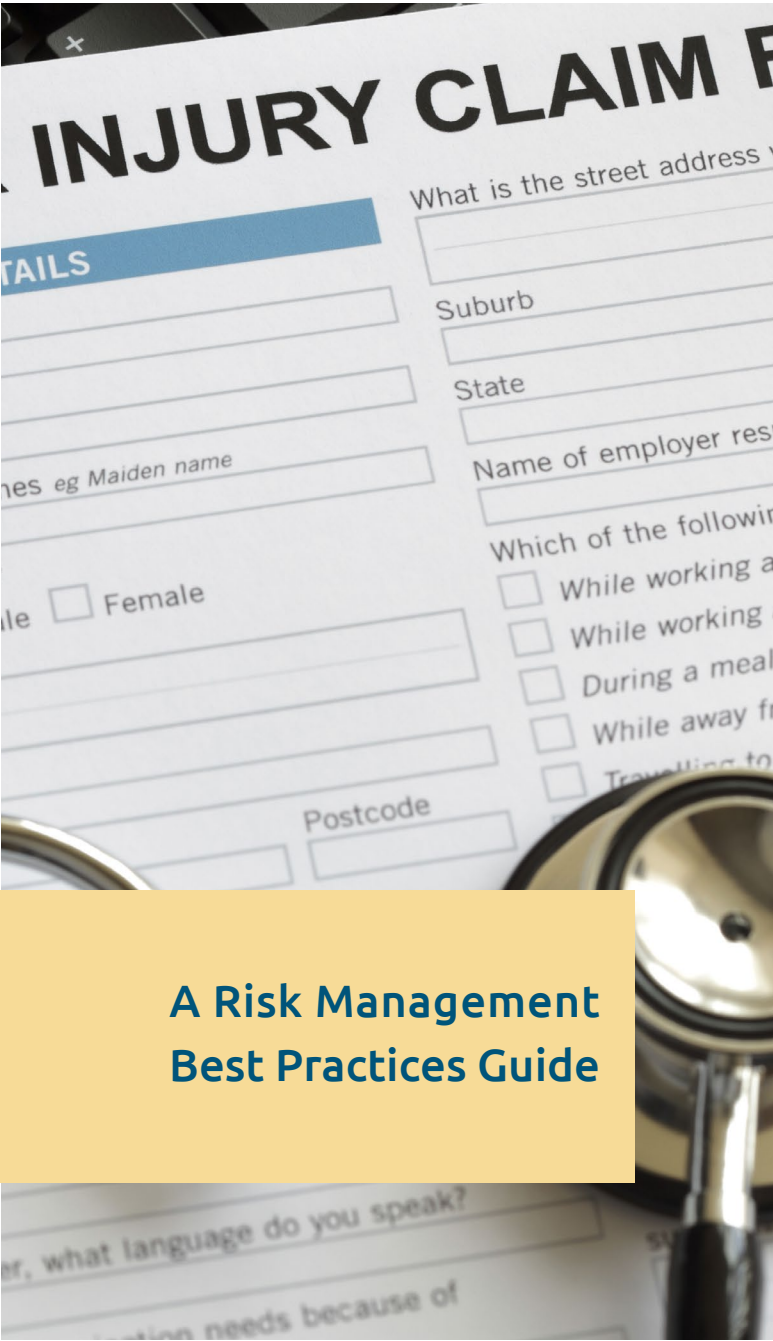


Workers' Compensation Accident Reporting and Review Program

*Updated with Public Act No. 16-112: An Act concerning the filing of
Workers' Compensation claims when a municipality is the employer.*



**A Risk Management
Best Practices Guide**



Workers' Compensation Accident Reporting and Review Program

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This publication is intended for general purposes only and is not intended to provide legal advice. If you have questions about particular legal issues or about the application of the law to specific factual situations, CIRMA strongly recommends that you consult your attorney.

Workers' Compensation Accident Reporting and Review Program

A CIRMA Risk Management
Best Practices Guide

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Introduction

An Accident Reporting and Review Program is a management tool by which accidents, injuries, and incidents are systemically studied so that their causes and contributing factors can be identified and eliminated, if possible. An effective Accident Reporting and Review Program will allow your organization to “learn from its mistakes” to improve workplace safety and its operations.

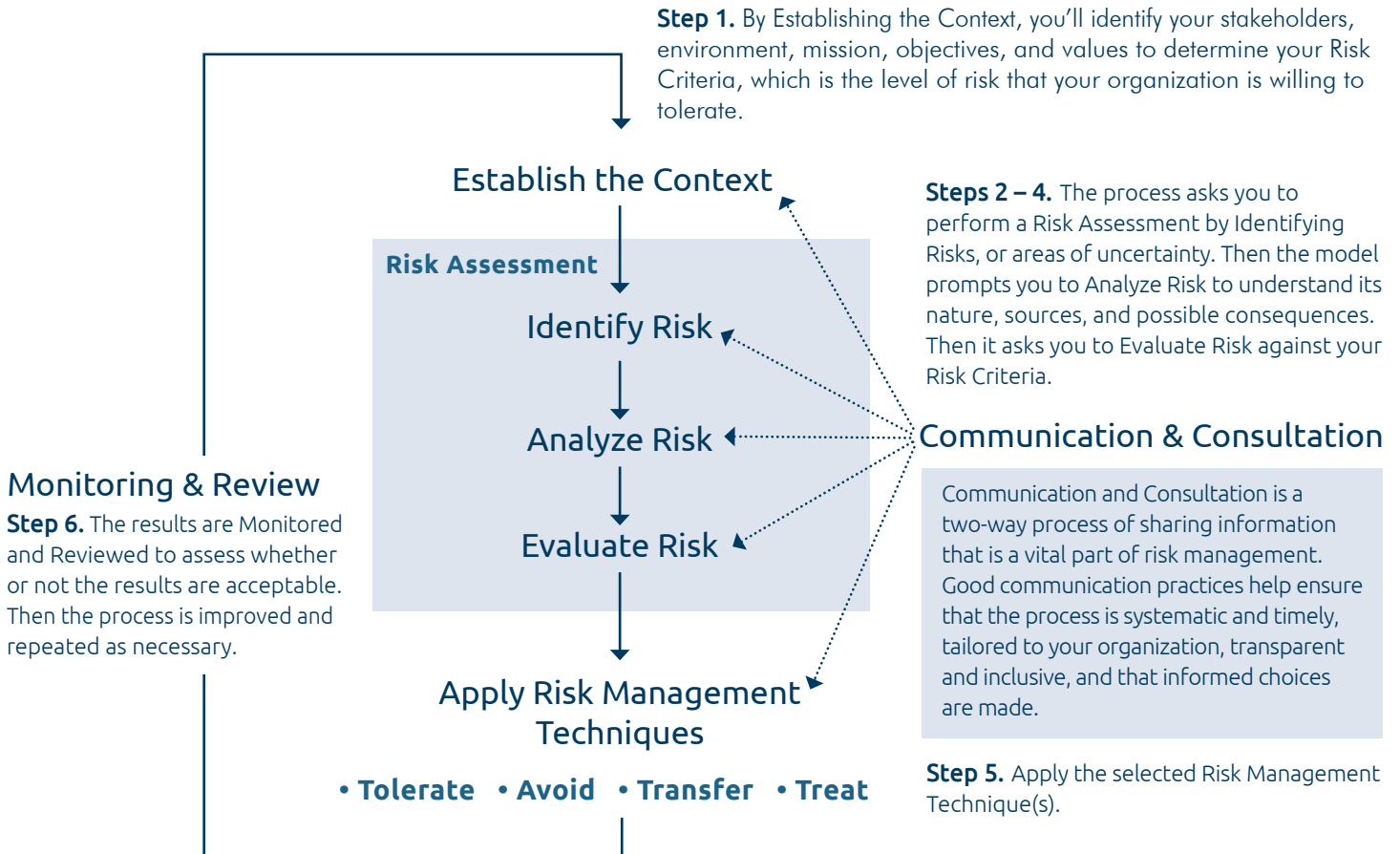
In addition to preventing future incidents or accidents, the Accident Reporting and Review Program:

