

What To Do If an Employee Is Injured on The Job

Medical Treatment

Make sure your employee's injury is treated as soon as possible by your company physician, an urgent care facility, occupational medicine facility or emergency room; depending upon the severity of the injury.

Did you know?

Establishing a Company Physician can help Lower the Cost of Your Workers' Compensation Claims?

*Do **NOT** allow your employee to seek medical treatment on their own or with their family physician. Alabama is one of the few states where the Employer has the right to designate the authorized treating physician under workers' compensation. Please do not relinquish that right!*

Should an employee refuse medical treatment, please have them read and sign the attached Refusal of Medical Treatment Form.

Employers who have employee's working in the field should keep a supply of these forms in their work truck, so they are readily available when needed.

Post Accident Drug and Alcohol Screen

Request a post-accident drug and alcohol screen be conducted in accordance with the U.S. Department of Transportation standards set out in 49 C.F.R. Part 40. Drug screens must be reviewed by a Medical Review Officer (MRO). If the facility does not have an MRO, ask them to send the sample out to a lab that can have the screens reviewed by an MRO. This cost is covered under the workers' compensation claim when filed.

Post Accident Drug and Alcohol Screens Must be Conducted Within 32 Hours of the Employee Reporting an Accident or Injury to the Employer!

*A post-accident drug and alcohol screen should be done after **ALL Accidents**, even if the employee refuses medical treatment or claims they are not injured. Employees who are afraid they will not pass a post-accident drug screen will often refuse medical treatment immediately following an accident. They may wait a week or so to request medical treatment to give themselves time for the drugs or alcohol to get out of their system. Once they are past the 32-hour time limit, we lose this potential defense to the claim.*

Should an employee refuse a request for a post accident drug and alcohol screen, please have them read and sign the attached Post Accident Drug and Alcohol Screen Form.'

Investigate the Accident

Did you know?

A thorough and timely investigation by the Employer can speed up the Workers' Compensation Claims Process.

- Take photos of the accident scene.
- Obtain statements from any witnesses to the accident and their contact information.
- Secure any evidence that may be required later.
- If you believe the accident could have been due to a manufacturer's defect of any equipment involved in the accident, secure the equipment, and find any paperwork associated with the purchase of the equipment as well as any manuals or safety notices.
- If you believe the accident was due to the fault of a third party, obtain all contact information of the third party.
- If the accident was the result of an MVA, obtain the MVA report.
- If the accident was the result of a violation of a safety rule or procedure, collect all documents associated with the training and notification to the involved employee of the company's safety rules.

Examples of Evidence to Preserve: Faulty Ladder, Tire that had a Blow-out, Tool that Malfunctioned

Examples of Manufacturers Defect: No Safety Guard on a Machine, Faulty Brakes, Vehicle Caught on Fire, Electrical Defect

Example of Third Party: Companies who Repair or Service Equipment

Complete an Employers First Report of Injury Form (FROI)

Did you know?

ForestFund requires all new accidents and injuries be reported immediately upon the Fund Members knowledge, to Mackinaw Administrators, LLC.

Failure to report a claim timely could result in a denial of coverage for the claim.

- Complete the FROI form (attached) and forward it to Mackinaw Administrators, LLC as soon as possible after the accident or notification of an alleged injury. A FROI form can also be found online at: https://labor.alabama.gov/docs/dept_type.aspx
- The FROI can be emailed or faxed to any member of the ForestFund Claims Team. A contact list is included in this handout.
- Once the FROI is received by Mackinaw Administrators, an adjuster will be assigned to the claim. The adjuster will be in contact with you to discuss the claim as soon as possible.

The ForestFund Claims Team cannot approve any medical treatment until the FROI is completed and turned in to Mackinaw Administrators

Emergency Claim Reporting 1-800-536-7702

Should you have an Emergency Claim to Report please call our Toll-Free Emergency Claim Reporting Line, 1-800-536-7702, and follow the instructions outlined by the Auto Attendant to be connected to someone who can assist you.

Refusal of Post Accident Medical Treatment

Employee Name : _____

Date of Accident : _____

Description of Accident : _____

Injury Claimed : _____

I, the undersigned employee, **REFUSE** the medical treatment offered to me by my employer for treatment of the above referenced accident and injury. I understand I may lose my right to compensation benefits which might be due to me during the period of my refusal to be evaluated by the employers' physician. I understand any medical treatment related to this accident/injury I obtain **on my own** may not be covered under Workers' Compensation.

I, the undersigned employee, understand I am still required to undergo a post- accident drug and alcohol screen. Should I refuse to cooperate with a post-accident blood or urine test as requested by my employer, this shall constitute written notice as required by Alabama law:

"No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter."

I, the undersigned employee, acknowledge I have read the above statements.

Employee Name Printed

Date

Employee Signature

Witness Name

Witness Signature

Post-Accident Drug and Alcohol Screen Notice

I, the undersigned employee understand, should I be involved in an accident or sustain an injury while on the job, I will be required to submit to a post-accident drug and alcohol screen as directed by my employer.

Sec 25-5-51 of the Alabama Workers' Compensation Act states in part:

“No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter.”

I, the undersigned employee, acknowledge I have read the above statement and understand if I refuse to submit to or cooperate with a post-accident blood or urine test as requested by my employer, I forfeit my right to recover workers' compensation benefits under the Alabama Workers' Compensation Act.

This constitutes written notice to the undersigned employee as required by Alabama law.

Employee Name Printed

Date

Employee Signature

Witness Name

Witness Signature