

PMA Claim Number: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

### Newport News Public Schools

#### REPORT OF OCCUPATIONAL INJURIES AND OCCUPATIONAL ILLNESSES

PHONE: (757) 881-5061, FAX: (757) 643-7405 • 12507 WARWICK BOULEVARD • NEWPORT NEWS, VIRGINIA 23606

Employee Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Department/School \_\_\_\_\_

Occupation when injured \_\_\_\_\_ Was this your regular occupation? ( ) Yes ( ) No

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ (A.M.) \_\_\_\_\_ (P.M.)

Time Employee Began Work \_\_\_\_\_ (A.M.) \_\_\_\_\_ (P.M.)

LOCATION WHERE INJURY TOOK PLACE \_\_\_\_\_

What were you doing just before this incident occurred? (Describe the activity, as well as the tools, equipment, or material you were using. Be specific.)

What happened? (Tell how the injury occurred.)

What was the injury or illness? (What part of the body was affected and how it was affected; be more specific than "hurt"; "pain"; or "sore".)

What object or substance directly harmed you? \_\_\_\_\_

Have you returned to work? ( ) Yes ( ) No

Name(s) of witness(es): \_\_\_\_\_

As allowed by Section 65.2-604 of the Virginia Workers' Compensation Act one of the following physicians MUST BE SELECTED for your injury or illness. Failure to choose one of the physicians from this panel can result in a suspension of medical and lost wage benefits.

**I&O Medical Center**

**Dr. Michael Baddar**  
593 Aberdeen Road  
Hampton, VA 23661  
Mon-Fri 7:30 a.m. – 7:30 p.m.  
Sat & Sun 9:00 a.m. - 2:30 p.m.  
Phone: (757) 825-1100

**Dr. Michael Baddar**  
704 Thimble Shoals Blvd. Suite 200  
Newport News, VA 23606  
Mon-Fri 8:00 a.m. - 4:30 p.m.  
Phone: (757) 240-5580

**Dr. Roxanne Dietzler**  
732 Thimble Shoals Blvd.  
Suite 102  
Newport News, VA 23606  
Mon-Fri 7:00 a.m. - 3:30p.m.  
Phone: (757) 599-3623

**Mary Immaculate OccuMed Center**

**Dr. Krishna Padiyar**  
14703 Warwick Blvd.  
Suite A  
Newport News, VA 23608  
Mon-Fri 8:00 a.m. - 4:30 p.m.  
Phone: (757) 886-6633

I choose Dr./facility \_\_\_\_\_ for treatment of this injury and verify the information I have provided is true and correct.

\_\_\_\_\_  
Employee's Signature Date

**SUPERVISOR**

The employee reported this injury to me on (Date) \_\_\_\_\_.

He/she was (check one):

- ( ) Employee is not seeking medical treatment at this time.
- ( ) Instructed to see the treating physician selected by employee.
- ( ) Employee taken to the following emergency room \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature Date

The Newport News School Division does not discriminate on the basis of race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by Title VI, Title VII, Title IV, Section 504, and ADA regulations. The Director of Human Resources is responsible for coordinating the division's efforts to meet its obligation under Section 504, Title IX and the ADA, and their implementing regulations.

**THIS REPORT MUST BE ELECTRONICALLY ENTERED IMMEDIATELY FOLLOWING AN ALLEGED INJURY.**



# NNPS EMPLOYEES GUIDE TO WORKERS' COMPENSATION

## Policy & Procedures

### **What is the Workers' Compensation Act?**

The Virginia Workers' Compensation Act is the law that sets rights and benefits for employees who are injured on the job. The Virginia Workers' Compensation Commission administers the Workers' Compensation Act. The Commission does not pay compensation benefits. Wage loss (indemnity) and medical benefits are paid by the employer.

### **What do I need to do if I am injured on the job ?**

You are required to complete an Occupational Injuries and Illnesses Report as soon as possible following an occupational accident. Determination of the compensability of a claim will be made by the Newport News Public Schools Workers' Compensation Office. Report your injury to your supervisor immediately. Complete the Occupational Injuries and Illnesses Form. A clear and complete explanation must be made describing how the injury occurred. Your supervisor will immediately enter your information electronically to PMA Management and will give you a copy for your records. Note that it is your responsibility to file your claim with the Commission.

### **How do I get medical Treatment for a job-related injury?**

The Commission requires employers to provide a panel of physicians from which an injured employee must select one for treatment. You must select a physician from the panel presented to you on the form and seek treatment with the physician chosen should you need medical attention. Failure to seek treatment for your occupational injury from the selected panel physician could result in denial of payment and suspension of workers' compensation benefits.

### **What is light duty?**

Light duty is work with some physical restrictions as designated by your treating panel physician. If the physician feels that you are capable of performing any type of light duty, **you must report back to your supervisor immediately** with the physician's instructions. There will be light duty made available to you within your restriction. If your supervisor feels that light duty cannot be provided, he/she must contact the Workers' Compensation Office immediately. You will be paid your usual rate of pay while working light duty.

### **What happens if the treating physician determines that I am not capable of temporarily performing any type of duty?**

If the physician determines that you are not capable of any type of duty, you will begin receiving 2/3 of your gross average weekly wage (indemnity). According to the Commission, there must be 7 days of disability before indemnity benefits are payable. You will receive pay only from our workers' compensation claims administrator, PMA Management and not from Payroll. You may use your accumulated leave for the first 7 calendar days of temporary total disability. On the 8th day of continued total disability, you will receive 2/3 of your average weekly pay based on your average pay from 1 year prior to your date of injury. If you receive indemnity payments and wish to continue your health and life insurance coverage, it shall be your responsibility to make payment arrangements with the Payroll office as soon as possible to continue paying the premiums so that no lapse in coverage occurs.

