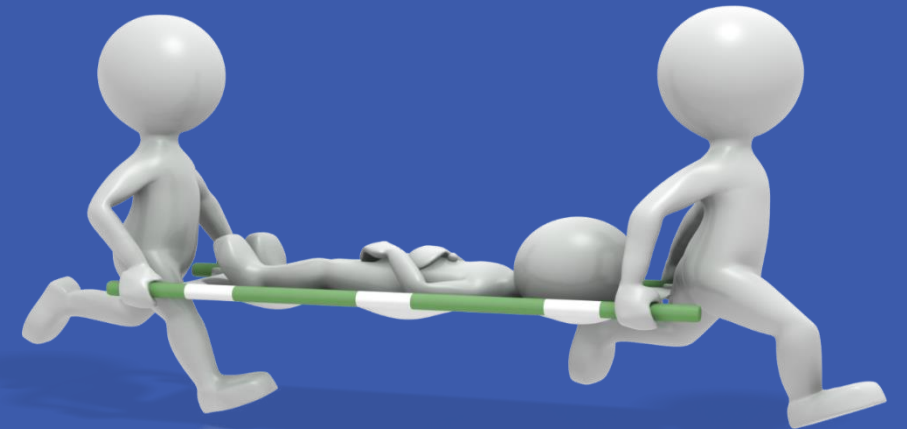


# Workers Compensation 101 / Return to Work



ASSP October 2023 Meeting

1. Provide an understanding of **Workers Compensation basics** and how injuries effect your **bottom line**.
2. Reveal the **hidden costs** related to injuries
3. Provide **information and resources** to help you manage claims by implementing an effective Return to Work Program.



# Work Comp 101

Pick 2 or 3 things that are  
meaningful to your situation and  
commit to change or learning  
more...

## Lets Discuss:

- Work Comp basics
- Cost of injuries
- Major Loss Sources
- Early Reporting / Return to Work
- SFM resources available at [www.sfmic.com](http://www.sfmic.com)

# Benefits Established for Injured and Sick Workers:

September 7, 1916



The Federal Compensation Act provides benefits to workers who are injured or contract illnesses in the workplace. The act establishes the Office of Workers' Compensation Programs.

## Workers' Compensation:

A form of insurance providing

wage replacement and medical benefits to  
employees injured in the course of employment

in exchange for

mandatory

relinquishment of the employee's right to sue  
his or her employer for the tort of negligence.

- No fault concept
- Work injuries required to be reported
- Owe claim unless proven otherwise
- Injured employees collect disability until able to work

We have insurance....



*Why worry?*



# Cost of Injuries

Medical Bills

Wages

Lost Productivity

Higher Insurance Cost

Employee Training

Overtime

Employee Replacement

Increased Supervision and Management

Investigation

Product and Service Quality

Damaged Equipment





- Indirect costs are usually \$2-4 for every \$1 in direct costs
- Lifting in awkward position, felt pain in shoulder
  - Direct cost = \$200
  - Indirect cost =  $\$200 \times 2 = \$400$
- Let's assume lost time
  - Total Indirect Cost =  $\$200 \times 4 = \$800$

# Workers Compensation - Insurance Premium Calculation

$$\text{Premium} = \text{State Rate} \times \text{Payroll} \times \text{Experience Mod}$$

- **State Rate**

- *Based on:*

- Experience for that particular class of business
    - Losses expected per \$100 payroll

