



**GEORGIA**  
*VERMONT*

# Injury Reporting, Medical Treatment & Incident Review Policy



Adopted XXX xxž&\$&\*

## TABLE OF CONTENTS

1.0	REPORTING REQUIREMENTS .....	1
2.0	MEDICAL TREATMENT.....	2
3.0	INCIDENT REVIEW PROCEDURES.....	2
4.0	POLICY REVIEW .....	3

### 1.0 REPORTING REQUIREMENTS

- 1.1 All injuries to employees that require medical treatment shall be reported to the Department Head or other designated person immediately or as soon as practical – and in all cases no later than the end of the shift or call.
- 1.2 The employee and Department Head will discuss and determine the need for first aid and/or medical treatment unless the need for treatment is obvious. This is intended to keep the Department Head informed about the need for treatment so they can assist in coordinating medical care and gather required information for workers’ compensation reporting purposes.
- 1.3 These initial injury/illness reports may be provided in writing, in person, by phone, by two-way radio, or by other appropriate means.
- 1.4 The employee shall participate and cooperate with the Department Head or designee in the review of the injury/incident as described in section 3.
- 1.5 If an employee voluntarily delays medical treatment or first aid for a work-related injury until sometime after the injury (including hours or days later), the employee shall promptly notify the Department Head as soon as they decide seek medical treatment and obtain medical treatment as outlined in section 2.
- 1.6 If an employee refuses initial medical treatment, but at later time independently obtains treatment on their own using their own medical provider, they must notify the Department Head at the first possible opportunity that medical treatment has been obtained. This will result in a referral to the designated medical provider identified in section 2.
- 1.7 If the employee has been kept out of work for medical reasons due to the work-related injury, they shall report the expected absence as required by Town of Georgia Personnel Policy and provide written documentation from the treating medical provider indicating that the employee has been directed to remain out of work.

## 2.0 MEDICAL TREATMENT

- 2.1 In cases where emergency medical treatment is required, the local ambulance, EMS or 911 shall be called, and the injured employee shall be taken to the appropriate emergency medical facility determined by emergency personnel.
- 2.2 When non-emergency treatment is required outside of the designated medical provider's office hours, employees shall use the NMC walk-in clinic located at 927 Ethan Allen highway in Georgia, the NMC walk-in clinic in St. Albans, or any other walk-in clinic that is convenient for the injured employee.
- 2.3 In situations where an employee desires to see an alternate medical provider, they may do so after receiving the initial care as listed in this policy. Form 8 of the Vermont Workers' Compensation division must be used.
- 2.4 In all cases where medical treatment is obtained from a healthcare provider, the employee shall receive from the medical provider a completed work capability form to document the employee's current work abilities and any restrictions. An acceptable form is the Vermont Department of Labor Form 20, or an equivalent that may be used by the healthcare provider. The Department Head will provide a copy of an appropriate form to the employee upon request.

## 3.0 INCIDENT REVIEW PROCEDURES

- 3.1 Upon receiving notice of a work-related injury as described above, the Department Head shall complete an Employee Injury Report and Incident Review Form ("injury/incident form") with the injured employee. See example, Addendum A. Paper copies of this form will be provided to all Departments, and it may also be available online.
- 3.2 The purpose of this form is to gather facts about the incident, when it happened, its cause(s), any witnesses, and any additional pertinent information. This information will be used first for filing a Workers' Compensation claim with PACIF and later to identify ways to prevent future injuries due to similar incidents.
- 3.3 Care shall be taken to avoid discipline-related issues during the incident review discussion between the Department Head and the injured employee. Any warnings or other disciplinary actions shall take place separately from the incident review process.
- 3.4 Both the Department Head and the injured employee shall sign the injury/incident form and attest to its accuracy.
- 3.5 The Department Head and the injured employee shall complete the injury/incident form immediately if possible, but typically within 24 hours from the time of the initial

incident. If extenuating medical circumstances prevent the employee from participating, the Department Head shall complete the form as soon as possible, using any and all information and assistance available.

- 3.6 It is important that (a) the claim be filed immediately, (b) only designated person(s) file the claim, and (c) the claim be filed with PACIF, and not the state of Vermont.
- 3.7 All completed employee injury report and incident review forms shall be retained by the Town of Georgia and reviewed by the Town Administrator and the Selectboard for completeness and monitoring of corrective actions if any were suggested.

#### 4.0 POLICY REVIEW

The Town of Georgia Selectboard will review the Town of Georgia Injury Reporting, Medical Treatment & Incident Review Policy as needed and will update it as required.

Adopted by the Selectboard on May 11, 2026.

_____	Kellie Bosenberg, Chair
_____	Brian Dunsmore, Vice Chair
_____	Tammy Hardy, Selectboard Member
_____	Judith Nasca, Selectboard Member
_____	Carl Rosenquist, Selectboard Member