



Accident Reporting Packet

This packet of information provides both the employee and supervisor with helpful information including the required forms, process and procedures to ensure appropriate notifications occur in a timely manner in the event of a work-related incident. The County's claims administrator for Workers' Compensation is Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions). Smart Casualty Claims partners with Loudoun County Risk Management to ensure employees receive the appropriate level of medical care and comprehensive case management with a goal of returning the injured employee back to work.

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Smart Casualty Claims
191 Johnson Street, Suite A
Abingdon, VA 24210
Phone: 877-371-9700
Fax: 276-676-0152

CCS_Virginia_Claims@Healthsmart.com

Smart Casualty Claims is responsible for:

- All claims management functions including determination of compensability, authorization of medical treatment, eligibility for weekly compensation benefits, and payment of medical bills.
- Investigating all claims in coordination with Risk Management.
 - Interviewing the injured employee (claimant), employee’s supervisor/manager, and/or any witnesses to collect incident details and clarify questions regarding the claim.
- Secure medical documentation (i.e. physician’s office notes, test results, etc.) from treating physicians including history, diagnosis, treatment and prognosis.
- Receiving the Physical Demands Analysis (PDA) and notifying Risk Management and the employee’s department of return-to-work status.

Tamara Mullins, Sr. Claim Consultant	877-371- 9700 x186042	Tamara.Mullins@smartcasualtyclaims.com
Lindsey Greer, Claims Consultant	877-371- 9700 x186044	Lindsey.Greer@smartcasualtyclaims.com
Karen Johnson, Claims Manager	877-371- 9700 x186047	Karen.Johnson@smartcasualtyclaims.com

Risk Management Team will:

- Provide direction and assistance to department and injured employee should a question or concern arise about a specific claim.
- Assist payroll in providing wage information to Smart Casualty Claims.
- Assist Smart Casualty Claims with obtaining information from departments including, investigation reports, supervisor reports, witness statements and other available information.
- Coordinate return-to-work with the employee’s department including temporary restricted duty (TRD).
- Provide training to supervisors / departments on the protocols for filing a Workers’ Compensation claim including incident reporting, time keeping, compensability, denials and modified/transitional duty.
- Attend Commission hearings as the employer representative and serves as the County’s subject matter expert.

For general inquiries and guidance: safety@loudoun.gov

Katy Sandin, Risk Specialist	703-771-5676	Katy.Sandin@loudoun.gov
Rebekah Bofinger, HR Manager – Risk and Leave	571-258-3053	Rebekah.Bofinger@loudoun.gov



Employee's Guide

I. What to do when you have an accident:

- 1) Promptly report injury / illness to your immediate supervisor or designated person in accordance with your department's protocol **within 24 hours**. Failure to make timely notification may result in a claims denial. To report a work related incident you must complete the ***Employee's Report of Injury*** along with your supervisor.

II. What to do if you need to seek medical treatment:

- 1) If you go to a facility for emergency care (i.e. ER, Urgent Care) and you are told to follow-up with your "family physician", you **must** choose a physician from the ***Panel of Physicians*** provided in this packet. If your family physician is on the panel, you may see him/her.
- 2) Loudoun County (in accordance with VA Code) requires that any employee that is injured during the course of work (or Fire & Rescue volunteer performing a volunteer activity) to choose from a ***Panel of Physicians***. Once you choose a physician from the panel, you cannot change physicians without prior approval from Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions), 877.371.9700, x186042 or x186044 Failure to use an approved physician may result in non-payment of all medical bills relating to this injury /illness.
- 3) You must present the enclosed Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions) billing contact information to the medical provider / facility to insure the correct billing. Failure to do so may result in you receiving medical bills directly. **IMPORTANT NOTE:** Do **not** present your health insurance plan ID card for services involving a work-related injury or illness. If you do receive a medical bill, contact Risk Management.
- 4) You will need to take a ***Medical Treatment and Physical Demands Analysis (PDA) form*** with you to each medical appointment for your treating physician to complete. You must provide a copy to Smart Casualty Claims and Safety@loudoun.gov **within 24 hours** of your appointment. If you have been instructed to make a follow-up

appointment with a specialist, you must choose from the ***Panel of Physicians – Specialty***.

