# Reporting a Work Related Injury


## Norfolk State University
## Facilities Safety and Risk Management

# GROUND RULES

**Please ensure you print and sign your name on the Attendance Log**

**Bathrooms are located,…**

**Please raise hand if you have a question.**

**Please silence all cell phones.  Please leave the room if you must take or place a call.**

**Relax and enjoy!!!!**

# GOAL

**This training is designed to ensure all supervisors and employees are able to investigate and complete the necessary forms for Worker's Compensation Claims.**

# Who is covered at Norfolk State by the Virginia Workers' Compensation Act?


- Faculty Members
- Part-time Faculty Employees
- Classified Employees
- Hourly/Wage Employees (1500 hour employees)
- Student Workers - Must visit Spartan Health immediately
- Temp. Agency Workers are covered by Temp. Agency. Forms must be completed by supervisor or designee and submitted to Risk Management

# Emergencies


In a life threatening emergency situation please get the necessary medical treatment at the nearest medical service provider.


Supervisor or designee are not authorized to transport an injured employees for medical treatment. Please call campus police (823-9000).

Campus Police will ask employee if they wish to be transported.


NSU will only pay for transportation for NSU employees

# Accident Investigation

## Determine the Facts

- Interview the individuals and witnesses
- Photograph the accident if possible

## Determine the Causes

- Lack of employee or supervisor training
- Lack of enforcement of safety regulations or policy.
- Third Party liability- preserve evidence and document



## Determine Corrective Action and Review

- Make an effective corrective action
- Review corrective actions

# Procedures to follow to report work related injury!!!

Employees should report the work related injury **immediately** to supervisor or designee on duty.

The **Supervisor** or **designee must complete** the Supervisor's "**Accident Investigation Report**" (Attachment I) and **submit report to** the **Risk Management** Office (phone #823-9142) .

# Employee's Instructions for Filing Claim

The Commonwealth of Virginia selected MANAGED CARE INNOVATIONS (MCI) to manage the Commonwealth's workers' compensation program. To the extent granted by the Virginia Workers' Compensation Act, the MCI team coordinates the medical and disability benefits related to your claim.

To assist in this process, the program uses a Preferred Provider Organization (PPO) medical network (available at www.covwc.com). The coordinated process between the claims management, PPO, and medical management services are designed to provide the Commonwealth's employees with quality medical care and procedures to facilitate return to work as soon as medically possible.

***The following are steps you should follow if you are injured on the job:***

1. In the event of a medical emergency, seek medical attention immediately.
2. Report all details of the incident or injury to your supervisor. An investigation will be performed for investigation of safety prevention and claim compensability.
3. Complete all required agency forms with your supervisor.
4. Your employer will offer to you a panel of physicians. You must select a physician from the list provided.

****Please note, if you choose to go to a physician other than the panel provider, you may be responsible for the cost of the medical services.***

5. This program also provides for the payment of pharmacy prescriptions by your panel physician. Your supervisor can locate the closest pharmacy to you by checking www.covwc.com, page to PPO/Rx Networks, or calling 800/876-EPIC (3742).

**The card below provides you with the instructions for filing a workers' compensation claim and selecting medical care. Show this card to the medical provider you select.**

***These procedures are in addition to any internal policies required by your agency.***

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**WORKERS' COMPENSATION**

**If you are injured on the job do the following:**

1. Immediately report all details of the incident to your supervisor. Complete all agency forms.
2. Select medical care from the panel offered to you by your Supervisor. If you do not use a panel physician you may be responsible for the cost of the treatment.
3. If you are to be admitted to the hospital, your medical provider should call MCI.
4. For Prescription Drugs, use an EPIC Pharmacy. Call 1/800/867-3742 for pharmacy locations or www.covwc.com, page to PPO/Rx Networks.

