

## WORKERS COMPENSATION CLAIM REPORTING GUIDE FOR SUPERVISORS

### 1. INQUIRE

- If you see, hear or suspect a worker has been injured no matter how minor the injury seems do not ignore it.
- Do not worry that an injury is a bad reflection of you as a supervisor. The only way to make a bad situation worse is to not let management know if there is an employee injury. The laws allow for many small claims be handled as first aid without negatively affecting insurance costs

### 2. DIRECT CARE

- For any emergency provide prompt medical attention including transportation to the closest and quickest care possible.
- For non-emergency send the employee to the designated medical clinics.

### 3. GATHER INFORMATION:

- Be objective, not accusatory.
- See page 2 of this document; ***“Information to Gather List”***
- Avoid “why” questions when completing the First Report of Injury form.
- Gather information from anybody who saw or was near where the accident took place.
- Always repeat back to the employee your understanding of what the employee just told you.
- Be compassionate.
- It is VERY important at this point that the employee knows that you care, that the company cares and that there is insurance available to them to take care of all their medical bills and time off from work.

### 4. FOLLOW THE PROCESS:

- Show concern for the injured worker.
- Follow up with management and with the employee if possible to make sure the employee knows you and the company care for their wellbeing.
- Let the other employees know your concern for the injured worker

**REPORTING WORKERS COMPENSATION CLAIMS:  
INFORMATION TO GATHER LIST**

*Early understanding of the incident allows us to most effectively manage the claim, including care of the Injured employee. Gathering the information listed below before the initial call will help speed the process.*

**INJURED WORKER INFORMATION**

- Name, Date of Birth, Address, Phone Number
- Social Security Number
- Age, Gender
- Marital Status, Number of Dependents
- Hire Date, Years in Current Position
- Current Wage Information

**DETAILS OF INCIDENT**

- When was the accident reported to you and by whom (date, time)?
- Address where injury occurred?
- Type of injury (burn, cut, etc.)?
- Exact body part Injured?
- What was the cause of the accident (slip & fall, struck by object, etc.)?
- Do you have any reason to question this injury?
- What are the estimated number of days the employee will lose due to the injury?
- What is the anticipated date of return to work?
- Did anyone witness the accident? Who?
- Where was the injured employee treated (name, address, phone number of medical provider of facility)?