- a. Treatment referrals **must** be authorized by Smart Casualty Claims in advance of your actual appointment.
 - b. Referrals and/or follow-up visits must be scheduled **within 2 business days**.
 - c. You must take the **first available appointment** offered to you.
 - d. If you have difficulty obtaining an appointment, contact Smart Casualty Claims immediately.
- 5) If you are prescribed medication, you may get the prescription filled at most major pharmacies (i.e. Rite-Aid, Walgreens, Walmart). They will verify the prescription is for a work-related injury and bill HealthSmart accordingly.
- a. If you need to obtain the medication before you receive a prescription drug card from Smart Casualty Claims, you will need to pay for the prescription, then forward the original cash register receipt and the prescription receipt attached to the bag, to Smart Casualty Claims for reimbursement, 191 Johnson Street Suite A, Abingdon, VA 24210.

III. What to do if you are not released to return-to-work:

- 1) Any absence from work must be substantiated by a ***Medical Treatment and Physical Demands Analysis (PDA)*** from a panel physician.
 - a. Any absence from work due to this injury/illness **must** be immediately reported to Risk Management, FMLASource **and** your supervisor in accordance with your department's protocol.
- 2) **Lost time due to a Workers' Compensation illness / injury, whether paid or unpaid, runs concurrent with leave under the Family and Medical Leave Act (FMLA)**. Please refer to the attached information on ***Reporting a Family and Medical Leave***. If you are not released to return to work and expected to be out **more than 3 days** (or shifts), you **must** contact FMLASource. FMLA protects your rights to be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return within twelve (12) workweeks in accordance with Federal Law and County policy.
- 3) **Injury leave** is a supplement to Workers' Compensation benefits and is available for up to a maximum of 26 calendar weeks within a 12-month period from (the later of) the date of initial injury or the date of the employee's first absence.

- a. In order to be eligible to receive injury leave, your claim must be deemed compensable under Workers' Compensation.
 - b. If you are unable to return to work after Injury Leave has exhausted, you will continue to be eligible for a weekly benefit of $66 \frac{2}{3}$ through Workers' Compensation.
- 4) You may be eligible for an additional benefit under the County's disability plan once Injury Leave has exhausted. Contact The Standard at 800.426.4332 or Cylinthia Rice, Benefits Specialist, 703.771.5970 for more information or assistance. You will need to provide a copy of your award order from the Virginia Workers' Compensation Commission.
 - 5) Income replacement from any/all sources may not exceed 100% of your pre-disability earnings.

IV. What to do before you can return to work:

- 1) Prior to returning to work, a ***Medical Treatment and Physical Demands Analysis (PDA) form*** must be presented to your supervisor with a copy to Risk Management and Smart Casualty Claims stating you have been released to return to work, any limitations, and the effective date of that release.

V. Important Reminders

- 1) **Failure to comply with Workers' Compensation guidelines may result in the suspension of Workers' Compensation benefits in addition to injury leave.** Failure to return to work when able to do so will result not only in suspension of injury leave, but also all workers' compensation benefits for this injury/illness.
- 2) Once you have been released by the Workers' Compensation treating physician, both Workers' Compensation benefits and injury leave cease.

**If you should have any questions, please contact
Smart Casualty Claims, 877-371-9700 or
Loudoun County Risk Management, 703-771-5676.**



Panel of Physicians: Primary Care

****Report to the closest Emergency Room if a medical emergency exists****
All Emergency Rooms are approved Workers Comp facilities.

