



**IF INJURY OR ILLNESS IS LIFE
THREATENING AND/OR
REQUIRES URGENT MEDICAL
ATTENTION, CALL 911
IMMEDIATELY.**

**WORKER'S COMPENSATION
CLAIM REPORTING PROTOCOL FOR MEMBERS**

**For injuries occurring WITHIN the State of Louisiana
at a Licensed Racetrack or Training Facility**

Immediately report the injury to the designated LAHBPA Field Office listed below.

**For injuries occurring within the State of Louisiana at a place
OTHER THAN a licensed Racetrack or Training Facility (i.e., Farms)**

- Refer or take injured employee for medical treatment at to a recommended network medical facility.
- Contact the medical facility to request a drug screen of the injured employee at initial visit.
- Immediately report the injury to BROADSPIRE (TPA) at (504) 680-2100, ask for Kenyan Smith or Sharon Weber.
- Immediately contact the nearest LAHBPA Field Rep listed below.

**For injuries occurring OUTSIDE the State of Louisiana
at a Licensed Racetrack or Training Facility**

- Refer or take injured employee for medical treatment to nearest medical facility
- Contact the medical facility to request a drug screen of the injured employee at initial visit.
- Immediately report the injury to a LAHBPA Field Rep listed below.
- Immediately report the injury to BROADSPIRE (TPA) at (504) 680-2100, ask for Kenyan Smith or Sharon Weber.

Designated LAHBPA Field Offices

<u>Evangeline Downs</u> 2235 Creswell Lane Ext Opelousas, LA 70757 (337)594-8049 (337)594-8045 Fax EVD Training Center (337) 886-6438 (337) 886-6595 Fax	<u>Delta Downs</u> 2717 Delta Downs Rd. Vinton, LA 70668 (337)589-5594 (337)589-5995 Fax	<u>Fair Grounds</u> 1751 Gentilly Blvd. New Orleans, LA 70119 (504)945-1555 (504)371-5037 Fax	<u>Harrah's LA Downs</u> 8000 East Texas Street Bossier City, LA 71111 (318)746-1149 (318)549-1627 Fax
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**Louisiana Horsemen's Benevolent & Protective Association
(LAHBPA)**

WORKER'S COMPENSATION MEDICAL TREATMENT AUTHORIZATION

Please fill out and send with employee for treatment. Please fax copy to (504) 838-6095

Employee's Name _____

Social Security # _____ Telephone # _____

Employer's Name _____ Injury Date _____

Name of Person Authorizing Treatment _____

DRUG and ALCOHOL TESTING INSTRUCTIONS: Please test employee for ALL Drugs and Alcohol. This is NON-DOT. It is imperative that the proper chain of custody be maintained. Please mail the test results for same to:

LA Horseman's Benevolent & Protective Association
P. O. Box 9
Carencro, LA 70520

RETURN TO WORK PROGRAM: LAHBPA has a very aggressive return to work program and offer modified duty whenever medically feasible.

First Contact: Broadspire
2450 Severn Avenue,
Suite 500
Metairie, LA 70001
Lost Time Adjuster: Broadspire (504) 680-2100
Medical Only Claims: Sharon Weber (504) 680-2138

Please send all Medical Bills and Medical Information for processing to:

Broadspire
2450 Severn Avenue,
Suite 500
Metairie, LA 70001

LAHBPA
Worker's Compensation
Recommended emergency facilities:

Evangeline Downs:

Opelousas General Main Campus
539 E. Prudhomme St.
Opelousas, LA 70571
337-948-3011 ph
337-948-5107 ER Fax

Lafayette General Medical Center
1214 Coolidge Street
Lafayette, La 70503
(337) 289-7991 ph
(337) 289-7187 ER fax

Opelousas General Health Systems – South Campus
3883 I-49 South Service Road
Opelousas, La 70570
(337) 948-2100 ph
(337) 943-1740 ER Fax

The Family Clinic
3921 I-49 South Service Road
Opelousas, La 70570
(337) 942-5706 ph
(337) 942-2644 fax

Our Lady of Lourdes
611 St. Landry Street
Lafayette, La 70506
(337) 289-2000 ph
(337) 289-2695 ER Fax

AHS Walk in Clinic
1602 Pinhook Road Suite 100
Lafayette, La 70508
(337) 234-9925 ph
(337) 237-5211 fax

University Medical Center – UMC
2390 West Congress
Lafayette, La 70506
(337) 261-6000 ph
(337) 261-6376 ER Fax

Delta Downs:

Cal Cam Hospital Emergency Room
701 Cypress Street
Sulphur, La 70663
(337) 527-7034 ph
(337) 527-4288 ER fax

Sulphur Urgent Care
3924 Maple Wood Drive
Sulphur, La 70663
(337) 626-0078 ph
(337) 626-0330 fax

Business Health Partners
299 South Cities Service Highway
Sulphur, LA 70663
(337) 626-1011 phone

Fair Grounds Race Course:

Concentra Medical Center
318 Baronne Street
New Orleans, La 70112
(504) 561-1051 ph
(504)586-8958 fax

Ochsner Clinic
1514 Jefferson Highway
New Orleans, La 70121
(504) 842-3000 ph
(504) 842-3468 ER fax

