

Supervisor's Injury/Illness/Incident reporting & Workers' Compensation Checklist



The following checklist outlines steps that supervisors should take to document incidents and/or a potential work-related injury or illness for purposes of workers' compensation. Further information regarding the reporting of work related injuries or the workers' compensation process can be found in the Supervisor's Workers' Compensation Handbook available online at:

<http://www.risk-workerscomp.admin.state.mn.us/pdf/WorkersCompAgencyHandbook2008.pdf>

Please note:

- In the event of a medical emergency, call 911 or follow your agency's emergency medical response procedures.
- Work related injuries may require regulatory reporting. Notify your agency's Workers' Compensation Coordinator (WC Coordinator) ***as soon as possible*** of any serious, life threatening, or fatal injuries or events that result in multiple hospitalizations. Not reporting within the required time periods may result in monetary penalties. If you do not know your agency WC Coordinator, please contact your agency Human Resources office.
- If you are reporting an event that does not include a reported injury or illness, please only complete items 1 through 4.
- All forms and information are available online at: <http://www.risk-workerscomp.admin.state.mn.us/forms.htm>

Immediate Actions

Item	Action
___ 1.	Provide employee with a copy of the <i>Workers' Compensation Information and Privacy Statement</i> form and ask them to review and sign the statement. Supervisor to forward signed form to WC Coordinator.
___ 2.	Provide employee with <i>Employee Statement regarding injury/illness/incident</i> form with instructions to complete the statement as soon as possible but no later than 24 hours. Completed form should be returned to supervisor who will forward to WC Coordinator.
___ 3.	Complete <i>Incident/Injury/Illness Data Form</i> (IDF, this form replaces the First Report of Injury or FRI) with employee and submit to WC Coordinator as soon as possible but no later than 24 hours.
___ 4.	Complete <i>Agency Claims Investigation</i> and submit to WC Coordinator as soon as possible but no later than 24 hours.
___ 5.	Provide employee with the <i>Leave Supplement Form</i> and ask them to review, select an option, and sign the statement (complete even if employee is not missing work at this time to document their intention should they begin to miss work). Submit the completed form to the WC Coordinator as soon as possible but no later than 24 hours.
___ 6.	Provide employee with <i>Workers' Compensation Employee Information Packet</i> . Review the documents with the employee to ensure a clear understanding of the process. The Workers' Comp Employee Information Packet includes the following documents: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Employee Information Packet</i> introduction <input type="checkbox"/> <i>Notice of Enrollment in a Certified Managed Care Plan</i> <input type="checkbox"/> <i>CorVel Managed Care Plan Instruction Brochure</i> <input type="checkbox"/> <i>CorVel Managed Care ID Card</i> <input type="checkbox"/> <i>CorCareRX Pharmacy Benefit</i> <input type="checkbox"/> <i>Report of Work Ability</i> form

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- ___ 7. Provide employee with temporary CorVel RX First Fill pharmacy card to be taken to first medical appointment. **Please note:** your work location might not participate in the First Fill program. Please contact your WC Coordinator for further information.
- ___ 8. Direct employee to employer's designated clinic. If you are unsure of the designated clinic please refer to your workplace employment postings or contact your WC Coordinator.
- ___ 9. Inform your agency WC Coordinator if an employee seeks medical attention for a potential work-related injury or illness or is expected to miss work (including the use of sick or vacation leave) due to the injury or illness.
- ___ 10. Contact CorVel's 24 hour Nurseline (the state's managed care organization) at 612-436-2542 or 1-866-399-8541 if the injured employee is treated in an emergency room, is admitted to an overnight stay at a hospital or requires immediate surgery.
- ___ 11. Document all witness statements and contact information, specifically name and phone number.
- ___ 12. Secure and isolate any equipment that may have contributed to the injury. The equipment may be evaluated for potential recovery claims.
- ___ 13. Obtain a copy of the **Report of Work Ability** from the injured employee if they sought medical attention for the work-related injury.
- ___ 14. For motor vehicle crashes only - provide employee with **Department of Public Safety Crash Records Request Form** and directions to complete the form. Supervisor should forward completed form to WC Coordinator.

Ongoing actions until employee has fully returned to work:

- ___ 15. Obtain a copy of the **Report of Work Ability** from the injured employee **for each appointment** and forward to WC Coordinator.
- ___ 16. If the employee doesn't seek medical attention initially, but does so at a later time, notify your workers' compensation coordinator immediately.
- ___ 17. Provide employee with ongoing task assignments within restrictions identified in most current **Report of Work Ability**.
- ___ 18. Review employee timesheets to ensure that they accurately indicate any lost time due to the potential work-related injury or illness, noting specifically what the lost time was attributed to (e.g. doctor's appointment, physical therapy, restricted work activity, etc.). Include proper FMLA (Family Medical Leave Act) coding if the leave qualifies under FMLA. Contact your WC Coordinator for more information.