

Town of Amherst Injured Workers Procedure Manual

Approved June 27, 2017

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Instructions for Injured Employee



IF AN INJURY OCCURS AT WORK, YOU MUST:

- A. Report the accident immediately to your supervisor **and assist with the completion of required workers' compensation filing (form attached).**
- B. A physician chosen from the PANEL OF PHYSICIANS must be used if medical treatment is needed.
- C. If a panel physician is unavailable at the time of an emergency, an emergency facility may treat you; however, any follow up care must be rendered by the physician chosen by you from the Panel of Physicians.
- D. Your Panel Physician can refer you to a specialist if needed. You may not choose a specialist yourself.
- E. **As Virginia Law requires, (Section 65.2-603)**, enclosed is a Panel of Physicians from which you must chose one as your treating physician. If you do not receive treatment from a Panel Physician, your Workers' Compensation benefits may be terminated and your medical bills will not be paid. If you sustain a compensable work injury, your Workers' Compensation Administrator will only be responsible for bills from the following:
 - 1. Panel Physicians
 - 2. Authorized treating specialist
 - 3. An emergency facility in a true emergency

Inquiries regarding insurance and bills are to be directed to:

**VML Insurance Programs
P. O. Box 182480
Columbus, OH 43218-2480**

**800-963-6800
804-273-0038
F804-273-0560**

Information on Injured Employee

Provide to Town Hall via supervisor as soon as practical after being injured on the job.

Date:

AMHERST, TOWN OF; Member#598; (434)946-7885

Employee Last Name:

Employee First Name:

Employee Middle Initial:

Employee SSN:

Employee Street Address:

City:

State:

ZIP:

Home Phone #:

Work Phone #:

Date of Birth:

Marital Status:

Gender:

Department:

Job Title:

Date of Injury:

Workshift Time:

Location:

Pre-injury Activity:

Substance or Object Causing Injury:

Incident Description:

Nature of Injury:

Safety Equip Provided:

Safety Equip Utilized:

Name of Witness(es):

Health Insurer:

Panel Provided:

Initial Treatment:

Work Comp Physician:

Hospital:

Has Returned to Work:

Returned to Work Type:

Return to Work Date:

Modified Duty Available:

Supervisor:

Supervisor's Phone:

Comments:

Hire Date:

Employment Type:

Hours Worked per Day:

Days Worked per Week:

Wages per Hour:

1. To be completed by the treating physician - Please send completed forms to VML Insurance Programs - fax 800-273-4865
2. Please provide the patient with a copy of the completed form.
3. Patient, provide your supervisor with a copy of this form after treating.

Patient's Name: _____

Patient's Address: _____

Name of Employer: _____

Date of Accident or Illness: ____/____/____

Patients account of How Injury or Exposure Occurred: _____

Name of Medical Facility: _____

Date of Visit: ____/____/____ Arrival Time: _____ AM/PM Departure Time: _____ AM/PM

Diagnosis: _____

New Injury/Illness Existing Condition

* * * * *

Recommended Work Status:

A) May return to full duty beginning: ____/____/____

B) May return to modified duty beginning: ____/____/____

- Recommendation based on:

_____personal review of functional job description

_____verbal description of job by employee/patient

_____verbal description of job by employer representative

_____other (describe: _____)

- The employee/patient is **medically able** to do the following activities:

- Does condition preclude travel to and from work Yes No

- Does condition preclude being at work Yes No

- Anticipate return to full duty beginning: ____/____/____

C) Unable to work at this time

- Anticipate return to modified duty beginning: ____/____/____

- Anticipate return to full duty beginning: ____/____/____

Physician's Comments (Please note any contributing factors, prior injuries and pre-existing conditions):

Follow-Up Appointment with: _____ Date: ____/____/____ Time: ____ AM/PM

To ensure payment, any follow-up care must be authorized by VML Insurance Programs

Physician/Clinician Name (please print): _____ Phone # _____

Physician/Clinician Signature: _____

Checklist for Workers Compensation Claims

7/1/2016

1. The employee is to seek medical attention immediately if the situation demands such.
2. All injuries are to be reported to the Town Manager, Police Chief, Director of Public Utilities or Office Manager immediately.
3. Immediately following a work place injury, the employee and / or supervisor may call

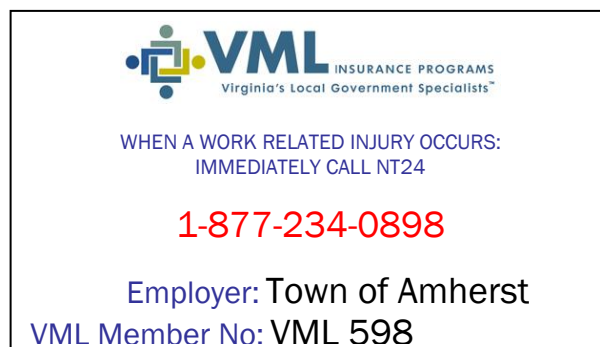
Nurse Triage (NT24) at 1-877-234-0898.

A registered nurse will provide immediate medical assistance to the injured worker, while obtaining the necessary information to complete an Employer's Injury Report for filing with the Workers Compensation Commission. The RN will provide the employee with instructions; for example the Town's list of approved medical service providers (panel of physicians) will be reviewed/discussed. Following the call with NT24, a report of accident is sent via secure email to VMLIP (the Town's insurance company) and the Town Hall.

If the nurse triage program is not utilized, the employee and supervisor are to provide all information required to notify the workers compensation insurance company via a form that can be found in the Town of Amherst Injured Workers Procedure Manual.

4. The employee will deliver a Worker's Compensation Doctor's First Report to be completed by an approved physician.
5. Per Section XIIB of the Town's Personnel Policy, an employee is required to participate in alcohol and controlled substances testing when the employee has been involved in an on-duty serious accident. The department head is responsible for determining what constitutes a "serious accident", but in general any accident that requires medical treatment away from an accident scene is considered a serious accident.
6. The employee will complete an Instant Coverage Workers' Compensation Prescription Card (first filled out with employee's name and last 4 digits of his social security number). This form is for one time use only.

Questions: **Misty Wedding** (drug card) 800/547-3330x1207; mwedding@modernmedical.com
Robin Duvall (VML Insurance Programs) 888/963-6800x7340; rduvall@vmlins.org



Instant Coverage Workers' Compensation Prescription Card



VML Insurance Programs
P. O. Box 3239
Glen Allen VA 23058

800-963-6800
804-273-0038
fax 804-273-0560



Instant Coverage Workers' Compensation Prescription Program

Plan, Carrier, Group: **VML598**

Employer: **Town of Amherst**

Employee's Name: _____

Employee's SS#: _____

Attention Pharmacist

Please retain for your records; billing is through InformedRx



Customer Service: 1-800-547-3330
BIN No. 610011
PCN: IRX

Covered medications include only those normally used for a **Workers' Compensation injury and one time only.**
Process prescriptions through InformedRx

Administered By:
Modern Medical, Inc. 1-800-547-3330

Instructions for Prescription card: ① Write in employee's name and Social Security Number. ② Give card to pharmacist along with prescription written by physician. ③ Card is valid for first fill of a Workers' Compensation prescription only and will deactivate after first use. ④ Should an employee encounter problems, immediately contact Modern Medical at 1-800-547-3330 ⑤ Refills must be authorized by VML Insurance Programs.

Participating providers include:

CVS Pharmacy	112 S Main Street, Amherst, VA 24521	434/946-2702
WalMart Pharmacy	197 Madison Heights Square, Madison Heights, VA 24572	434/846-2670
Target Pharmacy	4028 Wards Road, Lynchburg, VA 24502	434/239-7092
Walgreens	2004 Wards Road, Lynchburg, VA 24502	434/832-0399

Worker's Compensation Panel of Physicians

**THE CLOSEST EMERGENCY FACILITY MAY BE USED IN AN EMERGENCY
SITUATION. ONCE THE EMERGENCY TREATMENT IS COMPLETED A PANEL
PHYSICIAN MUST BE CHOSEN FOR FOLLOW UP CARE**

I agree to select a doctor, if needed, from the below panel.

I have declined to select a physician from the below panel. I understand that I will have to pay for any medical treatment or doctor's bills, and that I will be denied workers' compensation for any absence based on a disability, which is not certified by an approved panel physician.

Signature of Employee

Date

Signature of Supervisor

Date

Kohli, Priya MD Spitzer, Gretel MD	Centra Medical Group Amherst 115 Ambriar Court Amherst , VA 24521	434-946-9565
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Johnson, Dan DO Price, Jerry MD	Healthworks 125 Nationwide Drive Lynchburg, VA 24502	434-200-6933
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Mynes, Timothy DO Patel, Nick MD	MedExpress Urgent Care Timberlake 21054A Timberlake Road Lynchburg, VA 24502	434-239-0627
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Engel, David DO Kind-Wolf, Heidi DO	Physicians Treatment Center 816 South Main Street Amherst, VA 24521	434-946-5532
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TOWN OF AMHERST
SPECIALIST PANEL

HANDS

Kiernan, Drew MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500
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NON SURGICAL ORTHOPEDICS

Elkhamra, Omar MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500
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ORTHOPAEDIC

Andrews, Jr., William MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500
Barnard, John MD		
Caprise, Peter MD		
Collins, Kristopher MD		
Diminick, Michael MD		
Eschenroeder, Harry MD		
Gondi, Gauthan MD		
Prahinski, John MD		
Wombwell, Joseph MD		

ORTHOPAEDIC BACK AND SPINE

Orchowski, Joseph MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500
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ORTHOPEDIC HAND AND UPPER EXTREMITY

Jones, Micah DO	Lewis Gale Physicians Orthopedic Department 1802 Braeburn Drive Salem, VA 24153	540-772-3530
Smithson, Ian MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500

PHYSICAL MEDICINE (PM & R)

Stutesman, Andrea MD	HealthWorks Recovery Center 1900 Tate Springs Road, Suite 16 Lynchburg, VA 24501	434-200-5407
Huerta, Joyce MD	OrthoVirginia Lynchburg 2405 Atherholt Road Lynchburg, VA 24501	434-485-8500
McCowen-Botterill, Sara MD		

SPORTS MEDICINE - SHOULDERS AND KNEES

Durham, Alfred MD	Lewis Gale Physicians Orthopedic Department	540-772-3530
Rowley, Mark MD	1802 Braeburn Drive Salem, VA 24153	

Workers Compensation Doctor's First Report

1. To be completed by the treating physician - Please send completed forms to VML Insurance Programs - fax 800-273-4865
2. Please provide the patient with a copy of the completed form.
3. Patient, provide your supervisor with a copy of this form after treating.

Patient's Name: _____

Patient's Address: _____

Name of Employer: _____

Date of Accident or Illness: ____/____/____

Patients account of How Injury or Exposure Occurred: _____

Name of Medical Facility: _____

Date of Visit: ____/____/____ Arrival Time: _____ AM/PM Departure Time: _____ AM/PM

Diagnosis: _____

New Injury/Illness Existing Condition

* * * * *

Recommended Work Status:

A) May return to full duty beginning: ____/____/____

D) May return to modified duty beginning: ____/____/____

- Recommendation based on:

_____personal review of functional job description

_____verbal description of job by employee/patient

_____verbal description of job by employer representative

_____other (describe:_____)

- The employee/patient is **medically able** to do the following activities:

- Does condition preclude travel to and from work Yes No

- Does condition preclude being at work Yes No

- Anticipate return to full duty beginning: ____/____/____

E) Unable to work at this time

- Anticipate return to modified duty beginning: ____/____/____

- Anticipate return to full duty beginning: ____/____/____

Physician's Comments (Please note any contributing factors, prior injuries and pre-existing conditions):

Follow-Up Appointment with: _____ Date: ____/____/____ Time: ____ AM/PM

To ensure payment, any follow-up care must be authorized by VML Insurance Programs

Physician/Clinician Name (please print): _____ Phone # _____

Physician/Clinician Signature: _____

For prompt payment, medical bills should be mailed to:

WellComp
P. O. Box 182480
Columbus, OH 43218-2480

Please call 800-963-6800 for problem resolution.

Incident Investigation Policy

Purpose

Learning from previous incidents is a key element in the prevention of future incidents. This policy addresses the procedures to be followed for all incidents or near misses resulting in employee injury or property damage.

General

The Town of Amherst will ensure that jobs having a potential for employee injury within its facility(s) are evaluated and controlled. The Town of Amherst shall make available to employees required types of personal protective equipment (PPE), engineering controls and procedures suitable for the work to be performed. No unprotected person shall knowingly be subjected to a hazardous work condition.

Responsibilities

All employees reporting potential or known hazards should use the Supervisor's Incident Investigation report form (attached). The following procedures apply:

Management

- Will support incident prevention and incident investigation training for supervisors.
- Ensure all incidents and injuries are investigated and reported to the appropriate parties.
- Ensure immediate and long-term corrective actions are taken to prevent re-occurrence.
- Maintain incident report files.
- Provide all necessary medical care for injured workers.

Supervisor

The supervisor is the person who must take the incident situation under control and immediately eliminate or control hazards to others. Since direct supervisors are familiar with employee's work environment and assigned tasks, in most cases the supervisor will conduct the investigation.

Employees

- Immediately report all incidents to their supervisor.
- Assist as requested in all incident investigations.
- Report all hazardous conditions and near misses.

Investigative Procedures

The actual procedures used in a particular investigation depend on the nature and results of the incident. Incident investigation is primarily a fact-finding procedure; the facts revealed are used to prevent recurrences of similar incidents. The focus of incident investigation will be to prevent future incidents and injuries to increase the safety and health of all employees.

Immediate Steps:

1. Provide first aid for any injured persons.
2. Eliminate or control hazards.
3. Document incident scene information.
4. Interview witnesses immediately.

The investigator should use the following steps:

1. Gather preliminary information, including:
 - a. Description of the incident, with damage estimates.
 - b. Normal operating procedures.
 - c. Location of the incident site.
 - d. List of witnesses.
 - e. Events that preceded the incident.
2. Visit the incident site to get updated information.

3. Inspect the incident site.
 - a. Secure the area. Do not disturb the scene unless a hazard exists.
 - b. Prepare the necessary sketches and photographs. Label each carefully and keep accurate records.
4. Interview each victim and witness. Also interview those who were present before the incident and those who arrived at the site shortly after the incident. Keep accurate records of each interview.
5. Determine
 - a. What was not normal before the incident?
 - b. Where the abnormality occurred.
 - c. When it was first noted.
 - d. How it occurred.
6. Analyze the data obtained in step 5. Repeat any of the prior steps, if necessary.
7. Determine
 - a. Why the incident occurred.
 - b. A likely sequence of events and probable causes (direct, indirect, basic).
 - c. Alternative sequences.
8. Check each sequence against the data from step 5.
9. Determine the most likely sequence of events and the most probable causes.
10. Conduct a post-investigation briefing.
11. Prepare a summary report, including the recommended actions to prevent a recurrence. A completed incident investigation report shall be prepared and submitted to management as appropriate.

An investigation is not complete until all data is analyzed and a final report is completed. In practice, the investigative work, data analysis and report preparation proceeds simultaneously over much of the time spent on the investigation.

Fact-Finding

Gather evidence from many sources during an investigation. Get information from witnesses and reports as well as by observation. Interview witnesses as soon as possible after an incident. Inspect the incident site before any changes occur. Take photographs and make sketches of the incident scene. Get copies of all reports. Documents containing normal operating procedures, flow diagrams, maintenance charts, or reports of difficulties or abnormalities are particularly useful. Keep complete and accurate notes. Record pre-incident conditions, the incident sequence and post-incident conditions. In addition, document the location of victims, witnesses, machinery, energy sources and hazardous materials.

Possible Causes

Obvious incident causes are most probably symptoms of a "root cause" problem. Some examples of Unsafe Acts and Unsafe Conditions, which may lead to accidents, are:

Unsafe Acts

- Administrative activities (Inadequate training, policies, or staffing)
- Unauthorized operation of equipment
- Running - horse play not following procedures, by-passing safety devices
- Failure to use proper protective equipment
- Under influence of drugs or alcohol

Unsafe Conditions

- Ergonomic hazards
- Environmental hazards, inadequate housekeeping, blocked walkways
- Improper or damaged personal protective equipment (PPE)
- Inadequate machine guarding

Supervisor's Incident Investigation Form

WHO	Injured Person _____ Job Title _____ Department _____ Length of Employment _____ How Long at Present Job _____ Time Shift Began _____
WHEN	Date/Time Incident _____ When Reported? _____
INJURY/LOSS	Nature/Extent of Injuries or Property Damage _____ _____ _____
WHERE	Exact Location Incident Occurred _____ _____ Names of Persons/Witnesses _____
WHAT/HOW	Type of Incident (see reverse side for codes) _____ _____ Description of Incident (Detail what employee was doing, how he/she was doing it, and what physical objects, tools, machines, structures or equipment were involved). _____ _____ _____
WHY	Check at least three causes on reverse side of this report & comment fully here. 1) _____ 2) _____ 3) _____ 4) _____
PREVENTION	What should be done and by whom to prevent recurrence of this type of incident? 1) Physical Changes _____ _____ 2) Procedural Changes _____ _____ 3) Training Sessions _____ _____ What action are you taking to see that this is done? _____ _____ _____ _____ _____ Supervisor's Signature _____ Date of this Report _____

Comments by Department Head or Manager _____

Safety Committee Follow Up _____

Chief Administrative Officer _____ Date _____

TYPE OF INCIDENT

INJURY

1. Fall, from Elevation
2. Fall, Same Level
3. Stuck by
4. Caught In, Under or Between
5. Overexertion – push, pull, lift, lower, carry, hold
6. Cummulative Trauma, i.e. noise, repetative motion, vibration.
7. Heat, Cold
8. Electrical Contact
9. Fumes, Dust, Gas
10. Motor Vehicle
11. Illness, Rash
12. Other (describe)

PROPERTY DAMAGE

1. Fire or Explosion
2. Collapse
3. Rupture or Bursting
4. Collision or Overturn
5. Other (describe)

INCIDENT CAUSE ANALYSIS

MANAGEMENT, ENVIRONMENTAL AND PROCEDURAL

1. **INADEQUATE SAFEGUARDS** ()
Lack of handling of safety devices; unsafe design; unguarded machinery.
2. **IMPROPER OR DEFECTIVE EQUIPMENT** ()
Poorly maintained equipment; worn, cracked, broken, rough, slippery agencies.
3. **HAZARDS OF LOCATION** ()
Poor layout; congestion; insufficient space for storage; poor lighting; uneven surface; slippery.
4. **POOR HOUSEKEEPING** ()
Improper piling or placing; clutter, spillage or breakage.
5. **PROCEDURAL PROBLEMS** ()
Poor procedures in place or commonly used, no established procedures.

WORKER

1. **BODILY CONDITIONS** ()
Emotional upset, fatigue, intoxication, illness, poor eyesight, lack of strength, coordination, etc.
2. **LACK OF SKILL OR KNOWLEDGE** ()
Improperly trained, inexperienced, uninformed, unaware, etc.
3. **ADDEQUATE SKILL OR KNOWLEDGE BUT FAILURE IN EXECUTION** ()
Chance taking; unauthorized or unnecessary use of equipment or tools; failure to use or deliberately making safety or control devices ineffective; horseplay.
4. **IMPROPER APPAREL** ()
Rundown shoes; lack of personal protective equipment; loose sleeves; torn clothing.

CORRECTIVE ACTIONS

- BEST** - Make physical changes, sub the job out, substitute different equipment, modify the existing environment or safeguard machines.
- 2ND** - Change operating/production procedures that were a cause.
- 3RD** - Re-Train all employees who will do the same job as the injured employee.
- 4TH** - Re-Train only the injured employee as to the safe/correct way to do the job.
- 5TH** - Provide general cautioning to all department employees.
- 6TH** - Provide general cautioning to only the injured employee.
- WORST** - Nothing.