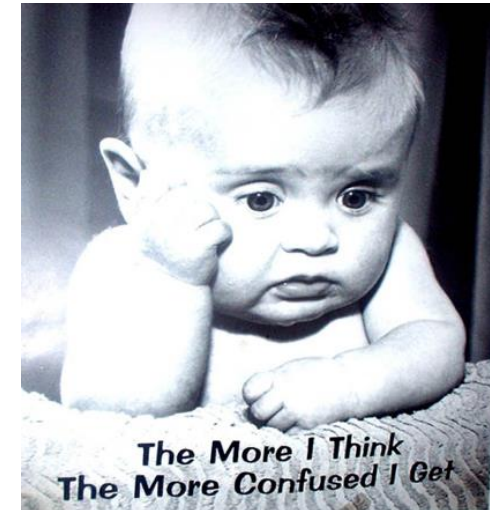
- **Payroll**

- *Based on:*

- Your job class code
    - Your payroll in each class code

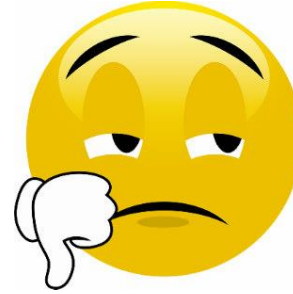
- **Experience mod**

- Actual Losses / Expected Losses
  - Report Card on your loss experience (*1.0 is a "C"*)
  - Three year claim history (*excludes most recent year*)
    - *Mod for policy effective 01/01/2023 includes policy years 2021, 2020, and 2019*



