WHAT TO DO WHEN AN INJURY OCCURS

FIRST! Have the employee complete the-

CITY OF HAMPTON/HAMPTON CITY SCHOOLS REPORT OF WORK-RELATED INJURY OR ILLNESS FORM

EIR FORM 1000

Revised July 2014

Make sure your copy is up to date Revised July 2014 a complete packet has 4 Pages
If you have older forms, please contact Risk Management at 727-6617 to obtain the current forms
****Older forms can be used temporarily after hours if needed****

NEXT! – Upon completion of the **EIR FORM 1000**

- Have the employee choose a doctor from the Panel of Physicians located on **page 2 IMPORTANT FACTS ABOUT WORKERS' COMPENSATION**
- The employee must write the doctor's name in the space provided on the **EIR FORM 1000** under Physician's Information.
- If the employee chooses not to seek treatment at this time have them initial in the space provided on the **EIR FORM 1000** under Physician's Information.
- Provide the employee with a copy of the following documents for their records-

1. **IMPORTANT FACTS ABOUT WORKERS' COMPENSATION** (page 2)
2. **CITY OF HAMPTON AND HAMPTON CITY SCHOOLS PHYSICIAN'S MEDICAL REPORT** (page 3- with the top portion filled out by the Nurse/Supervisor)
3. **EXPRESS SCRIPTS PRESCRIPTION FORM** (page 4- also filled out by the Nurse/Supervisor)

LAST! – **Make sure you send the report to Risk Management immediately!**

PLEASE BE AWARE THAT ALL EIR FORM 1000's MUST BE TURNED IN UPON COMPLETION

FAX THE EIR FORM TO 727-1470

IF YOU DO NOT HAVE A FAX MACHINE PLEASE REPORT THE INJURY BY PHONE TO 727-6617 AND SEND THE HARD COPY BY INTEROFFICE MAIL. FOR AFTER HOURS INJURIES PLEASE LEAVE A VOICEMAIL AND SOMEONE FROM THE OFFICE WILL CONTACT YOU AS SOON AS POSSIBLE.

All injury reports for Public Works and Parks & Recreation please report injuries to Mark White

CITY OF HAMPTON
HAMPTON CITY SCHOOLS

EIR FORM 1000

Report of Work-Related Injury or Illness

(Revised July 2014)

NOTE: PLEASE FORWARD REPORT TO RISK MANAGEMENT AND SAFETY.

Employee

Name of employee (Last, First, Middle)		Social Security Number	Sex ☐ Male ☐ Female
Department/School		Date of birth	Job Title
Home Address	City / State / Zip Code		Date of Hire

Time and Place of Injury/Illness

Location where incident occurred	Date of injury or illness	Hour of injury or illness a.m. ☐ p.m. ☐	Time began work a.m. ☐ p.m. ☐
Date injury or illness reported	Person to whom reported	Name of other witness	If fatal, give date of death

Incident Type

☐ Animal Bite
☐ Caught In /On / Between
☐ Fall Same Level
☐ Fall Different Level
☐ Illness
☐ Insect Bite
☐ Lifting
☐ Push/Pull
☐ Slip/Trip
☐ Struck Against/By
☐ Temperature
Other

Injury Type

☐ Abrasion
☐ Bruise
☐ Burn
☐ Cut/Puncture
☐ None
☐ Skin Rash
☐ Sprain/Strain
☐ Fracture
Other

Body Part Affected

☐ Left ☐ Right / ☐ Abdomen ☐ Groin ☐ Toes ☐ Hand ☐ Ankle ☐ Wrist ☐ Arm ☐ Head ☐ Back ☐ Hip ☐ Chest

☐ Knee ☐ Ear ☐ Leg ☐ Elbow ☐ Mouth ☐ Eye ☐ Neck ☐ Face ☐ Nose ☐ Shoulder ☐ Other

Employee's Action

☐ Bending ☐ Driving ☐ Riding ☐ Running ☐ Sitting ☐ Squatting ☐ Standing ☐ Walking ☐ Other

Surface Type

☐ Brick ☐ Dirt ☐ Stone ☐ Carpet ☐ Grass ☐ Tile ☐ Concrete ☐ Pavement ☐ Wood ☐ Other

Employee's Version of How Incident Occurred

Physician's Information

Panel Physician (name and address)	Note to Supervisor: Please make sure employees choose from the **Panel Doctors** located on the back of the form even if they choose not to seek treatment at this time

_____ Medical Assistance Waiver: (Please initial in space provided) I do not want medical treatment at this time.

Has employee returned to work? ☐ Yes ☐ No

Please initial here to confirm you have received the ***Important Facts About Workers' Compensation Form*** _____.

