



SEG SELF-INSURER WORKERS' COMPENSATION FUND COMPREHENSIVE RISK SERVICES (CRS)

EMPLOYEE INJURY PROCEDURES

INJURY REPORTS MUST BE FILED AS SOON AS POSSIBLE AFTER INJURY

Failure to do so may cause the claim to be rejected and the employee to be responsible for all medical costs.

When an employee is injured on a worksite, please follow these procedures:

1. Employee reports accident to immediate supervisor/designee.
2. If it is not an emergency, the employee immediately completes an EMPLOYEE'S REPORT OF INJURY form, filling out **all** required fields.
3. Supervisor/designee immediately emails the EMPLOYEE'S REPORT OF INJURY form to _____ in the _____ Department.
4. Within 24 hours of the date of incident, the supervisor must also submit a completed SUPERVISOR'S REPORT OF ACCIDENT form to _____ in the _____ Department.
5. The district contact will provide the employee with a signed INITIAL AUTHORIZATION TO TREAT form and with a FIRST FILL card to cover clinic-written prescription(s). The district may also inform that injured employee that a workers' compensation adjuster will be reaching out to them regarding the incident.
6. The district contact should provide the injured employee with the AUTHORIZATION TO TREAT form and direct them to the district's designated occupational clinic for the initial medical evaluation.
7. After the clinic visit, employees should provide a hard copy of the clinic's activity status report/work slip to their supervisor/designee. **Employee(s) should continue to obtain an activity status report/work slip after every visit.**
8. The clinic will work with your workers' compensation claim adjuster to ensure quality of care and approval of visits and prescribed treatments, including physical therapy, diagnostic tests, and specialist referrals. **All prescribed treatments and referrals must be authorized by your adjuster.**
9. The _____ Department will work with the employee's supervisor on restricted work options.
10. If you have any questions or concerns about these procedures or the management of workplace injuries, please contact _____ at _____.

If an accident occurs **after hours or is an emergency, proceed to an emergency room**, and call the _____ Department at _____ the following workday morning. Authorization and forms can be completed following the emergency visit.

The following clinic is the **only district-approved employee injury location**:

CLINIC NAME

ADDRESS

PHONE

HOURS