

COMPANY NURSE® INJURY REPORTING

**NOTE: *If life- or limb-threatening injury only, call 911!!
Then report the injury / incident after the employee is stabilized.***

Step 1

MAKE THE CALL BEFORE SEEKING TREATMENT

- Notify supervisor of the injury/incident
- In a quiet place, injured workers calls Company Nurse at:
888-770-0925
- You will be asked to provide the following information during the call:
 1. Search Code – **V027**
 2. Employer name and/or worksite
 3. Employee personal information
 4. Injury details: Who? What? When? Where?
- Possible Outcomes as a result of the Call:
 - Self-care or basic first aid, OR
 - Referral to medical facility by a Nurse – Occ Health or Urgent Care or ER
- **IMPORTANT!**
 - *Translators are available for more than 170 different languages*
 - *Be prepared to write down a Call Confirmation Number*

Step 2

REPORT DISTRIBUTION AFTER THE CALL

- Report of Injury is emailed or faxed to key stakeholders at the employer
- If injured employee is referred for medical treatment, an Alert will be sent immediately to the medical provider to expect the employee at their facility

Step 3

FOLLOW-UP CALL

- **Additional Nurse Advice:** Employees who were triaged by a nurse but not initially referred, are welcome to call our nurses again if injuries become worse or new symptoms develop for which they may require additional nurse advice or injury triage services and a possible referral for medical treatment.



COMPANY NURSE INTRODUCTION

In an effort to more effectively manage our workers' compensation claims, **Dinwiddie County** has implemented an injury management program called Company Nurse®. When you encounter a workplace injury, the supervisor and injured employee will call the Company Nurse® injury Hotline as soon as possible after the injury/incident occurs. After the Injury Care Coordinator records the injury and incident information, the attending nurse will provide first aid advice and direct the injured employee to an appropriate workers comp treatment site if needed. COMPANY NURSE® will handle all initial reporting of workplace injuries.

Here's how it works:

The process is simple. Just call! If an injury is not a medical emergency, the INJURED WORKER will telephone COMPANY NURSE® at **1-888-770-0925** before seeking treatment. They will speak with a Registered Nurse who will assist the employee with his or her medical needs and expedite the claims processing. The nurse will talk to the manager first and then the employee to determine what kind of treatment, if any, is necessary for the employee based upon their conversation with them and the manager.

Important Hotline facts:

The COMPANY NURSE® INJURY HOTLINE is available **24 hours per day, seven days per week.**

- Company Nurse® will complete the First Report of Injury form and email or fax it to our claims processing administrator.
- **The Injured Worker only needs to report the injury once to Company Nurse®.** However, you can call back any time with changes or updates to the report if needed.
- Company Nurse® will handle all initial reporting of employee incidents.

The advantage of a medical professional assisting in directing the employee's medical treatment should result in cost savings and fewer claims if first aid can be applied. Furthermore, employees will receive instant telephonic first aid advice from a Registered Nurse, and be referred for further treatment if needed.

Your cooperation and participation is appreciated. Please do not hesitate to contact **Barbara McKittrick** at **469-4500 x2145** if you have any questions regarding this process.



Frequently Asked Questions

Q. Should every workplace injury be reported to Company Nurse®?

- A.** Yes, every injury should be called in to Company Nurse®. CALL COMPANY NURSE® BEFORE THE EMPLOYEE LEAVES THE JOB SITE. This will provide injury information immediately to Safety and Risk Management personnel on every injury. This is a 24/7 service, including all holidays.

Q. How should an obvious emergency situation be handled?

- A.** In all life- or limb-threatening situations, **call 911 or transport directly to the ER immediately.** Call Company Nurse® with any information that you have regarding the incident once the situation has stabilized.

Q. Does Company Nurse® diagnose an injury over the telephone?

- A.** We do not diagnose injuries. We perform a triage process that guides the employee to the appropriate level of care for treatment based on the information obtained during the call.

Q. The employee was referred for treatment. The employee and the supervisor do not think this injury needs to be treated. Should treatment be sought anyway?

- A.** Yes. It is always best to follow the advice of the RN and get treatment sooner rather than later. Minor injuries are often referred to seek treatment within 48-72 hours. If the employee refuses to seek treatment, that will be documented in the incident report.

