

WCB has advised us that new "Nature of Injury" (code number 38) "Adverse reaction to a vaccination or inoculation, to identify claims that result in adverse reactions to vaccinations for COVID-19 and other diseases"; short Description "Adverse reaction to a vaccination or inoculation"; are being added to www.nysif.com eFROI Employer's First Report of Injury and to Accident Reporting System (ARS) effective 10/19/2021.

This new "Nature of Injury" selection is supposed to be used for employer's first reports if the injured worker has had a work required vaccination resulting in an adverse reaction to the vaccine, if the vaccine was administered on or after 12/01/2020.

ARS will have these added choices in the evening of 10/18/2021 ready for ARS users to select on 10/19/2021.

Screenshot of ARS Injury Illness (page) labeled "Detail" > Primary Injury Details:

The screenshot shows the 'Detail' tab of the ARS Injury Illness report. The 'Primary Injury Details' section is highlighted with red boxes around the following fields:

EmpID:	Empl Rcd:
Date of Birth:	Date of Death:
Incident Number:	Incident Date: 12/01/2020
	Incident Type: Incident

Body Part:	Lungs, pleura
Nature of Injury:	Adverse reaction to a vaccination or an inoculation
Source of Injury:	Drugs & medicines, unspec
Accident Type:	Pandemic

Note: a suggested "Source of Injury" code would be (0740) Drugs & medicines, unspec.

The screenshot shows the 'Look Up Source of Injury' search interface. The search criteria are:

- SetID: ARSID
- Source of Injury: begins with 0740
- Description: begins with

The search results show one entry:

Source of Injury	Description
0740	Drugs & medicines, unspec

Note: The "Nature of Injury Code 38 – Adverse reaction to a vaccination or inoculation" is intended to be used for an adverse reaction to any vaccination or inoculation, **it is not limited to Covid-19, the Corona virus.**

Please include in your Employer's Report,

- Was the vaccination Mandatory, or Voluntary?
- Was the employee directed by their employer to have the vaccine?
 - If yes, by whom?
 - If yes, please provide a copy of the directive
- Where did the vaccination take place? (Location Name and address)
- What was the Date and time of the vaccination?
- What medical symptoms are occurring as a result of the vaccination?
- When did the symptoms start to occur?
- Did employee seek medical attention? If yes, with whom? (name, address and contact information such as phone and fax number)
- Is there lost time (a day or full shift) as a result of the vaccination? If Yes, what is the first date of lost time?
- Has there been a return to work? If Yes, what date?
- If there is lost time, is the employee charging any time? If yes, what type of leave is being charged?

Please continue to use "Additional Information" field to advise NYSIF of additional information that you would like to tell NYSIF. The Additional Information content is not included in the FROI-00 to the WCB.

Person Involved View All First 1 of 1 Last

Employee - Incident Information

EmplID:		Empl Rcd:	
Date of Birth:		Date of Death:	
		Gender:	
Incident Number:		Incident Date:	
		Incident Type:	Incident

Employee Data on Incident Date

Department :

Lost Time

Lost Time Beyond Shift

How Accident/Exposure Occurred?

Additional Information about Accident or Illness