

## Youth Illness/Injury Procedures for Worksite Supervisor

1. Youth interns are instructed to immediately report any illness or injury to their worksite supervisor.
2. The Worksite Supervisor reports the illness or injury by calling 561-340-1060: Tequilla Jones at Ext. 2141 or Sophia Jerningan at ext. 2107. Program Manager or Designee will determine if illness and/or injury is or is not work related.
3. If illness or injury is **not** work related (i.e. nauseous from a cold or flu), the Worksite Supervisor should send the youth intern home. If needed, the Worksite Supervisor will arrange for transportation. No sick pay is available.
4. If illness and/or injury is **work related AND/OR life threatening**:
  - a. **Call 911 immediately!**
  - b. Next, the Worksite Supervisor contacts the Program Manager or Designee
  - c. Then, the Program Manager or Designee calls AmeriSys at 800-455-2079 as soon as possible (within 24 hours). Location Code - Youth: [2306](#)
5. If illness and/or injury is **work related AND/OR non-life threatening**:
  - a. The Worksite Supervisor contacts Program Manager or Designee
  - b. Next, the Program Manager or Designee calls AmeriSys at 800-455-2079. Location Code - Youth: [2306](#)
6. Whenever possible, the youth intern should be available when the Program Manager or Designee calls AmeriSys as they will need information from the youth intern (i.e. name, youth contact phone number, date of birth, SS#, home address, work address, injury site location, etc.)
7. If medical treatment is required for the youth intern, AmeriSys will direct where to go for medical care. If needed, the Program Manager or Designee will arrange for transportation. If additional treatment is required, the Program Manager or Designee will also coordinate transportation. No sick pay is available.
8. If no treatment is needed, AmeriSys will provide a phone number and case number to the youth intern. If medical treatment is later, the youth intern may call AmeriSys to discuss their situation. If medical treatment is obtained later, the youth is to notify the Program Manager or Designee.
9. Youth intern must provide Release to Work documentation to the Program Manager or Designee before returning to the work site.
10. The Program Manager or Designee must then complete and send an [Injury Report Form](#) to Sue Craig, Human Resources Manager at [suecraig@careersourcepbc.com](mailto:suecraig@careersourcepbc.com) or fax to 888-633-0315 [within 24 hours](#) of illness and/or injury of the youth intern. The form is available on the CareerSource Palm Beach County intranet under HR Forms.

I understand and agree to follow the Youth Illness/Injury Procedures.

Worksite Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Worksite Supervisor's PRINTED Name \_\_\_\_\_

(October 2020 – For Employer) Provide copy of signed form to Worksite Supervisor. Original signed form should be attached to MOU.