

## **REPORTING OCCUPATIONAL INJURIES**

Care of the injured employee is the first priority when an occupational injury occurs. Prompt care and prompt reporting will reduce both the cost and the severity of occupational injuries, as well as controlling invalid claims.

In order to provide prompt and adequate medical care and ensure timely payment of benefits for an occupational injury, please use the following procedures:

### **EMERGENCY SITUATION**

- \* **CALL 911. DO WHATEVER IS NECESSARY.**
- \* IMMEDIATELY CALL Texas Healthcare Foundation (“THF”) at **800-716-6777**.
- \* If the occupational injury requires emergency medical attention, 911 should be called immediately. A supervisor should accompany the injured employee to the designated clinic or hospital emergency room for treatment. If the injured employee loses consciousness or is admitted to the hospital, THF should be contacted immediately by calling **800-716-6777** so the incident can be investigated as soon as possible. THF is on call 24 hours a day 7 days a week (including all weekends and holidays). If the occupational injury is serious, the employee’s family should be contacted and advised of the situation. The company’s supervisor should remain at the clinic or hospital until the employee’s medical condition is ascertained. The appropriate incident reports as described in the following Non-emergency Situation section should then be completed.

### **NON-EMERGENCY SITUATION**

- \* **DIRECT OR TAKE THE INJURED EMPLOYEE TO A DESIGNATED MEDICAL PROVIDER.**
- \* **IMMEDIATELY CALL THF AT 800-716-6777, REGARDLESS OF SEVERITY.**
- \* THF will then guide you in completing the appropriate incident reports so as to determine validity and severity of each injury. A copy of the reports should be faxed to THF at 972-317-0889 as soon as practical, but no later than 24 hours after the occupational injury.

### **EMPLOYEE STATEMENT OF INJURY (Form 1)**

Medical treatment is the primary concern when an employee is injured. However, as soon as practical after the incident, the employee should be required to fill out an Employee Statement of Injury report. **DO NOT** complete the report for the employee. Encourage the employee that spelling, grammar, etc., are not important, but it is important to have the report expressed in their own hand, signed and dated. Call attention to the signed statement at the end. **The Company should never admit responsibility or liability.**

### **SUPERVISOR'S INCIDENT INVESTIGATION (Form 3)**

Occupational injuries are investigated by the supervisor and anyone who has first hand knowledge of the incident. The supervisor should cover the following items during the incident investigation.

a. Describe Injuries

This should explain what injuries were sustained by the employee. Examples include: "particle in eye," "lower back strain," or "right index finger cut."

b. What was the employee doing? (include tools and materials used)

This should explain the items involved in the incident and how it occurred. Examples include: "opening bag of Sevin dust with box cutter," "lifting B&B tree," "pruning fruit tree for customer," or "pushing cart to customer's car."

The Supervisor's Incident Investigation must be signed by the supervisor and sent to THF within 24 hours of the incident.

**THF's claims administration is initiated when you or your designees provide us with the information requested on the Supervisor's Incident Investigation report.**

Please immediately fax the report to 972-317-0889. If a fax is not available, please call 972-317-1252 or 800-716-6777 to report the incident. Upon THF's receipt of this information, a claims examiner will review the information and make any necessary interventions with the treating medical providers. The claims examiner will then contact you or your designee and provide you with any medical or administrative information necessary to most effectively manage the entire episode of medical treatment and return to work.

### **WITNESS STATEMENT (Form 2)**

If there were any witnesses to the incident, all witnesses are required to complete a Witness Statement on a separate report. A witness can be someone who saw the incident, heard the incident, or was in any way involved in the incident or the reporting of the incident.

- a. Keep the witnesses separated until all statements have been recorded in writing.
- b. Review written statements with each witness before they are allowed to leave.
- c. Ask additional questions if needed to clear up any discrepancies.
- d. Do not coach, coerce, or intimidate any witnesses.
- e. Do not make any notations on witness statements or alter them in any way.

### **MEDICAL TREATMENT INSTRUCTIONS (Forms 4, 5, & 6)**

Send the injured employee to the designated medical provider with the following:

- \* **Medical Treatment Authorization (Form 4)**
- \* **Physician's Report of Employee Injury (Form 5)**  
The injured employee is required to return this form to his/her supervisor prior to returning to work.
- \* **Medical Records Release Authorization (Form 6)**  
Always secure the employee's signature when medical treatment is necessary.

Designated providers will be instructed **not** to treat a new patient if the injured employee does not provide these forms.

THF will ascertain the injured employee's medical diagnosis, treatment plan and ability to return to regular, normal duties from the treating physician and share this information with you and the injured employee. When appropriate, THF coordinates with the treating physician in obtaining a modified return to work release and assists you in developing modified work duty for the injured employee.

THF will monitor the injured employee's medical treatment and communicates relevant information relating to medical and return to work progress until your employee can fully perform regular, normal duties.

### **RECORD ONLY INCIDENTS**

Employees should be instructed to immediately report all occupational injuries to their immediate supervisor and complete an Employee Statement of Injury (Form 1), regardless of severity. The report should be faxed to THF and held **for Record Only** in a separate file should the employee require medical treatment at a later time. The

supervisor should also complete and fax the Supervisor's Incident Investigation (Form 3) to THF as soon as possible.

#### CONFIDENTIALITY

- a. Maintain all statements, medical reports, etc., in a confidential injury file.
- b. Refer any written or telephone inquiries concerning the injured employee to the appropriate, authorized company personnel and THF.
- c. Do not discuss anything regarding an employee's injury with other employees (including medical reports, drug/alcohol screens, results, etc.)

#### WORK LOSS INFORMATION

If the injured employee will miss one day or more of work, contact THF so that lost time benefits can begin as soon as any waiting period has been satisfied.

If the injured employee will miss more than one day of work, a supervisor should call the employee at least every other day during the first week to check on progress and offer assistance. Demonstrating a genuine concern for the health and well-being of the injured employee is an important aspect of controlling the claim.

**Any questions, just  
Call THF at 800-716-6777  
THF will be glad to help.**