Tulane University Hospital and Clinic
1450 Tulane Avenue
New Orleans, La 70118
(504) 988-5100 ph
(504) 988-1892 Admit fax
(504) 988-5711 ER ph
(504) 988-7429 ER fax

St. Tammany Hospital
1202 South Tyler Street
Covington, La 70443
(985) 898-4000 ph
(985) 871-5766 ER fax

University Hospital and Clinic
2021 Perdido Street
New Orleans, La 70112
(504) 903-3000 ph
(504) 903-3307 ER Fax

Touro Hospital Emergency Rm
1401 Foucher Street
New Orleans, La 70112
(504) 897-8250 ph
(504) 897-8507 ER fax

Harrah's Louisiana Downs:

Work Care
2300 Hospital Dr. Ste 160
Bossier City, LA 71114
(318) 212-7750

Monday – Friday
8:00 – 4:30

Willis Knighton Hospital Emergency Room
2400 Hospital Drive
Bossier City, LA
(318) 212-7000

LA HBPA

Workplace Audit for Racehorse Trainers

Stables Inspection Checklist:

Date & Time
Area
Trainer/Inspector name
Signatures
Initial box if situation is controlled.
Cross box if situation requires attention.
Complete corrective action report for issues which cannot be corrected immediately.
Previous corrective action report reviewed
Safety Director Signature

- Inspectors-This audit should be conducted by the Racehorse trainer and or assistant trainer.
- The inspection should not be limited to inspecting only those items on the checklist. The entire work area should be reviewed for any potential health and safety hazard.

- The persons conducting the inspection should mark the required box if further attention is needed.
- A corrective action report must be made for any health and safety issues which cannot be corrected immediately.

Categories – Section 1 – Outdoor Areas	X ✓	Immediate Rectification Implemented
1.1 Floors and horse walking areas		
Floors even and in good condition		
No Slips, trips, fall hazards or open drains		
Clear of stock materials		
1.2 Boxes, Yards and paddocks, shedrow/horsepath		
Doors and gates operate without force		
No broken lining boards in boxes or shelters, free of sharp edges, splinters, holes, cracks		
Feed bins free of sharp edges		
Yards clean and free of hazards-rocks, stones, holes, post and rails not damaged		
Shedrow/horsepath free of obstacles, hazards		
No machinery or tools lying in walk area		
1.3 Tracks and paddocks where horses are worked		
No machinery or tools on or adjacent to track		
No holes or rubbish		
Categories – Section 2 – Feed & Tack Rooms		
2. Storage room and tack room		
Free of trip hazards and floor anti slip		
No sharp edges to cupboards		
Heaviest objects stored between shoulder and hip height		
Lightest objects above shoulder and hip height		
Ease of accessing gear or other items		
Appropriate step ladder available		
Adequate lighting		
2.1 Feed Room		
Clear and uncluttered		
Lifting practices are known and used when emptying feed into bins		
Floor anti-slip, free of objects		
Lightest objects above shoulder and below hip height		
Heaviest objects between shoulder and hip height		
Ease of accessing objects		
Grain crusher guards and instructions in place		

Categories- Section 3- Work practices and tools	X ✓	Immediate Rectification Implemented
3. Work Practices- Trainer & Staff		
Horse handling techniques		
Correct use and storage of equipment		
Clear aisle access		
Accident reporting procedure known		
3.1 Use and storage of tools & equipment (including horse walkers, horse floats and trailers)		
Employee trained in correct usage of tools & equipment		
Tools in good working order i.e.: pitchforks, shovels, wheelbarrows, rakes, etc...		
Tools placed securely (not able to fall)		
No sharp edges		
Pre-operating instructions for tools and machinery are available: i.e., horse walkers, swimming pools, horse spas and exerciser		
Warning and instructions for machinery and tools is displayed		
Categories- Section 4- Tack and Gear, Chemicals		
4. Tack and Gear		
Regularly inspected for wear and tear and replaced; saddles, bridles, head collars, bits and leads		
No sharp edges on tack or gear		
Personal protective equipment correctly used and is not out of date: i.e.,: vest helmets, safety irons and proper foot wear		
No damaged gear is used		
4.1 Chemicals (including veterinary products)		
Correct labeling		
Stored correctly		
Hazards made aware to employees		

Corrective Action Report Form (Trainer to retain copy)

Date Hazard Reported	Controls/Action Required	Risk Class H/M/L	Responsible Person	Proposed Completion Date	Action Status	Safety Director Signature

Risk Class

High – H

Medium – M

Low – L

Be Safe

While You Are Horsing Around!

Be reasonable in your expectations when working with horses and accept responsibility for your actions. Don't get into the habit of blaming the horse when something doesn't go as planned. After all, the human is the intellectual portion of the equation.

You are responsible for your own safety and the safety of others. Your horses depend on you for their safety. Make safety practices part of your daily routine. And remember, when it comes to horses, knowledge is power.

Changes in your Employee Work List

Workers Compensation Classification & Code (Stables & Drivers Code # 8279)

Drop off at any Field Office on each racetrack

Print Member's Name: _____

Please Type or Print

Name of Employee	Social Security #	LSRC #	DOB	M	F	Position	Date Hired	Date Terminated	Weekly Pay Rate

Date: _____

Members Signature: _____