Reporting & Recording Injuries
Executive Safety Committee Meeting
May 14, 2026

Presenters:
Matt Genna, J.A. Montgomery
Claudia Acosta, Qual-Lynx
Lisa Gallo, Qual-Lynx

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Welcome

Welcome to our second Executive Safety Committee Meeting of 2026!

Thank you to Middletown Township for hosting!

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Two Related Topics

- Reporting and Recording Occupational Injuries/Illnesses to PEOSH
  - Matt Genna, J.A. Montgomery Consulting
- Reporting Occupational Injuries/Illnesses to Qual-Lynx
  - Claudia Acosta, Qual-Lynx
  - Lisa Gallo, Qual-Lynx

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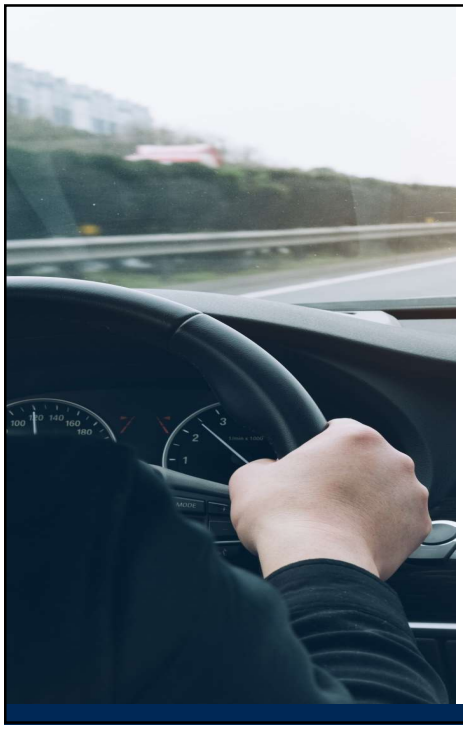

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Reporting Occupational Injuries/Illnesses to PEOSH

Matt Genna, J.A. Montgomery Consulting

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Reporting Injuries/Illnesses to PEOSH

NJ Public Employers must report fatalities to NJ PEOSH within eight (8) hours of the occurrence and report work-related hospitalizations, amputations, or loss of an eye within 24 hours by calling the 24-hour hotline:

(800) 624- 1644

or

24-hour fax line (609)292-3749

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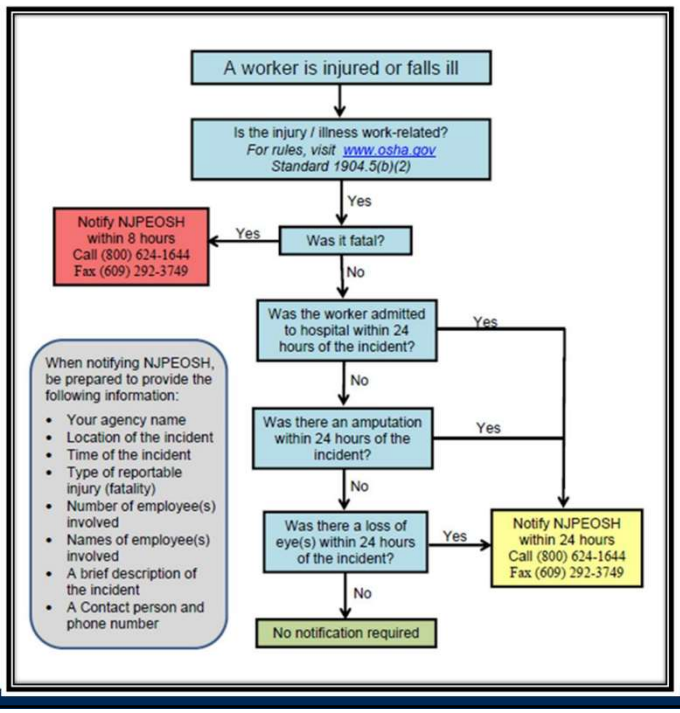

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Recording Injuries/Illnesses – OSHA 300/ 300A

- NJOSH300
  - list of work-related injuries and illnesses that is maintained throughout the year.
  - Injuries and illnesses are entered into the NJOSH-300 Log within 7 days of being notified of the injury/illness.
  - Five years of NJOSH-300 Logs must be readily available to NJPEOSH inspectors.

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Recording Injuries/Illnesses – OSHA 300/ 300A

- NJOSH300A
  - Annual summary of work-related injuries.
  - Posted at each work establishment from February 1 through April 30. Logs should be removed from bulletin boards and filed after April 30. Injury logs and summary logs must be maintained for each department. For example, one log should be kept for the Police Department, and separate logs should be kept for the Departments of Public Works, Fire, and so on.