- Assists in identifying inefficiencies and improves total quality of your operations,
- Develops accident trend information,
- Focuses supervisors’ attention on safety and helps them consider methods of preventing future accidents,
- Monitors the effectiveness of the current safety program,
- Provides information that can be compared to others regarding loss experience,
- Provides information for insurance claims handling as well as federal and state reporting and record keeping,
- Helps municipal and school employers avoid unnecessary liability.

CIRMA developed this Best Practices Guide to assist members in developing and implementing an effective Accident Reporting and Review Program. CIRMA’s Risk Management staff is available to assist you in tailoring an Accident Reporting and Review Program for your organization.

The Risk Management Process

The Risk Management Process, a specialized version of the Plan-Do-Check-Act improvement process, is a systematic way for public entities to reduce losses and ultimately create value.



I. Accident Reporting

The success of the Accident Reporting and Review Program depends on everyone:

- **Management** is responsible for planning and developing the Accident Reporting and Review Program. In general, managers will develop investigation forms and procedures; train supervisors and members of the Safety Committee; review accident reports and trends; and perform periodic program evaluations, and set policy (See *Appendix A* for a sample Policy Statement and *Appendix B* for Questions and Answers regarding Workers' Compensation Fraud).
- **Supervisors** will investigate accidents and identify their causes(s), and also develop methods and techniques for preventing accidents.
- **Safety Committee Members** may investigate accidents and determine their causes(s); review accidents reports; and identify accident trends. The Safety Committee will report its findings and make recommendations to management.
- **Employees** must report accidents promptly and participate in the review process. Whenever possible, employees should be encouraged to share insights with management about ways to prevent accidents or incidents.
- **Town Clerk's Office** also plays a significant role by promptly forwarding the Form 30C, Form 30D or other notifications to CIRMA.

The organization needs to identify the appropriate people responsible for accepting accident reports. CIRMA recommends that it be the employee's immediate supervisor. For employees who may work without direct supervision, you should establish emergency procedures for reporting incidents and obtaining medical care.

Reporting Procedures

When an employee is injured on the job, they may be entitled to Workers' Compensation benefits. In order to qualify for benefits, the following procedures must be followed:

1. In a serious or life-threatening situation, emergency medical assistance (Call 911) should be requested and the employee should be transported to the nearest emergency care center. The supervisor or designated person should report the details of the incident to CIRMA at CIRMAClaim.org.
2. For non-life-threatening injuries: the employee must immediately notify their supervisor of the injury, explaining the nature of the injury and detailing how and when the injury was sustained. **The supervisor or designated employee should use the Injury Worksheet and Review Forms** (See *Appendices C and D* for samples). Report claims online at NetClaim.net 24 hours a day / 7 days a week. The claim should be reported the same day as the incident.
3. **If you participate in CIRMAcare®**: the supervisor must direct the employee to their designated Initial Care Provider (ICP). Treatment for this injury after the employee leaves the hospital or ICP must be from an in-network medical care provider. The supervisor shall make certain the employee knows that they must select a doctor from the Preferred Provider Network (PPN). **NOTE:** An illustration of the "Accident Reporting Process" is on page 4.

Employee Responsibilities

Connecticut Workers' Compensation Statute Section 31-294b: **Report of injury to employer. Notice of claim form provided by commission.** (a) "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the commissioner may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer."

1. All situations or occurrences classified as accidents or incidents must be reported immediately by the employee to their immediate supervisor or designated person. If the employee is unable to report the occurrence, that responsibility shall belong to the nearest co-worker or witness.

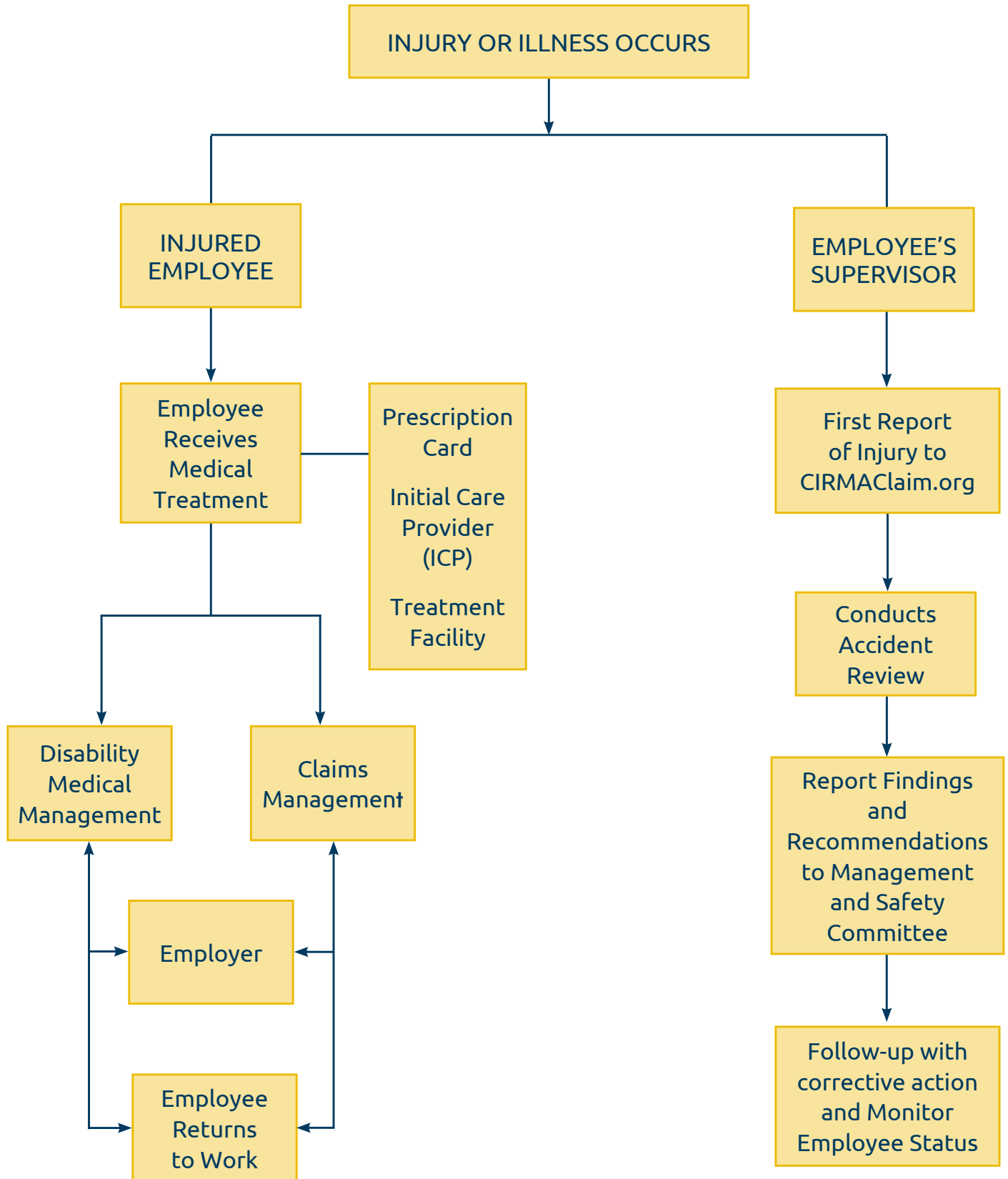
Accident: An unplanned or unintended occurrence (usually sudden and unexpected) that causes an injury and/or illness.

Injury: Damage or harm caused to the structure or function of the body caused by an outside agent or force, which may be physical or chemical.

Initial Care Provider (ICP): A designated medical treatment facility for injured employees to receive initial care following an injury at work.

Preferred Provider Network (PPN): A network of medical providers specifically selected to treat your work-related injuries or illnesses.

CIRMA Accident Reporting Process



2. It is the responsibility of all employees to report all unsafe conditions or unsafe acts to their supervisor or designated person immediately.
3. Any employee involved with an accident or incident shall cooperate fully with the review to help identify and eliminate the accident causes.

CIRMA Workers' Compensation Policy Requirements

The CIRMA Workers' Compensation Policy, Part 3, outlines the member's duties if a work related injury occurs. That is, "You must tell CIRMA at once if injury occurs that may be covered by this certificate." Your other duties are:

1. Provide for immediate medical and other services required by Workers' Compensation law.
2. Give CIRMA, or our agent, the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands, and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

Public Act No.16-112 Concerning Form 30C and Form 30D

In 2018, changes were made to the Workers' Compensation Act concerning the filing of a Form 30C and Form 30D (31-294c-Notice of Claim) by an injured municipal employee. A sample of Form 30C and Form 30D are in the back of this guide (See **Appendices E & F**). A formal notice of claim is an employee's written notice to an employer alleging a compensable, work-related, and/or occupational disease for which he/she is seeking Workers' Compensation benefits.

***Note:** These forms are not CIRMA forms, they are provided to an injured employee by the State of Connecticut Workers' Compensation Commission.*

Both of these forms are strictly optional forms by which an injured municipal employee, the dependent of a deceased municipal employee due to work-related death, or legal representative of the aforementioned employee, provides to the employer a formal notice of a claim. A form submitted by an injured employee (Form 30C) or by a dependent (Form 30D) must, according to the amended statute, be served upon the Town Clerk of the municipality. These forms may also be substituted by an injured municipal employee's attorney in the form of a legal letter which contains the required information and must also be served upon the Town Clerk. A sample of such letter is also provided in the appendices of this guide (See **Appendix G**). The forms or letter must be hand delivered or sent via registered or certified mail to the Town Clerk.

Critical Timing

One of the most critical components of a Form 30C, Form 30D or their equivalent is the response time once the form is submitted to the Town Clerk. Statutorily this form requires acceptance or denial of the injured worker's claim within 28 days of receipt **by the Town Clerk**.

Due to the critical timing of a Form 30C or a Form 30D, CIRMA recommends the Town Clerk immediately forward the form directly to:

- CIRMA (by facsimile 203-773-8134)
- The employer's designated internal Workers' Compensation contact

For non-CIRMA members, please follow your insurance carrier's instructions.

Failure to respond within the statutory 28 days may have adverse consequences,

NOTE:

The Form 30C, Form 30D or other notice of claim letters must be submitted to the Town Clerk's Office. The Town Clerk will then forward it to CIRMA.

including:

- Inability to defend compensability.
- Inability to defend extent of disability.
- Inability to manage lost time, return to work and medical treatment.
- Increased litigation and administrative cost to both the municipality and their insurer.

Who could be delivering Form 30Cs and Form 30Ds to the Town Clerk?

An injured municipal employee who files a Form 30C or a dependent of a deceased employee who files a Form 30D, is required to do so with the Town Clerk. However, the definition of a “municipality” is not specifically defined within the statute. CIRMA insures only municipalities within the State of Connecticut and CIRMA’s definition of a municipality includes:

- Boards of Education
- Parking Authorities
- Animal Control Districts
- Taxing Districts
- Water Districts
- Fire Districts (Paid / Volunteer)
- Health Districts
- Ambulance Associations
- Regional Councils
- Regional School Districts
- Towns / Cities

Any employee of these entities could be considered an injured municipal employee and therefore if a Form 30C or Form 30D is filed, it must be served on the Town Clerk. **Regional Districts and Associations may have a different insurance carrier than the Town. Therefore, CIRMA is recommending as a best practice, if the Town Clerk is unaware of the proper carrier, the Form 30C or Form 30D should be forwarded to all Workers’ Compensation insurance carriers for the above entities.**

If you receive a Form 30C or Form 30D and are unsure how to proceed, please immediately contact your CIRMA representative at (203) 946-3700.

II. Conducting an Accident Review

Why Conduct Reviews?

Accident reviews are critical in identifying, controlling, and eliminating workplace health and safety risks. The purpose of an accident review is to prevent the recurrence of the accident—to "fix the cause, not the blame". The focus is on the accident, not the injury. Usually, it is the injured employee's supervisor who conducts the review. The better prepared the supervisor is, the more likely he or she will be able to perform the review correctly, even in the midst of trauma and turmoil of a critical incident.

The accurate, conscientious completion of an accident or incident only review will aid in the prevention of accidents by:

- Identifying and removing accident-causing conditions.
- Identifying and correcting accident-causing actions.
- Identifying deficiencies in management and/or supervisory control.
- Identifying deficiencies and voids in safe work rules and processes, and/or failures in employee compliance or lack of enforcement.
- Clarifying training or retraining needs.
- Identifying inefficient methods of operation.
- Determining the cause(s) of the accident and use that information to prevent similar accidents in the future.
- Determining whether OSHA or other safety regulations were violated.
- Determining if the accident was "work related".
- Obtaining information for Workers' Compensation claims.
- Determining the costs of an accident.
- Obtaining information to determine recovery or subrogation material.

The Review Process

Step 1 - Secure the accident scene.

Step 2 - Collect the facts.

Step 3 - Determine the sequence of events.

Step 4 - Determine the root cause(s).

Step 5 - Recommend improvements.

Step 6 - Write the report.

It is the responsibility of each supervisor to conduct all accident reviews:

1. Reviewing the accident accurately, thoroughly and completing it within 24 hours of the accident;
2. Identifying specifically all causes of an accident and documenting them on the Employee Injury Report and Accident Review Form.

A prompt and thorough Accident Review will help protect your organization avoid against Workers' Compensation fraud. (See *Appendix B*)

Supervisor Responsibilities

1. Conduct a thorough, extensive review of all situations or occurrences that are classified as accidents or incidents immediately upon becoming aware of them. Inspect the scene of the accident personally. Question other employees who may have seen the accident. This review should be conducted within twenty-four (24) hours of the accident.

2. Ensure that effective corrective actions are implemented for all accident causes, by seeking assistance from the risk manager, department director, or and any other employee with the required authority.
3. Complete the specified sections on the Supervisor's Accident Review Form entirely and forward the report to the Claims Coordinator and Safety Committee. If witnesses are present during occurrence, ensure the witness(es) complete the Accident Witness Statement Form. A copy of the forms should be forwarded immediately to CIRMA. (See *Appendix D*)
4. Monitor to ensure that implemented corrections remain effective.
5. Correct all observed unsafe acts, or unsafe conditions immediately and investigate the causes of the unsafe act or condition.

Witness Responsibilities

1. Report all accidents and incidents to a supervisor immediately, particularly where the employee(s) directly involved is unable to do so.
2. Cooperate with any accident review.
3. Complete witness statement forms and forward to employee supervisor or designated person.

Safety and Health Committee Responsibilities

1. Review completed Accident Review Forms and recommendations or corrective action taken by employee's supervisor.
2. Discuss strategic action plan as a committee to prevent reoccurrences of similar injury or illness.
3. Provide executive management with summary report and recommendations.

III. OSHA Illness & Injury Reporting & Recordkeeping

In general, OSHA's Illness and Injury Reporting and Recordkeeping Standard (29 CFR § 1904) requires employers with more than 10 employees to keep records of occupational injuries (recording). Effective January 1, 2015 all Connecticut public sector employers must report to CONN-OSHA:

- Work-related fatalities — within 8 hours
- Inpatient hospitalizations — within 24 hours
- Amputations — within 24 hours
- Loss of an eye — within 24 hours

How to Report an Incident:

To report these injuries, employers should call CONN-OSHA at: **860-263-6946 or 866-241-4060 (toll free)**.

Call CONN-OSHA at 800-263-6900 with any questions regarding the Recordkeeping Rule.

The Recordkeeping Standard

The Recordkeeping Standard provides:

- There is no distinction between illness and injury.
- Definitions for first aid and work-relatedness.
- Recording requirements for specific types of injuries.
- Reporting forms.

Please Note: OSHA's Illness and Injury Reporting & Recordkeeping and Workers' Compensation laws are independent of one another.

Recording Criteria (§1904.4 et seq.)

The employer must report each fatality, injury and illness that is work-related, that is a new case, and that meets either the general reporting criteria or specific recording criteria.

Work-Relatedness (§1904.5)

Work-Relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment.

The employer does not have to record a non-work-related injury if:

- The employee was a member of the general public when it occurred.
- The symptoms arise from a non-work-related event.
- It occurs as part of a wellness, medical, fitness or recreational activity; it occurs from eating, drinking or preparing food for personal consumption.
- It occurs due to personal tasks outside of assigned work hours.
- It is related to personal grooming, self-medication or is intentionally self-inflicted.
- It stems from a car accident on a company parking lot while commuting.
- It is the common cold or flu.
- It is a mental illness.

An injury at home directly related to work performance, such as dropping a box of work documents on the foot, would be work-related. Tripping over the dog while rushing to answer a work-related phone call would not.

An injury or illness that occurs while an employee is on travel status is work-related

if it occurred while the employee was engaged in work-related activities. Travel outside the United States is not covered by Workers' Compensation laws or the CIRMA policy.

Please Note: CIRMA's Liability-Auto-Property policy's International Travel Coverage may provide coverage for municipal and school employees traveling abroad. See www.CIRMA.org for more information.

General Recording Requirements (§1904.7)

If there is a death or the hospitalization of three employees within 30 days of an accident, the employer must report that fact to CONN-OSHA within eight hours of learning of the event.

An employer also must record the injury if the employee had days away from work, restricted work, medical treatment other than first aid, loss of consciousness, or was diagnosed with significant injury or illness. This last requirement has been added to capture work-related cases involving such things as cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums, which would not otherwise be recordable because they may not require any medical treatment, would not result in a day away from work or restricted work or result in loss of consciousness.

Employers should refer to the definitions of first aid in evaluating whether medical treatment had been given.

Specific Recording Requirements (§1904.8-1904.12)

The final rule initially included five categories of specific injuries and illnesses, which must be recorded. They included contaminated needle sticks and sharps, medical removal of an employee pursuant to other OSHA regulations such as the Lead Standard, a 10 dB shift in hearing loss, work-related tuberculosis and musculoskeletal disorders.

OSHA 300, OSHA 300A, and OSHA 301 (§1904.29)

Section 1904.29 specifies which forms must be used to specify injuries. The OSHA 300 is the log of work-related injuries, the OSHA 300A is the summary that must be posted in January of the following year, and the OSHA 301 is the injury and illness incident report that must be completed within seven days of the employer's knowledge of the injury or illness. Employers may continue to use equivalent forms if they contain the same information.

The Summary of Work-Related Injuries and Illnesses, OSHA Form 300A, must be completed by all municipal employers who are required to keep the OSHA 300 Log, even if no injuries or illnesses occurred that year. The OSHA 300A must be posted in a conspicuous location where notices to employees are customarily posted. It must be posted no later than February 1 and remain in place until April 30. If there are employees who will not see the form in its posting area, copies should be made available to them.

Before creating the 300A Summary, the employer is required to review the OSHA 300 Log to verify that the entries are complete and accurate, and correct any deficiencies. A manager or director of the entity or location must certify that the Summary is correct and complete. The person certifying the Summary must be the highest ranking official working at that location, or the supervisor of the highest working official at that location.

IV. CIRMA Risk Management Services

While it is the employer's responsibility to complete a formal Accident Review, CIRMA Risk Management Services will provide support in cases of severe or significant injury. CIRMA professional staff may:

1. Aid in an accident or incident review as necessary.
2. Review and follow-up on all submitted reviews, which may include:
 - a. Visiting the location of the accident or incident and reviewing the report with the supervisor in instances where either injury or the potential for major injury existed;
 - b. Assuring the thoroughness and accuracy of a review.
 - c. Reviewing possible corrections and providing consultation as required;
 - d. Ensuring that prescribed corrections are effective;
 - e. Assisting in prioritizing the implementation or corrections of hazards and accident causes;
 - f. Assimilating and reviewing data produced from a review, in order to ascertain the locations, occupations, tasks, employees, accident causes, accident types, injury causes, and injury types most frequently resulting in accidents.
 - g. Provide training in accident reporting and review to supervisors on an as needed basis.

Appendices

- A. Sample Policy Statement..... A1
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 - Questions & Answers..... B1
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Appendix A - Sample Policy Statement

The purpose of this policy is to provide accident reporting and investigation guidelines.

The _____ *(Insert Name of Town/City Elected Official or Board of Education Name)* _____ and top management are committed to reducing and controlling the frequency and severity of work related accidents. It is the responsibility of every employee to report all accidents, incidents and occupational illnesses as the resulting accident investigations can produce information that leads to countermeasure preventing or reducing the number of accidents and illnesses.

Appendix B - Workers' Compensation Fraud

Questions & Answers

Q: What does the term “Workers’ Compensation Fraud” really mean?

A: Workers’ Compensation fraud comes in all shapes and sizes. The most common type of Workers’ Compensation fraud is “malingering.” This occurs when the employee can function at a much higher level than he or she is reporting to either the insurance carrier or doctor. This is also the hardest type of fraud to prove. Another large category of fraud is called “contrived fraud.” In these cases, workers exaggerate the extent of an injury, intentionally inflict an injury on themselves, insist that they are injured when they are not, or claim that they were injured on the job when they were injured elsewhere. A third major type of fraud is “provider fraud.” For example, some doctors will bill for unnecessary services, or tests that they have not performed.

Q: Why should employers get involved in combating Workers' Compensation fraud?

A: According to studies by the National Insurance Crime Bureau, an estimated 20% of all Workers’ Compensation claims contain some element of fraud. And the dollars involved can add up quickly when the average total cost of an on-the-job injury is \$26,000, according to the National Safety Council. The National Council on Compensation Insurance estimates the cost of Workers’ Compensation fraud alone costs as much as \$8 billion a year. Risk managers in many businesses and institutions expend considerable effort in increasing the safety of the workplace in order to keep employees healthy and reduce the impact that costly injuries can have on the bottom line.

Q: Can employers combat fraud?

A: Every employer has the right and responsibility to combat Workers' Compensation insurance fraud. Unlike many other states, Workers' Compensation fraud reporting remains voluntary in Connecticut. CIRMA, however, actively works to protect the system from fraud through its Special Investigative unit. CIRMA investigates and validates claims, and works with the state prosecutor's office in their investigation and prosecution of fraudulent claims.

Q: What’s the bottom line?

A: The results of fraud investigations, when they are warranted, more than justify the modest costs involved.