# Workers Compensation – Experience Modifier

- E-Mod **greater than 1.0**



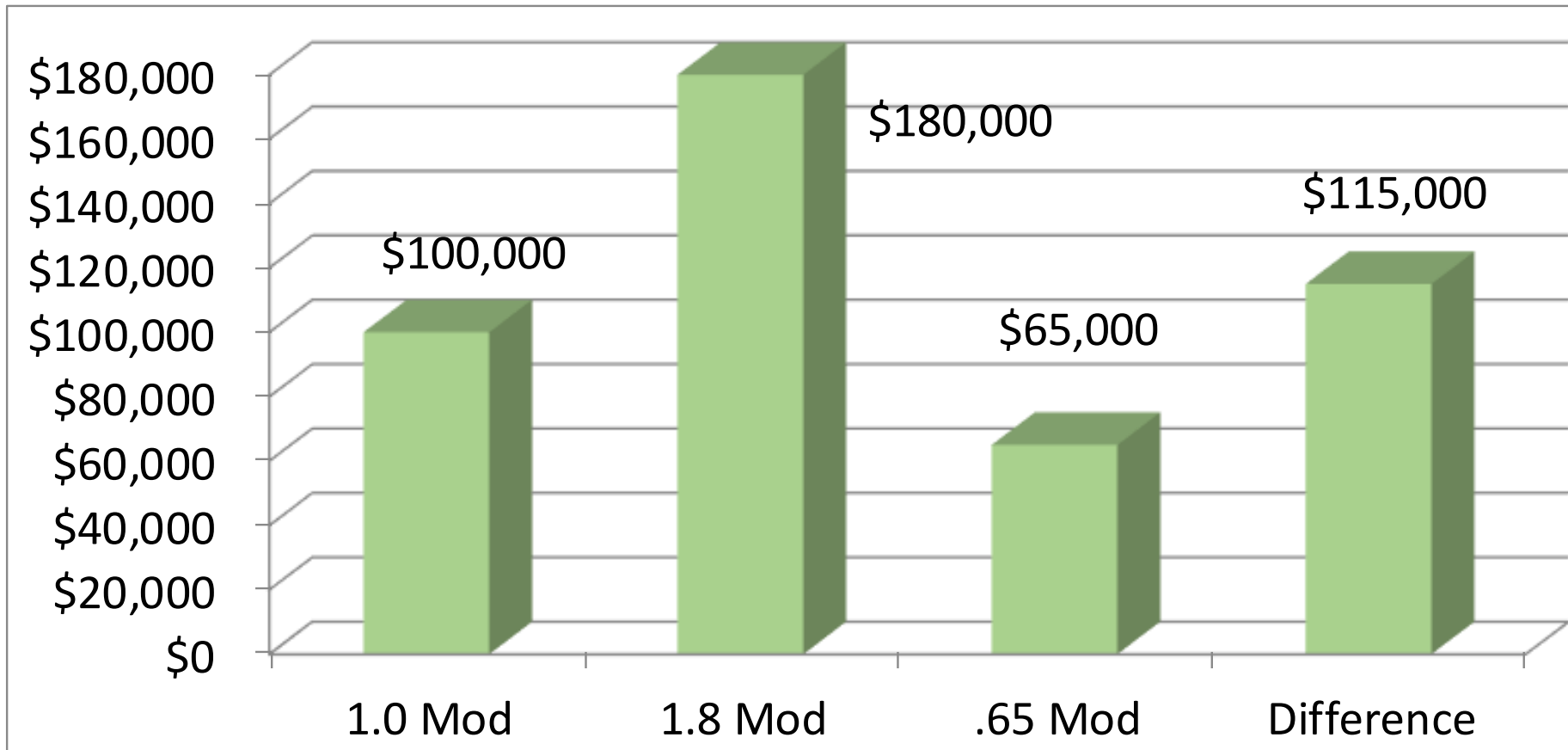
- E-Mod of 1.00 is neutral/average



- E-Mod **less than 1.0**



# Workers Compensation – E - Mod Impact on \$100,000 (State Rate x Payroll)



**\*\*There are loss limits in place which limit effect on E-Mod\*\***

Reduce number and extent of injuries through:

- Hiring practices (i.e. Physicals, Drug Testing – don't put self & others at risk)
- Claim management / Return-to-work
- HR practices (i.e. Wellness initiatives)
- Effective Safety Committees
- Safety program and Training

Reduce number and extent of injuries through:

- Supervisor actions:
  - Inspecting equipment routinely
  - Quickly responding to employee concerns
  - Ongoing communications about safety to employees



## Why do people continue to get injured?

- Productivity over safety of the workers
- Not enough safety education
- Injuries are tolerated
- Finances are tight
- It's just too difficult to deal with
- Safety leadership roles not defined
- **Not applying tactical approaches**  
(Major Loss Sources - *(Related to frequency & cost)*)

## Common Major Loss Sources

- **Slips / Trips / Falls**
- **Ergonomic related:**
  - Lifting
  - Lowering
  - Repetitive Motion
  - Bending
  - Twisting, etc.
- **Driving**

## Safety program should include:

- Leadership involvement
- More and better employee education
- More innovation, solutions and idea sharing
- Higher expectations for safe behaviors
- Strong injury management processes

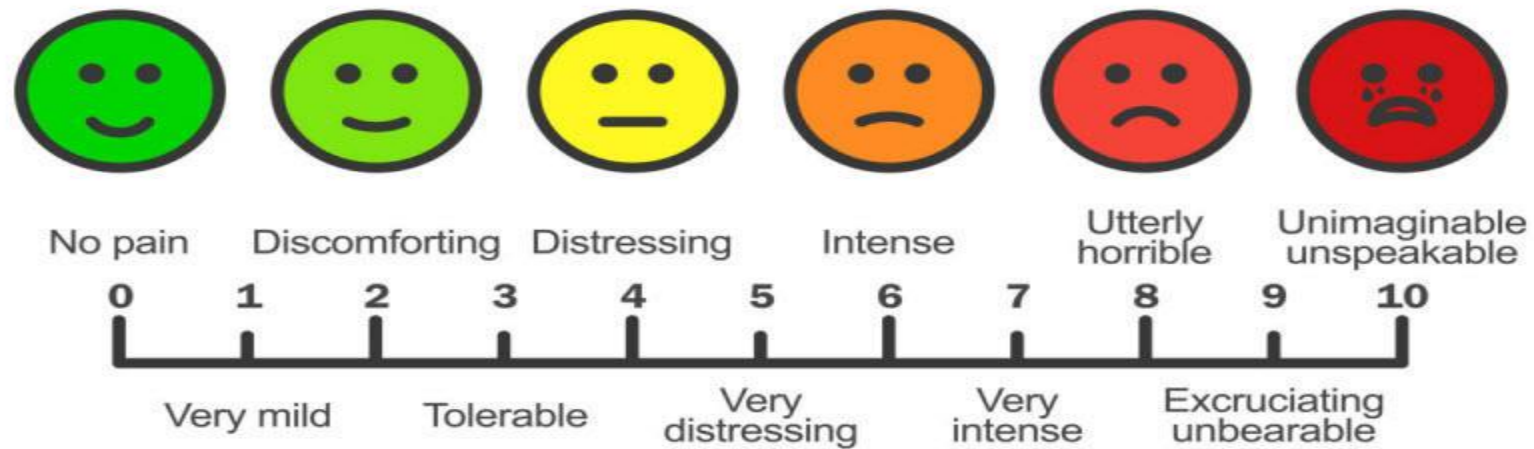
**Major Loss Source focused!!**

# ROI - Return on investment with safety and injury prevention

- Reduced workers compensations costs
- Increased productivity
- Reduced lost work time



# Claims Management – Why early symptom reporting?



# Report all injuries immediately!

*To meet state requirements relating to workers compensation:*



Employees must notify the employer as soon as possible following the injury or the realization that an injury has occurred.

A **First Report of Injury** must be completed. It is very important that all injuries or illnesses be fully documented by medical personnel.



Process of getting injured (recuperating) employees back to work,  
even if they cannot perform their regular job duties,  
by assigning them transitional duties

**Longer off work = Less likely to return**

Goals : Speed up recovery / Avoid lost time (effects premium)

## TRANSITIONAL DUTIES



**Safety Training**

Injury considered **Medical Only** initially  
(Only 30% of claim amount effects E-mod)

Injury considered **Lost Time** if # of days off work exceeds:

7 days in SD, NE, KS, IN

3 days in IA, MN, WI

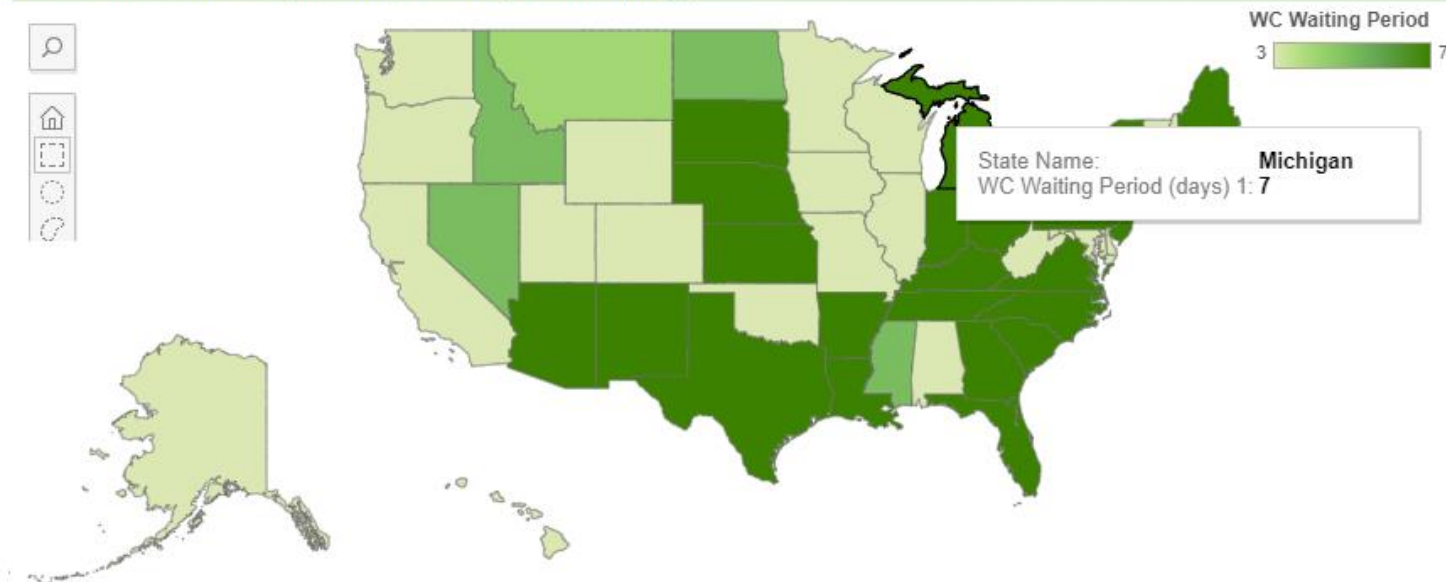
(100% of claim amount effects E-mod)

# Wage loss benefits

## *Waiting Period / Retroactive Period*

- **Waiting Period** - State law requires a specific number of days to pass before an injured employee is eligible to receive workers' compensation wage-loss benefits.
- **Retroactive Period** - Additionally, most states require a specific number of days that the employee is off work before wage-loss benefits are retroactively paid from the beginning of the waiting period.
- The number of days in the **waiting period** and the **retroactive period varies by state**.
- Each state also specifies which days count and what constitutes a day.

## Income Benefits: Compensation Waiting Period\* (Days)



STATE	MINNESOTA	WISCONSIN	IOWA	NEBRASKA	SOUTH DAKOTA
Number of days before waiting period ends	3	3	3	7	7
Do days the employee is not scheduled to work (such as weekends) count toward the waiting period?	Yes	Yes, with the exception of Sundays, which do not count unless the employee was scheduled to work	Yes	Yes	Yes
When does the waiting period start?	First full or partial day of missed work	First full day of missed work	First full or partial day of missed work	First full or partial day of missed work	First full or partial day of missed work
Number of days before employee is retroactively paid wage-loss benefits from the first day of the waiting period	10 days	7 days	14 days	6 weeks	7 days

- Draft a Policy
- Appoint a claims coordinator
- Select a primary care clinic (Third party?)
- Identify transitional duties
- Communicate this to Employees





# Return-to-work program

## 1. Policy

(Your organization's name) \_\_\_\_\_ supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

If you are injured at work, report the injury to your supervisor immediately — no matter how minor the injury is. You and your supervisor will then call the SFM Work Injury Hotline to report the injury and get a treatment recommendation. Any questions concerning workers' compensation should be directed to this individual.

Claims coordinator \_\_\_\_\_ Phone \_\_\_\_\_

## 3. Where to go?

Your supervisor and/or claims coordinator will help arrange for medical treatment following an injury. Prompt, quality medical treatment can be assured through the use of our primary care clinic.

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Current positions may be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available either with your department or through a temporary assignment with another department.

Examples of these transitional jobs or tasks include:

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## 5. Who Cares??

**WE DO!**

This return-to-work program is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

\_\_\_\_\_  
Signature Title Date

## 2. Who to report to?

## 4. What now?



# RTW – Draft a Policy

- A formal commitment to RTW process

(Your organization's name) \_\_\_\_\_ supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

# Claims Coordinator

- Specific person in organization who coordinates your workers comp activities.

If you are injured at work, **report the injury** to your supervisor immediately — **no matter how minor the injury is.** Any questions concerning workers' compensation should be directed to the workers compensation coordinator.

Claims coordinator

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Phone

---

Establish a designated clinic

- Preferably one with your interests in mind (Return to Work)

Suggest *(in NE)* your employees go there.

Your supervisor and/or claims coordinator will help arrange for medical treatment following an injury. Prompt, quality medical treatment can be assured through the use of our primary care clinic.

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

NE Rule 50

# NE Rule 50 – Choosing a doctor



- In NE, the employee has a right to choose a doctor
- They may choose **ONLY a doctor who has treated them or a member of their family before** the current injury.

*(Family member means your spouse, child, parent, stepchild or stepparent.) The doctor must have records of that treatment. The employee or a family member must give the employer written permission to verify that treatment.*

# EMPLOYEE'S CHOICE OR CHANGE OF DOCTOR FORM

## NOTICE TO EMPLOYER:

GIVE THIS FORM TO THE INJURED WORKER AS SOON AS POSSIBLE AFTER EACH INJURY

Employee to  
complete prior  
to going to  
doctor, unless  
emergency  
medical  
treatment

### PART A: NOTICE REGARDING CHOICE OR CHANGE OF DOCTOR

Under the Nebraska workers' compensation laws, you may have the right to choose a doctor to treat you for your work-related injury. You may choose a doctor who has treated you or an immediate family member before this injury happened. Immediate family members are your spouse, children, parents, stepchildren and stepparents. The doctor you choose must have records to show that past treatment was provided. Your employer may ask the person who was treated to give permission so the doctor can verify past treatment.

If you want to choose your doctor, you must tell your employer the name of the doctor you choose. Do this as soon as possible after your employer gives you this notice and before getting any treatment unless it is emergency medical treatment. Once you tell your employer the name of the doctor, you may not change your choice unless your employer agrees or the Nebraska Workers' Compensation Court orders a change.

If you do not choose your doctor, your employer has the right to choose the doctor to treat you. The employer may also choose the doctor to treat you if you or your family member does not give permission so your employer can verify past treatment by the doctor you chose.

You may choose a doctor if your claim is denied. You may also choose the doctor to do major surgery or for an amputation.

You may use Part B (below) to tell your employer the name of the doctor you choose.

☐ My employer has informed me of the above information regarding choice or change of doctor.

[PRINT NAME OF EMPLOYEE]

[SIGNATURE OF EMPLOYEE]

[DATE]

### PART B: CHOICE OF DOCTOR

☐ I choose the following doctor to treat me for this work-related injury. I certify that this doctor has treated me or an immediate family member before the work-related injury.

☐ I do not have or I do not wish to choose a doctor who has treated me or an immediate family member.

[DOCTOR'S NAME]

[SIGNATURE OF EMPLOYEE]

[DOCTOR'S ADDRESS]

[DATE]

### PART C: USE TO CHANGE THE CHOICE MADE IN PART B, ABOVE

I wish to change my choice of doctor or I wish to choose a doctor to treat me for my work-related injury. I certify the doctor named below has treated me or an immediate family member before this work-related injury. I understand that I cannot make this change unless my employer agrees or unless the Nebraska Workers' Compensation Court orders a change.

[DOCTOR'S NAME]

[SIGNATURE OF EMPLOYEE & DATE OF SIGNATURE]

[DOCTOR'S ADDRESS]

[SIGNATURE OF EMPLOYEE & DATE OF SIGNATURE]

# Employer Letter to Physician — Regarding RTW

Dear *(Physician,)*

*(Company name)* provides alternate duty work to its employees who become injured. We strive to return injured employees to work as soon as they are medically able, and within their medical restrictions, with the goal of helping them heal and return to their regular jobs.

Current positions can be modified to accommodate the medical limitations of injured employees by altering specific tasks, reducing work hours or modifying workstations and equipment. If this is not possible, we'll make transitional jobs available elsewhere within the company. Depending on the medical restrictions, these might be positions such as:

- *(Transitional job example).*
- *(Transitional job example).*
- *(Transitional job example).*
- *(Transitional job example).*
- *(Transitional job example).*


If medical restrictions are appropriate for the employee above who you are treating, and if you have any questions about the modified work to accommodate those restrictions, please call our *(title)* *(contact name)* at *(area code and phone number)*. Thank you for working with us to help our employees return to work.

Send with  
employee on  
**INITIAL** visit  
to clinic.

- Send with Employee on **EVERY** visit

- Employee to return this to Claims Coordinator

## WORK ABILITY and RETURN-TO-WORK



The Work Comp Experts®

Send itemized medical billings and records to:  
SFM Companies, PO Box 9416, Mpls, MN 55440  
Fax: (652) 838-2000 Phone: (800) 937-1181

Send this completed form with the employee.

EMPLOYEE		HEIGHT	WEIGHT	DATE OF BIRTH
EMPLOYER			DATE OF INJURY/ILLNESS	

DIAGNOSIS	ICD-10 CODE
-----------	-------------

History, mechanism of injury, and findings:  
 Work related injury/illness? ☐ No ☐ Yes ☐ To be determined  
 Any pre-existing conditions affecting this injury/illness? ☐ No ☐ Yes, description:  
 Permanent partial disability? ☐ No ☐ Yes, \_\_\_\_\_ %  
 Maximum Medical Improvement reached? ☐ No ☐ Yes, date reached \_\_\_\_\_

RETURN TO WORK

☐ Return to work with no limitations on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
☐ Return to work with limitations on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ has light-duty work available. Please call \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_ if you plan to take this employee off work.  
☐ Unable to work from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYEE'S CAPABILITIES