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Recording Injuries/Illnesses – OSHA 300/ 300A

- Death or loss of consciousness
- Days away from work, placement on restricted work activity, or a job transfer
- **Medical treatment beyond first aid**
- Any needle-stick injury or cut from an object that is contaminated with a potentially infectious material
- Any case requiring an employee to be medically removed under an OSHA health (chemical) standard
- Tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician
- An employee's audiogram reveals a specified hearing Standard Threshold Shift in one or both ears

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Medical Treatment

"management and care of a patient to combat disease or disorder"

Does NOT include:

- Visits to a physician or other licensed health care professional solely for observation or counseling
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (***e.g.***, eye drops to dilate pupils); or
- First Aid

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First Aid

- Using a non-prescription medication at nonprescription strength
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;

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First Aid

- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (***e.g.***, splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;

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First Aid

- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

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Work-Related

Any event or exposure in the work environment, either causing or contributing to the resulting condition or significantly aggravating a pre-existing injury or illness.

'Work-related' is presumed for injuries and illnesses resulting from events occurring in the work environment unless an exception is given explicitly in OSHA 1904.5(b)(2)

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Exceptions

1904.5(b)(2)	You are not required to record injuries and illnesses if . . .
(i)	At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
(ii)	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
(iii)	The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.
(iv)	The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related. **Note:** If the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.
(v)	The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
(vi)	The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
(vii)	The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
(viii)	The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
(ix)	The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

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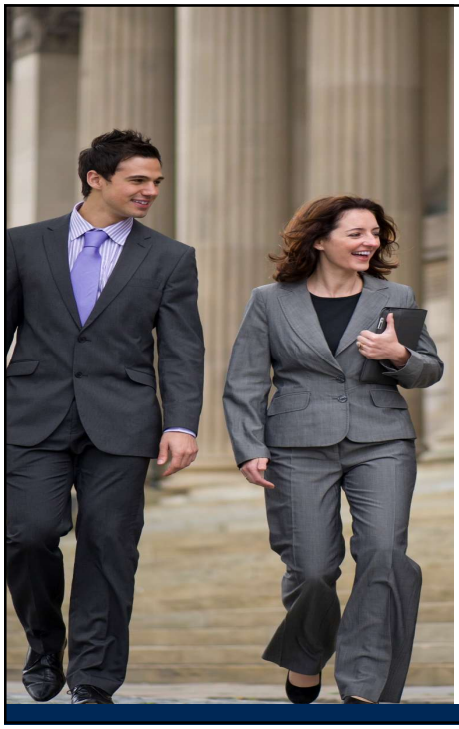

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Reporting Occupational Injuries/Illnesses to Qual Lynx

Kathy Kissane & Lisa Gallo, Qual-Lynx

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Workers' Compensation

Any injury sustained by an Employee of the Member, during the course of his/her employment, regardless of whether medical treatment is required.

COMPENSABILTY

- ✓ A claim that has been deemed work related and accepted is a compensable claim
- ✓ In New Jersey, an employer takes an employee "as is" with all ailments and infirmities (pre-existing issues)

BENEFITS

- ✓ Medical Treatment
- ✓ Temporary Total Disability (TTD) – Wage Replacement
- ✓ Permanent Partial Disability (PPD) – if litigated

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Workers' Compensation
Directing Medical Treatment

Under the New Jersey Worker's Compensation Act, if an employee is injured on the job, the employer is responsible *for all* medical treatment resulting from the injury.

However, the employer and/or its insurance carrier **select** the medical providers, from whom the injured worker will receive medical treatment for work-related injuries.

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Timely Reporting IS KEY

- ✓ In Workers' Compensation, the Clock and Calendar are the enemy
- ✓ Success is Based on Good Communication
  - ➢ Injuries are best reported and attended to early
  - ➢ Immediate care from an appropriate and in-network medical provider equals quicker recoveries and faster return to work!
    - ▪ <u>This translates into ***LESS***:</u>

    a. Lost Time

    b. Indemnity

    c. Medical Costs
- ✓ Late reporting:
  1. Leads to injuries becoming worse over time, complicating treatment, and creating extra expenses
  2. Becomes more difficult to identify and determine whether the injury occurred on the job or not

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Reporting Procedures:
What Do I Need?

- ✓ Name, address, and social security number for the injured worker
- ✓ Name of injured worker's employer
- ✓ Injured worker's job title and department
- ✓ Employee's current wages (earned income)
- ✓ Employee's current contact numbers (i.e. Home, Cell)
- ✓ Date, time, and description of the injury

DO NOT delay reporting if all of the above information is not available. Missing information can be obtained at a later time.