EMPLOYEE: (name, signature, title)	Date	Phone Number

Supervisor's Comment

SUPERVISOR: (name, signature, title)	Date	Phone Number

Information from this used to file under the Virginia Workers' Compensation Act and OSHA

IMPORTANT FACTS ABOUT WORKERS' COMPENSATION

It is the employee's responsibility to:

- Report any work-related injury or illness immediately to his/her supervisor
- If necessary, see a doctor on the Panel of Physicians for medical treatment and follow the doctor's instructions.
- Get written authorization from physician indicating work status. A disability note is required for ALL time missed and cannot be back dated.
- Stay in touch with his/her supervisor and provide supervisor with doctor's written authorization for work status.

The Virginia Worker's Compensation Act directs coverage for workers injured in a work-related accident or who develops a work-related illness. Risk Management's compensation claims administrator determines if an injury or illness is covered under the Act and may conduct an investigation to make that determination. **Please be aware that not all circumstances are covered.**

Workers' compensation benefits:

- Begin on the eight calendar day of disability.
- Are normally equal to two-thirds of your average weekly earnings.
- Are not subject to federal, state or social security taxes.
- Are paid by special checks issued through our workers' compensation claims administrator.
- Cover expenses for medical treatment provided by a doctor selected from the approved panel of physicians.

PANEL OF PHYSICIANS

When a work-related injury requires immediate medical care, the first concern is to assure prompt and appropriate treatment—then a supervisor should be notified. For serious injuries an ambulance should be called to transport the employee to the hospital. The following physicians are authorized to provide medical care for work-related injuries:

Dr. Robert Mahoney
Sentara Medical Group
747 J. Clyde Morris Blvd
Newport News, Virginia 23601
(757) 599-6117
No Appointment Needed/Patient Walk-In
Hours 8:00am to 8:00pm 7 days a week

Dr. Michael Baddar
I & O Medical Center
593 Aberdeen Rd.
Hampton, Virginia 23661
(757) 825-1100
No Appointment Needed/Patient Walk-In
Hours 7:30am to 7:30pm Monday thru Friday
Saturday and Sunday 9:00am to 2:30pm

Dr. Roxanne Dietzler
732 Thimble Shoals Blvd. Suite 102
Newport News, Virginia 23606
(757) 599-3623
No Appointment Needed/Patient Walk-In
Hours 7:00am to 3:30pm Monday thru Friday
Not open Saturday or Sunday

Dr. Malak Isaac
Patient First- Hampton Location
2304 West Mercury Blvd.
Hampton, Virginia 23666
(757) 951-1579
No Appointment Needed/Patient Walk-In
Hours 8:00am to 10:00pm 7 days a week

NOTE: You can help control our medical costs by using the hospital emergency room only when medically necessary (life threatening). Hospital emergency rooms will be used for treatment of emergencies only. Emergency care is defined as profuse bleeding, broken bones, unconsciousness, shock, etc.

Medical treatment should be scheduled around working hours unless it is an emergency as defined above. Please be aware that unauthorized use of leave due to an injury may not be covered by Workers' Compensation and may be applied towards your sick leave. If you have questions about the use of leave during appointments please contact Risk Management at 757-727-6617.

If you are provided modified duty by a panel physican above contact your supervisor immediately and provide your supervisor with your doctor's note so that accomodations can be made.

To be covered for payment, treatment other than emergency care must be sought from a doctor on this Panel of Physicians. Any exceptions require prior approval from the workers' compensation claims administrator. If you select any other physician for treatment, including your own doctor, you must pay for this expense. Please note that medical expenses for work-related injuries or illnesses are not covered by our group medical insurance plans (eg. Trigon Blue Cross and Blue Shield, MAMSI)

CITY OF HAMPTON AND HAMPTON CITY SCHOOLS
PHYSICIAN'S MEDICAL REPORT

TO PHYSICIAN: Please treat _____ for the injury he/she reported receiving while working

on (date) _____.

