

**TO: Bridgeway Directors and Supervisors**

**FROM: Lauralee Hatleli, Director of Staff Development and Safety**  
**Dan Lawrence, Vice President of Human Resources**

**DATE: 04/24/2024**

**RE: Reporting Procedures for Bridgeway Worker's Compensation Claims and Work-Related Injuries and Illnesses**

Effective immediately, reporting procedures for work-related injuries are as follows:

1. All work-related injuries are to be reported to the employee's supervisor at the time of injury.
2. Telecomp Care is to be contacted via phone immediately following the injury. Telecomp Care's phone number is 866-323-4227 and the TCC account number is 10337. Telecomp Care's information is provided on page 2 of this document and can also be found on the Bridgeway Employee Portal under the Employee Injury tab. In the event an injured employee is unable or refuses to contact Telecomp Care, the employee's supervisor will call Telecomp Care on their behalf. This generates a first report with United Heartland.
3. If the employee is seeking medical treatment beyond first aid, the Director of Staff Development and Safety or the Vice President of Human Resources must be contacted. Appropriate contact information is listed below.
4. All Bridgeway work-related injury paperwork is to be completed within 24 hours of the injury. The injured employee will complete the first page of the Bridgeway Employee Safety Incident Report (SIR) found on page 3 of this document. The supervisor of the injured employee will complete the second page of the SIR found on page 4 of this document. Once completed, scan and email these forms to [safety@bway.org](mailto:safety@bway.org). Include the Director and Vice President of the department in the email.
5. An Unusual Incident Report (UIR) should be submitted electronically as soon as possible, no later than 24 hours after the injury. The UIR can be found on the Bridgeway Employee Portal under the Unusual Incident tab. Always and only check "Employee incident with or without injury" for the type of incident on the UIR.
6. Photographs should be taken of the injury (if available), damage caused to Bridgeway equipment, and the location of the incident and sent to [safety@bway.org](mailto:safety@bway.org).
7. If treatment is declined, a Declination of Treatment form will be completed by the employee. Completed Declination of Treatment forms can be found on page 5 of this document and are to be scanned and emailed to [safety@bway.org](mailto:safety@bway.org).

NOTE: An injured on-duty employee may be subject to drug or alcohol testing. If an on-duty employee is in an accident while driving either a Bridgeway vehicle or their personal vehicle for work purposes, they may be subject to drug or alcohol testing. If a Bridgeway vehicle is damaged, a police report must be filed. If the vehicle is leaking fluids, the vehicle must be towed.

Lauralee Hatleli  
Director of Staff Development and Safety  
[lauraleeh@bway.org](mailto:lauraleeh@bway.org)  
Office: 309-344-4253  
Work Cell: 309-335-8919  
Personal Cell: 217-855-2757

Dan Lawrence  
Vice President of Human Resources  
[danl@bway.org](mailto:danl@bway.org)  
Office: 309-344-4346  
Work Cell: 309-368-0537



Three steps to follow if you are injured while at work:

1. Report your injury to your supervisor.
2. Call to speak to a Registered Nurse.
3. Provide employer TCC account number to the nurse.

**Bridgeway, Inc**  
**TCC Account Number: 10337**

TeleCompCare®  
**866-323-4227**



[AccidentFund.com/TeleCompCare](http://AccidentFund.com/TeleCompCare)



[UnitedHeartland.com/TeleCompCare](http://UnitedHeartland.com/TeleCompCare)



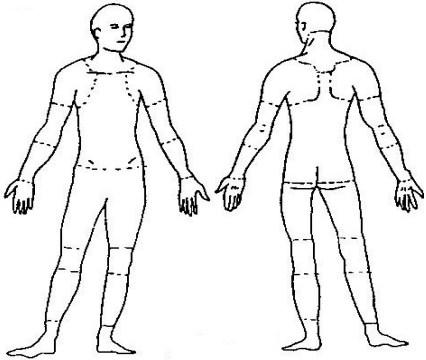
[CompWestInsurance.com/TeleCompCare](http://CompWestInsurance.com/TeleCompCare)



[TCU.com/TeleCompCare](http://TCU.com/TeleCompCare)

## Bridgeway Employee Safety Incident Report (SIR)

**Instructions:** The injured or ill Bridgeway employee will complete this form within 24 hours of an incident that results in serious injury or illness. Bridgeway employees will use this form to report all work-related employee injuries and illness. Complete all sections of this form leaving no blanks, then **scan and email the form to [safety@bway.org](mailto:safety@bway.org)** and include the department Director and Vice President in the email.

