COUNTY OF CUMBERLAND, NEW JERSEY

NOTICE TO DEPARTMENT DIRECTORS

PROCEDURE FOR WORK-RELATED INJURY OR ILLNESS

In case of work related injuries or illnesses, employees must immediately report it to his/her supervisor. When medical care is required: *the appointment shall be made by a supervisor only.* The <u>initial</u> medical appointment shall be made with one of the following authorized **County of Cumberland panel of physicians**. Please give the employee the request for treatment form (attached).

Inspira Occupational Health Vineland 1297 W. Landis Avenue Vineland, NJ 08360 (telephone) 1-856-507-8548 or for emergency care: Riverside
3403 So. Delsea Drive
Vineland, NJ 08360
1-856-293-6974

Hours 8 am to 8 pm 7 days a week

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Please call Qual-Lynx to report the injury at 1-877-822-9368 (24 hrs. direct reporting service
Enter Reference Number

If you are faced with a medical emergency (severe injury, sutures necessary, loss of life or limb, head injury, etc.) you will be taken to the nearest hospital emergency room. For other injuries, your initial medical treatment will be at a non-emergency facility at the earliest convenience.

All required worker's compensation reports must be sent to the Personnel office within 4-business days of the injury/illness. Please refer to County Policy #4.18 Worker's Compensation.



* Important Reminder Regarding Safety and Policy: The Occupational Health Office is a provider of employment and job related services. Children are NOT allowed in exam rooms and CANNOT be left in our reception area unattended. Company contacts will be notified if necessary and please know that employees will not be seen if this policy is not followed.

URGENT CARE

"PROUDLY PROVIDING URGENT CARE AND OCCUPATIONAL HEALTH SERVICES."

Authorization for Treatment

THIS FORM SERVES AS AN AUTHORIZATION TO PROVIDE TREATMENT AND/OR TESTING FOR THE FOLLOWING:

Date:/ Employee:		
Employer: County of Cumberland, Board of	County Commissioners (Depa	rtment of
thorized By: Phone:		
TYPE OF SERVICES TO BE PROVIDED: (CHECK		
☐ Injury or Illness Care > Include Post	Accident: Drug Screen	☐ Breath Alcohol Test
☐ Physical Exam		
□Pre-Employment/Post Offer	**** <u>NOTE TO EMPLOY</u>	EE: PICTURE ID IS
□Return to Work <u>REQUIRED FOR ALL SERVICES</u> ****		
\square Annual		
□Haz-Mat		
□DOT Medical Clearance		
Other:		
☐ Drug and/or Alcohol Screen Please Spe	ecify Type Below	
□DOT Drug Test	□Pre-Employment	$\square Random$
□Non-DOT Drug Test	□Post Accident	☐Reasonable Suspicion
□DOT Breath Alcohol Test	☐Return to Duty	$\square ext{Follow Up}$
□Non-DOT Breath Alcohol Test		
Other Service(s):		

Inspira Urgent Care Vineland

1297 West Landis Avenue Vineland, NJ 08360 (856) 507-8548 (f) (856) 507-2720