

## 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.

**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 2 through 5.
- All forms and information are available online at: <http://mn.gov/admin/government/risk/resources/>

**Immediate Actions**

<b>Item</b>	<b>Action</b>
___1.	For non-emergency injuries, please <b>contact the 24/7 Work Injury Nurse Line at 844-235-2055</b> immediately after a workplace injury to speak with a registered nurse who will evaluate your injury and help connect you to the quality care you need. <b>CALL 911 FOR MEDICAL EMERGENCIES.</b>
___2.	Provide employee with a copy of the <b><i>Workers’ Compensation Information and Privacy Statement</i></b> form and ask them to review and sign the statement. Supervisor to forward signed form to WC Coordinator.
___3.	Provide employee with <b><i>Employee Statement regarding injury/illness/incident</i></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 to WC Coordinator.
___4.	Complete <b><i>Incident/Injury/Illness Data Form</i></b> (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.
___5.	Complete <b><i>Agency Claims Investigation</i></b> and submit to WC Coordinator as soon as possible but no later than 24 hours.
___6.	Provide employee with the <b><i>Leave Supplement Form</i></b> and ask them to review, select an option, and sign the statement. Submit the completed form to the WC Coordinator as soon as possible but no later than 24 hours.
___7.	Provide employee with <b><i>Workers’ Compensation Employee Information Packet</i></b> . Review the documents with the employee to ensure a clear understanding of the process. The Workers’ Comp Employee Information Packet includes the following documents:

- Employee Information Packet* introduction
- Notice of Enrollment in a Certified Managed Care Plan*
- CorVel's 24/7 Work Injury Nurse Line*
- Telehealth Option*
- Letter to State Employees (to bring to health care provider)*
- CorVel Managed Care Plan Instruction Brochure*
- CorVel Managed Care ID Card*
- CorCareRX Pharmacy Benefit*
- Injured Workers' First Fill Prescription Information Sheet*
- Report of Work Ability* form
- Life Matters (EAP/Life Program)*

- \_\_\_ 8. 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.
- \_\_\_ 9. Direct employee to a clinic in the CorVel network. If you are unsure of CorVel's network, please refer to your workplace employment postings or contact your WC Coordinator.
- \_\_\_ 10. 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.
- \_\_\_ 11. 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.
- \_\_\_ 12. Document all witness statements and contact information, specifically name and phone number.
- \_\_\_ 13. Secure and isolate any equipment that may have contributed to the injury. The equipment may be evaluated for potential recovery claims.
- \_\_\_ 14. Obtain a copy of the **Report of Work Ability** from the injured employee if they sought medical attention for the work-related injury.
- \_\_\_ 15. 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:**

- \_\_\_ 16. Obtain a copy of the **Report of Work Ability** from the injured employee **for each appointment** and forward to WC Coordinator.
- \_\_\_ 17. If the employee doesn't seek medical attention initially, but does so at a later time, notify your workers' compensation coordinator immediately.
- \_\_\_ 18. Provide employee with ongoing task assignments within restrictions identified in most current **Report of Work Ability**.
- \_\_\_ 19. 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.