



## **WORKERS COMPENSATION LINKS:**

### **Link to File a Claim**

<https://www.keyrisk.com/claims/report-a-claim>

# Injured at Work?

VirtualMD+

**Key Risk**

| a Berkley Company

In the event of a workplace injury or illness, telemedicine services for immediate medical care with a physician are provided by your employer's workers compensation carrier at **no cost to employees**.

### Always call 911 first for life-threatening injuries.

While waiting for the ambulance, you can still follow the steps below.

1. Notify your employer and call the number below.
2. Be prepared with the following details, including:
  - Employer Name & Policy Number
  - First & Last Name
  - Date of Birth
  - Social Security Number
  - Home Address
  - Phone Number/Email
3. You may choose between phone or video consultation with a physician for immediate medical treatment.
4. If any in-person care is necessary, you will be provided a direct referral to a local provider for further treatment.

**Employer's Name:**

**Policy Number:**

A new claim will automatically be filed with your employer's workers compensation carrier. Please connect with your employer for further details and next steps.

The use of MedCall services and mobile app is limited to employers with an in-force workers compensation policy issued by a Key Risk administered carrier ("Covered Employer"), and a Covered Employer's employees who are covered under such policy and may have suffered an injury during the course and scope of their employment with the Covered Employer. Telemedicine and claims intake services are administered by MedCall Advisors, an independent telemedicine treatment provider. Access to MedCall Advisors services are provided as a service convenience to employers insured by Key Risk to support immediate claim reporting and access to medical care for their employees. Key Risk is not responsible nor liable for any advice, course of treatment, diagnosis or any other information, products or services obtained from MedCall Advisors. Additional information about MedCall Advisors can be found at the following link: <https://medcalladvisors.com/>

Products and services are provided by one or more insurance company subsidiaries of W. R. Berkley Corporation. Not all products and services are available in every jurisdiction, and the precise coverage afforded by any insurer is subject to the actual terms and conditions of the policies as issued.

For more information, please visit us online at [keyrisk.com/reportclaim](https://keyrisk.com/reportclaim) or call 800.942.0225.

MKT.08.22.226



### Benefits Include

Availability for emergency and non-emergency calls.

Enhanced access to quality medical care 24/7/365.

No travel or wait times.

No cost to the employee.



**In the event of needle sticks or other blood-borne exposures, please do not utilize telemedicine.**

Immediately proceed to your closest in-person medical center for evaluation.

For English

📞 1.866.687.0710

Para Español

📞 1.866.787.2810

**Expertise | Excellence | Exceeding Expectations**

### Reporting Procedures

In the event of a workplace accident, helping the injured employee connect with Key Risk is crucial to ensuring they receive help and guidance on next steps and, if needed, access to immediate medical treatment. It is important to follow the steps below:

**Call 911 first for life-threatening injuries.**  
While waiting for the ambulance, you can still follow the steps below.



**Ask the injured employee to immediately call:**

1.866.687.0710 (English)  
1.866.787.2810 (Spanish)



**Our representative will gather details and submit a claim on your behalf**

Employee will be asked to provide general information for a claim to be setup.



**If needed, employee will be connected to an ER trained physician**

If further evaluation is needed, referral will be made to a local, in-network physician.



**You are all done! We will take it from here!**

A notification will be sent to the claim contact on your organization's policy.

**If you would prefer to handle the claim reporting process manually:**



- Provide the injured employee with the panel of physicians.
- Request the injured employee complete and submit the Authorization for Release of Information form.
- Call the physician/provider and advise that the injured employee is on the way to the facility.
- Immediately report the claim to Key Risk online through the claims portal. [keyrisk.com/portal\\_login](https://keyrisk.com/portal_login)



**Submit Claim Questions & Documents:**

 [Support@keyrisk.com](mailto:Support@keyrisk.com)  
[keyrisk.com](https://keyrisk.com)  
P.O. Box 14817,  
Lexington, KY 40512



