

REPORTING WORKERS COMPENSATION CLAIMS

Employees should be reminded on a regular basis to report all work related injuries to the supervisor immediately. The supervisor and Safety Manager should investigate the accident and determine the corrective action that will be implemented to prevent future accidents. Employees and witnesses must fully cooperate in the investigation.

Reporting Procedures:

1. The injured employee's supervisor should be contacted immediately, either by the employee or the nearest coworker.
2. The designated employee who is trained in first-aid and/or CPR should be immediately notified to assist in the situation.
3. First aid kits, which are prominently displayed throughout the workplace, should be made available and medical supplies promptly refilled.
4. If needed, the supervisor or his designee should transport the injured worker to the company's designated medical facility to receive appropriate medical attention. *(A post-accident drug and/or alcohol test will be conducted in accordance with the company's Drug-Free Workplace Policy.)*
5. If rescue personnel are summoned, the supervisor should delegate an individual to wait for the rescue team and escort them to the injured employee.
6. All witnesses to the accident should be available to speak with the Safety Manager and/or supervisor and cooperate in all accident investigations.
7. The Safety Manager should immediately notify the insurance company of the accident and file a workers' compensation claim. All documents relating to the claim should be marked with the claim number, adjuster's name and mailed to the carrier. A photocopy should be made of all documents mailed to the insurance carrier, as mail can be lost or misplaced.
8. The supervisor should complete an Accident Investigation Report for every accident regardless of whether the accident resulted in a major or minor injury.
9. Injured employees should comply with the medical treatment provided by the treating physician, cooperate with the insurance company and its designees, and abide by the company's return-to-work policy.

Investigating Claims

When an accident occurs, it is an indication that something has gone wrong. Accidents don't just happen, they are caused. The basic cause(s) of accidents are unsafe acts and/or conditions. The supervisor must investigate every accident to determine the cause and to initiate corrective action to assure that similar type accidents will not recur from the same causes.

Supervisors should complete the following Accident Investigation Report and submit a copy to the Safety Manager for review. The Safety Manager should evaluate the corrective action taken or suggested by the supervisor and instruct if additional changes should be made.

1. Every accident is caused. Carelessness is not a cause, but the result of some deficiency. Telling employees to be more careful will not eliminate the real accident cause.
2. An accident investigation is not a trial to find fault or to place blame. Its purpose is to find accident causes so that corrective measures may be taken to prevent future accidents.
3. Most accidents result from a combination of human error (unsafe behavior) and a physical hazard (unsafe condition). Do not overlook the possibility of multiple errors and hazards
4. Don't stop at the obvious answer. For instance, a missing machine guard does not cause an accident. The accident happened because the operator entered the point of operation. Determine why the operator did this and why the guard was off the machine. Only by correcting both problems can you prevent future accidents.
5. The accident investigation should be conducted as soon after the accident as possible. Facts should be gathered while the accident is fresh in the minds of those involved. If possible, question every employee who was involved, or witnessed, the incident. Delay interviewing injured employees until after medical treatment has been received.
6. Other employees who did not witness the accident but work in the area may contribute information regarding the injured workers' activities prior to the accident and conditions at the time of the accident.
7. The accuracy and completeness of the information received from the injured worker(s) and witnesses depends on how well the interview is conducted. Supervisors should:
 - a. Put employees at ease.
 - b. Ask what happened and how it happened.
 - c. Permit employees to answer without interruptions.
 - d. Show concern.
 - e. Remember, nothing is gained with criticism or ridicule.
 - f. Ask why questions only to clarify the story.
 - g. Repeat the story, as you understand it.
 - h. Give the employee the chance to correct any misunderstandings that you have.
 - i. Photographs of the conditions as they exist immediately following the accident, including photos so the damaged equipment, are very helpful.
 - j. Damaged equipment should be removed or secured for future testing and used as evidence.
 - k. Take immediate action to correct any obvious unsafe conditions. Determine the basic accident causes and correct or recommend action to prevent reoccurrence.