The most important step is to have a Nurse and Adjuster assigned immediately.

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Reporting Procedures:
How Do I Report a Worker's Compensation Claim?

- **Telephonic**: Supervisor or Employee calls Qual-Lynx:

1-877-822-9368
Press option 1
24 hours a day / 7 days a week

If after hours (after 5pm and weekends) follow prompts to speak with "On Call Nurse", leave a message, and expect a return call within a reasonable time frame

- **Email**: Complete FROI form to report claims to **FROI@qual-lynx.com**
- **Digital Online Claim Reporting**: Access and complete the questionnaire within the workers' compensation claim form. Claim data submitted through Digital will immediately create a claim number and provide a confirmation email to the preparer.
- Submit completed Employee Accident and Supervisor Report forms subsequent to initial report via email **FROI@qual-lynx.com**

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Qual-Lynx Injury Reporting Procedures
What Happens Next?

Once Qual-Lynx is notified about your claim/injury:

- ✓ A claim number is assigned to the file (immediate via Digital)
- ✓ The member will receive a copy of the First Report of Injury (FROI)

Please make sure you verify all the information on the report to ensure the correct information was provided, and notify Qual-Lynx immediately of any changes/updates that need to be made

- ✓ A Qual-Lynx claims representative will follow up with the employee, treating physician, and employer in order to manage medical treatment, return to work status, and overall claim handling.
- ✓ The employee will receive calls from both the nurse and the claims adjuster. The nurse manages the medical treatment, appointments, authorizations for diagnostic tests, surgeries, and work status. The adjuster addresses causality, under investigation concerns, non-compliance, denial letters, temporary total disability payments (wage replacement), payment of medical bills, etc.

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Qual-Lynx Injury Reporting Procedures
What Happens Next continued?

- ✓ The employee will receive a letter of introduction from the claims adjuster:
  - Name of the assigned file adjuster and contact information
  - Claim file number assigned
  - Request to sign *Authorization for Health Information Disclosure* and *History of Prior Treating Physicians* forms
  - Employer has right to direct medical care and Qual-Lynx provides that direction on behalf of the employer
  - All treatment must be authorized by Qual-Lynx
  - If employee is placed out of work and the time extends beyond seven (7) days, employee may be eligible to receive temporary disability benefits.
  - Details about fraud

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Who Does the Employee Call with Questions?

- Contact the nurse for questions pertaining to medical treatment, providers, appointment dates and locations, return to work status.
- Contact the adjuster for questions pertaining to receipt of medical bills, temporary total disability (wage replacement), investigation.
- The employee can contact our team with questions. The main point of contacts are the nurse and the adjuster. If an employee has a concern and wants to contact someone else, the employee and/or the supervisor can contact the manager.
- The next two slides provide key contact information.

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Qual-Lynx Workers' Compensation Team Contacts

Joanne Theiss WC Manager	Ph: Fax:	609-833-2201 609-601-3167	joanne.theiss@qual-lynx.com
Robin McDonough WC Assistant Supervisor	Ph: Fax:	609-833-2181 609-926-9270	robin.mcdonough@qual-lynx.com
Lisa Coppage WC Lost Time Adjuster	Ph: Fax:	858-368-7125 609-926-9270	lisa.coppage@qual-lynx.com
Nicole Crichton WC Lost Time Adjuster	Ph: Fax:	732-465-6353 609-601-3181	nicole.chricton@qual-lynx.com
Feidy Villalobo WC Lost Time Adjuster	Ph: Fax:	609-833-2184 732-562-2815	feidy.villalobo@qual-lynx.com
Shannon Peoples WC Med Only Adjuster	Ph: Fax:	609-833-9226 609-926-9270	shannon.peoples@qual-lynx.com

Samirah Allen Nurse Case Manager Supervisor	Ph:	732-562-7891	samirah.allen@qual-lynx.com
Maribeth Beauregard Nurse Case Manager	Ph: Ext.	877-822-9368 22301	maribeth.beauregard@qual-lynx.com

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Qual-Lynx Management Contacts

Kathleen M. Kissane Assistant Vice President, Account Management	Ph: Fax: Cell:	609-833-2178 609-653-2928 609-457-3752	kathleen.kissane@qual-lynx.com
Lisa Gallo Manager, Client Programs	Ph: Cell:	732-465-6364 609-380-5288	lisa.gallo@qual-lynx.com
Eileen Luterzo Assistant Vice President, WC Clinical Services	Ph: Fax: Cell:	732-465-7342 732-562-2815 908-242-7202	eileen.luterzo@qual-lynx.com
Shelly Long Assistant Vice President, Claims Operations	Ph: Fax: Cell:	609-833-9267 855-475-5764 215-460-7799	shelly.long@qual-lynx.com

