

Risk Management & Benefits

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To access **Online Claim Forms**
From the district website, select Department, Risk Management, and Online Claim Reporting
Or copy the following link below:
<https://www.escambiaschools.org/riskmgmt>

Risk Management Office
Phone: 850-469-6267

Your Risk Management staff is here to assist you with making the most knowledgeable decisions when selecting the benefits package for you and your family.



* Workers' Compensation:
To access the Employee/Supervisor Report please select the Workers' Compensation tab.

district employee, you are very important to us -- and to our students. That's why you have a full A+ Benefits, designed to give you and your family protection and peace of mind.
will guide you through the plans and show you how to use them effectively. You'll also learn ways to save money and get the greatest value from your benefits.

Just select the subject you want from the menu, and your benefit studies can begin.

2023 Benefits Guide

Marathon ECPS Health Center »

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WORKERS' COMPENSATION

OUR GOAL

This information is intended to help you understand both your rights and responsibilities under the Florida Workers' Compensation Law. Corvel Corp., every effort will be made to provide you with the highest quality of care and to assist you in your recovery. We are committed to this objective.

INITIAL ACCIDENT/INCIDENT PROCEDURES

When permanent, substitute, or temporary employees of The Escambia County Public Schools (ECPS), or certain volunteers have an injury at work they must do the following:

1. Report their injury to their supervisor immediately;
2. Complete the Employee/Supervisor Accident Report online at <https://www.escambiaschools.org/Page/1039> within 24 hours;
3. Call Corvel Corp., at 1-800-906-4461. Corvel handles the initial reporting and medical authorizations for ECPS's injured employees.
4. If the employee is going for care please give them a copy of the prescription card provided in your red folder.

Call in all injuries no matter how minor they seem!!

WORKERS' COMP WORKS FOR YOU!!

To access the Employee/Supervisor Accident Report

- * Click Online Claim Reporting or
- * Click the following link from the website
<https://www.escambiaschools.org/Page/1039>



IMPORTANT LINKS

- Work Status/Coding
- Information for Injured Worker
- Employee Rights & Benefits
- Employee Responsibilities
- FAQ
- Definition of Terms

Click to see the How-To-Guide
Click for FAQ's

[**Online Claim Reporting Instructions**](#)

[**Understanding ECPS Forms & FAQ's**](#)

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Online Claim Reporting

General Instructions for ALL forms: Each school and department should delegate a person in charge of completing each form type listed below, which should be similar to who previously completed forms when the forms were manual paper forms. The same would apply to the "administrator (principal or department head) or designee" that would be signing off on the final content as the final approval and submittal.

To access the appropriate on-line claim form, click on the associated link. You will be directed to the **opentext | LiquidOffice** login page and the employee completing the form will use their User Name and Password that is used to access Skyward (the same as when you review your paycheck) to complete and sign-off electronically as the preparer. **PLEASE NOTE: ALL FORMS ARE FOR INTERNAL INVESTIGATIVE AND/OR CLAIMS ADMINISTRATIVE PURPOSES AND COPIES SHOULD NOT BE RE-DISTRIBUTED.**

Instructions are listed to assist you in preparing and submitting each form:

- [EMPLOYEE/SUPERVISOR ACCIDENT REPORT](#)
- [PROPERTY INCIDENT REPORT](#)
- [STUDENT ACCIDENT REPORT](#)
- [VISITOR ACCIDENT REPORT](#)
- [ATHLETIC INJURY REPORT](#)

- General Instructions are to access and submit all the available reports.
- Specific Instructions for each form will be provided prior to accessing each report.
- Please remember that **ALL** reports are for **INTERNAL USE ONLY**.
- Choose the appropriate form.

[EMPLOYEE/SUPERVISOR ACCIDENT REPORT \(Click to access\)](#)

***MUST BE COMPLETED BY THE INJURED EMPLOYEE AND SUPERVISOR**

Supervisors: If the injured worker is unable to log in or complete the on-line form for themselves, then the employee's supervisor or a designated school/departmental secretary may complete the employee's portion on their behalf. Supervisors completing the form on the employee's behalf must submit the employee's section first, before completing the Supervisor's portion.

Instructions: Once logged in, the employee (or designated preparer) will complete questions 1-29, click on the Electronic Signature button, Click "Go" next to the submit button, and click "Send". Once the employee section has been submitted, the Supervisor will be asked to log in, complete their section, electronically sign and submit the completed form to Risk Management. Please submit this report as soon as feasibly possible, but no later than 48 hours after the incident.

RISK MANAGEMENT WILL NOT RECEIVE THIS REPORT UNTIL BOTH SECTIONS HAVE BEEN SIGNED AND SUBMITTED.

- Verify you have the correct report and click on the blue highlighted text to access.
- Carefully read the specific instructions for how to complete the report.

- **Supervisors:** Please note this form is a two-step submission and will not process correctly if both signatures are forced during the Preparer phase.

opentext™ | LiquidOffice

Username:

Password:

LiquidOffice 20.2.0 (Build 19515)
[About](#)

* Login with your
Novell Username and Password.

(This is the same Username &
Password as it is for Skyward.)