INOVA Urgent Care

Dulles South/Chantilly:	24801 Pinebrook Rd	(703) 722-2500
Purcellville:	740 East Main Street	(540) 338-4995
Centreville:	6201 Centreville Rd Suite 200	(703) 830-5600
Vienna:	180 Maple Ave-West	(703) 938-5300
Reston:	1488 North Point Village Center	(571) 525-5850

<http://www.inova.org/healthcare-services/urgent-care/index.jsp>

Patient First

Leesburg	601 Potomac Station Dr	(703) 840-1396
Sterling	47100 Community Plaza - Suite 100	(703) 880-1403
Chantilly	3918 Centreville Rd	(703) 657-6925
Manassas	9715 Liberia Ave	(571) 229-1979

<http://www.patientfirst.com/>

Amherst Family Practice

Winchester	1867 Amherst St.	(540) 667-8724
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<http://www.afpdocs.com/>

IMPORTANT:

- Loudoun County (in accordance with VA Code) requires that any person injured during a work or volunteer activity choose from a **Panel of Physicians** for treatment.
- Once you choose a physician from the panel, you cannot change that physician without prior approval from Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions) and Loudoun County Risk Management.
- When referred to a specialist, you must use a specialist on the **Panel of Physicians: Specialty Care**.
- Failure to comply may result in claims denial and/or payment of medical bills relating to the injury/illness.
- The County does not specifically recommend any practice; you are responsible for selecting a provider of your choice from the **Panel of Physicians**.
- Please notify Risk Management and your Department Safety Officer (if applicable) if the type of specialty care referral is not listed here (e.g., dentist, cardiologist, optometrist, plastic surgeon, specialty surgeon for burns, hands, etc. or any other specialty not listed).
- You must receive authorization for treatment before seeing a physician that is not on the County's Panel of Physicians.



Panel of Physicians: Specialty Care

You may use any physician at these practices. The physicians listed are highly qualified in their specialty and familiar with the Loudoun County Workers' Compensation program, however, the County does not endorse any specific physician.

Countryside Orthopedics (Dr. Khan, Dr. Lower and Dr. Lorenzetti)

Address: 19465 Deerfield Ave, Suite 405 Phone: (703)858-1800
Lansdowne, VA 20176

Website: <http://www.countrysideortho.com/>

Specialties: General, Upper Extremity, Hand, Shoulder, Knee, Ankle & Foot

Town Center Orthopedic Associates, P.C. (Dr. Fleeter, Dr. Miller and Dr. Thal)

Address: 1860 Town Center Dr, Suite 300 Phone: (703)435-6604
Reston, VA 20190

Website: <http://www.towncenterorthopaedics.com/>

Specialties: General, Hand, Wrist, Elbow, Shoulder, Spine, Hip, Knee, Ankle, Foot & Physiatry

Ortho Virginia – Commonwealth Orthopedics (Dr. Lawhorn, Dr. Thomas, Dr. Aguilar and Dr. Patel)

Address: Call for Appointment & Location Phone: (703) 277-2663

Website: <http://www.c-o-r.com/index-main.asp>

Specialties: General, Hand, Wrist, Elbow, Shoulder, Spine, Hip, Knee, Ankle, Foot & Physiatry

Virginia Spine and Sports Orthopedics (Dr. Santini)

Address: 19450 Deerfield Ave, Suite 175 Phone: (703) 858-5454
Lansdowne, Virginia 20176

Website: <http://vaspineandsports.com/>

Specialties: General, Hand, Wrist, Elbow, Shoulder, Spine, Hip, Knee, Ankle & Foot

Dr. Paul Mecherikunnel

Address: 107 E. Holly Ave Phone: (703) 435-5510
Sterling, VA 20164

Website: none

Specialties: Hand & Upper Extremity

Dr. Ian Wattenmaker

Address: 224-D Cornwall St, Suite 204 Phone: (703) 777-1553
Leesburg, VA 20176

Website: <http://www.wattenmakermd.com/>

Specialties: Spine surgery and other disorders

Orthopedic Spine Surgery Institute (OSSI) (Dr. Moshirfar)

Address: 19465 Deerfield Ave, Suite 207 Phone: (703)-723-6774
Lansdowne, VA 20176

Website: www.spine-health.com

Specialties: Spine

Capital Spine & Pain Center (various Physicians at various Locations)

