WHAT TO DO WHEN AN ACCIDENT OCCURS

When an accident occurs, you should first assess the employee's condition. **If the employee's condition is stable, the following step-by-step process should be followed, completing the attached forms prior to the employee leaving your premises.** If immediate medical attention is required, please proceed in securing medical treatment at the **Local ER and/or Hospital** and the forms can be completed once the employee is stable.

STEP 1: ***Accident Investigation Report***

a) Completed by the **injured employee**
b) **Employee** will complete the top portion of this form and the **supervisor** will complete the bottom portion
c) Make sure that all questions are answered in detail.

STEP 2: ***Witness Statement Form*** *(If applicable)*

a) Each witness should complete this form.
b) This form **should not** be completed in the presence of the injured employee.

STEP 3: ***Authorization for Disclosure of Medical Information***.

a) This form authorizes us to request and receive the injured employee's medical records.
b) Though we are entitled to these records without this form, it is especially useful when a claim is denied or treatment was received without authorization.

STEP 4: ***Medical Authorization for Treatment***.

a) This form should be provided to the injured employee **prior to** seeking medical treatment.
b) The **supervisor** will be responsible for completing the top portion of the form and indicating that the employee is to seek treatment with the **local Urgent Care**.
c) You should instruct the employee to return this form to you after receiving medical treatment.
d) This form provides you with valuable information regarding the employee's diagnosis, prognosis, and work status.

STEP 5: ***First Report of Injury (North Carolina Industrial Commission Form 19)***.

a) This form should be completed by **Department Representative** on the day of the incident *(If possible)*.
b) Once you complete the Form 19 and print the document, it will automatically be forwarded to your Claims Representative.
c) Retain a copy of the Form 19 for your records
d) Provide copy of both front and back to the employee.

STEP 6: ***Notice of Accident to Employer and Claim of Employee (North Carolina Industrial Commission Form 18)***

a) Provide this form to employee
b) Refer employee to instructions on the Form 19 for completion of this form

****Please Note:** The originals of the ***Accident Investigation Report, Witness Statement (if applicable), Authorization for Disclosure of Medical Information***, and the ***Medical Authorization for Treatment*** should immediately be mailed or faxed to the attention of your Human Resources Representative, April Martin.