10 Indicators of Potential Workers' Compensation Fraud

1. Injured worker is disgruntled or facing imminent firing or layoff.
2. Injured worker has a history of short-term employment.
3. Injured worker is experiencing financial difficulties.
4. Accident is not witnessed.
5. Employee does not promptly report injury to supervisor.
6. Symptoms are all subjective (i.e., headaches, nausea, inability to sleep.)
7. Diagnosis is inconsistent with treatment.
8. Medical bills submitted are photocopies.
9. Attorney lien or representation letter is dated the day of the reported incident.
10. Attorney inquires about a settlement or buy-out early in the life of the claim.

Warning Signs of Workers' Compensation Fraud

About the Worker:

- Injured worker has an unstable work history; i.e., an employee who often changes jobs.
- Claimant has a history of reporting subjective injuries which may include Workers' Compensation or liability claims.
- Claimant is consistently uncooperative.
- Injured worker has been recently terminated, demoted, or passed over for a promotion.
- Injured worker is in line for early retirement.
- Injured worker is making excessive demands.
- Injured worker calls soon after the injury and presses for a quick settlement of the case.
- Injured worker moves out of state soon after the injury.
- Injured worker changes his or her address to a post office box or receives mail via a friend or relative.

About the Workplace:

- Injured worker's workplace is experiencing labor difficulties.
- Accident occurs just prior to job termination, layoff, after formal discipline of the employee, or near the end of the employee's probationary period.

About the Injury:

- Injured worker was not injured in the presence of witnesses.
- Injury is a subjective one, like stress, emotional trauma, or is hard to prove, like back pain, headache, insomnia, etc.
- Accident is not promptly reported by the employee to the employer.
- Employers' first notice of the injury is from an attorney or a medical clinic, and not from the injured worker.
- Physicians who have examined the injured worker have vastly differing opinions regarding the injured worker's disability.
- There is no sound medical basis for the disability; all physicians' reports indicate a full recovery.
- Injured worker is claiming disability exceeding that which is normally consistent with such an injury.
- Accident occurs late Friday afternoon or shortly after the employee reports to work on Monday.
- Claimant has the accident at an odd time, such as at lunch hour.
- Accident occurs in an area where the injured employee would not normally be.
- Task that caused the accident is not the type that the employee should be involved in; i.e., an office worker who is lifting heavy objects on a loading dock.
- Details of the accident are vague or contradictory.

About the Medical Relationship:

- Claimant frequently changes physicians or medical providers.
- Claimant changes physicians when a release for work has been issued.

- Review of medical reports provides information that is inconsistent with the appearance or behavior of an injured person; i.e., a rehabilitation report describes the claimant as being muscular, with callused hands and grease under the fingernails.
- Employer's first report of injury contrasts with the description of the accident set forth in the medical history.
- Injured worker develops a pattern of missing physician's appointments.

About the Claim Itself or the Claimant's Attorney:

- Injured worker's attorney requests that all checks and correspondence be sent to the attorney's office.
- Claimant's attorney is known for handling suspicious claims.
- Attorney lien or representation letter is dated the day of the reported accident.
- Same doctor/lawyer combination previously known to handle the same kind of injury is handling this claim.
- Claimant is unusually familiar with workers' compensation claims-handling procedures and laws.
- Claimant's attorney complains to the carrier's CEO at the home office to press for payment.
- Claimant initially wants to settle with the insurer but later retains an attorney and files increasingly subjective complaints.
- Claimant's attorney threatens further legal action unless a quick settlement is made.
- There is a high number of applications from a specific firm.
- Claimant's attorney inquires about a settlement or buyout early in the life of the claim.
- Claimant writes unsolicited statements about how much better he/she is, but treatment continues and the claimant doesn't return to work.

About Outside Activities:

- There are tips from fellow employees, friends, or relatives suggesting that the injured worker is either working or is active in sports.
- Injured worker's rehabilitation report shows evidence of other activity.
- Injured worker is in a trade that would make it possible to otherwise work while collecting compensation.
- Injured worker is exaggerating an injury in order to get time off to work on personal interests; i.e., the injured worker is remodeling or building a home concurrently with the injury.
- Injured worker is in a seasonal business that would make it attractive to be "injured" during the offseason; i.e., occupations in fields such as roofing, landscaping, plumbing, farming, masonry, etc.
- Injured worker is never home when called or is always "sleeping and can't be disturbed" (especially during work hours).
- Return calls to the claimant's residence have strange or unexpected background noises that indicate it may not be a residence.
- Claimant has several other family members also receiving workers' compensation benefits or other "social insurance" benefits, such as unemployment.

Appendix C - Claim Reporting Form

CIRMA Injury Reporting Worksheet

Keep this worksheet for your own records – do not submit to CIRMA.

Event Date/Time

Incident Date: _____ Incident Time: _____ Employer Notified: _____

Reporter and Location Information

Reported By: _____ Title: _____ Phone: _____
 Location Code: _____ Location Name: _____ Address: _____

Claimant Information

Claimant Name: _____ Social Security Number: _____
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Email: _____ Date of Birth: _____ Gender: Male Female
 Marital Status: Select Status From List _____
 Job Title: _____ Work Status: Select Status From List _____
 Claimant's Supervisor: _____ Title: _____ Phone: _____

Incident Information

Description of Injury: _____
 Cause: Select Cause From List _____ Body Part: Select Body Part From List _____
 Nature Code: Select Nature Code From List _____
 Medical Provider: _____ Name of Doctor: _____
(if known) (if known)
 Medical Provide Address: _____
 Witness Information (if any): _____
 Lost time from work: _____ Return to work date: _____
(if known)
 Lost Location Entity: _____
 Address: _____
 Contact Person: _____ Phone: _____ Email: _____

Additional Information

Job Classification Code: _____
 Time the employee began work on the day of the injury: _____
 Supervisor Notice Date: _____ Claim Incident Number: _____



Appendix D - Accident Review Forms

ACCIDENT REVIEW FORMS

How to Use These Important Tools

Includes:

- Accident Witness Statement
- Supervisor's Accident Review

Accident review forms/statements **should be filled out by the supervisor and any witness(es)** to the accident. Train your supervisors to conduct the preliminary review as soon as possible.

IMPORTANT - Care must be taken to assure the review is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against the claim.

After I have these forms completed - what do I do with them?

