

Vail Health Employee Injury Report

*** Complete form & fax (970-470-6634), scan or email to Employee Health within 24 hours of the injury ***

Name: _____
Last, First Middle Initial Social Security Number

Mailing/Physical Address: _____
PO Box / Street City State Zip

Phone: _____ Dept. Name: _____ Job Title: _____

Date of Birth: _____ Date of Hire: _____

At what Vail Health facility were you working: Vail Campus Surgery Center Vail/Edwards Beaver Creek
 Avon Edwards Gypsum Summit County: location _____ Other _____

Are You: Full Time Part-time Pool Average hours/wk _____ Were you working overtime?: _____

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

Do You Have a Second Job: Yes No If yes, please describe: _____

Witnesses to the incident: _____

Accident/Illness Information

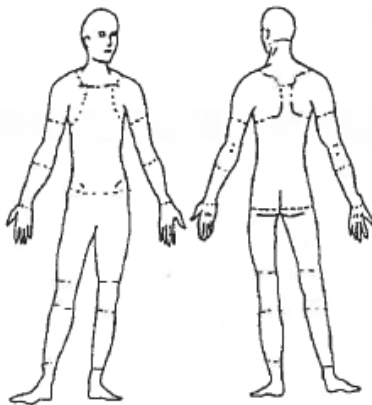
What date did incident happen? _____ What time did incident occur? _____

What body part(s) was injured, describe in detail (ex: Left/right, upper/lower)? _____

What was the nature of the injury, describe in detail? _____

Describe in detail what led up to the injury (continue on back if needed)

Part of body affected
 Shade all areas that apply



R Front L L Back R

Nature of injury (most serious one)

- | | | |
|--------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abrasions, scrapes | <input type="checkbox"/> Amputation | <input type="checkbox"/> Broken bone |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Burn (heat / chemical) | <input type="checkbox"/> Concussion (to head) |
| <input type="checkbox"/> Crushing injury | <input type="checkbox"/> Cut, laceration | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Sprain | <input type="checkbox"/> Strain |
| <input type="checkbox"/> Exposure: Bodily fluids | <input type="checkbox"/> Exposure: Chemical | <input type="checkbox"/> Patient handling |
| <input type="checkbox"/> Other: _____ | | |

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 _____

Vail Health Manager's Initial Investigation

*** Complete form & fax (970-470-6634), scan or email to Employee Health within 24 hours of the injury ***

Injured Employee's Name: _____

Has the employee received "Facts for Vail Health Employees Regarding Workers Compensation" [Located in Policy Stat: 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)? _____

Were safety regulations//requirements in place and used? If not, what was wrong? _____

Recommended preventive action to take in the future to prevent reoccurrence? _____

Was the injury due to unsafe workplace conditions or due to unsafe acts by people? Yes No

If yes, Please describe _____

- Were the unsafe acts or conditions reported prior to the incident? Yes No
- Have there been similar incidents or situations prior to this one? Yes No
- Was the injury due to Patient handling and/or movement? Yes No
- Do you believe this injury could have been prevented in any way? Yes No

Describe: _____

How can future incidents be prevented?:

- Stop this activity
- Redesign task steps
- Routinely inspect for the hazard
- Other _____
- Guard the hazard
- Redesign work station
- Personal Protective Equipment
- Train the employee(s)
- Write a new policy/rule
- Train the supervisor(s)
- Enforce existing policy

What should be (or has been) done to carry out the suggestion(s) checked above: _____

"Just Culture" methodology was used during this investigation and any employee counselling? Yes No

Printed Name and Job Title of Person Completing this Form _____

Ext. _____

Date _____

Signature of Person completing form. _____

*** Complete every section & fax/scan or email to Vail Health Employee Health Office (470-6634) within 24 hours ***

**** For questions, Vail Health Employee Health Office: 479-5085 or Avon Occ. Health Clinic: 569-7715 ****

All employers must notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation or loss of an eye. Call our toll-free number: 1-800-321-OSHA (6742); TTY 1-877-889-5627.

Facts for Vail Health Employees Regarding Workers' Compensation

Paperwork:

- ↪ The "Employee Injury Report" must be completed and processed within **24 hours** of your injury.
- ↪ The completed form should be faxed to The Employee Health Office **immediately after completion** (970-470-6634), and interoffice mail the original to Employee Health Office.
- ↪ If you are unable to meet with your manager to complete the second page, supervisor or charge person may complete form and then share information with Manager. Fax form to Employee Health Office as soon as possible

- ↪ The Providers you are authorized to see for an **Urgent/Emergent** injury:
 - ↪ Vail Health Emergency Department
 - ↪ Beaver Creek Medical Center (seasonal)
 - ↪ Avon Urgent Care
 - ↪ Gypsum Urgent / Emergent Care
- ↪ The Providers your authorized for a Non-Urgent/Emergent or Follow-up care:
 - ↪ Avon Occupation Health Clinic 970-569-7715

Designated Provider List Vail Health

Fredrick Scherr, MD or Lucia London, FNP

Avon Occupational Health Clinic
230 Chapel Place #D101
Avon, CO. 81620
970-569-7715

The insurer responsible for the claim is: CHA Trust for Workers' Compensation.
CorVel is the Third Party Administrator
P.O. Box 3937
Greenwood Village, CO 80155
1-800-929-6090 toll free

The following two people are designated as employer and insurer representatives:

Vail Health	CHA Shared Services/CorVel
Diane Schmidt, Employee Health Nurse	Kathy Gochnour
180 S. Frontage Rd W. OR	P.O. Box 3937
P.O. Box 40,000, Vail CO 81658	Greenwood Village, CO 80155
Vail, Colorado 81657	Phone: (720)-250-0700 or 1-800-929-6090
Phone: (970)-479-5085	

- ↪ A mandatory follow-up visit will be coordinated through the Occupational Health Clinic in Avon **within 7 days**. Injured employee is responsible for calling to schedule appointment.
- ↪ For work related conditions that have developed over time (i.e. non-acute), an initial appointment with a provider at Avon Occupational Health Clinic will be made.
- ↪ The Medical Director of Occupational Health or Occupational Health NP orders physical therapy, chiropractic or specialist visits and our Vail Health 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 Vail Health 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 work 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 the Occupational Health Clinic is not open, only a designated Worker's Compensation health care provider is able to make that determination if employee is not able to work. The provider will determine if your injury requires you to be off work. If you need to be taken off work, pay will be determined per State of Colorado Workers' Compensation rules: 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 Diane Schmidt, RN/Employee Health Nurse, (970)479-5085 or Avon Occupational Health Clinic (970)-569-7715.

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.








Drug Screening Guidelines for Vail Health Employees

-  Vail Health is a Drug Free Workplace.
-  Vail Health has a Drug and Alcohol Screening Policy which can be found in PolicyStat.
-  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 at the time of injury when possible

Drug Screening Collection Sites for Vail Health Days Times

▪ Employee Health Department	M-F	8AM- 3:30 PM
▪ Avon Occupational Health Clinic	M-F	8AM – 3:30 PM
▪ Avon Urgent Care	11 hours a day	8AM - 7 PM
▪ Gypsum Urgent/Emergent Care	8 hours a day	11AM - 7PM
▪ Vail Health Emergency Room	24 hours a day	
▪ Vail Health 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 Vail Health.

Timeline

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

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

MRO Verification (1-3 business days)