

Accident Reporting Procedures

Southwest Ohio Council of Governments



Smarter Solutions. Safer Schools.

INTRODUCTION

The following procedures are applicable to all accidents. It is very important for you to follow the instructions below to ensure your medical claims and return to work are processed smoothly. If you have any questions about reporting an accident, medical care, or next steps, please do not hesitate to call the Human Resources Specialist at 513-695-2900 ext. 2980.

WHAT TO DO IF YOU ARE IN AN ACCIDENT

Your health is the first priority! Please do not hesitate to seek professional care for a medical emergency.

A medical emergency is when you need immediate medical services that are necessary to alleviate severe pain, or an acute injury that could lead to a serious physical disability, mental disability or death.

IMMEDIATELY submit an Employee Accident/Exposure Incident Report.

To submit an employee incident report, go to www.CogSubs.com, click Quick Links, click Workers Comp Accident Reporting Link, Within PublicSchoolWORKS, click Submit Accident Report. Enter all information requested and follow the steps to submit your report.

If you need help, ask your supervisor or call the Human Resources Specialist at 513-695-2900 ext. 2980. If the injured employee is unable to submit the accident report, another employee can complete the report with the assistance of the affected employee.

MEDICAL CARE OPTIONS

When obtaining medical care, remember you **MUST TELL THE PHYSICIAN** it is due to a work-related injury. **Use Southwest Ohio Council of Governments as your employer;** do not use the district's name where the accident occurred.

If you obtain medical care for a work-related injury from a medical provider other than those noted below, workers' compensation insurance may not cover the costs and you may have to pay for the services. We encourage injured employees to go to Atrium Medical Center (Middletown) or Bethesda Arrow Springs (Lebanon) these providers specializes in work-related injuries, treatment and follow-up, including proper reporting, transitional work, physical therapy, and other occupational services.

Atrium Medical Center
4220 Grand Avenue
Middletown, OH 45005
(513) 420-4700
Between 8 am – 4:30 pm
After 4:30 pm, go to Atrium Medical Center ER

TriHealth Bethesda Arrow Springs
100 Arrow Springs Boulevard
Lebanon, OH 45036
(513) 282-7000

You may also go to:

- Urgent Care facility in your area
- BWC Certified Physician (To get the name of a BWC Certified Physician, call 1-800-OHIOBWC. If you are unsure who is a BWC Certified Physician, it is recommended you go to an Emergency Room or Urgent Care facility.)

IF EXPOSED TO ANOTHER PERSON'S BODILY FLUIDS (BLOODBORNE PATHOGENS)

If you are exposed to the body fluids of another person, the following documents must be given to the medical provider.

Item	Where to Obtain
1. A copy of the district Bloodborne Pathogens Exposure Control Plan (this includes additional information regarding procedures associated with an exposure)	Safety Document Library within PSW
2. A copy of the OSHA Bloodborne Pathogens regulations (29 CFR 1910.1030)	Safety Document Library within PSW
3. A copy of the completed Employee Accident/Exposure Report	Accident Management System within PSW
4. Results of the source individual's blood testing (if available)	From the other individual or medical provider
5. All medical records applicable to treatment of the employee, including vaccination status	From medical provider



Staff Accident Management

Report Employee Accident

[Submit Accident Report](#)

[Read Reporting Procedures](#)

[Print Paper Accident Report Form](#)

Additional Employee Resources

[Show Key Forms & Information](#)

[View My Accident History & Reports](#)

[View OSHA 300 - Log of Employee Injuries](#)

[View OSHA 300A - Summary of Employee Injuries](#)

Administrative Links

[Administrative Login](#)

Steps

Injured Employee

Date, Supervisor, Location

Injury

Blood Exposure

First Aid

Witness, Signoff

Preview, Submit

Additional

[Instructions](#)

[Confidentiality](#)

Employee Selection

[Click here if you are the injured employee:](#)

OR

[Click here if you are NOT the injured employee:](#)



NOTE:

Where it states to enter your employer's name, please enter: **Southwest Ohio Council of Governments.**

You never enter the district's name of where the accident occurred.