Address: 19500 Sandridge Way, Suite 100 Phone: (571)707-3535
Leesburg, VA 20176
Website: treatingpain.com
Specialties: Physiatry & Non-Surgical Pain Management

Mount Vernon Rehab Medical Associates – Dr. Ali-G-Ganjel-MD

Address: 3700 Joseph Siewick Dr. Suite 408 Phone: (703) 391-4212
Fairfax, VA 22033
Website: www.mountvernonrehab.com
Specialties: Physiatry

Dr. Charles J. Azzam

Address: 3301 Woodburn Rd, Suite 105 Phone: (703) 205-6210
Annandale, VA 22003
Website: <http://charlesazzammd.com/>
Specialties: Neurosurgery

Center for Cranial & Spinal Surgery Dr. Hope

Address: 1830 Town Center Dr, Suite 103 Phone: (703) 560-1146
Reston, VA 20190
Website: <http://www.centerforcranialspinalsurgery.com/>
Specialties: Neurosurgery

Dr. Sean A. Jebrailli

Address: 19465 Deerfield Ave, Suite 307 Phone: (703) 729-4692
Lansdowne, VA 20176
Website: <http://drjebrailli.com/>
Specialties: Neurosurgery / Spine Specialist

Center for Advanced Orthopedics & Pain Management

Address: 21785 Filigree Ct, Suite 103 Phone: (703) 444-5447
Ashburn, VA 20147
Website: none
Specialties: Neurosurgery

Physical Therapy

There are no physical therapists designated on the **Panel of Physicians**. You may select a facility / therapist of your choice. You must request authorization for treatment from Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions) prior to receiving treatment.

Public Safety Personnel - Please consider a physical therapist experienced with public safety personnel or has worked with "occupational athletes".



Employee's Work-Related Injury Report (Must be handwritten)

Employee: Complete this report and return to your supervisor.
Supervisor: Review incident with employee. Complete the *Employer's Accident Report*. Send both reports to Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions), CCS_Virginia_Claims@HeathSmart.com and Safety@Loudoun.gov within 24 hours of the incident.

Name (first, middle, last) _____ Employee ID # _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth _____ Social Security # _____

Job Title _____ Department _____ Site/Location _____

Injury Date _____ Time of Injury _____ Last Day Worked _____

When was your supervisor notified? _____ Supervisor's Name _____

Have you returned to work? _____ Date/Time Returned _____

What was the injury or illness? State the body affected and nature of the injury / illness.

Injury _____

Body Part _____ Left Right N/A

What were you doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material you were using. Be Specific. Example: "Arresting subject."

How did the injury/illness occur? Example: "While arresting subject, fell to the ground and landed on arm."

Where did the incident happen? _____

What can be done to prevent future occurrence?

Did you receive medical treatment? _____ **If so, where?** _____

I certify that the information in this Work-Related Injury Report is true and accurate to the best of my knowledge. I understand that Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions) will rely upon this form in evaluating my claim. I further understand that this document may be presented or used in support of or against a claim for payment under the County's policy of workers' compensation insurance. I understand falsification of any information on this injury report and/or the assertion of a false workers' compensation claim are violations of Virginia's Criminal laws and may result in a fine, imprisonment and/or termination of my employment.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____



GIVE TO MEDICAL PROVIDER

Workers' Compensation Claims Submission

Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions)

191 Johnson Street, Suite A

Abingdon, Virginia 24210

Phone: 877-371-9700

Fax: 276-676-0152

Sr. Claims Consultant: Tamara Mullins, x 186042

Claims Consultant: Lindsey Greer, x186044

Loudoun Risk Management: Katy Sandin, 703-771-5676



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Medical Treatment & Physical Demands Analysis

A new copy of this form must be taken to all doctor appointments and returned to Safety@loudoun.gov or Fax 571-258-3212

I. To Be Completed by Employee

Name: _____ Date of Injury: _____ Phone: _____

Job Title & Brief Description of Job Duties (or attach copy of job description / performance plan): _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions), and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.

