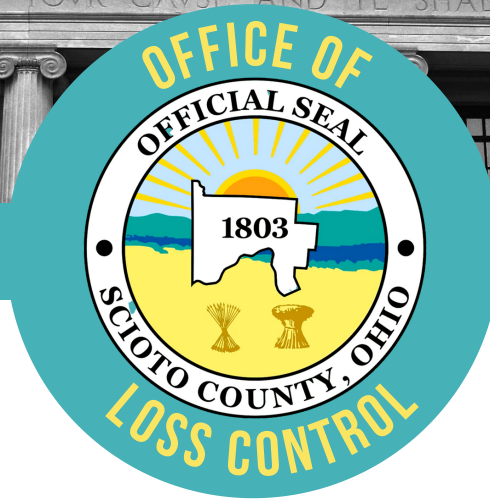


SCIOTO COUNTY COMMISSIONERS

RYAN SCHIESSER, COORDINATOR
(740) 355-8305



BRYAN DAVIS, CHAIRMAN
CATHY COLEMAN
SCOTTIE POWELL

ANGELA MALONE, ASST COORDINATOR
(740) 353-9435

Injured Worker Step by Step Procedures

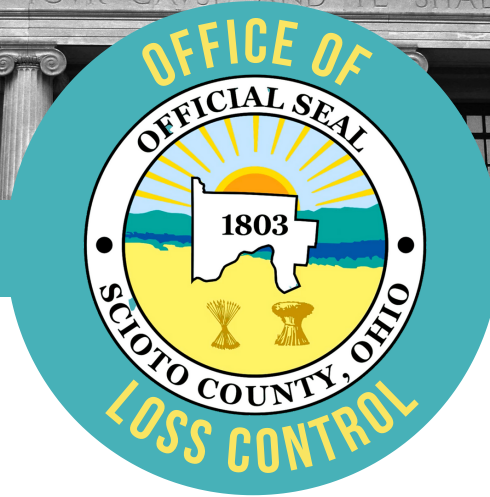
Please direct all questions to the Loss Control Department at 602 7th Street #403, Portsmouth Ohio 45662. ryan.schiesser@sciotocounty.net.

1. **First Report of Injury Form (FROI)** Please fill this out and fax to credentials below:
Sedgwick (MCO).
 - a. Submit an injury form (FROI)
Online: sedgwickmco.com
Phone: (888) 627-7586
Email: injury.incident@sedgwickmco.com
Fax: (888) 711-9284
2. Seek appropriate medical treatment if needed, provide the ID card (included in FROI) to the injured Worker and instruct the injured Worker to take card to all medical appointments regarding injury.
3. Please have the **Witness Statement** filled out promptly by anyone who witnessed the incident and sent to the Loss Control Office, Room 403, 4th floor Courthouse, or scanned and emailed to ryan.schiesser@sciotocounty.net
4. **Salary Continuation Agreement (C-55)**. This form is used to acknowledge an agreement to pay salary/wage continuation in lieu of temporary total or living maintenance compensation. If the employer decides not to offer pay continuation for the duration of the worker's time away from work, then pay continuation should be considered for a minimum of 2 weeks to allow BWC ample time to process paperwork and to ensure the injured worker does not go without pay for extended periods of time. This form must be signed by the employee and the employer, and then faxed BWC service office (866) 336-8352. Please also have a copy sent to the Loss Control Office, Room 403, 4th floor Courthouse, or scanned and emailed to ryan.schiesser@sciotocounty.net

We recommend offering pay continuation to offset Scioto County BWC costs and to encourage the employer and employee to work closely together to get the injured worker back to work

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5. **Employer Report of Employee Earnings (Wages-EMP).** In the event the employer chooses not to offer pay continuation, this form must be completed by the employer, signed and faxed to (866) 336-8352. Please also have a copy sent to the Loss Control Office, Room 403, 4th floor Courthouse, or scanned and emailed to ryan.schiesser@sciotocounty.net
6. **Accident Report (BWC-1584)** must be completed, signed, and returned to the Loss Control Office, 4th floor, Room 403, Courthouse, or scanned and emailed to ryan.schiesser@sciotocounty.net