Q. The employee does not want to call Company Nurse®. Should the supervisor call?

- A.** Yes. Call with the injury information; include if and where the employee was treated. The reports will be forwarded to the Risk Management and/or Human Resources department to alert them of the incident.

Q. What about injuries that occurred before the Company Nurse® service started, or injuries to employees who no longer work there?

- A.** Check with your company management or HR.

Q. The Employee has already been treated by their physician. Should the injury be reported?

- A.** Check with your company management or HR.

Q. Should an employee who is currently under medical care, call Company Nurse® for additional medical advice?

- A.** Once an employee is under a physician's care, we cannot contradict the treating physician's advice. The Nurse will remind the employee to follow the physician's instructions.

Q. Will Company Nurse® provide general health care advice?

- A.** No. Company Nurse® should be called for work-related injuries only.



Frequently Asked Questions

Q. Will the employee be given some type of reference or call confirmation number?

A. Yes, we provide a call confirmation number that associates the employee's injury to a specific report. This is not the same as the claim number assigned by your workers' comp carrier.

Q. To whom does Company Nurse report injuries?

A. Company Nurse® reports all injuries to your HR/Risk Management and/or workers' comp insurance carrier via an automated process as directed by the employer.

Q. What happens if the employee is on hold for an extended period of time waiting for a nurse?

A. The protocol is to answer every call – there is no voicemail. Calls are initially answered by an Injury Care Coordinator (ICC). During unexpected high volume time periods, the ICC will take a contact phone number, and a Nurse will return a call as soon as possible, typically within a few minutes.

Q. Is Company Nurse® my Workers' Comp Insurance?

A. No. Company Nurse® provides the initial injury triage, offers care advice and initiates the injury reporting process. Your employer is responsible for Workers' Compensation claims processing and administration.

Q. After I have been treated by a medical provider, do I need to call Company Nurse® back and update them with the treatment outcome and/or progress?

A. No. Company Nurse® does not need to know. Any updates of your condition after treatment should be provided to your employer or workers' comp carrier.

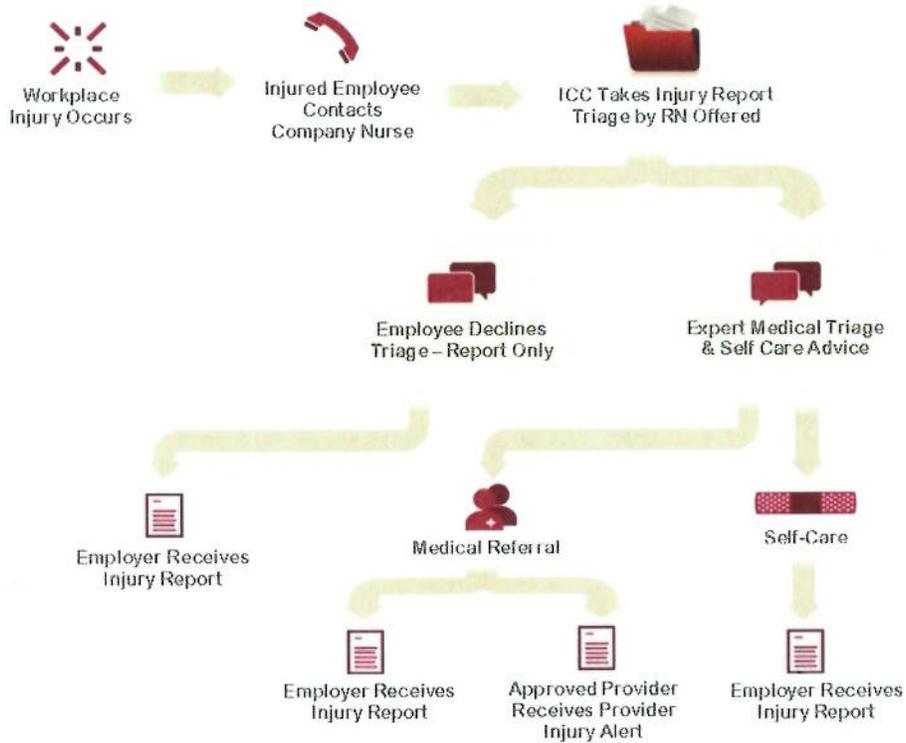
For more information:

Please visit our website at www.companynurse.com
Or call us at 888-817-9282



For assistance call (888) 817-9282 or email service@companynurse.com

Our Process





Report of Injury

Confidential

Call Confirmation # I0P008US

Time: 03/31/2014 11:10:00

Jones, Angela

To: Apple Valley USD- Apple Valley HS
Primary Contact : Nicole Edwards
Phone : 480-374-2454
Alternate Contact :
Employer Address : Apple Valley Unified SD 12555 Navajo Rd.
Apple Valley, CA 92308
Re: Angela Jones

Dear Employer:

Please find attached an injury report for an incident which occurred on 03/31/2014 08:30:00.
The following information was provided to Company Nurse 0 day(s) later on 03/31/2014 09:15:00.
Your employee was triaged by a nurse and will seek or has sought treatment.

Treatment facility:

Industrial Medical Services
13024 Hesperia Rd Ste 101
Victorville, CA 92395
Phone: 760 951-4811 Fax: 480-222-0278

A Provider Alert has been faxed to the above number with the Employer's Name & Address, Employee's Name & Address, Details of the Injury, and a Work Status Report that the medical provider may complete and return to your designated recipient.

If your company mandates POST-ACCIDENT DRUG/ALCOHOL TESTING or if you have a RETURN-TO-WORK program and you have notified Company Nurse of these programs, we have included this information on the fax to the provider. If you would like more information on these please contact your Company Nurse Customer Service Representative or notify the main office at 888-817-9282 or service@companynurse.com.

Please contact the medical facility to obtain drug/alcohol test results and employee work limitations.
Claims/Medical Billing Information (if a treatment facility is populated above, we have forwarded this information to them):

Smith Insurance
9512 Claims St Suite 1526
Phoenix, AZ 85001
Phone: 666 666-6666 Fax: 666 666-6667

Home care/first aid advice provided by Company Nurse does not constitute authorization for modified duty.
This injury report is being forwarded as a service to your organization; you may want to further investigate the incident.

CONFIDENTIALITY NOTICE - This document may contain information that is confidential or legally privileged. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that you must not read, disclose, copy, distribute or use any of the information contained in this document. If you have received this document in error, please immediately notify Company Nurse at 888-817-9282 or service@companynurse.com and destroy this document in its entirety.

Thank you.



Report of Injury

Confidential

Call Confirmation # IOP008US

Time: 03/31/2014 11:10:00

Jones, Angela

Employer Information

Apple Valley USD- Apple Valley HS Apple Valley Unified SD 12555 Navajo Rd. Apple Valley, CA 92308 Phone : 480-374-2454	Location: Address of Business 11837 Navajo Rd Apple Valley, CA 92308 Report Taken By: DANLLE, DOROTA
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Employee Information

Last Name	First Name	Middle Initial	SSN	Date Of Birth	Gender	Marital Status
Jones	Angela		354-22-2454	12/05/1959	F	Married
Home Address			City	State	Zip	
1245 E. Elm St.			Apple Valley	CA	92308	
Home Phone	Work Phone	Hire Date	Occupation	Avg Weekly Wage		
760-231-6738	760-623-5795	11/01/2009	Teacher	NOT PROVIDED		
Caller		Supervisor Name		Supervisor Phone		
Angela Jones		Denise Edwards		760-623-5795		

Language

Employee Speaks	Language Service Used	
English		
Interpreter 1 ID #	Interpreter 2 ID #	Interpreter 3 ID #

Date, Time, and Place of Incident/Report

Date/Time (local) of Incident	Day of Week	Date/Time (local) Reported to CN	Date/Time (local) Reported to Supervisor	Injury Work
03/31/2014 08:30:00	Monday	03/31/2014 09:15:00	03/31/2014 08:30:00	Multi Purpose Room
Injury Location				
11837 Navajo Rd Apple Valley 92308 CA				
Witnesses				
None				

Injury and Treatment

Nature of Incident / body part	<input type="checkbox"/> Report Only NO TRIAGE
Finger(s)(UpperExtremities)	<input type="checkbox"/> Care Advice Given
Reason Alternate Chosen	
Not on file Treatment Facility /Location	

RN Triage

Medical Guideline	Nurse Override
SCRAPES, CUTS, & PUNCTURE WOUNDS	
Patient Response driving Medical Guideline	<input checked="" type="checkbox"/> Patient Understands
puncture wound of undetermined depth? -	<input checked="" type="checkbox"/> Patient Compliant
Patient Override	
Patient Reason	
Care Advice	
3. See Physician within 4 hours - Occ Health / UC / Other 23. Clean cloth or clean paper towels over wound, no salves or ointments, may apply ice or heat to wound for comfort, maintain injured part in position of comfort, Neosporin Plus Pain Relief may be used	

Triage Notes

- Please describe your medical complaint.
Laceration with bleeding to left index finger.
- How did the accident happen? (Please state all details)
Angela was cutting paper with a paper cutter. The blade sliced her left index finger.



Report of Injury

Confidential

Call Confirmation # I0P008US

Time: 03/31/2014 11:10:00

Jones, Angela

3. Please specify machine, tool, substance or object most closely connected with this accident.

A paper cutter.

4. What was the employee doing when accident occurred? (i.e. loading truck, walking down stairs, etc)

Cutting paper.

5. Medical History:

Last Tetanus more than 5 years ago.

6. Essential Nursing Notes:

Left index finger washed with Dial soap, applied paper towel for pressure. The cut is a deep angle cut, created a flap of skin. Advised to have nurse apply pressure dressing and to be seen. Ice over dressing.

**REPORT OF INJURY
DATA FIELD EXPLANATIONS
(Addendum B)**

Report Field	Field Explanation
PAGE 1	
Call Confirmation #	8-Digit Alpha-Numeric report/reference number that identifies a specific employee with a specific incident/injury
Time:	Date and time the injury/incident was reported to Company Nurse (Arizona Time)
TO:	Name of location where this injured employee reports to or works
Primary Contact:	Main contact for this work location
Phone:	Main contact phone number
Alternate Contact:	Alternate contact name (phone number optional) for this work location
Employer Address:	Work location address
RE:	Name of Injured Worker
Treatment Facility:	Treatment facility where this injured worker was referred for treatment by the nurse; or sought treatment on their own. May contain a 'Not-on-File' facility code and provider name if the employee sought treatment on their own before calling Company Nurse. If the treatment facility is 'blank', the injured worker did not seek or was not referred for treatment.
Claims/Medical Billing Information	Near the bottom of the page, the employer's workers comp carrier information will print.
PAGE 2	
Call Confirmation #	8-Digit Alpha-Numeric report/reference number that identifies a specific employee with a specific incident/injury
Time:	Date and time the injury/incident was reported to Company Nurse (Arizona Time)
Employer Information	
Employer Information	Name, address and phone number of the injured workers employer.
Location:	Specific work location for this employee if the employer has multiple work locations in the Company Nurse database.
Address of Business	Specific address associated with the 'Location:' above
Report Taken by:	Names of the RN and ICC (Injury Care Coordinator) that recorded and triaged this incident/injury. If there is only one name, the injury may be considered a 'reported' incident without a nurse providing triage.
Employee Information	
Last	Last name of injured worker.
First	First name of injured worker.
Middle	Middle initial of injured worker (Optional).
SSN	Social Security Number of injured worker. May display the whole number, or last 4-digits of SSN (employer request usually) or be blank if the injured worker does not wish to provide it.
Date of Birth	Date of Birth of injured worker.
Gender	Gender of injured worker (M of F).
Marital Status	Marital Status of injured worker (i.e. married, single, divorced, etc.).
Home Address	Home address of injured worker.
City	City where injured worker resides.
State	State where injured worker resides.
Zip	Zip code where injured worker resides.
Home Phone	Contact phone for injured worker. May be home or cell.
Work Phone	Injured worker's work phone number.
Hire Date	Date of Hire. If not known, it will display as 1/1/1900. The ICC will try to obtain the month and year at minimum (i.e. 05/01/2012 with the day as '01').
Occupation	Injured worker occupation. Taken from list on file at Company Nurse. ICC will select an occupation code that is as close as possible to the workers actual occupation.
Avg. Weekly Wage	Not Captured.