If you need medical treatment
 Please Call Corvel immediately.
 1-800-906-4461

Click To Add Attachments If Needed

• Attach any additional documentation using the “Manage Attachments” button, (i.e. pictures, statements, etc.)

QUESTIONS 1 -29 TO BE COMPLETED AND SIGNED BY EMPLOYEE OR DESIGNEE

Enter \$\$# and click **CLICK HERE**

1. Employee SSN 2. Name: First 3. Middle 4. Last 5. DOB mm/dd/year 6. Phone

7a. Home Street Address 7b. City 7c. State 7d. Zip code 8. Occupation 9. Supervisor

10. Full Time Employee Yes No 11. Hrs. Wkd./Week 12. Days Wkd./Week 13. Accident Date 14. Accident Time 15. Select AM/PM AM PM 16. Hrs. Wkd.

17. Accident Location 18. Description of Accident: Include details (how, where, what person was doing) ATTACH A DOCUMENT IF NECESSARY

19a. Employee School or Dept. EMPLOYEE WORK LOCATION 19b. Cost Center Click to Autofill

20. Nature of Injury - select all that apply or select other

<input type="checkbox"/> Abrasion/Scratches	<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Head/Scalp
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Hip
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Internal Organs
<input type="checkbox"/> Bite, did not break skin	<input type="checkbox"/> Exposure	<input type="checkbox"/> Knee
<input type="checkbox"/> Bite, broke skin	<input type="checkbox"/> Fracture	<input type="checkbox"/> Leg Lower
<input type="checkbox"/> Bump	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Leg Upper
<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Mouth
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Shock (electric)	<input type="checkbox"/> Neck
<input type="checkbox"/> Cumulative/Repetitive	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Nose
<input type="checkbox"/> Concussion	<input type="checkbox"/> Other	<input type="checkbox"/> Respiratory System

21. Part of Body Injured - select all that apply or select other

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Left...Right...Both	<input type="checkbox"/> Left...Right...Both
<input type="checkbox"/> Ance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arm Lower	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arm Upper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Back Lower	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Back Middle	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Back Upper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buttocks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Face	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Finger(s)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Groin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>

22. Last Date Wkd 23. Returned Yes No 24. Date Returned 25. Leave Submitted Full day 1/2 day No

26. Witness Name 27. Occupation 28. Phone

Is the Employee in question a Principal? Select One

• Complete the form according to the previous instructions and note the shaded sections.

• Enter EE’s SSN with NO dashes, then click on the click here button to auto populate the employee’s demographics.

• #17 is accident location, #19a is your School or Dept.

• This is a two step process –

1. *Click to submit the Preparer’s signature, *Select “Submit”, Click “Go” & “Send”. *Proper submission will prompt a notification.
2. Supervisor reviews, signs, and submits.

29. Preparer Signature 29. Preparer Signature

1. Preparer complete #1 - #28 2. Sign #29 Preparer Signature 3. Select Submit and Go from bottom of page.

QUESTIONS 30 -34 TO BE COMPLETED AND SIGNED BY SUPERVISOR

30. Unsafe Condition Physical Cause of Accident Yes No

<input type="checkbox"/> Defective conditions	<input type="checkbox"/> Hazardous arrangement/ procedure	<input type="checkbox"/> Unsafe design / construction	<input type="checkbox"/> Unsafe dress / apparel	<input type="checkbox"/> Improperly guarded	<input type="checkbox"/> Improper illumination	<input type="checkbox"/> Improper ventilation	<input type="checkbox"/> Other
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31. Unsafe Personal Factor? Accident Subcauses Yes No

<input type="checkbox"/> Bodily defects	<input type="checkbox"/> Improper attitude	<input type="checkbox"/> Lack of knowledge or skill	<input type="checkbox"/> Other
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32. Unsafe Act? Personal Cause of Accident Yes No

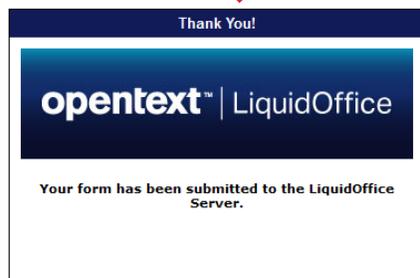
<input type="checkbox"/> Distracting, Teasing, Abusing	<input type="checkbox"/> Using unsafe equipment
<input type="checkbox"/> Failing to use safe attire	<input type="checkbox"/> Unsafe loading, misaim, placing
<input type="checkbox"/> Making safety devices inoperative	<input type="checkbox"/>
<input type="checkbox"/> Operating without authority	<input type="checkbox"/>
<input type="checkbox"/> Operating at unsafe speed	<input type="checkbox"/>
<input type="checkbox"/> Taking unsafe position or posture	<input type="checkbox"/>
<input type="checkbox"/> Working on moving or dangerous equipment	<input type="checkbox"/> Other

33. Action Taken To Prevent Similar Accidents

34. Supervisor / Principal Signature 34. Supervisor / Principal Signature

Submit Go Print

V 4.5 Revised July 2018 Retention 5 years



• Supervisors: In order to receive an email notification to alert you when a report is waiting for approval, turn on the ENABLE NOTIFY function in this program. If you do not enable this feature you will not know when a report is waiting for your approval.

