



**County of Currituck**  
**Worker's Compensation**  
**Supervisor Checklist**

Worker's Name: \_\_\_\_\_

Date: \_\_\_\_\_

***Given to the Employee:***

- Flow chart for injured worker
- Emergency and Non-Emergency Providers
- Prescription form information sheet

***Completed by Employee:***

- Currituck County Incident Report

***Completed by Supervisor:***

- Supervisor's Incident Investigation Report

**All completed forms faxed or emailed to Risk Management within 24 hours.**

Fax 252-232-2750 or Victor.Lasher@currituckcountync.gov

### **What Happens When a Work-Related Injury Occurs?**

- ☐ **Step One:** If medical attention beyond first aid is needed, go to authorized urgent care providers (see page 3). For life/limb emergencies, proceed to nearest emergency room (see page 4). **DO NOT PROVIDE YOUR PERSONAL INSURANCE! Inform URGENT CARE/ER that this is Worker's Compensation related. Our claims management service is: SEDGWICK CMS, 8520 Cliff Cameron Dr. STE 350, Charlotte, NC 28269**
- ☐ **Step Two:** Employee **immediately** informs supervisor of injury. Upon notification, supervisor **immediately** begins incident investigation and completes Supervisor's Incident Investigation Report (see page S). Supervisor makes initial phone or email notification to Risk Management (see page 1 for contact info).
- ☐ **Step Three:** Supervisor provides employee with incident report form (see page 6) and Pharmacy Letter / Card. Worker completes incident report form and returns to supervisor. Attach additional pages if necessary.
- ☐ **Step Four:** Supervisor returns completed employee and supervisor incident investigation forms to Risk Management within 24 hours of injury. (Include all paperwork and notes from doctor or medical visit)
- ☐ **Step Five:** Risk Management enters injury information into Sedgwick claim intake portal.
- ☐ **Step Six:** Supervisor follows up with employee within 3 days to answer questions and address needs and/or concerns. Supervisor informs HR and Risk Management on status of employee.
- ☐ **Step Seven:** Risk Management Administrator maintains contact with Sedgwick for any additional care and procedural issues.
- ☐ **Step Eight:** HR, the employee's department head and Risk Management Administrator determine if a return-to-work plan is required and communicate the plan to the employee and supervisor.

## Worker's Compensation Non-Emergency Providers

### **Nextcare**

615 S. Hughes Blvd

Elizabeth City, NC 27909

252-338-3111

Hours: Monday through Friday 8:00 am – 8:00 pm

Saturday 9:00 am – 6:00 pm

Sunday 10:00 am - 5:00 pm

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### **Patient First Urgent Care**

705 N. Battlefield Blvd.

Chesapeake, VA 23320

757-547-0688

Hours: Daily 8:00 am - 8:00 pm

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### **Patient First Urgent Care**

1239 Cedar Road

Chesapeake, Va. 23320

757-549-9935

Hours: Daily 8:00 am – 8:00 pm

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### **Patient First Urgent Care**

1605 General Booth Blvd

Virginia Beach, Va. 23456

757-721-0512

Hours: Daily 8:00 am – 8:00 pm

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### **Patient First Urgent Care**

5486 Indian River Road

Virginia Beach, Va. 23454

757-424-2490

Hours: Daily 8:00 am – 8:00 pm

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### **Patient First Urgent Care**

332 Newtown Road

Virginia Beach, Va. 23454

757-473-8400

Hours: Daily 8:00 am – 8:00 pm

## **Worker's Compensation Emergency Providers**

### **Sentara Albemarle Hospital Emergency Department**

1144 N. Road Street  
Elizabeth City, NC 27909  
252-384-4610  
Hours: Daily 24 Hours

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### **Outer Banks Medical Center Emergency Department**

4800 S. Croatan Highway  
Nags Head, NC 28959  
252-449-4500  
Hours: Daily 24 Hours

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### **Chesapeake Regional Hospital Emergency Department**

736 Battlefield Blvd.  
Chesapeake, Va. 23320  
757-312-6200  
Hours: Daily 24 Hours

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### **Sentara-Norfolk General Emergency Department**

600 Gresham Drive  
Norfolk, Va. 23501  
757-388-3551  
Hours: Daily 24 Hours

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### **Sentara-Virginia Beach General Emergency Department**

1060 First Colonial Road  
Virginia Beach, Va. 23454  
757-395-8890  
Hours: Daily 24 Hours

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### **Sentara-Princess Anne**

1975 Glenn Mitchell Drive  
Virginia Beach, Va. 23456  
757-507-1000  
Hours; Daily 24 Hours

## Supervisor's Incident Investigation Report

Employee Name/position/Telephone Number: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Date, Time, Day of week of event: \_\_\_\_\_

Date, Time event reported: \_\_\_\_\_

Incident Address (county property?): \_\_\_\_\_

Did the employee go to Doctor/Hospital? \_\_\_\_\_ If yes, how was the employee transported?

\_\_\_\_\_

Doctor's/Hospital Name: \_\_\_\_\_

What part of the body was injured? Describe in detail.

\_\_\_\_\_

What was the nature of the injury? Describe in detail.

\_\_\_\_\_

Describe fully how the incident happened. Include what employee was doing prior to the event.

\_\_\_\_\_

What equipment or tools were being used?

\_\_\_\_\_

Names and phone numbers of all witnesses:

\_\_\_\_\_

\_\_\_\_\_

Were safety measures in place and used (e.g. PPE, Machine Guards,)? If not, why not?

\_\_\_\_\_

Recommended preventative action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMPLOYEE'S INCIDENT REPORT

<b>Date/Time of Report</b>		<b>Witnesses:</b>	
<b>Date/Time of Incident:</b>		<b>Location of incident:</b>	

### REPORT SUMMARY

<b>Description of Incident:</b>	
<b>Injured Employee Information:</b>	Employee Name/Telephone Number: _____  Employee Address: _____
<b>Specific description of injury/illness:</b>	
<b>Description of how injury/illness occurred:</b>	
<b>Occupation when injured:</b>	
<b>Medical treatment received? Name and location of facility.</b>	
<b>Employee Signature:</b>	

## MAKING IT EASY...

### TO GET **WORKERS' COMPENSATION PRESCRIPTIONS FILLED.**

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions **below**.

#### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).

## Questions? Need Help?



**1-866-599-5426**

	
<b>WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>	
Sedgwick CARRIER/TPA	NCACC EMPLOYER
INJURED WORKER NAME _____	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER _____	DATE OF INJURY (YYMMDD) _____
<b>Notice to Cardholder:</b> Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: <a href="http://tmesys.com">tmesys.com</a> .	

**Attention Pharmacists:** Call 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



#### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Opium Workers Compensation Services of Florida; Progressive Medical, LLC, dba Opium Workers Compensation Services of Ohio; Cypress Care, Inc. dba Opium Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Opium Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Opium Settlement Solutions; Procura Management, Inc., dba Opium Managed Care Services; Modern Medical, dba Opium Workers Compensation Medical Services, collectively and individually referred as "Opium."

**tmesys®**

## Drug/Alcohol Testing Requirements

Per Article 5, Section 507 of the Currituck County Personnel Policy, **"All accidents while operating county-owned vehicle or on official county business in a Private vehicle must be reported to the supervisor immediately."** Additionally, **"Any employee involved in a vehicle accident will also be required to submit to drug and/or alcohol screening in accordance with Article 8, Section 805.D. Post-accident testing is to be done within 12 hours."** Further, an individual driving a County vehicle involved in an accident that involves another person may be required to have a drug test within twelve hours."

Section 805.D states "Any employee who appears to be under the influence of drugs or alcohol may be required to submit to drug or alcohol screening. Employees who are involved in an accident will also be required to submit to drug or alcohol screening if the County Director of Human Resources, in consultation with the employee's Department Manager and relevant safety management, determines that there is reason to believe that the employee's acts or omissions may have contributed to the accident. Some of the objective criteria that will trigger a post-accident test include fatalities; injuries that require anyone to be removed from the scene for medical care; damage to vehicles or property above a specified monetary amount (the respective deductible is \$2500). The post-accident test must be conducted within twelve hours of the accident."

### **Drug Testing Location:**

#### **SAFE-T-WORKS**

109 Beau Parkway Suite B

Elizabeth City, NC 27909

Phone 252-338-8476

Hours: Monday through Thursday (8:30 to 5:00 pm)

Friday (8:30 to 4:30 pm)

### **After Hours (and weekends):**

#### **Sentara Albemarle Hospital**

1144 North Road Street

Elizabeth City, NC 27909

252-384-4610

Hours: Daily 24 Hours



# SAFE-T-WORKS, INC.

Drug & Alcohol Testing and Pre-Employment Services  
109 Beau Parkway, Suite B Elizabeth City, NC 27909  
Phone: 252-338-8476

## DRUG & ALCOHOL TESTING AUTHORIZATION FORM

Please complete this document prior to sending the participant to be tested to the collection site and

A copy of this document must also accompany the intended participant to ensure the collection site performs the required and necessary tests. Please email to brandysafeteworksinc@gmail.com

### PLEASE PRINT CLEARLY OR TYPE FOR ACCURACY

DESIGNATED COLLECTION SITE NAME: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY/AGENCY NAME \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

Reason for test – PLEASE CHECK ONE BELOW: DOB: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_ PRE-EMPLOYMENT \_\_\_\_\_ RANDOM \_\_\_\_\_ CAUSE OR REASONABLE SUSPICION

\_\_\_\_ POST ACCIDENT \_\_\_\_\_ RETURN TO DUTY \_\_\_\_\_ OTHER (Please Explain)

#### DRUG SCREEN COLLECTION REQUESTED

#### COLLECTION SITE – This is a COLLECT ONLY

\_\_\_\_ Non-DOT Urine Collection \_\_\_\_\_ Non-DOT Instant Test \_\_\_\_\_ 5 or \_\_\_\_\_ 10

\_\_\_\_ DOT Urine Collection Testing Agency: \_\_\_\_\_ FMCSA \_\_\_\_\_ FIA \_\_\_\_\_ FRA \_\_\_\_\_ PHMSA \_\_\_\_\_ USCG  
(Please check appropriate agency)

\*\*\*\* FAX COPY OF MRO CHAIN TO 336-505-4411 IMMEDIATELY FOLLOWING TEST COMPLETION\*\*\*\*

#### ALCOHOL TESTING REQUESTED OR REQUIRED

\_\_\_\_ BREATH ALCOHOL preferred, Saliva acceptable \_\_\_\_\_ BREATH ALCOHOL ONLY

\*\*\*\*\*FAX COPY OF BAT RESULTS IMMEDIATELY FOLLOWING TEST TO 336-736-8042\*\*\*\*\*

NOTIFICATION DATE: \_\_\_\_\_ TIME \_\_\_\_\_

TIME/DATE ARRIVED AT COLLECTION SITE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Chain of Custody # or Specimen ID # sent with Participant: \_\_\_\_\_

**ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED**