

## Responsibilities of the Direct Supervisor – Work Related Injury

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 *ORM-WC-2014-02, 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 [DWC001, Employers' First Report of Injury or Illness](#), if the employee is injured, if the injury is an occupational disease, or if the injury resulted in a work related death. The *DWC001* must be emailed or delivered to the ORM **within twenty-four (24) hours after receiving notice that the employee is injured or has contracted an occupational disease.** In the event of critical injury or death, immediate telephone notification should be given to the ORM at 832.246.0047 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.

Complete a [Supervisor's Accident Investigation Form, ORM-WC-2014-03](#) **within 24 hours** of the occurrence of the injury (or the manifestation of the occupational disease), and submit to the ORM. Gather all pertinent information regarding the job related injury and report it to the ORM. This will include witness statements, if circumstances warrant.

If improvements need to be made from the Accident Investigation please make immediately. If the Direct Supervisor is unable to address any issues please contact the ORM.

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 (use [ORM-WC-2014-04 Witness Statement](#)), possible fraudulent behavior, and/or any concerns regarding the incident.

Obtain the [DWC073 Work Status Report](#) from the injured employee, review the form and forward to the ORM.

If the injured employee misses, or is likely to miss, more than seven days of work due to the injury the Direct Supervisor must advise the ORM. The ORM will request the [DWC003 Employer's Wage Statement](#), from Payroll and contact the appropriate SHRM to update employee records.

ORM will submit a [DWC006 Supplemental Report of Injury](#) to the carrier, on behalf of the Supervisor, for each of the following:

- ✓ The injured worker returned to work in either a full or limited capacity;
- ✓ The injured worker is earning more or less than the pre-injury wage because of the injury;
- ✓ The injured worker returned, then later had additional lost time or reduced wages as a result of the injury; or
- ✓ The injured worker resigned or was terminated from employment.

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.

For more information, please contact the [Office of Risk Management](#) or refer to: [www.lonestar.edu/risk-management](http://www.lonestar.edu/risk-management)