

# Comprehensive Guide to Workers' Compensation and Incident Reporting for Employees and Managers

University of Virginia Agency 207 (ACD)

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## Introduction

An incident report documents workplace events that cause or could cause injury, damage, or disruption. Submitting it promptly ensures accurate records and appropriate preventive actions.

Employees must submit documentation for claims regardless of lost time or medical expenses. Workers' Compensation claims are categorized as:

- **Record Only:** No lost time or physician/hospital care, often including simple first aid.
- **Medical Only:** Involves physician or hospital care, expecting less than 7 calendar days of lost time.
- **Indemnity:** Requires physician or hospital care with 7 or more calendar days of expected lost work time.

This document provides a step-by-step process for employees and supervisors/managers to submit an incident report, including the Attending Physician Panel, emergency facilities, and functional details related to the Report Safety Incident task in Workday.

## Process Overview

Responsible	Action	Note(s)
<b>Within 7 Days of Incident</b>		
<b>Employee</b>	Seek medical attention.	<ul style="list-style-type: none"> <li>• In an <b>emergency</b>, seek medical treatment from UVA Health or Martha Jefferson emergency room.</li> <li>• In a <b>non-emergency</b>, seek medical treatment from an approved Attending Physician Panel to avoid losing compensation benefits, including coverage for medical care.</li> <li>• <b>Avoid paying out-of-pocket for injury-related medications</b> by visiting the <a href="#">MC Innovations</a> website to download, email, fax, or text a First Fill Card and review Alius Health networks.               <ul style="list-style-type: none"> <li>○ <i>Passphrase: 23219</i></li> </ul> </li> </ul>

<b>Employee</b>	Report the incident to the supervisor/manager as soon as possible.	<ul style="list-style-type: none"> <li>• Contact your direct supervisor to report the incident.</li> </ul>
<b>Employee</b>	Complete and submit the <a href="#">Report Safety Incident task</a> in Workday.	<ul style="list-style-type: none"> <li>• To promote a timely claim decision for the injured employee and to ensure the University is compliant with the Workers Compensation Commission requirements, full documentation should be submitted in Workday within seven (7) calendar days of the incident.</li> <li>• For technical step-by-step guidance, review the <a href="#">Report Safety Incident job aid</a>.</li> </ul>
<b>Employee or Supervisor / Manager</b>	If applicable, enter regular hours worked in Workday for the entire shift on the incident date.	<ul style="list-style-type: none"> <li>• If the employee is unable to work starting the day after the incident, enter paid time off until the Report Safety Incident task is completed in Workday and the Workers' Compensation determination is made.</li> <li>• If the Workers' Compensation claim is approved, the UVA HR Leave team will calculate and return a portion of paid time off to the employee.</li> </ul>
<b>Within 14 Days of Incident</b>		
<b>Employee</b>	If applicable, call the Virginia Sickness and Disability Program (VSDP) to report the incident.	<ul style="list-style-type: none"> <li>• VSDP participants that the work-related injury or disease is anticipated to exceed 7 calendar days of missed work, need to call the VSDP provider, Alight, to report at 1-877-928-7021.</li> <li>• A short-term disability claim for a work-related injury must be initiated to Alight within 14 days of the injury. Otherwise, any time missed prior to 14 days after the date of injury will not be covered under the short-term disability benefit.</li> </ul>
<b>Ongoing</b>		
<b>Employee</b>	Upload all medical note(s) into Workday using the Update Safety Incident task.	<ul style="list-style-type: none"> <li>• If a nurse is assigned, cooperate with the nurse consultants and related return-to-work efforts.</li> </ul>

		<ul style="list-style-type: none"> <li>For technical step-by-step guidance, review the <a href="#">Edit Safety Incident job aid</a>.</li> </ul>
<b>Prior to Return to Work</b>		
<b>Employee</b>	If the Worker's Compensation claim is approved and MC Innovations sends a Wage Award, complete and submit the Wage Award to MC Innovations and upload into Workday using the Update Safety Incident task.	<ul style="list-style-type: none"> <li>If the Workers' Compensation claim is not approved, the injured employee has the right to appeal. Please follow the instructions shared by MC Innovations and/or the Workers' Compensation Commission.</li> </ul>
<b>Employee</b>	Upon receiving a return-to-work release, please upload into Workday using the Update Safety Incident task and inform your supervisor / manager of your change in work status.	

## Attending Physician Panel

The University of Virginia is offering the following Attending Physician Panel in compliance with Section 65.2 of the Virginia Workers' Compensation Act. The panel below is to be used by employees in the University's Academic Division (Agency 207).

Injured Academic Division employees who have filed for Workers' Compensation benefits must choose one physician for treatment of claimed, work-related injuries. Failure to choose one of the physicians listed below may bar compensation benefits, including the cost of medical care.

**Employees' Primary Care Physicians are NOT authorized as attending physicians on UVA's Panel.**

## Panel of Physicians

Name	Health Facility	Website
<b>Dr. Daniel Chan</b>	<b>MedExpress</b> 1149 Seminole Trail Charlottesville, VA 22901 (434) 978-3998	<a href="https://www.medexpress.com/">https://www.medexpress.com/</a>

<b>Dr. Daniel Chan</b>	<b>MedExpress</b> 260 Pantops Center Charlottesville, VA 22911 (434) 244-3027	<a href="https://www.medexpress.com/">https://www.medexpress.com/</a>
<b>Dr. David Rubendall &amp; Dr. Darlinda Grice</b>	<b>UVA WorkMed</b> 1910 Arlington Blvd. Charlottesville, VA 22903 (434) 243-0075	<a href="https://uvahealth.com">https://uvahealth.com</a>

Panel physicians will make appropriate referrals to specialists.

