

## Employee Injury Report

**\* Complete every section & fax to Employee Health (470-6634) within 24 hours \***  
***(Interoffice mail the original)***

Name: \_\_\_\_\_  
(Last) (First) (Middle I)

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box / Street City State Zip

Physical Address: \_\_\_\_\_  
Stir/Unit City State Zip

Phone: \_\_\_\_\_ Work Ext. \_\_\_\_\_ Dept Name \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

At what VVMC facility were you working:  Vail Campus  Vail Surgery Center  
 Beaver Creek  Avon  Edwards  Gypsum  Other \_\_\_\_\_

Are You:  Full Time  Part-time  Pool Average hours/wk \_\_\_\_\_

What time did you start work the day of the injury? \_\_\_\_\_ Length of shift? \_\_\_\_\_

What is your next scheduled work day? \_\_\_\_\_

Do You Have a Second Job:  Yes  No

Witnesses to the incident: \_\_\_\_\_

### Accident/Illness Information

What date did it happen? \_\_\_\_\_ What time? \_\_\_\_\_

What body part did you injure? \_\_\_\_\_

What object or substance caused the injury? \_\_\_\_\_

How did it happen? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you need or want Medical Care?  Yes  No**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

\_\_\_\_\_  
Employee Signature Date

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## Manager's Initial Investigation

**\* Complete every section & fax to Employee Health (470-6634) within 24 hours \***  
***(Interoffice mail the original)***

**Injured Employee's Name:** \_\_\_\_\_

Has the employee received "Facts for VVMC Employees Regarding Workers Compensation" [Located on the common drive]?

Yes  No

Had the employee been trained in the procedure/task being performed at the time of the injury?

Yes  No

What do you believe caused or contributed to the problem/occurrence (root causes include conditions, acts, in-actions, equipment or third party)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations for preventing this accident from occurring again? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions will you take as a manager to prevent this from occurring again? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Job Title of Person Completing Form

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
Date

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***(Interoffice mail the original)***

**\*\* For questions, call Employee Health: 479-5085 or  
Occupational Health Clinics, 479-5085 (Vail) or 569-7715 (Avon)\*\***

# Facts for VVMC Employees Regarding Workers' Compensation

## Paperwork:

- ✉ The "Employee Injury Report" must be completed within 24 hours of your injury.
- ✉ The completed form will be faxed to Occupational Health **immediately after completion** (970-470-6634) & interoffice mail the original.
- ✉ If you are unable to meet with your supervisor to complete the back page, send the form to Employee Health. We will return it to your supervisor.
- ✉ If you require medical attention for your injury, a drug and alcohol screen will be done per VVMC policy.

## The doctors you are authorized to see for an immediate injury:

- ✉ Your initial visit will be at one of the following locations:
  - Vail Valley Medical Center Emergency Department
  - Beaver Creek Medical Center ( in season)
  - Avon Urgent Care
  - Gypsum Urgent / Emergent Care
- ✉ A mandatory follow-up visit will be coordinated through the Occupational Health Clinics in Vail or Edwards **within 7 days**.
- ✉ For work related conditions that have developed over time (i.e. non-acute), an initial appointment with the Medical Director of Occupational Health, will be made through either of the Occupational Health Clinics.
- ✉ The Medical Director of Occupational Health or Occupational Health NP orders physical therapy, chiropractic or specialist visits and our VVMC Workers' Compensation insurance must provide approval.
- ✉ The Medical Director of Occupational Health or Occupational Health NP orders all medical tests (such as MRIs) with approval from our VVMC Workers' Compensation insurance carrier.
- ✉ Consulting with a physician in the hall or visiting your private medical provider for initial diagnosis and treatment, are not the appropriate or approved course of treatment for a work-related condition.

## Work Restrictions:

- ✉ Every possible effort will be made to accommodate any restrictions you may have.
- ✉ Transitional duty assignments may not be your regular job.

## Time Missed From Work:

- ✉ Appointments, including physical therapy, should be made during non-work time if at all possible.
- ✉ If you are given modified duty of any kind you can not chose to use PTO and take yourself off work.
- ✉ If you are scheduled to work when either of the Occupational Health Clinics are not open, and you do not think you are able to work, you will need to been seen by one of our VVMC work comp healthcare providers. That provider will determine if your injury requires you to be off work. If you need to be taken off work, the following will apply per State of Colorado Workers' Compensation rules:
  - You will be reimbursed for the initial 3 regularly scheduled work days you missed, only after you have been off a total of more than two weeks.
  - After that time, checks are issued every two weeks by our insurance carrier at a rate of 2/3 your normal gross pay up to a maximum of \$753.41. This is non-taxable income.

## Appointments:

- ✉ Appointments are a necessary part of the recovery process. Failure to keep appointments, including Physical Therapy, may result in the closure of your workers' compensation claim.

For questions please contact Pam Westfall, RN/Employee Health Nurse at ext. 5155 the Occupational Health Clinic (Vail at ext. 5085).

## Additional resources:

- ✉ Colorado Hospital Association Workers' Compensation Support Services, 7335 East Orchard Road, Suite 200 Greenwood Village, CO 80111; Phone: 720-250-0707, Attention; Kathy Gochnour, CHA Shared Services/ CORVEL
- ✉ State of Colorado Division of Workers' Compensation web site: [www.coworkforce.com](http://www.coworkforce.com).

# Drug Screening Guidelines for VVMC Employees

- ✚ Vail Valley Medical Center has a Substance Abuse Policy, which can be found in Human Resources Policy and Procedures.
- ✚ All employees of VVMC are required to be tested for drugs prior to hire as part of a post-offer screening.
- ✚ An employee of VVMC may be asked to submit to a drug and alcohol screening if there is suspicion that they are under the influence.
- ✚ Employees who are involved in a workplace accident requiring medical treatment and/or incident involving physical injury to another individual, equipment or property will be screened for both drug and alcohol.

<u>Drug Screening Collection Sites for VVMC</u>	<u>Days</u>	<u>Times</u>
▪ Occupational Health Clinic in Vail	M-F	8AM – 3:30 PM
▪ Occupational Health Clinic in Avon	M-F	8AM – 3:30 PM
▪ Avon Urgent Care	12 hours a day	8AM - 8 PM
▪ Gypsum Urgent/Emergent Care	12 hours a day	9AM - 9PM
▪ Vail Valley Emergency Room	24 hours a day	
▪ VVMC Lab	24 hours day	

## Procedure

- ✚ Employee must present an employee identification
- ✚ Chain of custody form will be filled out
- ✚ An integrated multi drug screening cup will be used to collect urine specimen
- ✚ A saliva alcohol test will be performed

Negative results will be documented on the chain of custody form and keep in the Employee File

Non-Negative results for a urine screen will be documented on chain of custody form and specimen will be packaged and sent to a Quest Diagnostic Lab for additional testing.

Non-Negative results for an alcohol will be confirmed by a breath alcohol test or a blood specimen which will be sent to a Quest Diagnostic Lab for additional testing.

## Verification of Results

Results will reviewed by a certified Medical Review Officer (MRO). The MRO will communicate with the employee and final results will be communicated to VVMC.

## Timeline

Negative -Urine and Saliva Screening (10-15 minutes)

Non-Negative lab send-out (1-3 business days)

MRO Verification (1-3 business days)