

Workers' Compensation Reporting Procedure

Revised January 12, 2012

General

Division of Air Quality employees are covered under the State Government Workers' Compensation Program. The North Carolina Workers' Compensation Act provides for medical benefits and compensation for employees experiencing a work-related injury or illness. The State has a self-insured program and expenditures are paid from current division operating budgets.

For a worker's compensation claim to be compensable: the employee must have suffered an injury or illness by accident; the injury or illness must arise while in the course of employment; and the injury or illness must be work-related.

Responsibilities

If an employee is injured on the job, or suffers from a work-related illness, the responsibilities of the employee and the supervisor of the employee are:

Employee Responsibilities

- Report the incident to your supervisor immediately.
- If medical treatment is required, go promptly to the medical provider designated for your work location.

Note: For a list of approved emergency care providers, go to the [CorVel - Provider Lookup](#) web page. Select "Workers Compensation" in the Select a Network drop-down box and enter the information in the Enter Search Criteria boxes.

- Obtain a "[Workers' Compensation Medical Authorization and Return-to-Work](#)" form from your supervisor to provide to the medical facility. Make sure your supervisor signs in the block marked: Employer Authorization. This will simplify the processing and expedite medical services. Billing information for the provider is shown on these forms and you should not receive any bills or have any out-of-pocket expense.

Note: Do not provide the medical facility your personal health insurance information for work-related injuries or illnesses. This will only complicate the payment of medical bills.

Complete the "[Employee Statement & Leave Options](#)" form. This is a two-part form. The first part is the "Employee Statement" of what happened to cause the injury or illness. The "Leave Options" form is to be used if you expect to be out of work for more than seven (7) days from the date of injury. Remember, your supervisor must sign this form and forward it to the Division Safety Consultant.

- Provide your supervisor the "[Workers' Compensation Medical Authorization and Return-to-Work](#)" form completed by your doctor. This may limit your performance of regular duties, restrict your activities, or require further medical treatment. The doctor's recommendations will give your supervisor guidelines for your return to work.

Supervisor Responsibilities

- Evaluate the injury or illness, and arrange for any necessary treatment. If the injury is not a first aid case and warrants care from a medical facility, send the employee to medical provider designated for your location.
- Provide the employee a "[Workers' Compensation Medical Authorization and Return-to-Work](#)" form to submit to the medical facility.
- Call a medical provider and inform them that an injured employee is on the way to the medical facility and that it is a worker's compensation claim.

Note: FOR EMERGENCY CASES use nearest medical facility and call CorVel Corporation Services for approval at: **919-277-1770** in Raleigh and **704-941-2800** in Charlotte.

- Notify the DAQ Human Resources by telephone of the injury.

Montez Baret, HR Specialist: 919-707-8490

or

John Capers, Safety Consultant: 919-707-8486

- Investigate the accident or incident to determine causes and any corrective actions that may be necessary.
- Retrieve the original "[Workers' Compensation Medical Authorization and Return-to-Work](#)" form signed by the attending physician. Evaluate the doctor's recommendations before assigning work to the employee. If the employee is placed on a "restrictive work" or "light duty" by the physician, contact DAQ Human Resources for the specifics for return to work guidelines.
- Complete the [Employee's Accident Report Form](#).
- Complete the [Supervisor's Accident Investigation Form](#).
- Prepare the [Form 19 - Employer's Report of Injury to Employee](#).
- Provide a copy of the completed Form 19 to the employee.
- Maintain a copy in the employee's folder for the Supervisors' files.
- Send originals of all forms to DAQ Human Resources.

Note: The Form 19 **MUST** be at DAQ Human Resources within 24 hours of the report of the injury or illness to the supervisor.

- Maintain contact by phone, or visit with the employees who are absent from work as a result of the on-the-job injury or illness.

Forms List:

[Workers' Compensation Medical Authorization and Return-to-Work Form](#)

[Form 19 - Employer's First Report of Injury](#)

[Employee's Accident Report Form](#)

[Supervisor's Accident Investigation Form](#)

[Employees Statement and Leave Options Form](#)

[Form 25P Itemized Statement of Charges for Drugs](#)

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