Step 1: Injured employee (to be completed by injured employee)		
Injured/Ill Employee Name:	Today's Date:	Date of Incident:
Supervisor Name:	Phone Number:	Date of Birth:
Home Address:		
Department and Job Title:	Bridgeway ID #:	Bridgeway Location:
Part of body affected: (circle all that apply)  	Nature of injury: (most serious) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary  Months with this employer:  Months doing this job:
Step 2: Describe the incident (to be completed by injured employee)		
Exact location of the incident:		Exact time and shift of incident:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____		
Names of witnesses (if any):	Has this body part been hurt before? If so, explain:	
What personal protective equipment was being used (if any)?		
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.		

## Bridgeway Employee Safety Incident Report (SIR)

**Instructions:** The supervisor of the injured or ill Bridgeway employee will complete this form within 24 hours of an incident that results in serious injury or illness. Include the injured or ill employee in the investigation if available. Complete all sections of this form leaving no blanks, then **scan and email the form to [safety@bway.org](mailto:safety@bway.org)** and include the department Director and Vice President in the email.

Step 3: Describe the incident (to be completed by supervisor)	
Name of Injured/Ill Employee:	Date of Injury/Illness:
Supervisor Name:	Date of Investigation:
Injured Employee Department:	Body Part (s) Injured:
Nature of Injury:	
Exact Location of the Incident:	Shift and Time the Incident Occurred:
Names of Witnesses (if any):	
What personal protective equipment was being used (if any)?	
What caused the event?	
Describe the events that led up to the incident. Include names of machinery, parts, objects, tools, materials and all important details.	
Step 4: Why did the incident happen? (to be completed by supervisor)	
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
How can future incidents be prevented?	
Step 5: Who completed and reviewed this form? (print)	
Written By:	Date:
Supervisor Signature:	Date:
Safety Director Signature:	Date:
Vice President Signature:	Date:

## Declination of Treatment

It is our policy to provide prompt and appropriate medical treatment to employees for work-related injuries. There are situations that arise where notice of an injury may be made, and formal treatment is not necessary.

When an employee reports a work-related injury, the injury will be documented and treatment will be offered. An employee may indicate a preference not to have formal medical treatment. In the event that an employee declines medical treatment, we will have the employee sign this document indicating that they declined medical treatment. The company will continue to monitor the resolution of the complaints or injury until the time that the condition has been completely resolved. The employee will be asked to sign off that the condition has completely resolved.

In the event that a condition is not improving readily during the monitoring period, or should the condition worsen, the employee will be sent for an evaluation to make sure the condition is properly addressed. There may be situations where an employee is sent for a medical clearance examination following their report of injury, even though the injured employee has declined medical treatment.

Date of Injury: \_\_\_\_\_

Injured Employee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

☐ **I am declining medical treatment at this time. Should my condition worsen, or should I change my mind regarding treatment, I know I must inform my supervisor immediately.**

Date: \_\_\_\_\_

Injured Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

☐ **My injury/injuries have completely resolved.**

Date: \_\_\_\_\_

Injured Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.

The following clinic locations may be utilized in the event of a Bridgeway employee work-related injury or illness requiring medical treatment beyond first aid. For on-site drug or alcohol screening questions, refer to Bridgeway's Reasonable Suspicion policy.

**Galesburg/Monmouth**

OSF Occupational Health  
834 North Seminary Street  
Suite 503  
Galesburg, IL 61401  
309-344-9411

**Midwest Truckers (for drug screening)**

217-525-0310 or  
309-714-2865 for mobile collection

**Macomb**

Graham Medical Group Convenient Care  
1630 East Jackson Street  
Macomb, IL 61455  
309-252-5191

**Loves Park**

OrthoIllinois  
5875 East Riverside Blvd  
Rockford, IL 61114  
815-398-9491

**Pekin**

OSF Occupational Health  
719 North William Kumpf Blvd  
Peoria, IL 61602  
309-624-8525

**Kewanee**

OSF Occupational Health  
1051 West South Street  
Kewanee, IL 61443  
309-852-7700

**Normal**

OSF Occupational Health  
1505 Eastland Drive  
Bloomington, IL 61701  
309-661-6270