

Town of East Montpelier Incident Reporting, Medical Treatment & Accident Investigation Policy

This policy establishes procedures for the reporting of all work-related incidents **when an injury occurs that is treated via first aid or actual medical treatment in the form of a visit to a medical provider**. Incidents with no medical treatment or first aid do not fall under this policy.

This policy also establishes a designated medical provider for all workers compensation injuries, in compliance with Rule 12 of the Vermont Workers Compensation Rules.

Lastly, the policy outlines specific procedures to be used in recording and following-up on work-related injuries. The Employee Incident Review Form must be used to document information regarding employee injuries for the purpose of filing workers' compensation claims and to identify loss prevention opportunities. It is incorporated into this policy by reference.

Nothing in this policy amends or changes existing contractual rights, obligations or language. Rather, it is intended to enhance the Town of East Montpelier's ability to prevent injuries, manage workers' compensation claims in accordance with regulatory requirements and obtain the best medical outcomes for employees who experience a work-related injury.

I. Reporting Requirement

- a. All injuries that occur as outlined above shall be reported to the supervisor immediately or as soon as practical (but no later than the end of the shift).
- b. These initial injury reports may be provided in writing, in person, via phone, 2-way radio or other appropriate means.
- c. The employee shall participate and cooperate with the department head/supervisor in the investigation of the accident (see section III).
- d. In cases where an employee voluntarily delays medical treatment or first aid for a work-related injury until some time after the injury (including those deciding to seek treatment hours or days later), that employee shall promptly notify their immediate supervisor that treatment is desired and shall obtain treatment as outlined in section II below.
- e. If the employee has been kept out of work for medical reasons due to the work-related injury, they shall report their expected absence as required by the Town of East Montpelier Personnel Policy and provide written documentation from the treating medical provider indicating that the individual has been directed to remain out of work.

II. Medical Treatment

- a. Whenever an injury warrants treatment **that is more than basic first aid that can be self-administered**, employees shall obtain evaluation and treatment from our designated medical provider:

Concentra
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Barre, VT 05641
(802) 223-7499

- Either the injured worker or supervisor should call the provider in advance to advise of the impending visit.
- b. In cases where **emergency medical treatment** is required, 911 will be called and the injured employee taken to the appropriate emergency medical facility.
 - c. When non-emergent treatment is required outside of the designated medical provider's office hours, employees shall utilize the Central Vermont Medical Center Emergency Department, 130 Fisher Road, Berlin, Vermont.
 - d. In situations where an employee desires to see an alternate medical provider, they may do so after seeing the designated medical provider listed in this policy. A Form 8 (VT Workers Compensation Division) must be used.
 - e. In all cases where medical treatment is obtained from a healthcare provider, employees shall utilize a work capabilities form (for the medical provider to complete) to document the current work abilities and restrictions (if any). An acceptable form is the Vermont Department of Labor Form 20 or equivalent that may be used by the healthcare provider. The department head or supervisor will provide a copy of an appropriate form upon request.

III. Incident/Injury Review Procedures

- a. Upon receiving notice of a work-related injury as described above, the department head shall complete an Employee Incident Review Form with the injured employee, using the form provided by the Town of East Montpelier. Paper copies of the forms will be provided to all departments and it may also be available online.
- b. The purpose of this form is to gather facts about the incident, its causation, witnesses, temporal information, etc. for claim filing purposes and ultimately try to identify ways to **prevent future injuries** that are similar in nature.
- c. Care shall be taken to avoid discipline-related issues during the incident review discussion between the Department head and injured employee. Any warnings or other disciplinary actions shall take place separately from the incident review process.
- d. Both the Department head and injured employee shall sign the incident review form and attest to its accuracy.
- e. The Department head shall complete the Employee Incident/Injury Review Form with the injured employee within 24 hours. If extenuating medical circumstances prevent the employee from participating, the Department head shall complete the Employee Incident/Injury Review Form as soon as possible, utilizing any and all information and assistance available.
- f. The Employee Incident Review Form shall then be forwarded to East Montpelier Town Administrator so the claim can be filed with VLCT. When possible, the claim shall be filed via the internet at:
<http://www.vlct.org/insuranceriskservices/programs/workerscompensation/>
- g. All completed Employee Incident Review Forms shall be retained and reviewed by the Town Administrator for completeness and monitoring of corrective actions if any were suggested.

Adopted by the Town of East Montpelier, Vermont Selectboard on November 4, 2013