4784 / 786-405-3412).
3. If the injury does not require professional medical treatment, the supervisor shall record it on the First Aid and Minor Injury Log available from the Office of Safety website: <http://intra.miamidade.gov/internalservices/safety-web.asp>
4. If the injury requires professional medical attention, the supervisor shall call, or have the employee call, TeleClaim at 1-877-MDC-RISK or 1-877-632-7475 immediately. TeleClaim's hours of operation are 24 hours a day 7 days a week. . The Employee ID number must be provided when reporting an injury. (In the case of a volunteer or someone with no Employee ID number, the claim must still be called in.)
5. ISD/RMD will send copies of the First Report of Injury or Illness to the employee and department. Any information in a Report of Injury or Illness that would identify an ill or injured employee is confidential and exempt from the provisions of Section 119.07(1) and Section 24 (a), Article 1 of the State Constitution.
6. For any injuries/illnesses reported to TeleClaim, the supervisor shall complete the Supervisor's Investigation Report available from the Office of Safety website: <http://intra.miamidade.gov/internalservices/safety-web.asp> The supervisor should send the Supervisor's Investigation Report to ISD/RMD within 48 hours of the injury.
7. For employee exposures to blood or potentially contaminated body fluids or over-exposures to chemical, fumes, vapors, etc., follow the instructions for medical evaluation and reporting on the cover page of the Exposure Report, which is available from the Office of Safety website: <http://intra.miamidade.gov/internalservices/safety-web.asp>
8. ISD/RMD will determine the employee's eligibility for workers' compensation benefits.
  - a. If the employee is eligible for Workers' Compensation benefits, ISD/RMD will pay the medical bills related to the injury/disability. Departments have the authority to approve only emergency medical treatment for an injured employee immediately following the injury.

Follow-up treatment or change of physician can only be authorized by ISD/RMD. The employee must obtain authorization prior to receiving any additional treatment. Always advise doctors that treatment is for a workers' compensation case.

- b. If the employee is eligible for Workers' Compensation benefits and has been disabled more than seven (7) days by an authorized treating physician, ISD/RMD will issue bi-weekly Workers' Compensation payments in the amount of  $66 \frac{2}{3}$  of the bi-weekly salary (up to current benefits allowed by law) until the employee is released to return to work or reaches maximum medical improvement.
9. ISD/RMD will investigate and recommend approval or disapproval of short-term disability leave. This disability leave benefit will pay the difference between the Workers' Compensation payments and 80% of the employee's actual salary or in accordance with prevailing labor contracts. Short-term disability extends for one hundred twenty (120) calendar days from the date of disability. If the injured employee remains out of work ISD/RMD in conjunction with payroll will review for disability leave extension which will allow for up to an additional one hundred twenty (120) calendar days. Employees are not eligible for the short-term disability leave benefit if they were not within the course and scope of employment at the time of the injury or if their actions contributed to the accident.

**CONTACT(S):**

**Department/Division**

Internal Services, Risk Management Division, Workers' Compensation Section  
Internal Services Department, Risk Management Division, Office of Safety

**REFERENCE DOCUMENT(S):**

Florida Statutes, Chapter 440  
Code of Miami-Dade County, Section 2-56.27  
Employee Manual, page 22  
Collective Bargaining Agreements  
Miami-Dade Safety Manual