



## **Incident Reporting, Medical Treatment & Accident Investigation Policy**

This policy establishes procedures for the reporting of all work-related incidents **when an injury occurs that is treated via first aid or actual medical treatment in the form of a visit to a medical provider**. Incidents with no medical treatment or first aid do not fall under this policy.

This policy also establishes a designated medical provider for all Workers' Compensation injuries, in compliance with Rule 12 of the Vermont Workers' Compensation Rules.

Lastly, the policy outlines specific procedures to be used in recording and following-up on work-related injuries. The Norwich, VT Employee Incident/Injury Review Report form must be used to document information regarding employee injuries for filing Workers' Compensation claims and to identify loss prevention opportunities. It is incorporated into this policy by reference.

Nothing in this policy amends or changes existing contractual rights, obligations or language. Rather, it intends to enhance Norwich's ability to prevent injuries, manage workers' compensation claims in accordance with regulatory requirements, and to obtain the best medical outcomes for employees who experience a work-related injury.

### **I. Reporting Requirement**

- a. All injuries that occur as outlined above shall be reported to the shift supervisor immediately or as soon as practical (but no later than the end of the shift).
- b. These initial injury reports may be provided in writing, in person, via phone, 2-way radio or other appropriate means.
- c. The employee shall participate and cooperate with the department head/supervisor in the investigation of the accident (see section III).
- d. In cases where an employee voluntarily delays medical treatment or first aid for a work-related injury until some time after the injury (including those deciding to seek treatment hours or days later), that employee shall promptly notify their immediate supervisor that treatment is desired and shall obtain treatment as outlined in section II below.
- e. If the employee has been kept out of work for medical reasons due to the work-related injury, they shall report their expected absence as required by the Town's Transitional Return to Work Program Policy and provide written documentation from the treating medical provider indicating that the individual has been directed to remain out of work.

### **Medical Treatment**

- a. When an injury warrants treatment **that is more than self-administered, basic first aid**, employees shall obtain evaluation and treatment from the Town's designated medical provider – **Alice Peck Day Memorial Hospital, Lebanon, NH (RE: Workers Comp)**. The injured worker or supervisor should call the provider in advance of the impending visit.
- b. Where emergency medical treatment is required 9-1-1 shall be called and the injured employee taken to the appropriate emergency medical facility.
- c. When non-emergency treatment is required outside of the designated medical provider's office hours, employees shall use the **Dartmouth-Hitchcock Medical Center or another local emergency department**.
- d. Where an employee desires to see an alternate medical provider, they may do so after seeing the designated medical provider listed in this policy. A *Form 8* (VT Workers' Compensation Div.) must be used.
- e. In all cases where medical treatment is obtained from a healthcare provider, employees shall use a work capabilities form (for the medical provider to complete) to document the current work abilities and restrictions, if any. The VT Department of Labor's *Form 20* or its equivalent is an acceptable form to be used by the medical provider. The Town (e.g., supervisor or Town Manager's Office) will provide a copy of an appropriate form upon request.

### **II. Incident/Injury Review Procedures**

- a. Within 24 hours of receiving notice of a work-related injury, the supervisor shall complete a *Norwich, VT Employee Incident/Injury Review Report* form with the injured employee.
- b. This form gathers facts about the incident, its cause, witnesses, temporal information, and other information necessary to file the claim and, ultimately, to identify ways to prevent similar future injuries.
- c. Care shall be taken to avoid discipline-related issues during the incident review discussion between the supervisor and the injured employee. Any warnings or other disciplinary actions shall take place separately from the incident review process.
- d. Both the supervisor and the injured employee shall sign the form attesting to its accuracy.
- e. Also, the supervisor shall complete the on-line *VLCT First Report of Injury* form with the injured employee within 72 hours upon learning of the injury. If extenuating medical circumstances prevent the employee from participating, the supervisor shall complete the form as soon as possible, using any and all information and assistance available.
- f. Printed copies of the *Norwich, VT Employee Incident/Injury Review Report* and the *VLCT First Report of Injury* forms shall be provided to the Town Manager.
- g. All completed forms shall be retained and reviewed by the Town Manager (and the Town Safety Committee, as applicable) for completeness and monitoring of corrective actions.

**Town of Norwich, VT**  
**Incident Reporting, Medical Treatment & Accident Investigation Policy**  
**Adopted: November 11, 2020**

Adopted this 11<sup>th</sup> day of November, 2020 by the Norwich Selectboard.

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Claudette Brochu, Chair

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Roger Arnold, Vice-Chair

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