### **Who do I contact if I have a question regarding Workers' Compensation Injuries or Treatment?**

PMA Management 1-888-476-2669 or Human Resources 881-5061.

I have read the above information on Workers' Compensation and understand the policies & procedures (GBGD) of Newport News Public Schools.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



**Newport News Public Schools  
Workers' Compensation Safety Evaluation**

<b>Today's Date:</b>	<b>Location/Department:</b>
<b>Employee Name:</b>	<b>Employee ID #:</b>
<b>Employee Title:</b>	<b>Date of Injury:</b>

**Describe how the accident happened?**

**Was this activity within the employee's regular job duty? Yes  No**

**Could this accident have been prevented? Yes  No**   
**If yes, how?**

**Was there an unsafe act that caused or contributed to the accident? Yes  No**   
**If Yes, explain.**

**Were all applicable policies and procedures followed? Yes  No**

**What action plans will be put in place to help with prevention:**  
Replacement: What? How?

Repair: What? Through what means?

Improvement: What? How?

**Investigated by Signature:**

Print:

Date:

**Supervisor Signature:**

Print:

Date:

\*Please scan, and e-mail this completed form to Jolona Oliver: [jolona.oliver@nn.k12.va.us](mailto:jolona.oliver@nn.k12.va.us)\*



# Workers' Compensation Temporary Prescription ID Card

## »» To the Injured Worker:

On your first visit, please give this this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

## Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

## »» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury  
(enter in PA field in the format YYYYMMDD)

### Express Scripts

ID #: \_\_\_\_\_

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY

Group #: **KVQA** \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

### Employee Information

\_\_\_\_\_ First M Last

\_\_\_\_\_ Street Address or PO Box

\_\_\_\_\_ City State ZIP

### Employer Name

\_\_\_\_\_



## Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

**NOTE:** This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.



Book	NNPS Policies & Procedures Manual
Section	G - Human Resources
Title	Procedures - Worker's Compensation
Code	GBGD-P
Status	Active
Adopted	March 23, 1994
Last Revised	July 1, 2002

### ***GBGD-P - PROCEDURES: Workers' Compensation***

The School Board pays the cost of workers' compensation coverage and benefits as mandated by Virginia law for employees should they experience a work-related injury or illness. These benefits may provide payment for medical, hospital and surgical expenses, plus appropriate compensation if work-related disability requires absence from work. Permanent disability or death benefits may also be a provided benefit.

The following outlines procedures used in workers' compensation cases. In cases of inconsistency, the Code of Virginia and the Regulations of the Workers' Compensation Commission will prevail.

#### **REPORTING RESPONSIBILITY**

Employees will notifying their immediate supervisor of all injuries that occur while on duty. The injured employee must submit NNPS Form 416-A&B (Report of Occupational Injuries and Illnesses) to their supervisor immediately following an injury or diagnosis of a work-related injury or illness. Upon completion, the form is to be promptly sent to the Workers' Compensation office.

#### **MEDICAL TREATMENT**

The Virginia Workers' Compensation Commission's guidelines require employers to offer a panel of at least three (3) physicians to employees who require medical treatment as a result of a work-related injury. The School District will select the physicians whose names and locations are included on the injury form. The employee **MUST SELECT ONE** of the physicians listed on the injury form for treatment of the injury or illness. As soon after the incident or diagnosis as possible, the employee should select and begin treatment with a physician on the list. Failure to choose and be treated solely by a panel physician, or panel-referred physician, may result in denial of payment for previously incurred medical treatment and a suspension of future medical and disability benefits. If treatment is required, it must be exclusively provided by the approved physician(s) in order for these treatment bills to be paid by workers' compensation.

Injuries of a life-threatening nature can may be treated at any hospital emergency room. Follow-up treatment will be restricted to the School Board approved panel of physicians or panel-referred physicians.

#### **COMPENSATION & PAYMENT**

Compensation and Payment - When there is total incapacity for work resulting from a compensable injury, the employer will pay, or cause to be paid, to the injured employee during such total incapacity, a weekly compensation equal to 66-2/3% of his/her average weekly wages, with a minimum not less than or a maximum not

more than the amount specified by the Virginia Worker's Compensation Commission. This amount is subject to change on a yearly basis. NO compensation will be allowed for the first seven (7) calendar days of incapacity resulting from an injury. The employee may elect to cover the initial seven (7) days with available accrued sick pay. If injury extends beyond that period, compensation will commence with the eighth day of disability. If such incapacity continues for a period of more than twenty (20) calendar days, then compensation will be allowed from the first day of such incapacity.

Average Weekly Wages - Average weekly wage is defined as the average earnings of the injured employee in the employment in which he/she was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury.

Change in Condition - Change in condition means a change in physical condition of the employee as well as any change in the conditions under which compensation was awarded, suspended or terminated which would affect the right to, amount of, or duration of compensation.

Refusal of Employment - If an injured employee refuses employment offered in accordance with his/her medical limitations, he/she will not be entitled to any compensation at any time during the continuance of such refusal, unless in the opinion of the Virginia Workers' Compensation Commission, such refusal was justified.

### **RESTRICTED DUTY**

Any employee experiencing a work-restricted injury or illness compensable under the Virginia's Workers' Compensation Act and Newport News Schools will immediately report any work-restriction approved by a Newport News Schools approved treating physician to the Division Workers' Compensation Representative. At the sole discretion of the Workers' Compensation Representative, the employee may be placed in a restricted or "light" duty position within his/her restrictions.

### **REPORTS & RECORDS**

Records and Reports of Accidents - Newport News Public Schools will keep a record of all injuries, fatal or otherwise, received by all employees in the course of their employment with the system.

Reviewed/Revised: March 23, 1994; July 1 2002