**Incident/Accident Management Checklist**

**#3**

To track progress and coordinate responsibilities among interested parties, the main workers ’ compensation coordinator can use this checklist upon witnessing or receiving a report of injury/illness. This is a *guideline only* for common steps to be followed and you may revise/delete/add according to your company practices. **Note: These actions are not necessarily completed in this order and may occur simultaneously.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name:** | | | **Date of injury/illness:** | | |
| **Injury/Illness Description:** | | | | | |
| **Employee Phone #:** | | | **Claim #:** | | |
| **Claims Adjuster:** | | | **Claims Adjuster Phone #:** | | |
|  | |  | | | |
| **Step #** | **Action** | | | **Date Action Completed** | **Who Completed** |
| **Initial medical treatment and investigative actions** | | | | | |
| **1** | If an emergency, call 911 or send/drive worker for emergency medical treatment. Administer first aid, if appropriate | | |  |  |
| **2** | Make sure scene where accident/incident occurred is controlled/no imminent danger to other workers; investigative procedures are followed | | |  |  |
| **3** | Based on your policy regarding drug/alcohol testing, send/drive worker to appropriate site to be tested | | |  |  |
| **4** | If not an emergency, determine if medical treatment is necessary or if should be reported an “incident only” and take appropriate action | | |  |  |
| **5** | If non-emergency medical treatment needed, advise worker if you make initial health care provider (HCP) selection or if you allow the worker to | | |  |  |
| **6** | Access worker’s time-of-injury job description to give to worker to take to medical provider appointment and give to HCP | | |  |  |
| **7** | Give worker Grab ‘N Go Kit, job description, and Provider’s Report of Physical Ability to take to medical provider for all appointments | | |  |  |
| **8** | Advise worker to return Provider’s Report of Physical Ability after each HCP appointment and to keep appropriate contact apprised of progress | | |  |  |
| **Initial reporting/recording actions** | | | | | |
| **9** | Receive completed “Notice of Accident” (NOA) and “First Report of Injury” (E-1) form from worker – give worker copies | | |  |  |
| **10** | Receive completed “Worker’s Authorization for Use & Disclosure of Health Records” form from worker – give worker a copy | | |  |  |
| **11** | Within 72 hours of knowledge of injury/illness, submit “First Report of Injury” (E-1) form and appropriate investigative information to claim adjuster | | |  |  |
| **12** | Determine if incident is an OSHA recordable and fill out necessary OSHA log/recording documents | | |  |  |
| **Initial worker communication actions** | | | | | |
| **13** | Conduct initial sit-down with worker to go over necessary documents, what to expect in the workers’ comp process, and address any concerns | | |  |  |
| **14** | Give worker other helpful documents such as RTW policy, pharmacy card, claim adjuster contact information and claim number | | |  |  |
| **Investigative follow-up actions** | | | | | |
| **15** | Receive all completed investigation documentation (investigation form, witness statements, pictures/video) from supervisors/investigation team | | |  |  |
| **16** | Follow up with supervisor/risk management team to ensure any corrective actions identified are taken | | |  |  |
| **After worker has received medical treatment** | | | | | |
| **17** | Receive Provider’s Report of Physical Ability or RTW status from HCP and/or worker | | |  |  |
| **If worker is not released to ANY work at all by medical provider** | | | | | |
| **18** | Sit-down with worker to explain workers’ comp indemnity, leave options, short-term disability, health/retirement benefits, ongoing expectations | | |  |  |
| **19** | Provide FMLA paperwork, if appropriate | | |  |  |
| **20** | Set-up leave tracking system, reminders of important upcoming medical appointments. Document all contact with worker | | |  |  |
| **21** | Communicate regularly with adjuster re: claim status, leave exceeding 7 days (does not have to be consecutive) and any issues you may observe | | |  |  |
| **22** | If more than 7 days of lost time or other indemnity anticipated, provide adjuster appropriate payroll records to calculate workers’ comp benefits | | |  |  |
| **23** | Set-up weekly reminders to contact worker to preserve the employer/ employee relationship and address concerns while worker is out | | |  |  |
| **If worker is released to light/modified duty by medical provider** | | | | | |
| **24** | Review with supervisor(s) to identify transitional duty/appropriate accommodations | | |  |  |
| **25** | Send formal job offer of transitional duty to worker. Verify acceptance, agreed upon start date, terms, expectations and give copy to supervisor | | |  |  |
| **26** | Provide adjuster copy of Provider’s Report of Physical Ability, transitional duty job offer copy/acceptance and RTW date | | |  |  |
| **27** | Welcome/reorient worker on first day, explain monitoring process, advise not to violate restrictions and promptly report issues | | |  |  |
| **28** | Schedule weekly follow-ups with employee and supervisor to ensure RTW is going as planned, set reminders of important upcoming medical appointments | | |  |  |
| **29** | Adjust duties/terms as needed upon each new Providers Report of Physical Ability with new restrictions | | |  |  |
| **30** | If any issues arise, address promptly and communicate with adjuster | | |  |  |
| **If worker is released to full duty or reaches maximum medical improvement (MMI)** | | | | | |
| **31** | Once a full-duty release is received, return back to original position with no restrictions | | |  |  |
| **32** | If full duty release not obtained but MMI has been reached, determine if permanent restrictions can be accommodated | | |  |  |
| **33** | Communicate with worker/supervisor of any permanent accommodations and document/engage in ADA interactive process if appropriate | | |  |  |
| **34** | When appropriate, check with adjuster re: closing file and retain all needed documents according to appropriate retention schedules | | |  |  |
| **YOUR ADDITIONAL NOTES/COMMENTS** | | | | | |
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