## Supervisor Accident Investigation Report

<b>Report Completed by: (Supervisor):</b>			<b>Date:</b>
Name of Injured Employee	Job Title	Employee Classification <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	Branch/Jobsite Location of Injury
Injured Employee's Department	Date & Time Injury Occurred	Supervisor	Date & Time Reported to Supervisor
Task Performed when Injured	Exact Location of Injury Occurrence	Was Task (Check One): <input type="checkbox"/> Routine <input type="checkbox"/> Infrequent <input type="checkbox"/> New	How long Employed?
When Did Injury Occur in Shift (Check One) <input type="checkbox"/> Early <input type="checkbox"/> Near Break <input type="checkbox"/> Late <input type="checkbox"/> OT	Occurred on Company Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured Employee Experience in Job Task (Check One) <input type="checkbox"/> New <input type="checkbox"/> Novice <input type="checkbox"/> Competent <input type="checkbox"/> Expert <input type="checkbox"/> Unauthorized	
Date On-Scene Observation of Accident Site made by Supervisor?	Photos/Sketches Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach Statements	Accident Evidence Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Post-Accident Drug Testing Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?		Physician/Hospital Authorized by Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Name	
Has the injured employee and medical provider been informed that <b>transitional duty work</b> will be offered for immediate return to work within medical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Comments:	
<b>Nature of Injury and Body Parts Affected:</b> (e.g., cut left thumb, broke right arm, strained lower back, etc.)			
<b>Severity of Injury/Illness.</b>		<b>Work Status Following Initial Medical Treatment (Anticipated)</b>	
<input type="checkbox"/> "Near-Miss" Accident (no injury) <input type="checkbox"/> First-Aid (in house treatment only) <input type="checkbox"/> Minor Medical (initial doctor treatment, then release) <input type="checkbox"/> Serious (partial disability, continuing medical care) <input type="checkbox"/> Catastrophic (hospitalization, critical condition, severe disability, fatality)		<input type="checkbox"/> Full Duty Return to work on next shift <input type="checkbox"/> Transitional Duty Return to work on next shift <input type="checkbox"/> Lost Time (did not return to work on next shift)	
<b>Cause of Injury/Illness.</b>			
<input type="checkbox"/> Slip/Trip/Fall onto same level <input type="checkbox"/> Fall from above level (ledge, platform, ladder, stairs) <input type="checkbox"/> Caught In/On/Between (pinched, snagged, grabbed) <input type="checkbox"/> Overexertion (strain from force, exhaustion) <input type="checkbox"/> Respiratory Exposure	<input type="checkbox"/> Struck-Against (hit on, bumped into) <input type="checkbox"/> Struck By (hit by something/someone) <input type="checkbox"/> Repetitive Motion Condition <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Cut by sharp object (knife, blade)	<input type="checkbox"/> Contact With (Electrical, Chemical, Heat/Cold) <input type="checkbox"/> Foreign Material in Eye <input type="checkbox"/> Bio-hazard Exposure (needle stick, blood) <input type="checkbox"/> Animal/Insect Bite <input type="checkbox"/> Other	
<b>Describe in Detail How the Accident Occurred.</b>			
Comment on equipment/tools, materials, people, vehicles, or environmental factors (such as noise, lighting, heat, cold, etc.) that may have contributed.			

**Protective Gear Used by Injured Employee (when incident occurred).**

Specify any PPE worn at time of incident (e.g., hard hat, face shield, fall protection harness, respirator, gloves, etc.).

**Immediate Causes of Accident (identify both behavior(s) and conditions(s). Check as many as applicable.**

<b>Behaviors/Work Practices</b>	<b>Physical Conditions</b>
<input type="checkbox"/> Using Improper Equipment (wrong type/damaged) <input type="checkbox"/> Abuse or Misuse of Equipment <input type="checkbox"/> Removing Safety Devices or Making them Inoperable <input type="checkbox"/> Failing to Use PPE or Seatbelts <input type="checkbox"/> Improper Placement or Storage of Materials (unstable) <input type="checkbox"/> Improper Handling Technique (help, grip, reach, posture) <input type="checkbox"/> Failure to Use Safe Lift Handling Equipment (carts, lifts, etc.) <input type="checkbox"/> Patient Handling/Improper Body Position or Overreaching <input type="checkbox"/> Working on Equipment in Motion <input type="checkbox"/> Performing Work at Unsafe Speed or Pace <input type="checkbox"/> Not Authorized or Qualified to Perform Task <input type="checkbox"/> Failure to Isolate/Secure/Lockout Energized Equipment <input type="checkbox"/> Horseplay <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Inadequate Guards/Barriers/Safety Devices <input type="checkbox"/> Inadequate or Improper Protective Equipment <input type="checkbox"/> Defective/Worn Tools or Equipment in Service <input type="checkbox"/> Congested/Restricted Area/No Separation <input type="checkbox"/> Fire or Explosion Hazard <input type="checkbox"/> Working Surface Unsafe (slippery, sloped) <input type="checkbox"/> Poor Housekeeping/Disorder <input type="checkbox"/> Noise/Vibration <input type="checkbox"/> Hazardous Materials/Chemicals Used <input type="checkbox"/> Visibility Inadequate (dark, glare, obscured) <input type="checkbox"/> Heavy Work Uncontrolled <input type="checkbox"/> Production Pace Unsafe <input type="checkbox"/> Emergency Systems/Provisions inadequate <input type="checkbox"/> Temperature Extremes <input type="checkbox"/> Poor Traffic Flow

**Root causes of Accident (identify both personal factor(s) and management practice factor(s). Check as many as applicable.**

<b>Possible Personal Factors</b>	<b>Possible Management Practice Factors</b>
<input type="checkbox"/> Insufficient Knowledge <input type="checkbox"/> Insufficient Skill <input type="checkbox"/> Insufficient Experience <input type="checkbox"/> Insufficient Motivation <input type="checkbox"/> Fatigue (mental or physical) <input type="checkbox"/> Personal Issues <input type="checkbox"/> Other:	<input type="checkbox"/> Leadership/Supervision/Enforcement <input type="checkbox"/> Engineering/Design/Capacity/Containment <input type="checkbox"/> Process/Work methods <input type="checkbox"/> Maintenance/Inspection Program <input type="checkbox"/> Staffing/Manpower/Hiring Practices <input type="checkbox"/> Tools/Equipment Provided <input type="checkbox"/> Hazardous Materials Alternatives/Controls <input type="checkbox"/> Training/Development <input type="checkbox"/> Hazard Identification/Evaluation

Other/Comments:

**Preventative Measures to Consider. Check as many as applicable.**

<input type="checkbox"/> General Enforcement Improvement <input type="checkbox"/> Training or Re-Training of Employees <input type="checkbox"/> Individual Corrective Counseling <input type="checkbox"/> PPE Improvement <input type="checkbox"/> Staffing/Hiring Stds./Development <input type="checkbox"/> Rotation of Employees <input type="checkbox"/> Employee Awareness/Communication <input type="checkbox"/> Job Re-Assignment of Employee(s)	<input type="checkbox"/> Housekeeping/Disposal improvement <input type="checkbox"/> Substitute Safer Alternative Material <input type="checkbox"/> Guards/Safety Devices Improvement <input type="checkbox"/> Engineering/Process Improvement <input type="checkbox"/> Visibility/Illumination Improvement <input type="checkbox"/> Storage/Arrangement Improvement <input type="checkbox"/> Provide Employee Incentive <input type="checkbox"/> Remove Employee Disincentive	<input type="checkbox"/> Repair/Replace Equipment <input type="checkbox"/> Congestion/Traffic Improvement <input type="checkbox"/> Supply/Purchasing Improvement <input type="checkbox"/> Insp./Maintenance Improvement <input type="checkbox"/> Noise/Vibration Improvement <input type="checkbox"/> Emergency Systems/Provisions <input type="checkbox"/> Safety Efforts Effectiveness <input type="checkbox"/> Warning System Provided	<input type="checkbox"/> Formal Procedure Devel/Update <input type="checkbox"/> Work Method Improvement <input type="checkbox"/> Workstation Re-Design <input type="checkbox"/> Temperature Improvement <input type="checkbox"/> Ventilation Improvement <input type="checkbox"/> Discontinue/Eliminate Task <input type="checkbox"/> Remove/Eliminate Hazard <input type="checkbox"/> Conduct Hazard Analysis
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Other/Comments:

<i>Specific Corrective Action(s) Taken</i>	<i>Person(s) Responsible</i>	<i>Target Date</i>	<i>Date Completed</i>

<b><i>Report Corrective Action(s) Updates Completed by: (Supervisor):</i></b>	<b><i>Date:</i></b>
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Manager Comments:	Executive Comments:	Safety Committee Comments:

Incident Reporting: I Think I'm Hurt - Now What?



**No one wants you to get hurt!**

Everyone needs to work together and make every effort to minimize on-the-job injuries. If an injury does occur, however, it is important that you follow appropriate procedures to get timely medical care. Listed below are the steps you must follow if you have been hurt on the job and believe your injury may be covered by workers compensation:

### **Report all incidents IMMEDIATELY to your supervisor.**

This includes “near-misses” that may not require immediate medical treatment. Reporting incidents helps us take corrective action to reduce the likelihood of other employees or residents being hurt. It also documents the event, so if you need medical treatment later, your supervisor knows what happened. Be sure that any safety-related incident that occurs is reported before the end of your shift, even if you do not believe you need immediate medical treatment.

### **Know which medical facility is on your panel of physicians.**

Like most group insurance plans, there are specific approved physicians that you must see if you are injured on the job. Be sure to notify your supervisor before getting medical treatment. Failure to get approval may jeopardize or delay payment of your medical bills.

## Participate in the accident investigation process.

No one knows better than you what just happened. Communicate frankly with your supervisor as he or she investigates the incident and documents what occurred. Your supervisor is trying to determine what happened, so future occurrences can be prevented.

## Plan to return to work in some capacity.

You are an important part of the team, and we need you. Every effort will be made to find transitional duty that complies with any medical restrictions your doctor may deem appropriate. Plan to return to work after your medical appointment – we'll do our best to find work you are medically able to perform. Returning to work is good for everyone, and minimizes any financial impact that lost workdays may have on your budget. Remember that workers compensation benefits, set by state law, do not fully compensate you for being out of work.

## Communicate, communicate, communicate!

Anytime you are out of work for a work-related injury, it is critical that you stay in touch with your supervisor, human resources professional, and claims professional. Communication helps everyone be better informed about your condition and can speed up payments of any benefits to which you may be entitled. Remember to contact us after every medical appointment, and bring in a signed doctor's note that documents your work status, as well as any future scheduled appointments.

## You are an integral part of our team.

You have important responsibilities, and many people depend on you. Report any unsafe conditions or behaviors to your supervisor, safety committee member, or management team member so appropriate action can be taken. If you are hurt, following these rules will eliminate some of the stress involved in the injury process.



### SafetyConnection: Incident Reporting: I Think I'm Hurt - Now What?

This document provides general information and suggestions related to workplace safety programs only. State requirements and individual workplace conditions and circumstances vary, and the information contained herein cannot replace or substitute for the services of trained professionals. Although the information contained herein was obtained from sources believed to be reliable, Key Risk makes no warranty and assumes no liability or responsibility for the correctness, sufficiency, or completeness of this information or any damages incurred resulting from the use of this information.

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For more information please contact your Risk Management Specialist or email us at [riskmanagement@keyrisk.com](mailto:riskmanagement@keyrisk.com).



[www.KeyRisk.com](http://www.KeyRisk.com)





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## Easy & Immediate Incident Reporting

### Report Record-Only, Medical-Only and Comp Claims All In One Place.

In the event of a workplace incident, direct the injured employee to contact VirtualMD+. As a dedicated telemedicine program designed for workers compensation, VirtualMD+:

- Provides injured employees with immediate care from an emergency trained physician.
- Handles the claim reporting process for you, saving you time and hassle.
- Immediately notifies employers of new claims.
- Provides cost savings compared to Emergency Rooms and Urgent Care Centers.

Supported by MedCall HealthCare Advisors, the VirtualMD+ program provides nationwide 24/7/365 physician triage,

real time work status, event notifications and follow-up with the injured worker. Employers can access and monitor claim details through the Key Risk claim portal.

**To report a claim, please instruct the injured employee call:**

[1.866.687.0710](tel:18666870710) *(English)*

[1.866.787.2810](tel:18667872810) *(Spanish)*

Download the App: [iOS](#) | [Andriod](#)

## VirtualMD+ - Telemedicine...



## VirtualMD+ - Ankle Injury



**Attention California Residents - Please view our [California CCPA Notice](#) regarding collection of Personal Information as well as our [Privacy Notice](#).**

Claims can also be reported online through our Claim Portal. Please submit all claim documentation to Key Risk by emailing [support@keyrisk.com](mailto:support@keyrisk.com) or mail: Key Risk - PO Box 14817, Lexington, KY 40512. [Click here](#) to download a printable document of our reporting options.

The use of the VirtualMD+ app and services is limited to employers with an in-force workers compensation policy issued by a Key Risk administered carrier ("Covered Employer"), and a Covered Employer's employees who are covered under such policy and may have suffered an injury during the course and scope of their employment with the Covered Employer. This service is administered by MedCall Advisors, an independent tele-medicine treatment provider. Access to MedCall Advisors is provided as a service convenience to employers insured by Key Risk to support immediate access to medical care for their employees. Key Risk is not responsible nor liable for any advice, course of treatment, diagnosis or any other information, products or services obtained from MedCall Advisors. Additional information about MedCall Advisors can be found at the following link: <https://medcalladvisors.com/>

### About Us

Career Opportunities  
Workers Compensation  
Corporate Responsibility  
Contact Us

### Report A Claim

VirtualMD+  
Claim Portal

### Employer Resources

Policy & Claim Resources  
Webinars & Virtual Training  
Testimonials  
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### Business Partners

Agents & Wholesalers  
Medical Providers





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## Root Cause Analysis Example

<b>Incident</b> <i>Describe what happened</i>	Employee slipped on the floor near the water fountain					
<b>Why?</b>						
<b>Direct Cause</b> <i>Immediate event that lead to the incident</i>	Slipped in water					
<b>Why?</b>						
<b>Contributing Cause(s)</b>	Water on floor		Employee was running		Not wearing slip resistant shoes	
<b>Why?</b>						
<i>Contributed to, but didn't cause the incident</i>	Drain basin overflowed	No wet floor sign	Broken water inlet	They were late for a meeting	No one checked that they wore them	
<b>Why?</b>						
<i>Contributed to, but didn't cause the incident</i>	Drain was clogged	No policy to set it out	Repair was delayed	Their previous meeting ran over	Their Manager didn't think it was important to enforce	
<b>Why?</b>						
<b>Root Cause(s)</b> <i>The fundamental cause(s) of the incident</i>	No preventative maintenance program established	No policy established	Lack of personnel	Meeting agenda aren't established	Managers need additional training on the subject.	
<b>Corrective Actions</b> <i>Opportunities for improvement</i>	Develop and implement PM standards for all water sources.	Develop and implement wet floor sign policy.	Evaluate personnel needs.	Set agendas for every meeting.  Adhere to meeting timeline.	Re-educate everyone on shoe policy.  Check for understanding.	

Root Cause Analysis Form

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<p><b>Incident</b></p> <p>Describe what happened</p>					
<p><b>Direct Cause</b></p> <p>Immediate event that lead to the incident</p>	<p style="text-align: center;">Why?</p>				
<p><b>Contributing Cause(s)</b></p> <p>Contributed to, but didn't cause the incident</p>					<p style="text-align: center;">Why?</p>
<p><b>Root Cause(s)</b></p> <p>The fundamental cause(s) of the incident</p>					
<p><b>Corrective Actions</b></p> <p>Your opportunities for improvement</p>					