

## Supervisor Instructions for On the Job Injuries

An accident has occurred – the employee MUST report this occurrence to his/her supervisor immediately. Program rules require reporting injuries within 5 days to maintain eligibility for benefits.

For employees exposed to blood and/or body fluids – follow the Supervisor Instructions for Employees Exposed to Blood or other potentially Infectious Materials located on the website at [www.riskmgmt.alabama.gov](http://www.riskmgmt.alabama.gov).

For employees injured while driving a vehicle or involved in an automobile accident while on duty, instruct the employee to obtain a copy of the police report as soon as possible and return it to the supervisor. The supervisor should fax a copy of the police report immediately to SEICTF.

### **ELIGIBILITY**

Full time merit-system state employees are covered. Other classes of employees may be covered if pre-approved by the Risk Manager, but coverage will not be effective until receipt by DORM of payment of assessed costs. Contact SEICTF if you are uncertain of eligibility.

### **PROCEDURES**

The injured employee must complete the Accident Report Employee Statement immediately.

The supervisor must complete the FRI (First Report of Injury) and the Authorization for Initial Treatment and Pharmacy forms if medical treatment is required. “Fillable” versions of the forms are available on the website [www.riskmgmt.alabama.gov](http://www.riskmgmt.alabama.gov). The FRI form may be submitted to SEICTF directly from the website; other forms may be completed online, printed, signed, and faxed.

Do not delay medical treatment for the injured employee – complete the above forms as soon as possible the same day.

#### **If medical treatment is needed, instruct the employee to:**

Take the completed Authorization for Initial Treatment and Pharmacy form with him/her to the approved doctor and pharmacy.

Return the Authorization for Initial Treatment and Pharmacy form to the supervisor as soon as possible after receiving treatment. The physician must complete and sign his/her section of this form; fax this form to SEICTF immediately upon receipt and indicate the accommodation status. Follow the established agency call-in procedure for the employee who cannot return to work immediately. The Personnel Department will instruct the employee to complete and sign the election for lost time benefits form to support missed injury-related work hours during each pay period.

#### **If the employee does not wish to seek medical treatment:**

Indicate this on the FRI (First Report of Injury) form under section 19.

NOTE – The supervisor may recommend that the employee seek medical attention if he/she believes the injured employee may be a threat to the safety of the employee, co-workers, and/or others. If the

employee continues to refuse treatment, the supervisor may direct the employee to leave work and obtain a medical release from a physician before being allowed to return to work.

If the employee does not wish to see the authorized SEICTF doctor or does not wish to receive SEICTF benefits, indicate this on Section 19 of the FRI (First Report of Injury) and contact SEICTF at **800-388-3406**.

**If the employee has activity restrictions upon returning to work, as indicated by the physician on the Authorization for Initial Treatment and Pharmacy Form:**

Review the restrictions and determine if he/she can resume his/her regular duties or if modifications need to be made. Please notify SEICTF of this decision in writing.

Meet with the employee to review the job duties and his/her responsibilities once the job duties are determined. This must be done before the employee returns to work.

When the employee returns to work, inform the employee that he/she must present a return-to-work slip from the treating doctor to the Personnel Department and to the supervisor after each physician visit.

If the treating physician changes the activity restrictions, contact the Personnel Department immediately to re-evaluate the job duties, and make changes as needed.

**INSTRUCTIONS FOR LOST TIME BENEFITS**

Submit an Employee Election for Lost Time Benefits (EOB) to SEICTF, which can be found on our website under the forms section. (Website: [www.riskmgt.state.al.us/DownloadForms](http://www.riskmgt.state.al.us/DownloadForms) ). Be sure that the requested wage information is provided on this form for the wage in effect at the time of injury, and list the waiting period dates in the designated area.

NOTE: EOB must be signed and dated by the employee for validation.

Submit Reporting of Hours form to SEICTF by the designated GHRs deadline each payroll period. Failure to do so will prevent your injured worker from receiving compensation benefits. Please submit this report as far in advance of the deadline as you are able.

Reporting of Hours forms should be e-mailed to [770.Reception@finance.alabama.gov](mailto:770.Reception@finance.alabama.gov), and copied to [Georgia.Ivey@finance.alabama.gov](mailto:Georgia.Ivey@finance.alabama.gov) .

**COMMUNICATION**

Please notify SEICTF of any red flags regarding your claims...second jobs, sports/hobbies, negative comments from the injured employee, etc.

Notify SEICTF of an injured employee's return to work.

Keep SEICTF informed of your ability to accommodate limited duty.

Avoid review of your injured employee's medical records as this is a HIPAA violation. Your injured employee should submit their Temporary Alternate Duty form from their doctor visits which will provide their work status, or comparable work status forms. Do not accept delivery of any other medical records.

**REMEMBER – the Injured Employee or Supervisor can contact SEICTF at 800-388-3406 with questions or concerns.**