

Worker's Compensation Procedures

REVISED 11/13/2023

1. Determine if the employee needs immediate medical attention. Authorization must be obtained **BEFORE** sending the employee to a medical facility.

NOTE: Call HR, Leave Management Associate – Alexandria Rhoden at 803.641.2439 or email @acpsd.net for approval of medical treatment.

If HR, Leave Management Associate - Alexandria Rhoden is not available during a non-emergency situation, please leave a message and allow reasonable time for a response, if no response contact alternate.

If HR, Leave Management Associate - Alexandria Rhoden cannot be reached in an emergency, please contact Kerri Solomon at 803.641.2428 Ext. 12793 or ksolomon3@acpsd.net as a first alternate, or Kayla Jordan at 803.641.2428 ext. 12739 or kjordan@acpsd.net as a second alternate.

2. The school level WC contact or Administrator/Supervisor should complete the **12A-First Report of Injury or Illness, not the injured employee.** Have the injured employee complete the **Incident Report and Medical Information Release Authorization Forms.** All forms are to be completed and submitted to the HR, Leave Management Associate - Alexandria Rhoden (ASAP). Please advise the employee to complete all information requested and to provide specific details of injury or illness.
3. If medical treatment is necessary, the school level WC contact or Administrator/Supervisor should complete the top portion of the **SCSBIT-Notice to Provider.** This form should be sent with the employee to the **approved** medical facility for treatment. **Contact the HR, Leave Management Associate – Alexandria Rhoden, or alternate, prior to sending for treatment.**
4. If applicable, the **Witness Statement** should be completed and returned to the school office within 3 days from date of injury. Any adult, not a student, who actually witnessed the injury or illness should complete this form.
5. A school administrator should complete the **Accident Investigation Form.** Please provide specific details. This form is for District use only, it will not be sent to SCSBIT.
6. Have the employee complete the **Worker's Compensation Follow Up to Injury** form and return it to the school office within 7 days from date of injury.
7. Forward a copy of all forms listed above to **Attn: HR, Leave Management Associate - Alexandria Rhoden** at the Brookhaven District Office.
8. The school level WC contact or Administrator/Supervisor should complete a **PAF** on **DAY 6**, if an employee is written out-of-work or placed on medical restrictions preventing the employee from returning to work.

AUTHORIZATION MUST BE OBTAINED BEFORE SENDING EMPLOYEE TO A MEDICAL FACILITY.

SCSBIT Approved Medical Facilities:

PIEDMONT PROMPT CARE	PIEDMONT PROMPT CARE	PIEDMONT PROMPT CARE
1021 Silver Bluff Road Aiken, SC 29803 Ph. 803.648.0587 Opt. 5 Contact: Tommy Gresham O: 803.648.0587 Opt. 5 Hours of Operation Mon. – Fri. 8 AM – 7 PM Sat. – Sun. 9 AM – 3 PM	325 Georgia Ave., Suite 100 North Augusta, SC 29841 Ph. 803-202-3351 Contact: Tommy Gresham O: 803.648.0587 Opt. 5 Hours of Operation Mon. – Thurs. 8 AM – 5 PM Fri. 8 AM – 12 PM Sat. – Sun. 9 AM – 3 PM	107 Walnut Lane, Suite 102 North Augusta, SC 29860 Ph. 803-202-7110 Contact: Tommy Gresham O: 803.648.0587 Opt. 5 Hours of Operation Mon. – Fri. 8 AM – 7 PM Sat. – Sun. 9 AM – 3 PM