



## GROWTHWAYS, INC.

*Community Supports for People with Developmental Disabilities*

41 North Pearl Street, Brockton, MA 02301 (508) 941-6505 fax 583-7651

### EMPLOYEE INJURIES AND OCCUPATIONAL HEALTH

When an employee is injured while on shift, there are several important steps to be followed. The first and most important is taking steps to address the immediate health and safety of the employee. When possible, the preferred provider for assessing and treating workplace injuries is Tristan Medical Occupational Health Services, at **75 Stockwell Drive in Avon, (508) 583-1400**. For a serious injury that needs immediate attention, the employee should go to the nearest hospital emergency department. If the employee is incapacitated or unable to transport themselves, please call 911.

Tristan Medical Occupational Health Services can also be used by employees of Growthways to obtain the Hepatitis B vaccine series, as well as for evaluation and or treatment of work related injuries. For injuries, it is preferred to be seen at Tristan Medical Occupational Health Services because of their experience with handling workplace injuries, but employees are free to see any provider they choose. Tristan Medical Occupational Health Services prefers that you call first for appointments, which are typically available from 8:30 a.m. to 3:30 p.m. Monday through Friday.

Process for handling a report of injury:

1. After addressing the health care needs of the injured employee, a report of the injury is to be called in to the Administrator on Call -(508) 479-8791.
2. Next, the incident is documented using the First Report of Injury form. If possible, it should be filled out by the injured employee, but if the employee is not available it can be filled out by a supervisor or co-worker. The bottom section is only for the injured employee, to write her or his own description and sign to allow the release of information. If a supervisor fills out the report, then that section can be left blank and HR will contact the employee later to have it filled in and signed.
3. Once filled out, the report should be delivered or faxed to the HR office (within 24 hours of incident). If the report is faxed, the original should be delivered as soon as reasonably possible afterwards.
4. HR will try to contact the employee directly and confirm basic facts before submitting the report.
5. HR will review, complete any remaining information, then fax the form to Atlantic Charter, who is our Worker's Compensation insurance company. If HR did not reach the employee before submitting, then that effort will continue in order to hear directly from the employee. Meanwhile, it is important to file the report promptly and gather additional information later.
6. After the report is filed with Atlantic Charter, HR will begin a review process to evaluate the circumstances of the injury, and will also maintain contact with the employee (provide claim#, etc.).
7. Once the employee has returned to work, and all treatments have been completed, the case is closed.

At any time if you have questions about the process, contact Human Resources, either extension 19 or 26.

**Directions to Tristan:** Tristan Medical Occupational Health Services is located at 75 Stockwell drive in Avon. From Route 24, take exit 19 B which is Central Street. Turn right at the first set of lights onto Stockwell Drive (Merchant's Park Entrance). You will see the Christmas Tree Shop on your left. Occupational Health Services is located just ahead on the left in the Merchants Building.



# ATLANTIC CHARTER

## INSURANCE COMPANY

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

Employer: **Growthways, Inc.**

41 North Pearl Street Brockton, MA 02301  
(508) 941-6505 HR Office: ext 19 or 26

### First Report of Injury - **Notify AOC immediately, file form with HR office by next day.**

HR use only: Recvd by HR on: \_\_\_\_\_ Who Sent to AC: \_\_\_\_\_ on: \_\_\_\_\_ Fax \_\_\_ Eml\_\_

If will be missing work: HR will notify AOC, Coors, Mgr regarding being out due to injury, check other schedules.

Likely to be out 5 or more days? \_\_\_\_\_ (if yes, will need form 101 and prepare wage report).

HR verified report with employee on: \_\_\_\_\_ with supervisor on: \_\_\_\_\_ AC Claim#: \_\_\_\_\_

Returned to work on: \_\_\_\_\_ Any restrictions: \_\_\_\_\_ Modified Duty? \_\_\_\_\_ Claim closed on: \_\_\_\_\_

#### Employee Information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Hire: \_\_\_\_\_ (HR will fill this in)

#### Incident Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Room in building: \_\_\_\_\_

First person notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name(s) of other people present: \_\_\_\_\_

Medical treatment beyond first aid?: \_\_\_\_\_ Facility: \_\_\_\_\_ Dr. Name: \_\_\_\_\_

Left during shift? Y\_\_ N\_\_ If yes, returned to finish shift? Y\_\_ N\_\_ #Hours lost: \_\_\_\_\_

If employee is not immediately available, HR or Supervisor should describe incident & injury:

\_\_\_\_\_  
\_\_\_\_\_

Name of person writing above statement:

Date:

### II. EMPLOYEE'S STATEMENT

Describe the Incident in Detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part of Body Injured (Be Specific: Right or Left, etc.):

**Employee Signature:**

**Date:**

### III. > EMPLOYEE'S MEDICAL AUTHORIZATION < (REQUIRED)

I authorize the release of all medical information without limitation, including, but not limited to, history, findings, diagnosis, prognosis and access to all treatment records for examination and photocopying to Charter Management Company, Inc., Atlantic Charter Insurance Company and Sallop and Weisman P.C. I authorize that a photocopy of this form be accepted with the same authority as the original. Please be advised that pursuant to 45 CFR 164.512(l), the HIPAA Privacy Rule does not apply to entities that are either workers' compensation insurers, workers' compensation administrative agencies or employers. The Privacy Rule recognizes the legitimate need of insurers and other entities involved in the workers' compensation system to have access to an individual's health information as authorized by state or other law.

**Employee Signature:**

**Date:**