**Question? Call MCI at 804/649-2288**

**Commonwealth of Virginia**

**Workers' Compensation Injury Management**

**Attention Panel Provider:**
The holder of this card has reported a Workers' Compensation claim.

**All billing should be sent to:**

**MANAGED CARE INNOVATIONS**
**P.O. Box 1140**
**Richmond, VA 23208-1121**
**804/649-2288 fax 804/649-2435**

**Attention EPIC Pharmacy:**
Please call 1/800/876-3742 (800/876-EPIC) for authorization.

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**MANAGED CARE INNOVATIONS** **Phone 804/649-2288 Fax 804/649-2435**

**Form WCIC 7/98**

ATTACHMENT I

**NORFOLK STATE UNIVERSITY**
**NORFOLK, VIRGINIA**

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

**Investigate All ACCIDENTS: Help stop accidents by discovering how and why this one happened. Determine and correct the basic cause of this accident in your department and help to prevent accidents in the future. Please type or print the information requested below and return to the EHS&RM Office within 24 hours of the accident.**

Name of injured_____ Employee ID No._____ Birth date_____
_____Telephone # Home_____ Work_____ Cell_____

Home Address_____
(Number & Street) (City or Town) (State) (Zip)

Marital Status: Married_____Single_____Widow_____Widower_____ Divorced

Employment Date_____ Class Title_____ Dept._____

Work shift starts: A.M._____ P.M._____ Work shift ends: A.M. _____ P.M . _____

Type of Employee: Faculty _____ Part-Time Faculty _____ Classified _____

Hourly/Wage Employee_____ Student Worker _____

**OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS**

Date Accident Occurred_____Time_____A.M._____P.M.

Date Reported to Supervisor_____ Time_____A.M._____P.M.

Where Did Accident Occur
(Building) (Room)

Brief description of how the accident occurred (Be specific and name any objects or substances involved and state what the employee was doing when injured).
_____

_____

Exact location of injury (Indicate the part of the body affected; e.g., right or left, upper or lower, index finger or thumb, etc.).
_____

Did injured visit a physician? _____YES _____NO

Name and address of physician _____

Name and address of Hospital _____

Name and address of Hospital _____

Name of Health Insurance Plan _____

Name and address of Witnesses _____

What should be done to prevent repetition? _____

Has it been done _____YES _____NO If not, give reason _____

_____

Was employee instructed regarding hazards of job? _____ YES _____ NO

Lost Time YES_____ NO _____ Probable length of disability _____

Has injured returned to work? _____ If so, date and hour _____

Employee's Signature _____ Date _____

Supervisor's Comments:

Supervisor's Signature _____ Date _____

The supervisor is responsible for informing the Risk Manager when the employee returns to work (757) 823-9142.

**NOTE: In order to complete the report thoroughly, it is suggested that the employee and supervisor complete it together.**

***DO NOT WRITE BELOW THIS LINE RISK MANAGEMENT OFFICE USE ONLY***

Date Received _____ Length of Disability

From _____ To _____

Date of Follow-up_____ Number of Days Lost _____

Comments _____

**(Rev. 04/16)**

# Employee Instructions for Filing Claim

1. In the event of a medical emergency, seek medical attention immediately.
2. Report all details of the incident or injury to your supervisor. An investigation will be performed for investigation of safety prevention and claim compensability.
3. Complete all required agency forms with your supervisor
4. Supervisor or designee will offer you a panel of physicians. (Attachment III)

**EMPLOYEE(S): YOU MUST SELECT A PHYSICIAN FROM THE LIST PROVIDED.**



# Workers' Compensation Panel Physicians Form-Supervisor Instructions


**<u>Supervisor(s)</u>** or **<u>designee</u>** must present the Workers' Compensation Panel Physicians Form to the injured employee.

The Panel Physicians Form and Supervisors' Accident Investigation Report must be submitted to Risk Management.