### Emergency Facilities for Initial Emergency Visit Only

Name	Address	Phone Number
<b>UVA University Hospital Emergency Room</b>	1215 Lee Street Charlottesville, VA 22903	(434) 924-2231
<b>Martha Jefferson Emergency Room</b>	500 Martha Jefferson Drive Charlottesville, VA 22911	(434) 654-7150

If you were injured outside of the area and were unable to receive care from one of the panel physicians, please email the UVA HR Leave team ([Leave@virginia.edu](mailto:Leave@virginia.edu)).

### Report Safety Incident Task in Workday

The [Report Safety Incident task](#) in Workday is a comprehensive process for documenting all safety incident information necessary for regulatory purposes. Parts of the task will be completed by the employee, while other parts will be handled by a Safety Partner/Administrator. **The prompts provided in this document are required for the employee to complete in Workday.**

For technical step-by-step guidance, review the [Report Safety Incident job aid](#).

## Prompt Definitions

**\*Required**

Prompt	Definition	Example
<b>Reporting Details</b>		
<b>Location*</b>	Specify the exact or nearest location of the incident.  <i>Note: If you are not at a University facility, select 'Remote – Virginia'.</i>	Biomed. Eng. & Medical Sci. Bld. (MR-5)
<b>Initially Reported To</b>	Name of the person to whom the incident was first reported.	<i>(Supervisor's Name)</i>
<b>Incident Details</b>		
<b>Incident Date and Time*</b>	Date and time when the incident occurred.	05/05/2025 07:45 AM
<b>Notification Date and Time*</b>	Date and time when the manager was notified of the incident.	05/05/2024 08:00 AM
<b>Type*</b>	Type of incident that occurred.	Lifting (Strain or Injury By)
<b>Summary*</b>	Include the following in the summary: <ul style="list-style-type: none"> <li><b>Location:</b> Exact location of the incident.</li> <li><b>Phone Number:</b> Best contact number.</li> </ul>	<b>Location:</b> Northwest loading dock of MR-5 <b>Phone Number:</b> (434) 123-4567
<b>Notes and Files</b>		
<b>Notes (Witness(es) Contact Information)</b>		
<b>Date</b>	Date of note entry.	05/07/2025
<b>Subject</b>	The first and last name and contact information for any and all witnesses.	<i>(Witness First &amp; Last Name) (434) 987-6543</i>
<b>Note from witness?</b>	<ul style="list-style-type: none"> <li><b>Checked:</b> Name listed was a witness.</li> <li><b>Uncheck:</b> Name listed was not witness.</li> </ul>	<input checked="" type="checkbox"/>
<b>Files (Medical Notes, Photos of Incident Location)</b>		

<b>Attachments</b>	Attach a copy of the medical note and/or photos of the incident location.	<i>(Attachment)</i>
<b>Involved Parties</b>		
<b>Worker</b>	Name of the worker involved in the incident.	<i>(Worker's Name)</i>
<b>First Name*</b>	<i>(Auto-populates from the worker's profile in Workday after the Worker field is completed.)</i>	<i>(Worker's First Name)</i>
<b>Last Name*</b>	<i>(Auto-populates from the worker's profile in Workday after the Worker field is completed.)</i>	<i>(Worker's Last Name)</i>
<b>Phone Number</b>	<i>(Auto-populates from the worker's profile in Workday after the Worker field is completed.)</i>	(434) 123-4567
<b>Organizations</b>	Supervisory Organization Hierarchy for the worker in Workday.	University of Virginia
<b>Nature of Injury/Illness</b>		
<b>Time Arrived at Work*</b>	Time the worker arrived at work on the incident date.	05/05/2025 06:00 AM
<b>Nature of Injury / Illness*</b>	Specific type or category of injury or illness that the worker sustained as a result of the incident.	Strain
<b>Body Part Code / Side*</b>	Body part involved in the incident.	Lumbar
<b>Source of Injury*</b>	Object, substance, or activity that directly caused harm to the worker.	Boxes / Containers
<b>What object or substance directly harmed the worker?</b>	Provide additional clarification on the source of the injury.	HVAC Unit Components
<b>Treatment Description*</b>	Description of the treatment provided for the injury/illness.	I was evaluated and diagnosed with a lower lumbar strain.
<b>Treatment Disposition</b>		
<b>Treatment Type</b>	Type of treatment delivered.	Medical Office
<b>Date</b>	Date the treatment was delivered.	05/06/2025
<b>Health Facility</b>	Location where the treatment was delivered.	MedExpress – Pantops (Panel of Physicians)
<b>Report Details</b>		

<b>What was worker doing right before the Incident occurred?</b>	Describe the actions/behaviors of the worker prior to the incident.	Gathering my tools before I went down the ladder.
<b>Describe the facts about the accident in detail?</b>	Describe the facts about the accident in detail.	Climbing down the ladder and missed a step.
<b>What preventative measures need to be taken?</b>	What preventative measures need to be taken in order to prevent this from happening again?	I will go slower and make sure I am watching where I step.
<b>Time Lost</b> <i>(Do not complete – this section will be completed by the Safety Partner/Administrator)</i>		
<b>Notes</b> <i>(Optional)</i>		
<b>Attachments</b>		
<b>Attachments</b>	Attach a copy of the medical note and/or photos of the incident location.	<i>(Attachment)</i>

## Conclusion

Submitting an incident report is a vital part of ensuring a safe and productive work environment. By following the steps outlined in this document, you can help to identify and address the root causes of the incident, minimize the impact and consequences, and prevent recurrence.

If you have any questions or need further assistance, please contact the UVA HR Leave team ([leave@virginia.edu](mailto:leave@virginia.edu)).