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Tools That Prevent Problems

- Workers' Compensation Injury Card
  - Present at ER or Urgent Care registration
  - Tells providers how to bill and obtain authorization
  - Helps avoid delays and provider billing issues
  - See Lisa Gallo for a supply of WC Injury Cards
- Script Advisor Pharmacy First Fill Voucher
  - Script Advisor temporary pharmacy benefit
  - No out of pocket cost for the employee
  - Accepted at major retail pharmacies
  - Contact Lisa Gallo for an electronic version of the first fill voucher
  - Permanent cards mailed to employee's home when pharmacy is activated

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Return to Work Programs

Recovery Focused, Employer Supported

- Why Transitional Duty Matters
  - Focus on ability rather than disability
  - Speeds physical & mental recovery
  - Reduces lost time and overall claim duration
- Successful Transitional Duty Programs
  - Early conversations about restrictions
  - Accurate, updated job descriptions
  - Meaningful transitional tasks
  - Ongoing communication with nurse case managers and adjusters

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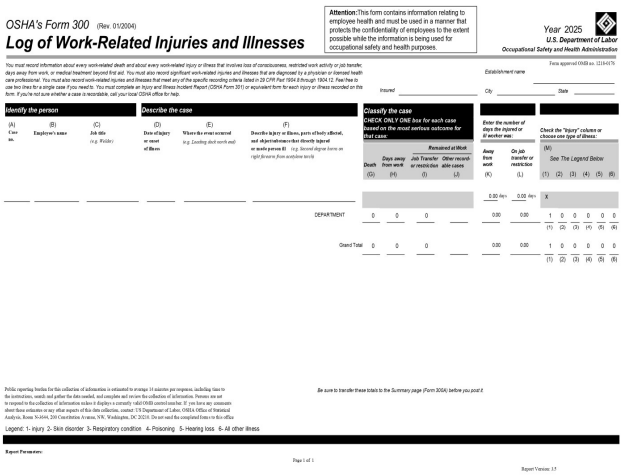
OSHA 300 Logs



OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2025

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

Insured

City

State

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g. Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Remained at Work: Job Transfer or restriction (I)	Remained at Work: Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) See The Legend Below (1)	(2)	(3)	(4)	(5)	(6)
										0.00 days	0.00 days	X					
				DEPARTMENT		0	0	0		0.00	0.00	1	0	0	0	0	0
				Grand Total		0	0	0		0.00	0.00	1	0	0	0	0	0

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Legend: 1- Injury 2- Skin disorder 3- Respiratory condition 4- Poisoning 5- Hearing loss 6- All other illness

Report Parameters:

Page 1 of 1

Report Version: 1.5

- Qual-Lynx adjusters and nurses enter key data elements into the claim system.
- Qual-Lynx can generate OSHA logs for members each year.
- Members can use our logs to compare to the local records.
- If PEOSH performs a site visit and requests access to logs and you do not have them or cannot find them, or you receive an overdue notice from the State, contact Qual-Lynx and we can provide the OSHA logs to you. We can provide both current year and prior year information.

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Key Takeaways

What we want you to remember

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Best Practices That Work

- Report every injury that takes place at work (or in the course of work) immediately
- Use Qual-Lynx reporting methods and managed care tools
- Direct care correctly from day one
- Communication drives successful outcomes
  - Injured Worker
  - Employer
  - Treating physician
  - Qual-Lynx Nurse and Adjuster

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Meeting Schedule for 2026

	Date	Time	Location	Topic	Presenter
✔	March 10th	11:30 am	Manalapan	Monmouth JIF Operations & Resources	Paul Shives & Matt Genna
✔	May 14th	11:30 am	In Person - Same as Fund Meeting (TBD)	Qual Lynx Reporting Procedures & Reporting and Recording injuries and illnesses per PEOSH requirements.	Qual – Lynx & Matt Genna
	June 11th	11:30 am	Zoom	Safety Committee Meeting Best Practices for Internal Safety Committee Meetings	Matt Genna
	August 13th	11:30 am	Zoom	Accident Investigations	Matt Genna
	September 10th	11:30 am	In Person - Same as Fund Meeting (TBD)	PEOSH Inspections – What to Expect	Matt Genna
	October 8th	11:30am	Tinton Falls	Back to Basics: Common Safety Hazards and Control Measures in Municipal Environments	Matt Genna
	December 10th	11:30am	TBD – Freehold or Sea Bright?	Crossing Guards – Hazards, Resources & Regulatory Requirements	Mike Brosnan

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Questions

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