

## Checklist for Direct Supervisor: Work-Related Injury Responsibilities

### Responsibilities of the Direct Supervisor:

- \_\_\_\_\_ Assist the injured employee in obtaining first aid or medical care when work related accidents, injuries, or occupational illnesses occur.
  
- \_\_\_\_\_ Provide the employee with the following forms:
  1. [Initial Examination Authorization](#) prior to medical treatment.
  2. [PMOA First Fill Card for Employees \(Prescription\) Voucher](#).\*\* If unable to provide the *WC Initial Examination Authorization* to the employee prior to medical treatment, and the employee uses their health care insurance for a work related injury, contact the ORM immediately.
  
- \_\_\_\_\_ Complete the [Employers' First Report of Injury or Illness \(DWC 001\)](#), **within twenty-four (24) hours**, if the employee is injured, if the injury is an occupational disease, or if the injury resulted in a work related death. In the event of critical injury or death, immediate telephone notification should be given to the ORM at 832-246-0047 or 832-813-6510 followed by the *DWC001*.
  
- \_\_\_\_\_ You must provide the injured employee with a copy of the completed *DWC001*, the [Injured Employee Rights and Responsibilities \(Spanish\)](#) and [Ombudsman Program Notice \(Spanish\)](#) under the Texas Department of Insurance, Division of Workers' Compensation each time an incident is reported.
  
- \_\_\_\_\_ Notify the ORM if the injured employee misses, or is likely to miss, more than seven days of work due to the injury.
  
- \_\_\_\_\_ Supervisor shall advise the employee to contact his/her Senior Human Resource Manager (SHRM) for direction or guidance regarding how LSC benefits, such as leave, FMLA, group health, disability and retirement, etc., are affected by a workers' compensation claim. Please refer to [HR Benefits](#).
  
- \_\_\_\_\_ Complete a [Supervisor's Accident Investigation Form, ORM-WC-2014-03](#) **within 24 hours** of the injury or occupational disease, include witness statements (use [Witness Statement](#)), and submit to the ORM. If improvements need to be made from the accident investigation please make immediately.
  
- \_\_\_\_\_ Maintain a detailed record of the work-related injury, even if the employee did not lose time from work as a result of the injury. Document all related information, such as witness accounts, possible fraudulent behavior, and/or any concerns regarding the incident.
  
- \_\_\_\_\_ Obtain the [DWC073 Work Status Report](#) from the injured employee after each medical visit, review the form, and forward to the ORM.
  
- \_\_\_\_\_ An employee who is injured on the job is not required to "formally" report the injury if his or her supervisor (or anyone with supervisory responsibilities) has actual knowledge that the injury was sustained in the course and scope of employment. The supervisor is responsible for ensuring the injury or exposure is reported to the Office of Risk Management.
  
- \_\_\_\_\_ Notify the ORM if the injured employee:
  1. return to work in either a full or limited capacity;
  2. earns more or less than the pre-injury wage because of the injury;
  3. returns to work and later has additional lost time or reduced wages as a result of the injury; or
  4. resigns or is terminated from employment.
  
- \_\_\_\_\_ Notify the ORM if the injured employee misses, or is likely to miss, more than seven days of work due to the injury.

For more information, please refer to the [Office of Risk Management \(ORM\) website](#) or contact  
ORM at 832-246-0047 or 832-813-6510.