Please send the completed forms to your Claims Adjuster and keep a copy for your files. These completed forms can provide valuable information in a claims review of an injury and for developing the defense in the event of a Workers' Compensation hearing.



ACCIDENT WITNESS STATEMENT

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Phone #: _____
Last First Middle

Job title of witness: _____ Length of employment: _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of Accident: _____
Address/Name of building area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe in detail how the accident occurred. Include all events that occurred immediately before the accident:

Describe bodily injury sustained (be specific about body part(s) affected):

Please provide recommendation(s) on how to prevent this accident from recurring:

Name of Witness's Supervisor: _____ Phone #: _____
Last First

Signature of Witness: _____ Date: _____



SUPERVISOR'S ACCIDENT REVIEW

(To be completed by employee's supervisor or other responsible administrative official)

Location where accident occurred: _____ Date of accident or illness: _____ Time of accident or illness: _____ a.m. p.m.

Who was injured? _____ Employee Non-employee Employer's Premises? Yes No Job site? Yes No

Length of time with organization: _____ Job title or occupation: _____ Name of department normally assigned to: _____

How long has employee worked at job function where injury or illness occurred? _____

What was employee doing when accident/illness occurred? _____

What machine or tool was being used? _____ What type of operation? _____

How did the injury/illness occur? List all objects and substances involved:

Which body part(s) affected/injured? _____ Any prior physical conditions? Yes No

If prior physical conditions, describe: _____

Nature and extent of injury/illness and property damaged (be specific):

Please check any of the following conditions which contributed to the accident or illness.

- Failure to lockout Improper instruction Physical or mental impairment Unsafe arrangement or process
- Failure to secure Improper protective equipment Poor housekeeping Other (please explain below)
- Horseplay Inoperative safety device Poor ventilation _____
- Improper dress Lack of training or skill Unsafe equipment _____
- Improper guarding Operating without authority Unsafe position _____

Supervisor's corrective action to ensure this type if accident does not recur:

Was the employee trained in the appropriate use of Personal Protective Equipment and proper safety procedures? Yes No

Was the employee cautioned for failure to use Personal Protective Equipment and proper safety procedures? Yes No


Did the employee promptly report the injury/illness? Yes No

Is there modified duty available? Yes No

Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: _____

Appendix E - Notice of Claim for Compensation Form 30C

<p>State of Connecticut Workers' Compensation Commission <i>This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.</i></p> <p style="text-align: center;">Notice of Claim for Compensation (Employee to Administrative Law Judge and to Employer)</p> <p>Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment as follows, and makes claim for compensation benefits.</p> <p>Please TYPE or PRINT IN INK</p>		<div style="text-align: center;">  <h2 style="font-size: 2em; margin: 0;">30C</h2> </div> <p style="font-size: 0.8em; margin-top: 5px;">Rev. 06-01-2022</p> <hr/> <p style="font-size: 0.8em; margin: 0;">WCC File # _____</p> <hr/> <p style="font-size: 0.8em; margin: 0;">Date filed in District _____</p> <hr/> <p style="font-size: 0.8em; margin: 0;">(for WCC use only)</p>
<p>INJURED WORKER</p> <p>Name _____ <small>(first) (middle) (last)</small></p> <p>D.O.B. (required) _____</p> <p>Check, if a Minor <input type="checkbox"/> (under 18 yrs. of age)</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	<p>INJURY</p> <p>Date of Injury _____</p> <p>Town of Injury _____</p> <p>Body Part(s) _____</p> <p>Describe Injury, including how it happened:</p> <p><input type="checkbox"/> Check, if Occupational Disease / Repetitive Trauma <input type="checkbox"/> Check, if Post-Traumatic Stress Injury pursuant to C.G.S. Section 31-294k <input type="checkbox"/> Check, if Cancer Diagnosis of a Firefighter <input type="checkbox"/> Check, if MORE THAN ONE Employer</p>	
<p>EMPLOYER</p> <p>Employer _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p> <p>Was Injury ON Premises of Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, where? _____</p> <p>Address _____</p> <p>Town _____</p> <p>Zip Code _____ Tel.# _____</p>	<p>SIGNATURE OF INJURED WORKER OR REPRESENTATIVE</p> <p>Signature _____</p> <p>Date _____</p> <p><i>Print name & address below, if other than injured worker:</i></p> <p>Name _____</p> <p>Name of Firm _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	

This notice must be served upon the Administrative Law Judge and *Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.

- * Persons employed by the State of Connecticut must serve the employer by serving this notice upon the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103.
- * Persons employed by a municipality must serve the employer by serving this notice upon the town clerk of the municipality in which he or she is employed.
- * If your employer pursuant to statute has posted the location where this notice is to be filed, it is your obligation to file it at that location, using certified mail.

WARNING: If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, **COMPENSABILITY SHALL BE PRESUMED** and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim [See Sec. 31-294c(b)] OR, in the case of a claim for PTSD pursuant to P.A. 19-17, within 180 days.

Appendix F - Dependent's Notice of Claim Form 30D

<p>State of Connecticut Workers' Compensation Commission</p> <p><i>This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.</i></p> <p>To be filed by dependent of deceased employee, or legal representative of such dependent, following the work-related death of employee. ATTACH DEATH CERTIFICATE, if available.</p> <h2 style="text-align: center;">Dependent's Notice of Claim</h2> <p style="text-align: center;">(To Administrative Law Judge and to Employer)</p> <p>Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment and died as a result of such work-related injury or illness in the manner described below.</p> <p>His/her dependent makes claim for compensation benefits pursuant to Sec. 31-306 C.G.S.</p> <p style="font-size: small;">Please TYPE or PRINT IN INK</p>		<p style="font-size: x-small;">Rev. 06-01-2022</p> <div style="text-align: center;"> <h1 style="font-size: 48px; margin: 0;">30D</h1> </div> <hr/> <p style="font-size: small;">WCC File # _____</p> <hr/> <p style="text-align: center; font-size: small;">Date filed in District _____</p> <hr/> <p style="text-align: center; font-size: x-small;">(for WCC use only)</p>
<p>DEPENDENT</p> <p>Name _____</p> <p>D.O.B. _____</p> <p>Check, if a Minor <input type="checkbox"/> (under 18 yrs. of age)</p> <p>Relationship to deceased employee _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	<p>DECEASED'S INJURY</p> <p>Date of Injury _____</p> <p>Date of Death _____</p> <p>Town of Injury _____</p> <p>Describe employee's Injury/Illness and its relationship to cause of death: _____</p> <p><input type="checkbox"/> Check, if an Occupational Disease or a Repetitive Trauma</p> <p><input type="checkbox"/> Check, if Cancer Diagnosis of a Firefighter</p> <p><input type="checkbox"/> Check, if decedent had MORE THAN ONE Employer on Date of Injury</p>	
<p>DECEASED EMPLOYEE</p> <p>Name _____</p> <p>D.O.B. (required) _____</p>	<p>SIGNATURE OF DEPENDENT OR REPRESENTATIVE</p> <p>Signature _____</p> <p>Date _____</p> <p><i>Print name & address below, if other than dependent:</i></p> <p>Name _____</p> <p>Name of Firm _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>	
<p>DECEASED'S EMPLOYER</p> <p>Employer _____</p> <p>Address _____</p> <p>Town _____ State _____</p> <p>Zip Code _____ Tel.# _____</p>		

This notice must be served upon the Administrative Law Judge and *Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.

- * Dependents of persons employed by the State of Connecticut must serve the employer by serving this notice upon the Commissioner of Administrative Services, 450 Columbus Boulevard, Hartford, CT 06103.
- * Dependents of persons employed by a municipality must serve the employer by serving this notice upon the town clerk of the municipality in which the employee was employed.
- * Dependents of persons employed by an employer who pursuant to statute has posted the location where this notice is to be filed have an obligation to file it at that location, using certified mail.

WARNING: If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, **COMPENSABILITY SHALL BE PRESUMED** and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim. [See Sec. 31-294c(b).]

Appendix G - Sample Notification of Claim Letter

Dewey & Howe, LLC

123 Money Street
Nowhereville, CT 00000
(203) 123-4567

August 19, 2022

Workers' Compensation Commission
Seventh District
111 High Ridge Road, #3
Stamford, CT 06905

NOTICE OF REPRESENTATION & CLAIM

CLAIMANT: Samuel Smith, 987 Main Street, Nowhereville, CT 00000
EMPLOYER: Town of Nowhereville BOE, 123 Main Street, Nowhereville, CT 00000
INSURER/ADMIN: CIRMA, 545 Long Wharf Drive, 8th Floor, New Haven, CT 06511, RE: Claim No. 1234567
DATE OF INJURY: 06/01/16; back, legs

Please be advised that the undersigned has been retained by the Claimant, Samuel Smith, in lieu of any/all prior appearances, regarding injuries sustained during the course of employment for the Respondent, Town of Nowhereville BOE, main job facility ABC School, Nowhereville, Connecticut. Mr. Smith is a 53 year old (dob 01/01/63) male who has worked as a custodian for the Respondent. The Claimant has a compensation rate of circa \$742.87. The Claimant tripped over an obstacle which is mounted to the floor injuring his back and felt immediate pain in his back bilaterally with intermittent numbness and tingling in his lower extremities. The Claimant initially treated at Primed and his PCP, Dr. James Jones, and thereafter at Orthopaedic Specialty Group with Dr. Robert V. Dawe, a local orthopedist who prescribed pain medications, physical therapy and ultimately surgical intervention. The Claimant has returned to work with restrictions.

We would request that the failure of the Respondent(s) to follow procedures pursuant to C.G.S. § 31-294c(b) result in preclusion. We also request the Respondent notify this office regarding applicability of C.G.S. § 31-279 approved preferred provider organization within ten dates of receipt of this notice. Please direct all future communications in this matter to my attention at:

Dewey & Howe, LLC
123 Money Street
Nowhereville, CT 00000
(203) 123-4567

Thank you for your attention and cooperation in this matter.

Yours truly,

Colette S. Griffin

WARNING: If an employer does not file a notice contesting liability of this claim within 28 calendar days from the time this claim is received by registered or certified mail, compensability shall be presumed and cannot thereafter be contested as per C.G.S. § 31-294c(b). If an employer chooses to begin making compensation payments "without prejudice" within 28 days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice to contest liability within one year from receipt of this claim (C.G.S. § 31-294c(b)).

Appendix H - Receipt of Notices Regarding Workers' Compensation Claims

RECEIPT OF NOTICES REGARDING WORKERS' COMPENSATION CLAIMS

Please be sure to attach the letter or Form 30C.

1. When was the Form 30C and/or letter received?

Date Received: _____

2. Was the Form 30C and/or letter hand delivered or mailed?

Check one: Hand Delivered Mailed

3. If received by mail, was the Form 30C sent certified?

Check one: Yes No

4. Does CIRMA insure the injured employee's department?

Check one: Yes No Unsure

5. Has the Form 30C been sent to any other carrier?

Check one: Yes No

If yes, to whom? _____

6. Has the Form 30C been forwarded to any other department or agent?

Check ALL that apply:

Town Attorney Risk Manager Insurance Agent

Other: _____

7. Would you like somebody to contact you regarding the Form 30C?

Check one: Yes No

If you receive a written correspondence that purports to notify the Town/City of an injury, even if you are unsure if the correspondence has the effect of a Form 30C, please forward same to the appropriate carrier.

Fix the cause, not the blame

CIRMA's Workers' Compensation Accident Reporting and Review Program is an analytical tool that helps managers and supervisors study accidents and injuries, so that their causes and contributing factors can be identified and eliminated. By attacking casualty losses at their root cause, injuries are prevented and lost time reduced.

This program will help you—

- Focus attention on safety and develop new methods of preventing accidents.
- Monitor the effectiveness of your current safety program.
- Develop accident trend information.
- Provide loss experience information.
- Provide information for insurance claims, as well as federal and state reporting and record keeping.

CIRMA's Risk Management programs help local public entities to better manage risk, lower losses, and provide more efficient public services.

“ CIRMA's risk management seminars and programs help our municipality lower losses. ”



CONNECTICUT INTERLOCAL RISK MANAGEMENT AGENCY
545 Long Wharf Drive, 8th Floor, New Haven, CT 06511
Telephone: 203-946-3700 | Email: cirma@ccm-ct.org
CIRMA.org