**REPORT OF INJURY
DATA FIELD EXPLANATIONS
(Addendum B)**

Report Field	Field Explanation
Caller	Name of person calling on behalf of the injured worker. Typically a supervisor, co-worker, HR, etc.)
Supervisor Name	Name of Employee's supervisor (First and last name).
Supervisor Phone	Supervisor's contact phone number.
Language	
Employee Speaks	Injured worker's main speaking language (i.e. English, Spanish, etc.). The language that shows up in this data field is the one spoken to capture the injury report.
Language Service Used	If an interpreter is used, name of the service that provided the interpreter.
Interpreter 1 ID #	ID # of interpreter from the service.
Interpreter 2 ID #	ID # of interpreter from the service.
Interpreter 3 ID #	ID # of interpreter from the service.
Date, Time and Place of Incident/Report	
Date/Time (local) of Incident	Injured worker's local date and time when the injury occurred or estimated time it occurred per the injured worker.
Day of Week	Based on the injury date recorded above, the day of the week this date represents.
Date/Time (local) Reported to CN	Employer's local date and time when the injury/incident was reported to Company Nurse.
Date/Time (local) Reported to Supervisor	Injured worker's local date and time when the injured worker reported this injury/incident to their supervisor.
Injury Work	Actual place or location at the work site where the injury/incident occurred.
Injury Location	Address of the injury/incident if different from the injured worker's work location (i.e. different from where they report).
Witnesses	Names of up to two other people that may have witnessed this incident/injury.
Injury and Treatment	
Nature of Incident/body part	Body part and location on the body where the injury occurred.
Report Only NO TRIAGE (Check Box)	If the injured worker is reporting the incident/injury only (weather they sought treatment on their own or not) and do not wish to speak to a nurse and receive triage, this box will be checked.
Care Advice Given (Check Box)	If the injured worker was triaged by a nurse and has been provided with self-care treatment and no medical referral to a provider, this box will be checked.
Reason Alternate Chosen	If the injured worker has been referred to a provider by the nurse, but wished to be seen elsewhere, the reason they want to be seen elsewhere will be recorded by the nurse and will print here.
Not of file Treatment Facility/Location	If the provider is not on file where an injured worker is going to be seen or has already been seen, the provider's information will be recorded here.
RN Triage	
Medical Guidelines	If the injured worker is triaged by a nurse, the resulting medical guideline from the answers given by the injured worker during triage, will print here. This guideline is determined by the medical triage system protocols.
Nurse Override	For certain injuries, and based on the information provided by the injured worker, the nurse may override the recommended treatment from the Medical Guidelines. This includes changing an ER recommendation to a clinic, or vice-versa, upgrading a clinic recommendation to an ER based on specific information provided by the injured worker. Their general health can affect an injury outcome.
Patient Response driving Medical Guideline	During triage, an injured worker will be asked specific questions from the medical guidelines relating to their injury. Once the injured worker answers 'yes' to a critical guideline question, the medical guideline is determined and the question that drove this guideline is printed here.
Patient Understands (Check Box)	The nurse will reiterate the care instructions to the injured worker and mark this box when the injured worker is asked if they understand them.

* E = Entered during injury report; D = Extracted from client data on CN system; S = System Generated