Employee's Signature: _____ Date: _____

II. To Be Completed by Healthcare Provider:

New Injury _____ Follow-up Treatment _____ Aggravation of Pre-existing Injury _____ Date of Exam _____

Diagnosis: _____

Treatment: (including surgery, physical therapy, medications, and diagnostic procedures.) _____

Return to regular duty on _____ Patient discharged from care? Yes No
 Return to work with restrictions on _____, until _____
 Follow-up appointment date _____ No follow-up necessary Referred to Specialist
 Unable to return to work until _____ Copy of job description reviewed? Yes No

Physical Demands Analysis: *Modified duty may be available for employee.*

✓	Lifting Amounts (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
	Heavy Work	100 lbs	50 lbs	20 lbs
	Medium Heavy Work	75 lbs	35 lbs	15 lbs
	Medium Work	50 lbs	25 lbs	10 lbs
	Light Work	20 lbs	10 lbs	4 lbs
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs
	Sedentary Work	10 lbs	5 lbs	2 lbs

Please return form to Loudoun County,
 Department of Human Resources
 Attn: Risk Management/Workers' Comp,
Safety@Loudoun.gov
 Phone 703.771.5676
 Fax 571.258.3212
 And/or
 Smart Casualty Claims
CCS_Virginia_Claims@healthsmart.com

✓ Check as appropriate.	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (9-12 Hrs)
Sit				
Stand/Walk				
Bend				
Twist				
Squat/Crouch				
Reach				
Climb				
Drive				
Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
Use of foot/feet for repetitive movement as in operating foot controls.				

Signature of Healthcare Provider: _____ Phone: _____ Date: _____

Reporting a Family and Medical Leave

How to Report a Family and Medical Leave to FMLASource®

To report an FMLA leave you can:

1. Call 877.GO2.FMLA (877.462.3652) and talk to a live representative during business hours or leave a message after hours.
2. Go to www.fmlasource.com, log in, and click on the Request Leave tab.
3. E-mail fmlacenter@fmlasource.com with the information detailed below regarding your leave.

What information will FMLASource need?

- › Company name
- › Your first and last name
- › Employee ID #
- › Reason for your leave
- › Estimated return to work date
- › FMLASource will need the name, telephone number and fax of your attending physician.

When should time off be reported to FMLASource?

First, report your absence for leave to your supervisor. Then, contact FMLASource if and/or when:

Then contact FMLASource if and/or when:

- › You or an immediate family member is hospitalized for any amount of time.
- › You are incapacitated for more than three calendar days and seeking treatment by a health care provider.
- › You are pregnant or missing work due to anything medically related to your pregnancy.
- › You are bonding with a newly born child or a recently placed adopted or foster child.
- › You are caring for an immediate family member (spouse/ domestic partner, parent or child) who is ill or injured.
- › You will be absent periodically due to a chronic or permanent disabling condition of your own or an immediate family member.
- › You are caring for an injured service member condition.
- › You need to miss work due to a qualified exigency related to an immediate family member's active service member's duty.
- › You are seeking leave for military service or related activities.

When should I follow-up with FMLASource?

Follow up with FMLASource when you need to:

- › Verify the receipt of the medical certification form completed by your health care provider
- › Provide updated information related to your leave
- › Get an extension to your already approved leave
- › Returning back to work earlier than anticipated
- › Report the date of delivery of your newborn child
- › Report intermittent FMLA absences
- › Get answers to any questions!

How to Access Information About Your Leave

While you can speak to a representative during normal business hours, you can also call 877.GO2.FMLA (877.462.3652) anytime, 24/7, to use our automated system to report on an existing leave, check your leave status, report a return to work date and more. Before you call, have your employee ID and claim number handy. If you don't have them, you will need to speak with a representative during business hours.

Your information is also available at www.fmlasource.com.

Additional Leaves

In addition to Family and Medical Leaves, FMLASource also administers the following state leaves when applicable: State Military Leave, Domestic Violence, Witness/Crime (ex. testifying at trial) and Civic Engagement (ex. Red Cross disaster relief services). Not all leaves are available in every state and the requirements for each state vary.

Contact Information

FMLASource
455 N. Cityfront Plaza Drive, 10th Floor
Chicago, IL 60611

877.GO2.FMLA (877.462.3652)

Confidential fax numbers: 877.309.0217 or 877.309.0218

www.fmlasource.com

E-mail at: fmlacenter@fmlasource.com

Business Hours: Mon. – Fri. 7:30 a.m. to 9:30 p.m. CST

FMLASource,® Inc. is a ComPsych® company.



Your Rights & Responsibilities Under the Family & Medical Leave Act

FMLA requires covered employers to provide unpaid, job protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year and for 1,250 hours over the previous 12 months, work at a site with at least 50 employees within 75 miles, and have leave time available.

Reasons for taking leave:

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent who has a serious health condition;
- To address certain qualifying exigencies arising from an employee's spouse, son, daughter, or parent on active duty or call to active duty in the National Guard or Reserves in support of a contingency operation;
- For incapacity due to pregnancy, prenatal medical care, or post-partum recovery;
- For a serious health condition that makes the employee unable to perform his or her job.

Qualifying exigencies may include attending certain military events, arranging for alternative child-care or parental care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post deployment reintegration briefings.

FMLA requires covered employers to provide a special leave entitlement of up to 26 weeks of unpaid, job-protected leave during a single, 12-month period to care for a child, parent, spouse or next of kin who is a covered servicemember. A covered servicemember is a current member of the Armed Forces (including Guard and Reserves), or a veteran who has been honorably discharged within the past five years, who has a serious injury or illness incurred or aggravated in the line of active duty that may render the servicemember medically unfit to perform his/her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. H:\QEC & ISM revision\Admin documents

Use of Leave

An employee does not need to use this leave entitlement in one block. When medically necessary, leave may be taken on an intermittent or reduced-schedule basis. Employees must make reasonable efforts to schedule leave for planned medical treatment so as to not unduly disrupt the employer's operations.

Definition of a Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Benefits and Protections:

While on FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave.

Substitution of paid leave for unpaid leave:

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employee must provide 30-days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedure.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health-care provider, or the circumstances supporting the need for military family leave. Employees must also inform their employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees may also be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If the employee is eligible, the notice must specify any additional information required along with a copy of this notice. If the employee is not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or related to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information

Please contact the nearest office of the Wage and Hour Division, listed in most telephone directories under US Government – Department of Labor, or contact your human resource department.



Supervisor's Guide

I. What to do when an accident occurs:

- 1) In a life threatening emergency, dial 9-911 immediately for an ambulance.
- 2) In a non-life threatening situation, ensure the employee obtains medical treatment at the nearest medical facility. You should provide or coordinate transportation for the employee.
- 3) Provide injured employee with an **Accident Reporting Packet** once you are aware that an incident/accident has occurred. Have the employee complete an **Employee's Report of Injury**, review for accuracy and completeness, and sign.
- 4) Investigate and report all injuries / illnesses.
 - a. Observe the area in which the incident occurred.
 - b. Take pictures as appropriate.
 - c. Ask witnesses to complete a **Witness Statement**.
 - d. Document and report any questionable circumstances related to the incident.
 - e. You will need to complete the **Employer's Accident Report**.

Submit the **Employee's Report of Injury** and **Employer's Accident Report** to Smart Casualty Claims (formerly Healthsmart Casualty Claims Solutions) at CCS_Virginia_Claims@Healthsmart.com within **24 hours** of the incident.

- f. Effective June 1, 2017 all reports of work-related injuries / illnesses are to be filed directly with Smart Casualty Claims, with a copy to Safety@Loudoun.gov.
 - g. Claims may be filed 24/7.
- 5) If the employee's injury results in any lost work time, you must notify Risk Management as soon as you become aware.

II. What to do when an employee is not released to return to work:

- 1) The injured employee should provide you a copy of all off work, restricted duty and return-to-work slips from the treating physician.
- 2) Restricted duty releases must be evaluated and authorized by the Department Head or designee in consultation with Risk Management in advance of the employee's return-to-work.
 - a. A decision on restricted duty assignments must be coordinated within five (5) business days.

