



Incident with Injury Report

**Owner:** Supervisors/ Dept. Managers      **Department:** All      **Date:** 3-3-15

**Responsibility:** (Who manages and who is effected by this procedure)

Supervisors and Department Managers

**Scope:** (What does this procedure cover)

What to do when an incident with injury occurs and how to fill out the “Incident Report” Form

**Workflow:** (When/Where is this procedure used)

Whenever an employee reports an incident with injury

**Purpose:** (WHY)

To keep accurate records on incidents with injury so reports can be shared with Workers’ Compensation Insurers and Safety Committee members to develop incident prevention programs, processes and or procedures

**Procedure:** (To include process map)

Employees Instructions (Employee Incident Report Form Page 1)

Before completing this form please be sure to do the following....

1. All job-related injuries or illnesses – regardless of extent call **1-877-234-0898** to speak to a nurse 24/7, 365 days a year.
2. Report the accident immediately to their supervisor and a physician chosen from the **PANEL OF PHYSICIANS must be used if medical treatment is needed or will be needed.** (\*\*Please note that if a physician is not selected from the panel, the employee is responsible for any medical expenses if their workers’ compensation claim is denied\*\*)
3. If a panel physician is unavailable at the time of an emergency, an emergency facility may treat the employee; however, any follow up care must be rendered by the physician chosen by the employee from the Panel of Physicians.
4. Employee must complete page 1 to the best of their ability and provide the rest of the form to their supervisor.

Supervisors (Supervisor’s Investigation of Incident Page 2-3)

1. Ensure the employee or you as the supervisor have called the nurse triage line on behalf of your employee.
2. If medical treatment is needed or will be needed, you must have the employee sign the panel of physicians.
  - i) Please note that **OSHA** requires all employers, regardless of how many individuals they employ, to report any work related incident resulting in a fatality or a catastrophe (*catastrophe is defined as the in-patient hospitalization of three (3) or more persons*) within eight (8) hours to the Virginia Department of Labor and Industry (DOLI). If this occurs please **call Penny Mathias at 540-535-6766** so Human Resources can report this to OSHA.

3. Please complete the accident form and collect as much information as you can about what happened and how it happened. Remember unless warranted this information is not used for discipline action. It is more for making improvements in either employee behavior or environmentally conditions. **The forms must be completed by the employee and the supervisor and emailed to Michael.Bozeth@winchesterva.gov within 24 hours of all incidents with injury.**