SUPERVISOR: _____ SCHOOL NAME/CITY DEPARTMENT: _____

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

Is this event work-related? ☐ Yes ☐ No

Date and Time of Visit: _____ Discharge Time: _____

Diagnosis and Treatment: _____

Is employee taking any medication which could affect behavior or performance at work? ☐ Yes ☐ No

Is employee scheduled for a follow-up visit: ☐ Yes ☐ No If Yes, When? _____

Employee can return to work:

☐ With no restrictions on (date) _____

☐ With restrictions on (date) _____

☐ No work until (date) _____

Please check work restrictions which apply:

☐ No use of affected limb ☐ Limited use of affected limb ☐ Limited walking

☐ Limited bending/stooping/climbing ☐ No work outside ☐ Keep affected part clean and dry

☐ No lifting over _____ lbs. ☐ No operating of equipment ☐ No Driving

☐ Other _____

Additional comments and instructions: _____

_____

Physician's Signature _____

NOTICE TO PHYSICIAN:

We expect the best medical treatment and care you can provide for our employee. We also want him/her to return to work as soon as possible so that he/she can continue to receive full wages and so that we can maintain continued efficiency and minimize our accident costs.

In most cases, we believe that getting the employee back to work is the best rehabilitative treatment we can provide. We recognize that this depends on the physical limitations, if any, and the jobs available. We make every effort to offer temporary work consideration for our employees. Please call RISK MANAGEMENT at 757-726-6617 if there are any questions about our employees not being able to return to work.

Once you have completed this form, hand it back to the employee so that he/she can return it to the supervisor.

SUPERVISOR: PLEASE SEND ORIGINAL OF THE COMPLETED FORM TO SAFETY.

PMA COMPANIES

EXPRESS SCRIPTS®

First Fill Temporary Prescription Services Card To Be Used Effective January 15, 2013

Attention Injured Worker: On your first visit, please give this notice to any pharmacy listed below to expedite the processing of your approved workers' compensation prescriptions. (Based on the established parameters by your employer.) Questions or need assistance locating a participating pharmacy: Call the Express Scripts Contact Center at 800-945-5951.

Atencion Trabajador Lesionado: Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 866-945-5951.

Attention Supervisor : Please complete the following information for the injured worker

Express Script ID#: SSN to be presented to the pharmacy at the time the prescription is filled.	**Employee Information**
Date of Injury	**Name:**
Group#: KVQA	**Address:**
Employee DOB:	**Employer: CITY OF HAMPTON**

Attention Pharmacist : Express Scripts administers this workers' compensation prescription program. Follow the steps below to submit a claim. For assistance, call the Express Scripts Contact Center at 888-786-9640.

Pharmacy Processing Steps

Step1	Enter bin number 003858
Step 2	Enter processor control A4
Step 3	Enter the group number as it appears above
Step 4	Enter the injured worker's 9 digit ID#
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format ccyymmdd)

Participating Pharmacy Chains

A&P	Acme Pharmacy	Albertson's	Albertson's/Acme
Albertson's/Osco	Albertson's/Sav-On	Amerisource Bergen	Anchor Pharmacies
Arrow	Aurora	Bartell Drugs	Biggs
Bi-Lo	Bi-Mart	BJ's Wholesale	Brooks
Brookshire Brothers	Brookshire Grocery	Bruno	Carrs
Cash Wise	Coburn's	Costco	Cub
CVS	D&W	Dahl's	Dierberg's
Discount Drugmart	Doc's Drugs	Dominicks	Drug Emporium
Drug Fair	Drug Town	Drug World	Eckerd
Econofoods	EPIC Pharmacy Network	FamilyMeds	Farm Fresh
Farmer Jack	Food City	Food Lion	Fred's
Gemmel	Giant	Giant Eagle	Giant Foods
Hannaford	Harris Teeter	H-E-B	Hi-School Pharmacy
Hy-Vee	Jewel/Osco	Kash n Karry	Keltsch
Kerr	Kmart	Knight Drugs	Kroger
LeaderNet (PSAO)	Longs Drug Store	Major Value	Marsh Drugs
Medic Discount	Medicap	Medistat	Meijer
Minyard	NCS HealthCare	Neighborcare	Network Pharmacueticals
Northeast Pharmacy Services	Osco	P&C Food Market	Pamida
Park Nicollet	Pathmark	Pavilions	Price Chopper
Publix	Quality Markets	Raley's	Randalls
Rite Aid	Rosauers	Rx Express	RXD
Safeway	Sam's Club	Sav-On	Save Mart
Schnucks	Scolari's	Sedano	Shaw's
Shop 'N Save	Shopko	ShopRite	Snyder
Stop & Shop	Sun Mart	Super Fresh	Super Rx
Target	Texas Oncology Svc	The Pharm	Thrifty White
Times	Tom Thumb	Tops	Ukrop's
United Drugs	United Supermarkets	Vons	Waldbaums
Walgreens'	Wal-Mart	Wegmans	Weis
Weis			

Note: This form is not valid in the state of Ohio. For all other states, liability of worker's compensation claim is not assumed based on the dispensing of medication(s) to a patient.