- 3) Time off from work for follow-up physician appointments and physical therapy must be coordinated between the employee and their supervisor so as to not unduly disrupt the workplace. If you are unable to come to an agreement with the employee on his/her appointment schedule, please contact Risk Management for guidance.
- 4) You are encouraged to keep in contact with your employee every 7 days to obtain updates on their progress and potential return-to-work status including the possibility of temporary restricted duty (TRD).
- 5) Time and attendance reporting should reflect all lost time that is due to a work-related injury / illness.
 - a. Approval must be obtained by Risk Management in advance of the payroll deadline for the employee to be paid workers' compensation &/or injury leave.

Employer's Accident Report

Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond, VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer	Reason for filing	VWC file number
	Insurer code or PEO Ref. No. 90267	Insurer location 760
	Insurer claim number	

Employer		
1. Name of employer (trading as or doing business as, if applicable) County of Loudoun, VA	2. Federal Tax Identification Number 54-0948306	3. Employer's Case No. (if applicable)
4. Mailing address P. O. Box 7000, 1 Harrison Street, SE Leesburg, VA. 20177 (MSC42)	5. Work Site Location (if different from mailing address)	
6. Parent corporation /Policy Named Insured (if applicable) or PEO name	7. Nature of business County Government or Volunteer Fire & Rescue	
8. Name and Address of Insurer or self-insurer for this claim Smart Casualty Claims	9. Policy number	10. Effective date

Time and Place of Accident				
11. City or county where accident occurred Loudoun County, VA	12. Date of injury	13. Hour of injury a.m. p.m. 13a. Time began work a.m. p.m.	14. Date of incapacity	15. Hour of incapacity
16. Was employee paid in full of day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	

Employee			
22. Name of employee (Last, First, Middle)		23. Phone Number	24. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
25. Address		26. Date of Birth	27. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
		28. Social Security Number	
29. Occupation at time of injury or illness		30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Number of dependent children
32. How long in current job?	33. How long with current employer?	34. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly	
35. Hours worked per day	36. Days worked per week	37. Value of perquisites per week Food/Meals Lodging Tips Other	
38. Wages per hour \$	39. Earnings per week (inc. overtime) \$	\$	\$

Nature and Cause of Accident	
40. Machine, tool, or object causing injury or illness	41. Specify part of machine, etc.

42. Describe fully how injury or illness occurred

43. Describe nature of injury or illness, including parts of body affected	43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No 43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No
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44. Physician (name and address)	45. Hospital (name and address)
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46. Probable length of disability	47. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	48. At what wage?	49. On what date?
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50. EMPLOYER: prepared by (name, signature, title)	51. Date	52. Phone Number
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53. INSURER: (name of processor)	54. Date	55. Phone number
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56. THIRD PARTY ADMINISTRATOR (if applicable)	57. Address	58. Phone number
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This report is required by the Virginia Workers' Compensation Act

Employer's Accident Report



Loudoun County, Virginia

www.loudoun.gov

Department of Human Resources / Benefits & Risk

1 Harrison St., SE, 4th Floor, MS #41A Leesburg, VA 20177-7000

Telephone (703) 771-5676 • Fax (571) 258-3212 Safety@loudoun.gov

Witness Statement (must be handwritten)

Instructions - Witness: Please complete the following information and return to your supervisor.
Supervisor: Review information provided by the witness. Send the Witness Statement to Risk Management within 24-48 hours of receiving notice of the incident.

Your Name _____ Injured Worker's Name _____ Date of Incident _____

Phone # _____ Department _____ (F&R Only) Station # _____

Provide a detailed account of what you witnessed.

Where did the incident happen? _____

In your opinion what can be done to prevent a future occurrence?

I certify that the information in this Witness Statement is true and accurate to the best of my knowledge.

Signature of Witness _____ Date _____

Supervisor Signature _____ Date _____