



## MANAGEMENT OF OCCUPATIONAL INJURY

**IF AN EMPLOYEE IS HURT OR BECOMES ILL ON THE JOB, IMMEDIATELY TAKE THE FOLLOWING STEPS:**

**Provide First Aid:** Stabilize the Injured Worker, Arrange for Transportation to the Medical Provider. For Serious Injuries call 911

### REFER THE INJURED WORKER FOR APPROPRIATE MEDICAL CARE

Give the employee a medical referral form, found in your claims kit, to take to the physician.

Use your assigned Medical Provider Network, MPN, and Clinic. These medical providers work with the Claims Examiners, Nurse Case Managers and Return to Work Specialists to establish a treatment and return to work plan.

### PROVIDE THE PHYSICIAN AND COMPWEST INSURANCE WITH THE EMPLOYEE'S JOB DESCRIPTION

### PROVIDE THE INJURED EMPLOYEE WITH THE (DWC-1) EMPLOYEE CLAIM FORM WITHIN 24 HOURS.

Document the date given and by whom, It can also be mailed to the Injured employee. The DWC-1 form is in your claims kit.

### COMPLETE THE EMPLOYER'S FIRST REPORT OF WORK INJURY FORM.

You can report online, via telephone, fax or mail a hard copy of the Employer's First Report of Work injury to CompWest Insurance within (5) days of your knowledge of the injury or illness. But remember, the sooner the claim is reported, the quicker it will be managed which will result in the best outcome for the employee and your company.

### CALL THE CLAIMS DEPARTMENT - (888) 709-3651 - IMMEDIATELY IN CASE OF

Head Trauma  
Burns, 3rd Degree  
Amputation  
Serious Eye Injuries

Cardiovascular Accident (Stroke)  
Myocardial Infarction (Heart Attack)  
Multiple Trauma  
Crush Injuries To Hand Or Feet

Spinal Cord Injury and/or Any Paralysis  
Aneurysm - (Swelling Of Artery)  
Severe Fractures  
Robberies

### COMPLETE A SUPERVISOR'S REPORT OF INJURY OR ILLNESS

Get a statement in the worker's own words as quickly as possible, describing what happened and listing anyone that saw it happen. The investigation of the claim should answer the questions of *how, when, where* and *why*.

### SAVE ALL EVIDENCE ASSOCIATED WITH THE INJURY OR ILLNESS

If you feel the accident was the result of defective tools, equipment or materials save the items for subrogation evaluation. The cost may be passed on to the vendor or manufacturer if they are found at fault.

### GIVE EMPLOYEE THE "FACTS FOR INJURED WORKERS BOOKLET" (Found in your claims Kit)

Provide the employee pamphlet; found in your claims kit, spelling out benefits to which he/ she may be entitled.

### CONTACT THE PHYSICIAN REGARDING MODIFIED - TRANSITIONAL DUTY

Consult with the physician the day of the injury on the type of modified/ transitional duty that is available so the employee may be allowed to return to work that day or shortly thereafter.

### TAKE NECESSARY STEPS TO AVOID ANOTHER ACCIDENT

Replace or repair broken equipment, guards or damaged floors; retrain others in the workplace; or substitute a safer chemical to prevent a reoccurrence.

Report Claims Via Fax – (866) 506-5800 or Sign Up for [CompWeb](http://CompWeb) and File Online at [compwestinsurnace.com](http://compwestinsurnace.com)