# Panel of Physicians

ATTACHMENT III

**NORFOLK STATE UNIVERSITY**
**PANEL OF MEDICAL PROVIDERS**
**FOR WORKERS' COMPENSATION**

**GENERAL MEDICINE**

| | | |
|---|---|---|
| You may always use | I&O<br>Ghent Family Practice<br>Urgent Care<br>Hospital Emergency Room (Sentara Leigh, Sentara Norfolk General)<br>Walk-in clinics | NowCare |

**CHESAPEAKE**

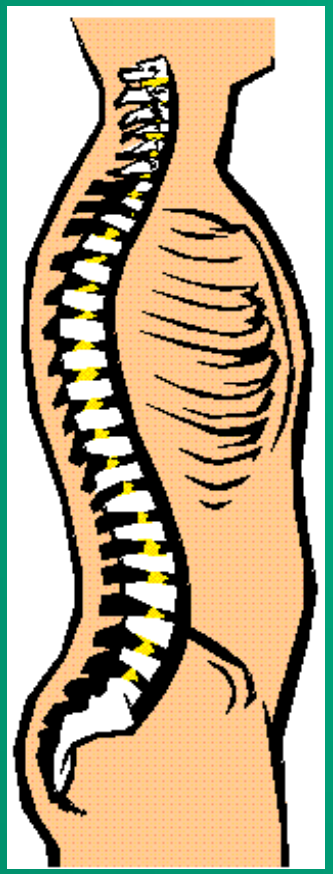
| | | |
|---|---|---|
| Dr. Hal Barnes<br>Dr. Kenneth Mayer<br>Dr. Arlene Palting<br>Dr. Steven Papariello<br>Dr. Meredith Rose | SHCC- Chesapeake<br>910 Great Bridge Blvd., Ste 101<br>Chesapeake, VA 23320 | 757-548-1400 |
| | 801 Volvo Parkway Ste 111<br>Chesapeake, Virginia 23320 | 757-548-0099 |
| | 5320 Providence Road<br>Virginia Beach, Va. 23464 | 757-413-7661 |

**ORTHOPEDICS**

| | | |
|---|---|---|
| Atlantic Orthopedics Specialists | 230 Clearfield Ave. Suite 124<br>Virginia Beach, Va. 23462-1832 | 757-321-3300 |
| | 1800 Camelot Drive Ste. 300<br>Virginia Beach, Virginia 23454 | |
| | 733 Volvo Parkway Suite 300<br>Chesapeake, Virginia 23320 | |
| | 160 Kingsley Lane<br>Suite 405<br>Norfolk, Virginia 23505-4600 | |
| | 1975 Glenn Mitchell Drive Suite 200<br>Virginia Beach, Virginia 23456 | |
| | 6160 Kempsville Circle Suite 200B<br>Norfolk, VA 23502-2200 | |

# Workers' Compensation Panel Physicians Form

- **Employee must indicated the physician on the Workers' Compensation Panel Physicians Form (Attachment IV).**



The Virginia Workers' Compensation law requires your employer to provide to you a Panel of at least three physicians. You must select a physician from this Panel to treat your work related injury. ***If you do not use one of these physicians for your work related injury, you may be responsible for the cost of the medical care.***

Please select a physician from this Panel, complete and sign this form and return it to your supervisor. The supervisor should immediately return this form to MANAGED CARE INNOVATIONS (MCI).

Please choose from the following list by writing the physician's name and signing the form. Return the form to your supervisor for filing with the claim application.

| 1) _____ Name | 2) _____ Name | 3) _____ Name |
|---|---|---|
| _____ address | _____ address | _____ address |
| _____ Phone | _____ Phone | _____ Phone |

**Employee**

By signing this form, I release all medical information to Managed Care Innovations. All information will be considered confidential and used only in the matter of the workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected

Dr. _____ to provide me with medical care for my work related injury.

Signed: _____ Name Date _____

Printed: _____ Name Date of Injury _____

Employee ID Number _____

# Workers' Compensation Panel Physicians Form-Employee Instructions

The **employee** must select (3) Physicians from the Panel of Physicians and sign form upon completion.

**Employee refusal** to use a Physician from the Panel may jeopardize Compensation Benefit(s).

Employee must inform Physician to submit all claims to MCI

**Please Note:** Employees must receive a referral (example-Urgent Care) to visit a specialist.

# Expense Reimbursement Form (Attachment V)

Employee may use this form to receive reimbursement for medication, mileage, or parking expenses related to the injury

**Supervisor or designee** must ensure employee receives form.

# Expense Reimbursement Form

**EXPENSE REIMBURSEMENT FORM**

NAME_____ CLAIM NO. _____

ADDRESS_____ EMPLOYEE ID NUMBER _____

CITY_____ STATE_____ ZIP_____ DOI _____

( ) PLEASE REIMBURSE ME FOR THE COST OF MEDICATION, SUPPORTED BY THE ATTACHED ORIGINAL RECEIPTS.
( ) PLEASE REIMBURSE ME FOR TRAVEL EXPENSE AT 27 CENTS PER MILE, AS LISTED BELOW.
( ) PLEASE REIMBURSE ME FOR PARKING EXPENSE AT THE PHYSICIAN'S OFFICE, RECEIPTS ATTACHED.

| DATE OF APPOINTMENT | ITEMIZED EXPENSES PARKING TOLLS | NAME OF PHYSICIAN | NUMBER OF MILES ROUND-TRIP | FOR OFFICE USE ONLY |
|---|---|---|---|---|
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TOTAL

MANAGED CARE
INNOVATIONS LLC
P.O. Box 1140
Richmond, VA 23208-1121
phone: 804/649-2288 fax: 804/649-2435

I CERTIFY THAT THE INFORMATION GIVEN IS ACCURATE, THAT ALL MEDICATIONS FOR WHICH I AM REQUESTING REIMBURSEMENT DIRECTLY RELATE TO MY WORKERS' COMPENSATION CLAIM AND THAT I HAVE NOT BEEN REIMBURSED BY ANY OTHER SOURCE FOR ANY OF THE AMOUNTS CLAIMED.

SIGNATURE _____

# EPIC Pharmacy List (Attachment VI)

ATTACHMENT VI

## EPIC Pharmacy Network

### Chesapeake, VA

**Great Bridge Pharmacy**
Malcolm Knight
130 S. Battlefield Blvd.
Chesapeake, VA 23320
(757) 482-3332

**Irwin's Pharmacy & Drug, Inc.**
Lawrence Barlow
4300 E. Indian River Road
Chesapeake, VA 23325
(757) 420-8418

**Lawrence Pharmacy**
David Lawrence
1156 N. George Washington Hwy.
Chesapeake, VA 23323
(757) 487-3458

### Franklin, VA

**Jones Drug Company**
Beverley Carson
114 N. Main Street
Franklin, VA 23851
(757) 562-3510

**Lakeview Pharmacy #3**
Bill Brown
1301 Armory Drive
Franklin, VA 23851
(757) 516-8214

**Parker Drug Company**
Ed Canada
102 N. Main Street
Franklin, VA 23851
(757) 562-3333

### Hampton, VA

**Mercury West Discount**
Paul Wolf
2148 W. Mercury Blvd.
Hampton, VA 23666
(757) 827-1938

### Newport News, VA

ATTACHMENT VI

**Denbigh Pharmacy, Inc.**
Richard Woodfin, III
13349 Warwick Blvd.
Newport News, VA 23602
(757) 877-0253

**East End Pharmacy, Inc.**
Thomas Goode
2501 Marshall Avenue
Newport News, VA 23607
(757) 247-9554

**Hidenwood Pharmacy, Inc.**
Tom Hutchens
35 Hidenwood Shopping Center
Newport News, VA 23606
(757) 595-1151

### Norfolk, VA

**Bayview Plaza Pharmacy**
Michael Stredler
7924-A Chesapeake Blvd.
Norfolk, VA 23518
(757) 583-7466

**Jai's Apothecary Shop**
J. W. Phelham, Sr.
1401 Tidewater Drive, Suite 8
Norfolk, VA 23504
(757) 627-9159

**Murden Drug Co.**
Lawrence Bartell
3520 Tidewater Drive
Norfolk, VA 23509
(757) 622-6373

### Portsmouth, VA

**Drug Center Pharmacy #2**
Ron Woods
600 High Street
Portsmouth, VA 23704
(757) 393-4039

Injured employee must use the Expense Reimbursement Form or use EPIC Pharmacy which will not require an out of pocket expense.

