

# Attention Supervisors

# When An Injury Occurs:

**Catastrophic Injury or Fatality?**  
Did the injury result in:

- Helicopter transport
- Multiple fractures
- Head injury/loss of consciousness
- Admission to ICU or Trauma Center
- Spinal cord injury
- Amputation
- Fatality

After you call 911, please call the Chesapeake Injury Hotline **ASAP**.

## 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. For a courtesy recommendation of quality medical providers in your area, please contact your Chesapeake Employers' claims representative. **It's Important to plan ahead.** Please make sure all supervisory personnel know where your selected medical providers are located.

Provider Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Provider Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

## Step 2 Call the Chesapeake Employers' 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.

- A Chesapeake Employers' representative can take all necessary information and complete the **Employer's First Report of Injury** over the phone.
- Included on the next page 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.
- **You can also report the injury online.** Registered policyholders with an e-Services pin# can also file the Employer's First Report of Injury online at [www.ceiwc.com](http://www.ceiwc.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.
- **IMPORTANT OSHA Requirement.** Maryland employers must call and report to OSHA/MOSH - ALL work-related fatalities within 8 hours and ALL work-related inpatient hospitalizations, amputations or losses of an eye within 24 hours. Please call MOSH at 1-888-257-6674 or OSHA at 1-800-321-6742

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

Accident investigation forms are found at [www.ceiwc.com](http://www.ceiwc.com) I am an Employer/Forms and Publications [www.ceiwc.com](http://www.ceiwc.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."**
- Obtain and complete **"Accident Witness Statement Forms."**
- Obtain and complete **"Supervisor's Accident Investigation Form."**
- You the employer/supervisor must complete the **"14 Week Statement of Wage Information Form."**
- Return all completed forms by mail or by fax to the Chesapeake Employers' 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.
- Our Safety Services Dept. can assist you with a workplace safety analysis, at no additional cost to you.

## Step 5 Communicate with Your Employee and Chesapeake Employers

- 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 transitional duty positions. For information regarding the importance of transitional duty in the workplace, contact a Chesapeake Employers' Safety Services professional.

Please copy this reminder form as needed. Post and make available for all supervisory personnel.

# Chesapeake Employers' Injury Reporting Work Sheet

When you call the Chesapeake Employers' 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 worksheet 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.**

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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 hospital 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 the injury? \_\_\_\_\_