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| **Co. logo** | **SUPERVISOR** PROCEDURES AFTER A WORKPLACE INJURY |

**SAMPLE: SUPERVISOR INSTRUCTION SHEET FOR EMPLOYERS TO REVISE/TAILOR**

**In the event of a workplace injury, your responsibility is as follows:**

**Before the injury** –

1. Know our injury reporting process (who to contact, how to handle emergencies, how we deal with Health Care Provider (HCP) selection and drug testing, what forms to fill out, who our workers’ compensation claim administrator is, our accident investigation procedures, etc.)
2. Know our RTW philosophy and procedures and who to refer to for questions

YOUR MAIN CONTACT: ►\_\_\_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IF YOU SEE AN INJURY OCCUR OR A WORKER REPORTS AN INJURY TO YOU** | | | |
| **STEP 1** | **Stay calm** - Don’t panic or react in a negative or angry fashion (even if you think the | | |
| accident was caused by the worker not paying attention or doing something they shouldn’t) | | | |
| **STEP 2** | **Medical attention** - Your priority is helping the worker get prompt medical attention if | | |
| needed and ensuring they do not suffer additional harm   1. For emergencies: If the worker requires emergency medical treatment, contact 911 right away 2. Remove them from an area where they may reinjure themselves 3. First aid: If needed, attend to the worker with the first aid kit 4. If needed, you may escort or assist the employee to a medical facility of their choosing 5. If NOT an emergency, proceed to “Step 3 Report the injury” before seeking medical attention | | | |
| **STEP 3** | **Report the injury** | | |
| 1. The breakroom should have Notice of Accident forms (NOA-1) attached to our displayed Workers’ Compensation Administration (WCA) poster – You can help the worker fill this out. Sign/date it, give the worker a copy and keep the original 2. Ask them to report to \_\_\_\_\_\_\_\_\_\_ to go over \_\_\_\_\_drug/alcohol tests, RTW policy and questions 3. Call \_\_\_\_\_\_\_\_\_ and report the accident immediately 4. By the time your work shift ends, route the NOA-1 to \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **STEP 4** | **Conduct an accident investigation** | | |
| 1. At the same time as you help the worker fill out the NOA-1, fill out the “Incident Investigation | | | |
| Report”, located in a “Grab N Go Kit” by the NOA-1 forms inside the breakroom   1. Interview eyewitnesses and document responses on the appropriate sheet 2. Let workers know we investigate in order to improve future safety practices for them and others 3. Return the “Incident Investigation Report” and NOA-1 to \_\_\_\_\_\_ at the same time | | | |
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| **TRANSITIONAL EMPLOYMENT OR “LIGHT DUTY”** | | | If asked to supervise a worker on “light duty” |
| 1. \_\_\_\_\_\_\_\_\_ will notify you of the restrictions and help you navigate this process 2. If the employee’s return to work impacts other employees’ job duties, inform them of changes but do not disclose or discuss the employee’s condition with others 3. On their first day - welcome the worker back, discuss duties they will perform to make sure they stay within restrictions and advise them if they feel pain/discomfort to stop and tell you right away 4. Report issues to \_\_\_\_\_\_\_\_ before allowing them to return to any activity that causes pain 5. Check in with the worker daily and report any issues as they arise to \_\_\_\_\_\_\_\_\_\_ | | | |
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| **YOUR ROLE IS CRUCIAL** | | As our company’s “frontline” when a workplace injury occurs, how well | |
| you complete the above steps and your attitude toward the worker can determine how well our employee recovers. Remember the **“Golden Rule**” applies – How would you want to be treated by our company if you were injured on the job? Treat our injured worker in kind. | | | |

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