**REPORT OF INJURY
DATA FIELD EXPLANATIONS
(Addendum B)**

Report Field	Field Explanation
Patient Compliant (Check Box)	The injured worker will be asked by the nurse if they will follow the recommended treatment instructions. If they say 'yes', the nurse will check this box.
Patient Override	If the injured worker disagrees with the triage outcome and instructions, the nurse will check this box.
Patient Reason	If the 'Patient Override' box is checked by the nurse, the reason the injured worker provides to the nurse to override their recommendation, will be recorded here.
Care Advice	If an injured worker is provided Self-Care for their injury or referred to a provider for treatment, any self-care advice will be recorded here. Typically, self-care advice will also be provided until an injured worker is seen by a medical provider.
PAGE 3	
Call Confirmation #	8-Digit Alpha-Numeric report/reference number that identifies a specific employee with a specific incident/injury
Time:	Date and time the injury/incident was reported to Company Nurse (Arizona Time)
Triage Notes:	
1. Please describe your medical complaint.	Description of what the nature of the injury is as provided by the injured worker. (i.e. Pain and slight swelling of left knee.)
2. How did the accident happen? (Please state all details)	As described by the caller/injured worker, the description of what occurred to cause the incident or injury.
3. Please specify machine, tool, substance or object most closely connected with this accident.	Self explanatory.
4. What was the employee doing when the accident occurred? (i.e. loading truck, walking down stairs, etc)	Self explanatory.
5. Medical History:	Medical history that is only applicable to the injury recorded in this report. (i.e. take blood pressure medicine; diabetic, take blood thinners). Helps the nurse triage the injury appropriately as certain medical conditions highly impact triage outcome.
6. Essential Nursing Notes:	Any additional information that is not asked in the above 5 questions that is important to document for this incident/injury, should be recorded here. Also, information told to the caller/injured worker by the ICC or nurse that has relevance to this report should be recorded here (i.e. additional recommendations by the nurse, comments from the caller etc.). If the report was recorded, and an update was added later, then this section will include a 'date/time' stamp along with the name of the person making the change and the reason for the change/update.

**Dinwiddie County
Worker's Compensation
Panel of Physicians**

Facility: *Sutherland Family Practice*
19809 Claiborne Road
Sutherland, VA 23885
804-265-5211

Facility: *Virginia Industrial Medicine*
436 Clairmont Court, #109
Colonial Heights, VA 23834
804-526-7487

Physicians: Kirby Southall, M.D.
William Phipps, M.D.

Physician: James Ross, M.D.

Facility: *Colonial Heights Medical Center*
3512 Boulevard
Colonial Heights, VA 23834
804-520-1110

Facility: *Hopewell Medical Center*
815 W. Poythress Street
Hopewell, VA 23860
804-458-8557

Physicians: Brent Armstrong, M.D.
James Bush, M.D.

Physicians: Bruce Miller, M.D.
Albert Magnin, M.D.
Lee Weathington, M.D.

Facility: *Dinwiddie Medical Center*
13885 Courthouse Road
Dinwiddie, VA 23841
804-469-3731

Physicians: Sherry Sandlin, M.D.
Michael Neylon, M. D.

**Dinwiddie County
Worker's Compensation
Panel of Orthopaedic Specialists**

Facility: *Advanced Orthopaedic Center*

Southside Offices:
13225 Rivers Bend Blvd.
Chester, Virginia 23836
804-452-1635

13700 St. Francis Blvd.
Suite 605
Midlothian, Virginia 23114
804-270-1305

West End Office
7858 Shrader Road
Richmond, VA 23294
804-270-1305

Physicians: **Foot and Ankle**
-Jon Van Manen, M.D.
Hand
-Thomas McDermott, Jr., M.D.
-Keith A. Glowacki, M.D.
Joint
-Douglas Jessup, M.D.
-Bradley Ellison, M.D.
Occupational
-William Brickhouse, M.D.

Pain Management
-Michael Decker, M.D.
Physiatry
-Douglas Wayne, M.D.
Spine Disorders
-Adam Crowl, M.D.
-Steven Fiore, M.D.
Sports Medicine
-Jeffrey Higgs, M.D.
-Kenneth Zaslav, M.D.
-Steven Reece, M.D.

Facility: *Colonial Orthopaedics*

Main Office
131 Jennick Drive
Colonial Heights, VA 23834
804-526-5888
804-518-1300 - Appointments

Chester Office
13048 Rivers Bend Road
Chester, VA 23836

Physicians: **Orthopaedics**
-Manjit S. Dhillon, MD
-Prakasam Kalluri, MD
-Timothy J. Marqueen, MD
-Karanvir Prakash, MD
-Sharad N. Saraiya, MD
-Vivek Sharma, MD
-Praveer Srivastava, MD
-Neema M. Amin, MD
-Bradley Kolesar, PA

Foot & Ankle
-Karanvir Prakash, MD
-Seth Schweitzer, DPM
-Allan S. Wax, DPM
Physiatry
-Jay Pavan, MD
Interventional Pain
-John W. Snyder, MD
-Haley Vasuki, PA-C