

Accidents at Work: How to Manage the Worker's Compensation Process

Any time an employee is hurt at work, it is important to follow these Worker's Compensation guidelines. This will insure that the process goes smoothly.

When an Employee is hurt on the job, here are the steps for the employee and supervisor to follow:

Supervisor of the Injured Employee

- I. Ensure immediate and appropriate medical care for the employee. In life threatening emergency, get the employee to the nearest medical facility.
- II. The Supervisor needs to notify Human Resources (919.733.2104) and refer the employee to the appropriate medical provider on the CareMC Preferred Providers Directory at https://www.caremc.com/002_employers/002_provider_lookup_frameset.htm). If the injury took place after hours, contact CorVel at (866-441-4151) **EMERGENCY ONLY**
- III. Provide the employee with a medical care form [.Physician's Report Pharmacy Guide](#)
- IV. Complete a Form 19 <http://www.ic.nc.gov/forms/form19.pdf> and review the other responsibilities noted in the attachment [.Supervisor's Responsibility](#)

Injured Employee

1. Notify your Supervisor immediately to get immediate care instructions. In life threatening emergency, get the employee to the nearest medical facility.
2. The Supervisor will notify Human Resources (919.733.2104) and refer the employee to the appropriate medical provider on the CareMC Preferred Providers Directory at https://www.caremc.com/002_employers/002_provider_lookup_frameset.htm). If the injury took place after hours, contact CorVel at (866-441-4151) **EMERGENCY ONLY**
3. Obtain a CorVel Medical Authorization Form from your Supervisor to take with you to the physician. This will ensure that any claims for treatment will be paid by the third party administrator, CorVel Corporation. [.Physician's Report Pharmacy Guide](#)

4. Return to work after your medical treatment unless your physician provides you with a written authorization prohibiting you to return to work. Provide a Dr. Note to your supervisor of any medical restrictions immediately.
5. Please complete Form SGWCP-2 "Employee's Statement/Leave Options". Completed form must be given to your supervisor or the Division/Commission Personnel Rep./HR WC Administrator. Provide in writing in detail how the accident occurred.
[.Employee's Statement/Leave Options](#)
6. Follow the instructions on the attached Employee Responsibilities procedures
[. Employee Responsibilities Procedures](#)