



# Injury/Incident Initial Response Checklist

Incidents in the workplace are an inevitable occurrence as part of our business. Forethought, planning, and preparation are paramount in managing that risk and minimizing the severity of accidents. As part of this risk mitigation process, please draw on the below checklist to ensure you and your staff are taking the adequate steps regardless of the circumstances of the incident.

## **INCIDENTS IN THE WORKPLACE NOT INVOLVING STAFF**

- Quickly assess the severity of the injury and respond accordingly – i.e. administer first aid, call 911, etc.
- Comfort injured person and provide all possible accommodation/assistance
- Remove or otherwise address the cause of the incident so that additional harm to others is not possible
- Collect information (see “Collecting Information” section) and report incident within company
- Reevaluate conditions and/or procedures that led to possibility of accident and implement changes as fit

## **INCIDENTS IN THE WORKPLACE INVOLVING STAFF &/OR WORKERS COMP**

The initial period is critical in handling workers’ compensation claims, and supervisors/managers are the main point of responsibility in following the claim. Be sure to:

### **IMMEDIATELY:**

- Quickly assess the severity of the injury and respond accordingly – i.e. administer first aid, call 911, etc.
- Remove or otherwise address the cause of the incident so that additional harm to others is not possible
- Manager is to accompany injured worker to a selected medical provider
- A post-accident drug/alcohol test is mandatory – ensure medical provider conducts this screening
- Be sure the medical provider is aware this is a worker’s comp injury and provide claim number
- Notify family if applicable

### **SAME DAY:**

- Collect information on the claim (see “Collecting Information” section) and report incident within company
- The claim will be reported to a claim handler outside company and you will be issued a claim number to provide the medical provider
- Follow-up with the employee or family
- Obtain documentation from medical provider detailing diagnosis, treatment plan, ability to return to work and restrictions if any
- Develop return-to-work plan including possibility of ‘light duty’
- Develop coverage plan for injured employee in case of inability to return to work

## ONGOING:

- Use a 'wellness' approach (cards, phone calls, visits) to continue to reinforce concern
- Continually monitor treatment plan and submit documentation to com carrier
- Update return-to-work plan
- Maintain contact with the injured employee and/or the family
- Consider medical examination by independent physician, if warranted
- Reevaluate treatment plan based on new medical information

## COLLECTING INFORMATION

Gathering information and communicating it timely within the company is the key to managing the claims process and also ensuring the best possible outcomes for our staff. Below are a few actions to complete when gathering incident information:

- Complete the incident form
- Get an oral statement from injured worker
  - Conduct the interview in a non-adversarial setting
  - Demonstrate concern and empathy
  - Allow the worker to talk
  - Do not rush the worker
  - Reenact the accident
  - Check for photos and/or video of the accident
- Get a written statement from injured worker
  - Note the location where the statement is taken
  - Let the employee write the statement, if possible
  - Statement should be typed or written in ink
  - Request that the worker and any witnesses sign the statement
  - Make sure the employee initials any changes
  - Give copy of statement to employee
  - List the date and time of the statement
- Get a statement from witness(es)
  - Note witness' relationship to the injured worker
  - Interview witnesses individually
  - Do not rush the witness
  - Make sure the statement is unrehearsed
  - Make sure the witness writes the statement in ink
  - Make sure the witness records his/her actions before, during, and after the time of injury
  - Request the date and time of the statement
  - Give a copy of the statement to the witness

### **INCIDENT REPORT**

Name of Injured Person:		Phone Number:	
Place of Employment:	Address:		City/State/Zip:
Social Security #:	Sex:	Date of Birth:	
Marital Status:	Date of Hire:		Position:

### **NATURE OF INCIDENT**

Date:	Time:	Room/Suite/Other:	
Building Name:		Address:	City/State/Zip:
Where did the incident occur (specific location)?			
What happened?			
How did it happen?			
Why did it happen?			
Nature/extent of the injury:			
What corrective action has been taken to improve or eliminate the cause of the incident?			

### **OTHER INFORMATION**

Incident was discovered and reported by:		Place of Employment:	Phone No.:
Witness(s) to incident:	Address:		Phone No.:
Witness(s) to incident:	Address:		Phone No.:
Were police notified? Yes <input type="checkbox"/> No <input type="checkbox"/> / Police item #:		Was an ambulance called? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and address of Doctor and/or hospital:			
Client notified: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:	Time:
Comments:			
Workers Comp Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Report Submitted by:			

Signature: