Prompt reporting, quality medical attention, and excellent communication are essential to successful cost management for workers’ compensation claims. EMC’s Select Provider Program helps organizations manage the process by providing educational tools to improve claim handling procedures, selecting qualified and reputable medical providers, and defining return-to-work policies and procedures.

By targeting the efficiency of the claims handling process, this successful program helps avoid the major communication mistakes that can damage employer-employee relationships. Using the step-by-step techniques outlined in the program, employers will assist employees in finding prompt medical care, which improves employee satisfaction and positively impacts the bottom line.

Controlling Costs
A key to controlling workers’ compensation costs is knowing what to do when an injury is first reported. EMC’s Select Provider Program assists an organization in managing the first 24 to 48 hours of a workers’ compensation claim by:

- Providing employee reporting procedures for a work-related injury or illness.
- Collecting accurate information about the injury or illness.
- Assisting employees in finding prompt, appropriate, and organized medical care.
- Reporting the injury to EMC claims adjusters in a timely and well-documented manner.

Medical Facilities
It is important to designate qualified, convenient medical facilities for injured employees to access. EMC has identified medical providers throughout the country that provide quality medical care while maintaining excellent lines of communication among all parties. Select Provider Program forms and materials are customized for each organization to assist in the initial referral and reporting process.

Communication
It is reassuring for everyone involved when both the employees and employers know what to do when a workplace injury or illness occurs. In the Select Provider Program, employees are educated on the specific procedures to follow when an injury report needs to be made. The program procedures are designed to be used by the organization’s management staff to assist the employee through the process of initial referral to medical care and return to work.

Return to Work Policies
Every organization should have a documented return-to-work policy. This policy should outline the organization’s commitment to providing a safe and healthy workplace and its pledge to provide access to prompt, quality medical care to injured employees. The policy should also establish the organization’s guidelines to return injured employees to productive employment as soon as medically possible.

A return-to-work policy should include wording that communicates the organization’s plan to make all reasonable efforts to provide modified or transitional work until the injured employee is able to return to normal duties. It is equally important to note that all transition work is temporary and intended to facilitate a return to regular work duties when medically feasible.

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**Supervisor’s Responsibilities**

When an employee is injured on the job, the supervisor has some very important duties and responsibilities to facilitate the employee’s medical treatment, the return-to-work program, and accident investigation. It is critical that all employees who are injured at work immediately report the incident to their supervisor. Upon that notification, the supervisor should complete the following:

- Obtain immediate medical attention for the injured worker.
- Call the medical facility or physician prior to the employee’s arrival and alert the medical staff of the injury/illness and approximate arrival time.
- Follow the organization’s requirements for reporting job-related illnesses and injuries.
- Complete an incident/accident investigation report.

Once the employee has been medically cleared to return to work in transitional duties (sometimes referred to as “light duty”), the supervisor, injured employee, and workers’ compensation administrator should review the information provided by the treating physician and jointly determine if appropriate work is available. Following an injured employee’s return to work, the supervisor and workers’ compensation administrator should monitor the injured employee’s progress to assure that all restrictions are carefully followed and assist to resolve any difficulties. Employees should be instructed to immediately report any difficulties with performing assigned tasks to their supervisor. Supervisors must always keep in mind that, although the employee may only be performing a portion of their pre-injury duties, it is of far greater benefit to the organization for the employee to be back on the job doing some work, than to be away from the job doing no work at all.

**Incident/Accident Investigation Reports**

One of the primary purposes of Incident/Accident Investigation Reports is to determine what actions are needed to eliminate or mitigate the hazards that have caused or contributed to an employee injury. The information gathered in these reports is very important to improving safety at the organization. The reports should emphasize prevention of future injuries, not blame the employee for what has already occurred by using phrases such as “employee should be more careful.” The reports should ultimately strive to identify the root cause of the accident and provide recommendations to eliminate or mitigate those root causes. Incident/accident reports should be completed within 24 hours of the incident, as information and facts may be forgotten by the employees and witnesses if too much time has passed.

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**For Additional Information**

**EMC Insurance Companies:** www.emcins.com

- Loss Prevention Information Manual – Accident Investigation
- Tech Sheets – Accident Investigation, Return to Work Programs, Employee Job Descriptions