Supervisor or designee must ensure the employee receives the Epic Pharmacy List for work related injuries.

# Leave Reporting


**Supervisor or designee** must report any **time missed** due to the work related injury on the **Leave Activity Reporting Form (WC)**

**Employees must clock out** when leaving campus for any issue. Example: Doctor visit, therapy, rehabilitation, x-rays, etc.

Injured **employee** must **submit medical statements** to verify time missed was due to the work related injury.

If **medical documentation cannot** be provided by employee, **supervisor report leave as personal sick leave (SP) or annual leave (AT).**

# Leave Reporting cont.

**Supervisor** must report time missed for **wage employees** on the hourly/wage time sheet.

Part Time employees and student workers should submit any time missed on the Supervisor's Accident Investigation Report.

Original injury and return to work certification must be forwarded to Risk Management Office

**PLEASE NOTE:** Workers comp. will not compensate for time lost under 7 days.

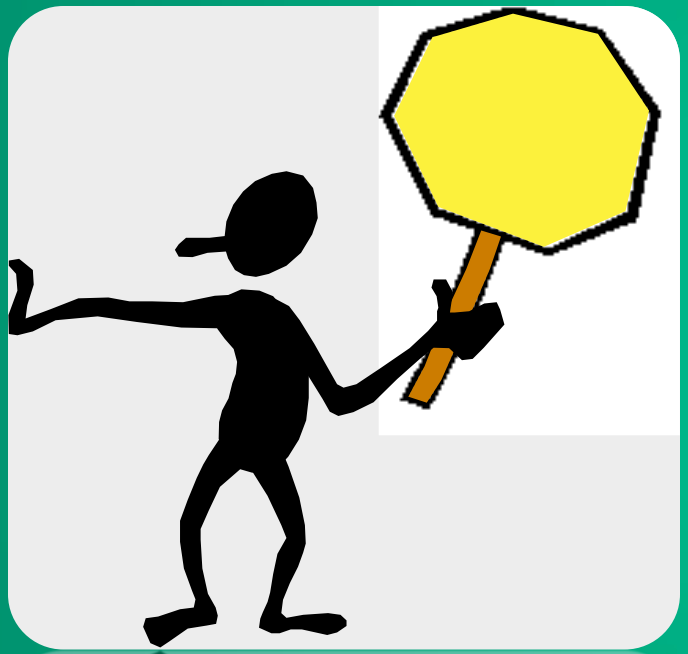
# Light Duty

Light Duty will be offered.

Employee refusing light duty could have Worker's Comp claim denied.

**Examples of Light Duty:** Filing papers, engraving equipment, light dusting, cleaning equipment, cleaning door knobs, working within another department, greeter, etc.

# FUN FACTS



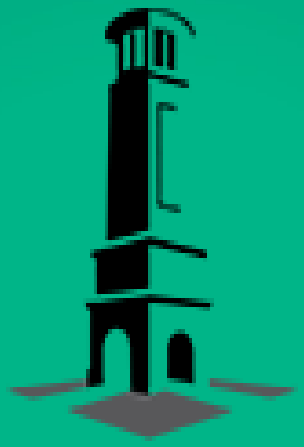
**Medical Doctors are the only authority authorized to send an employee home for a work related injury. Light duty will be offered if applicable.**

**All work related injuries must be reported immediately even if you do not seek medical attention.**

**Supervisors must ensure all forms are completed and submitted to Risk Management.**

**If applicable, light duty will be offered.**

# THANK YOU, For Your Attention!



NORFOLK STATE
UNIVERSITY

*"BEHOLD THE GREEN AND GOLD!!!"*