



# SUPERVISOR'S INJURY/ILLNESS/INCIDENT REPORTING & WORKER'S 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 Supervisors' Workers' Compensation Handbook available online at:

[http://www.admin.state.mn.us/risk/publications/workers\\_comp\\_agency\\_handbook\\_2008.pdf](http://www.admin.state.mn.us/risk/publications/workers_comp_agency_handbook_2008.pdf)

## Please note:

- In the event of a medical emergency, call 911 or follow our emergency medical response procedures.
- Work related injuries may require regulatory reporting. Notify the HR Department **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 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.admin.state.mn.risk/wc/wcforms.html>.

## IMMEDIATE ACTIONS

Item	Action
_____ 1	Provide employee with a copy of the <b>Workers' Compensation Information and Privacy Statement</b> form and ask them to review and sign the statement. Forward the signed form to Human Resources.
_____ 2	Provide employee with <b>Employee Statement regarding injury/illness/incident</b> 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 it to Human Resources.
_____ 3	Complete <b>Incident /Injury/Illness Data Form</b> (IDF, this form replaces the First Report of Injury or FRI) with employee and submit to Human Resources as soon as possible but no later than 24 hours.
_____ 4	Complete <b>Agency Claims Investigation</b> and submit to Human Resources as soon as possible but no later than 24 hours.
_____ 5	Provide employee with the <b>Leave Supplement Form</b> 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 Human Resources as soon as possible but no later than 24 hours.

- \_\_\_\_\_ 6 Provide employee with **Worker's Compensation Employee Information Packet**. Review the documents with the employee to ensure a clear understanding of the process. The Worker's Comp Employee Information Packet includes the following documents:
- Employee Information Packet introduction*
  - Notice of Enrollment in a Certified Managed Care Plan*
  - CorVel managed Care Plan Instruction Brochure*
  - CorVel Managed Care ID Card*
  - CorCare RX Pharmacy Benefit*
  - Report of Work Ability Form*
- \_\_\_\_\_ 7 Provide employee with CorVel RX First Fill Prescription Information Sheet to be taken to the pharmacy.
- \_\_\_\_\_ 8 Direct employee to employer's designated clinic. Please refer to your workplace employment postings or contact Human Resources if you are unsure of the designated clinic.
- \_\_\_\_\_ 9 Inform Human Resources 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 medical attention for the work- related injury.
- \_\_\_\_\_ 14 For motor vehicle crashes only – provide the employee with **Department of Public Safety Crash Records Request Form** and directions to complete the form. Supervisor should forward completed form to Human Resources.

#### 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 Human Resources.
- \_\_\_\_\_ 16 If the employee doesn't seek medical attention initially, but does so at a later time, notify Human Resources Immediately.
- \_\_\_\_\_ 17 Provide employee with ongoing task assignments within restrictions identified in the 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 Human Resources for more information.