

Supervisor's Workers' Compensation Claim Toolkit

CHECKLIST

You are notified that an employee you supervise has had a workplace accident, injury or illness. As the supervisor you must:

V AND DATE	TO DO	SEND TO
1.	1. Advise Employee to seek medical attention for any injury/illness requiring more than first aid.	NA
2.	2. Advise employee that he/she may seek assistance from any one of the following: a. ED – If life-emergent; b. OHS – If non-life threatening and during OHS hours of operation; or c. Workers compensation health care provider of employee's choice. See www.wcb.ny.gov for list of doctors.	NA
3.	3. Send email to LeavesWC@nychhc.org informing them of the incident and your contact information. Facility: Department: Your Name: Your Title: Your Telephone Number: Date of Email: Date of Incident: Employee Name: Employee Telephone Number (if known) Describe what happened? Is the employee out or back at work? If call 646-694-6490 to report	LeavesWC@nychhc.org
4.	4. Immediately following the workplace accident, injury or illness, Supervisor opens the WC Toolkit gives Employee Report of Injury Form to the employee who had the workplace accident/injury/illness to complete.	Employee returns form to Supervisor.
5.	5. Supervisor gives employee Witness Form (if any)	Witness returns form to Supervisor
6.	6. Supervisor completes the Supervisor's Report of Injury Form	
7.	7. In no more than 48 hours, supervisor must send all completed documents to:	LeavesWC@nychhc.org