Please Note: The information and suggestions presented by Lyons Companies in this issue of Safety & Risk Control TIPS are for consideration in your loss prevention efforts. Lyons Companies does not warrant, via this issue of Safety & Risk Control TIPS that all your hazards or exposures are adequately controlled or that property, operations, workplaces, machinery or equipment are safe or in compliance with any law, rule, or regulation. You are encouraged to alter them to fit the specific hazards of your business and to have your legal counsel review all of your plans and company policies



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Carrier: _____

Policy #: _____

Effective Date: _____

WC Incident Report Form

Employer/Insured: _____

Insurance Carrier: _____ Policy #: _____

Form to be completed by immediate supervisor on duty

NOTE: Completion of this report does not imply liability. It is company policy to record the details of any accident, injury or incident.

EMPLOYEE Information

Name: _____ Sex: _____ SS#: _____

Address: _____

Apt Number: _____ City: _____ State: _____ Zip Code: _____

County: _____ Home Phone Number: _____ Secondary Phone Number: _____

Date of Birth: _____ Age: _____ Martial Status: _____ # Dependents: _____

Occupation: _____ Department Employed: _____

Date Hired: _____ State Hired: _____ Weekly hours: _____ Salary: _____

EMPLOYER INFORMATION

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Nature of Business: _____

Contact Person for First Report: _____

Address of contact person (if different from above): _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone Number: _____

Description of Incident

Date of Incident: _____ Normal Starting Time: _____ Time of Incident: _____

Date Employer knew of injury: _____

Exact Location: _____

What was the injured person doing at the time of the incident: _____

Type of injury: _____ Body part injured: _____

Department or location which incident occurred: _____

List equipment or materials the employee was using at the time of the incident: _____

Was there supervision at the time of the incident? Yes _____ No _____

If yes, by whom? _____

What was the supervision? _____

Please give a detailed description of the incident: _____

Was First Aid administered? Yes _____ No _____ By whom? _____ For how long? _____

What treatment was used? _____

Has employee returned to work? Yes _____ No _____ Date employee returned: _____

Was CPR used? Yes _____ No _____ For how long? _____

Was police or ambulance called? Yes _____ No _____ Time of Arrival: _____

Action taken by police or EMS: _____

Referred to hospital or doctor? Yes _____ No _____ Did they go to hospital or Doctor? Yes _____ No _____

What hospital or doctor were they referred to? _____

Address: _____

City: _____ State: _____ Zip Code: _____

If injured employee was a minor, was a guardian notified? Yes _____ No _____ When: _____

If not notified, explain why: _____

Name of staff assisting in incident: _____ Position: _____

Witnesses: Please list ALL witnesses:

(1) Name: _____ Phone: _____

Address _____

(2) Name: _____ Phone: _____

Address _____

(3) Name: _____ Phone: _____

Address _____

Additional Comments:

Accident Investigation Report

Company		Address	
Name of Injured Employee	Dept	Position	How long in position?
Date of Accident	Time of Accident	Nature of Injury	
Accident Resulted in: <input type="radio"/> Injury <input type="radio"/> Fatality <input type="radio"/> Property Damage (specify)			
Medical Treatment <input type="radio"/> None <input type="radio"/> First Aid <input type="radio"/> EMT or Paramedic <input type="radio"/> Doctor or Clinic <input type="radio"/> Hospital Drug Tested? <input type="radio"/> Yes <input type="radio"/> No Alcohol Tested? <input type="radio"/> Yes <input type="radio"/> No			Days Lost Time?
What was the injured employee doing at the time of the accident?			
How did the accident occur (brief description)?			
What environmental factors (unsafe conditions) contributed to the accident?			
What behavioral factors (unsafe acts) contributed to the accident?			
What corrective actions can be taken to prevent recurrence?			
What corrective actions have been taken to prevent recurrence?			
Names of Witnesses			
Supervisor	Date	Reviewed by:	Date