VSCC Work-Related Injury Reporting Procedures & Treatment Guide

These procedures are intended to emphasize the importance of reporting all work-related incidents, injuries, and/or illnesses. It is imperative for an injured employee to follow up with his/her supervisor to make sure all documentation of the incident is filled out correctly and submitted to the Director of Plant Operations for record keeping purposes. Even if the injury is minor, and you do not receive initial medical treatment, having a record of the incident protects you if any physical ailments or illnesses become issues in the future.

For workers' compensation purposes, an incident is any illness or injury that occurs while actively carrying out the roles and responsibilities of your job.

Following these guidelines will help minimize the potential for denial of a workers' compensation claim.

ALL WORK-RELATED INJURIES MUST BE REPORTED IMMEDIATELY

Call 911, or Campus Police, for all serious or life threatening injuries

For Non-Life Threatening Injuries:

- 1. Notify your supervisor immediately.
 - Your supervisor must complete a Supervisor Injury/Incident Report. If you witness a work-related incident where a fellow employee is injured and is unable to notify their supervisor, you should notify their supervisor and/or Campus Police for them.
- 2. You must call the Workplace Injury & First Notice of Loss Call Center at **866-245-8588**, immediately after the occurrence of an incident.
 - When calling the Workplace Injury & First Notice of Loss Call Center you will speak with a
 registered nurse. Nurses are available 24/7 to evaluate the nature of your injury and
 determine immediate care or treatment options. When calling, you must provide this
 location information: STATE TN VOLUNTEER STATE COMMUNITY COLLEGE
 - If no medical treatment is recommended, the nurse will document the call for you and enter an incident report into the CareMC reporting system. No other action will be needed from you.
 - If the nurse recommends that you seek medical treatment, he/she will verbally provide an approved list of physicians. From this list you must choose one provider who will then be the only physician authorized to treat you for your compensable injury. The State will not pay any medical expenses incurred from a physician other than your approved treating physician or a network physician you are referred to by your treating physician.
 - Follow up doctor and/or specialist appointments must be arranged by CorVel and NOT by the injured employee or the employee's supervisor. Note: This does not apply in situations requiring immediate emergency room treatment for serious or life-threatening injuries.
 - If you are seen in an emergency room or a minor medical clinic and you were advised to see a specialist, or your "regular/normal" physician for follow-up care, you must call the Director of Plant Operations or CorVel prior to any follow up treatment. You will be provided a list of approved providers. From this list you must choose one provider who will then be the only physician authorized to treat you for your compensable injury. All doctors must be on the approved physicians list prior to follow-up treatment.

3. When seeking medical treatment

- You must notify the doctor's office that you were injured while at work and that you have filed, or will be filing, a claim for workers' compensation benefits with the state.
- Do not present your primary health insurance card for workers' compensation medical treatment. Your health insurance and workers' compensation coverage are two separate plans that do not overlap. Instead, CorVel will assign you a workers' compensation claim number that will be used to authorize/track all treatment associated with your workrelated injury.
- After each office visit, the treating physician must provide a current work status to either
 clear you to return to regular duty, or define any work limitations you may have. You must
 present this work status to your supervisor and the Director of Plant Operations prior to
 returning to work.
- If the treating physician determines that you need to work light/modified duty, your supervisor and the Director of Plant Operations will review the work status to identify appropriate work within your limitations.
- If the treating physician determines that you need to be completely off work due to your injury/illness, it is your responsibility to communicate with your supervisor and the Director of Plant Operations on a regular basis regarding your work status.
- You must provide copies of all related office notes to the Director of Plant Operations. Due to HIPPA compliance, ONLY the Director of Plant Operations/Human Resources will store medical records related to an employee's injury on the job.

4. If you are prescribed medication

DO NOT fill the prescription using your personal health insurance provider information.
Tell the pharmacist the prescription is for a workers' compensation injury/illness and that
you are employed by the STATE of TN – VOLUNTEER STATE COMMUNITY COLLEGE. If
available, provide your workers' comp. claim number and advise them that our workers'
compensation insurance provider is CorVel. CorVel's phone number (888-726-7835) can
be provided for verification.

The State of Tennessee and the State's TPA, CorVel, reserves the right to review claims for compensability and may assign a case manager to assist an employee. Certain outpatient procedures must be pre-certified by state processes before occurring. Providers of these services know they should contact the adjuster before diagnostic testing, physical therapy, injections, surgeries, referrals, etc.

Once you file a workers' comp. claim, you are required to follow the procedures outlined in this document. Instructions provided by physicians, case managers, and Director of Plant Operations must be adhered to completely.

For questions regarding these procedures contact the Director of Plant Operations, Michelle Boyd, at 615-230-3617 or Michelle.Boyd@volstate.edu.



Your Location of Employment is

STATE TN- VOLUNTEER STATE COMMUNITY COLLEGE

Employee Injury Call Center

866.245.8588

Call to speak with a registered nurse in the event of a workplace incident or injury.

Call 911 for Medical Emergencies



Volunteer State Community College SUPERVISOR INCIDENT / INJURY REPORT

Supervisors must complete this report following all work-related injuries sustained by their employees. All sections must be completed as this information will be used to initiate a Workers' Comp. claim.

IMPORTANT: Remind Employee that medical treatment for work-related injuries must be authorized by the Workers' Comp. Third Party Administrator (TPA), Corvel, in order for medical expenses and/or lost time to be paid.

Return Completed Report to The Director of Plant Operations - Wood Campus Office 106J								
Name of Injured Employee:			Date of Report:			Time of Report:		
Employee Address:			City:		State:	Zip Code:		
Employee Home Phone: Employee			Work Phone):	DOB:		Gender:	
Department/Job Title:			Hire Date:		Date of Injury:		Time of Injury:	
Time Employee Began Work on Date of Incident:			Marital State	us:	Employee V-Number			
Employment Status (full time, part time, etc.):			If Part Time, Number of Days Worked Per Week:					
Supervisor's Name & Title:			Sup			Superviso	or's Work Number:	
Were Medical Services Provided? Medical Services			ervices Prov	ided by:				
Exact location of Incident:								
Witness Name:	Address:					Phone:		
In the box Below, Describe What The Employee Was Doing Right Before The Incident Occurred:								
Please Describe, In Detail, How the Incident Occurred (Continue on Supplementary Report If Necessary):								
Describe The Incident/Injury Po	Specifica	ad Inglude	All Pody Dor	to Affootod				
Describe The Incident/Injury - Be Specific and Include All Body Parts Affected:								
What Object or Substance Directly Harmed The Employee?								

SUPERVISOR INCIDENT / INJURY REPORT CONTINUED							
Describe unsafe actions/conditions that may have contributed to the incident:							
structions							
5) AND/OR 911 IMMEDIATELY							
t injury to Campus Police. Employee must ca							
report location of employment exactly as							
pe made within 24 hours of incident.							
upervisor Incident/Injury Report and advise							
tion worsens or treatment is requested at a							
t and notify the Director of Plant Ops.at ext.							
3617. The triage nurse will assist the employee in obtaining an appointment with an authorized workers' comp. physician.							
nt of medical expenses and/or lost time.							
ing physician prior to leaving appointment.							
ork status information must be evaluated by							
e work assignments.							
forwarded to the Director of Plant Ops. via							
106J. If you have workers' comp. questions,							
Date:							
Date:							
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Date:							