

Attention Supervisors

When An Injury Occurs:

Step 1 Provide Immediate Medical Attention

- In a life threatening or emergency situation call 911.
- For less severe injuries, provide first aid and refer or transport the injured employee to your closest occupational medical provider for treatment. These occupational medical providers are familiar with occupational injuries and workers' compensation issues. A statewide list of medical providers is available @ www.iwif.com.

It's important to plan ahead.

Please make sure all supervisory personnel know where your selected medical providers are located.

Provider Name _____ Provider Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Step 2 Call the IWIF Injury Reporting Hotline Promptly

1-888-410-1400 Available 24 Hours a Day
7 Days a Week



The most important step you can take to control the cost of a claim is to report the injury immediately.

- An IWIF representative can take all necessary information and complete the **Employer's First Report of Injury** over the phone.
- Included on the reverse side is a list of the questions that will be asked when the call is made.
- The representative can also assist in choosing a medical provider in your area and issue a prescription authorization number.
- Registered policyholders with an e-services pin# can also file the First Report of Injury online at www.iwif.com.

This completes your initial reporting responsibility and assures the timely review of the claim, as well as appropriate payment of benefits and medical bills.

Step 3 Investigate and Document the Injury with these Steps/Forms

Accident investigation forms are found in the Accident Management packet. They are also available

➔ @ www.iwif.com.

- Gather the facts. Preserve any evidence or damaged equipment.
- Have your injured employee fill out and sign an **"Employee's Report of Injury Form"**
- Have your injured employee sign the **"Authorization for Release of Medical Information Form"**
- Obtain and complete **"Accident Witness Statement Forms"**
- Obtain and complete **"Supervisor's Report of Accident Investigation Form"**
- You the employer/supervisor must complete the **"13 Week Wage Statement Form"**
- Return all completed forms by mail or by fax to the IWIF Claims Adjuster assigned to the injury claim.
Please make and keep copies of all completed forms for your records.

Step 4 Take Corrective Action

- Correct unsafe conditions • Ensure that unsafe behavior does not reoccur.
- IWIF's Loss Control Department can assist you with a workplace safety analysis, at no additional cost to you.

Step 5 Communicate with Your Employee and IWIF

- If the employee is unable to return to work for an extended time, management should call the employee weekly to inquire about his/her well being and medical improvement. Stay in touch and let the employee know that you care.
- Work with the claims adjuster and nurse case manager so the employee can return to work as soon as possible.
- Utilize modified duty positions. For information regarding the importance of modified duty in the workplace, call the IWIF Loss Control department 1-800-264-IWIF.

IWIF Injury Reporting Work Sheet

When you call the IWIF injury reporting hotline, or when you file online to report an occupational injury, this is the information you will be asked to provide so that the **Employer's First Report of Injury** can be completed. Please assemble and have ready as much of this information as possible. The employee's personnel file is a good source for this information. **Note:** This list of information is not all inclusive, and the questions asked may not necessarily be asked in the same order listed below. This work sheet is for gathering information only and cannot be submitted as an actual Employer's First Report of Injury. **Mandatory information is highlighted in bold print.**

Caller/Employer's Information

1. **Caller's name:** _____ 2. **Your telephone number:** _____
3. Employer's/Policyholder's Name _____
4. **Policy number:** _____
5. Employer's Address: _____
6. **Date of the injury:** _____ 7. Time of injury: _____

Injured Employee Information

8. **Injured employee's Social Security Number:** _____
9. **Injured employee's name:** _____
10. Injured employee's job title: _____
11. Injured employee's home address: _____
12. Injured employee's phone number: _____
13. Marital status: _____ 14. Number of children: _____ 15. Gender: M ___ F ___
16. Injured employee's date of birth: _____

Injury/Occurrence Information

17. Was the injured employee performing their assigned regular duties? _____
18. On what date was the employer notified of the accident? _____
19. What is the name of the person that was notified about the injury? _____
20. Address of the accident location: _____
21. **Description of the accident:** _____
22. Specific activity/function engaged in when the accident occurred: _____
23. Location of the accident (Hallway, loading dock, stairwell etc.): _____
24. Was the injured employee treated in an emergency room? _____ 25. Was the employee admitted to the hospital? _____
26. Name of the hospital and phone number if known: _____
27. What is the doctor's name that treated the injured employee? _____
28. What is the doctor's phone number? _____
29. Was the injury the result of product or machine failure? _____
30. Did the accident involve a vehicle? _____
31. If known, please give a description of the injury: _____
32. **What part of the body was injured?** _____
33. What side of the body was injured? _____
34. Do you believe this to be a valid claim? Yes - No
35. Date of hire for the injured employee: _____ 36. Did the employee return to work? _____
37. Date the employee returned to work: _____ 38. Last day worked by the employee? _____
39. If fatal, date of the employee's death: _____
40. Did the employee receive full pay for the date of the injury? _____ 41. Did salary continue? _____
42. State of hire: _____ 43. Employee's employment status: _____
44. Employee's wage/rate: _____ 45. Number of days employee works per week? _____
46. Time employee began work on the day of injury? _____