BODY PART AFFECTED: <input type="checkbox"/> Neck <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot					
<input type="checkbox"/> Other _____					
SIDE AFFECTED: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both					

Lift/Carry	Not at all	Rare	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%		
0-9 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand, wrist and shoulder activities Avoid prolonged, repetitive or forceful: Gripping/grasping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Repetitive wrist motion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching: Above shoulder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> At shoulder height <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Below shoulder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Restrictions (circle): Keyboarding (fist/shift) 0 1-2 3-4 5-6 7 Writing (fist/shift) 0 1-2 3-4 5-6 7 Total spread out evenly over shift at _____ intervals Change positions every <input type="checkbox"/> As needed <input type="checkbox"/> Half hour <input type="checkbox"/> One hour <input type="checkbox"/> Two hours <input type="checkbox"/> Worksite stretches, i.e., per handout <input type="checkbox"/> Exercises <input type="checkbox"/> Other _____	Comments
10-19 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20-29 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30-39 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40-49 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No lift from floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Push/Pull without resistance							
0-19 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20-40 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
> 40 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Twist/tum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kneel/squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ladder/stair climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INSTRUCTIONS

☐ Keep wound clean and dry. Change dressing every \_\_\_\_\_  
☐ Medication \_\_\_\_\_  
☐ Ice \_\_\_\_\_ min. \_\_\_\_\_ ☐ Heat \_\_\_\_\_ min. \_\_\_\_\_  
☐ Splint/brace \_\_\_\_\_  
☐ Referral \_\_\_\_\_  
 Follow-up appointment scheduled for \_\_\_\_\_

THIS TREATMENT HAS BEEN DISCUSSED WITH THE EMPLOYEE			
CLINIC	CLINIC ADDRESS	LICENSE/REG.#	DATE OF EXAM
HEALTH CARE PROVIDER NAME (PRINTED)	HEALTH CARE PROVIDER SIGNATURE	PHONE	FAX

ph-230-1115

- To be completed by treating physician
- If not returned, contact clinic and ask for it.



# Red Flags (on Work Ability form)

- Unable to Work
- No use of injured body part
- Work as tolerated
- No use of hands or other body parts
- Listing significant restrictions
- Dates that are very far out
  - or that say “can’t work for a month”



# Letter to injured employee – RTW Expectations

Dear *(injured employee's name)*:

*(Company name)* strives to return its employees who are injured on-the-job to work as soon as they're medically able. We can provide temporary modified work that fits within your medical restrictions. Ultimately, our goal is to help you heal and get you back to your regular job.

*(Company name)* expects you to help in the recuperation process by:

- Staying in regular contact with our return-to-work coordinator, *(return-to-work coordinator's name)*.
- Informing *(return-to-work coordinator's name)* of all scheduled doctor visits for your work injury.
- Giving a copy of the physician's Work Ability Form to *(return-to-work coordinator's name)* immediately after each doctor's visit.
- Cooperating with SFM, our workers' compensation insurer, including the claims representative and nurse case manager.
- Cooperating with your treating physician by following the doctor's restrictions and communicating to him that *(Company name)* provides transitional work.

We care about your safety and wellbeing. Taking these steps will help ensure that you're receiving the appropriate workers' compensation benefits on time and that you're healing properly.

# Transitional Duties (Examples)

Job or task	Light-duty	Moderate intensity
Answering call lights	X	
Answering phones in reception	X	
Assisting physical therapists		X
Bathing residents		X
Being an activity aid for residents	X	
Caring for residents' feet	X	
Charting	X	
Checking fire extinguishers and other safety equipment	X	
Checking medication expiration dates	X	
Cleaning (lightly), in home healthcare settings	X	
Cleaning break room	X	
Cleaning dentures or cups	X	
Cleaning glasses	X	
Cleaning wheelchairs, commodes and other equipment	X	
Conducting site, building, vehicle or other safety inspections/surveys	X	
Feeding residents	X	

# Transitional Duties (Examples cont.)

Job or task	Light-duty	Moderate intensity
Setting up trays	X	
Shredding documents	X	
Sorting silverware	X	
Stocking linen carts	X	
Straightening drawers and shelves	X	
Taking vital signs	X	
Trimming nails	X	
Updating job descriptions	X	
Walking residents	X	
Washing tables	X	
Watching safety videos	X	
Wiping and cleaning surfaces to prevent the spread of flu viruses	X	

- **Be Creative**
  - Observe restrictions
  - Identify tasks
- Keep an updated **list of transitional tasks**
  - Include physical requirements for each
  - Pull list to create custom transitional job
- Create a **job jar**
  - Keep track of jobs that get ignored during busy season
- Think of **seasonal jobs**
- **Ask employees** what jobs they are needing help with



- **Part-time work**
  - With treating physician's permission
- **Modify original job**
  - Consider different dept. / location
  - Acceptable to Union?
- **Work hardening / conditioning**
  - Prescribed by physician
  - Simulate actual work duties
- **Lower wage**
  - Work comp pays difference

# Letter to injured employee – Transitional Job Offer

Dear «Employee's Name»:

I am pleased to hear of your ongoing recovery from your work-related injury. «Company Name» looks forward to your successful return to work.

I would like to offer you this transitional employment position that meets the medical restrictions outlined by your physician in the enclosed medical report. The «Job Title» position is a «Choose between part-time or full-time» position. You will be working «Choose weekday through weekday», from «Choose starting time» a.m. to «Choose ending time» p.m. You will be compensated at \$«Dollar amount» /hr, and will continue to be eligible for «List any other company benefits». A copy of the job description further outlining the duties of the position is enclosed.

This job offer is dependent upon your ability to show your eligibility to work in the United States.

Please contact me with your acceptance or denial of this offer by «Date». Your first day of work in your new position will be «Weekday, Month, Date, Year». Please contact me if you have questions about this job offer. I look forward to hearing from you.

Sincerely,

# Light Duty Job Description (Sample)

**Employee:**  
**Claim number:**

**Job title:** \_\_\_\_\_ **Wage:** \$ \_\_\_\_\_ /hour

**Work hours:** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. **Work days:** Mon, Tues, Wed, Thurs, Fri, Sat, Sun

**Location of job (department):** \_\_\_\_\_ **Duration of job:** ☐ Temporary ☐ Permanent

**This job is a:** ☐ Pre-injury job ☐ Modified pre-injury job ☐ New job

**The job meets current medical restrictions:** ☐ Yes ☐ No

---

1. **Job duties include:**

2. **Physical requirements of the job:**

3. **Other job requirements (education, etc):**

4. **Other comments:**

---

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer representative: \_\_\_\_\_ Date: \_\_\_\_\_



- If injured employee:
  - Seems dissatisfied with temporary job
  - “Shops” for doctors to keep off work
  - Complains of constant pain
  - Is difficult to reach
  - Misses doctor’s appointments
  - Has no desire to get well or return to work

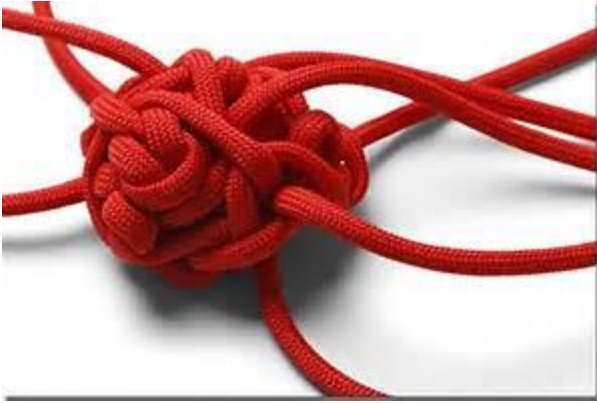


**Let your Claim Rep know right away!**

- Do the math – understand how decision will play out financially.
- Find out what the employee's medical restrictions allow them to do for you.
- Be creative in exploring return to work approaches.
- Make injury prevention a top priority!



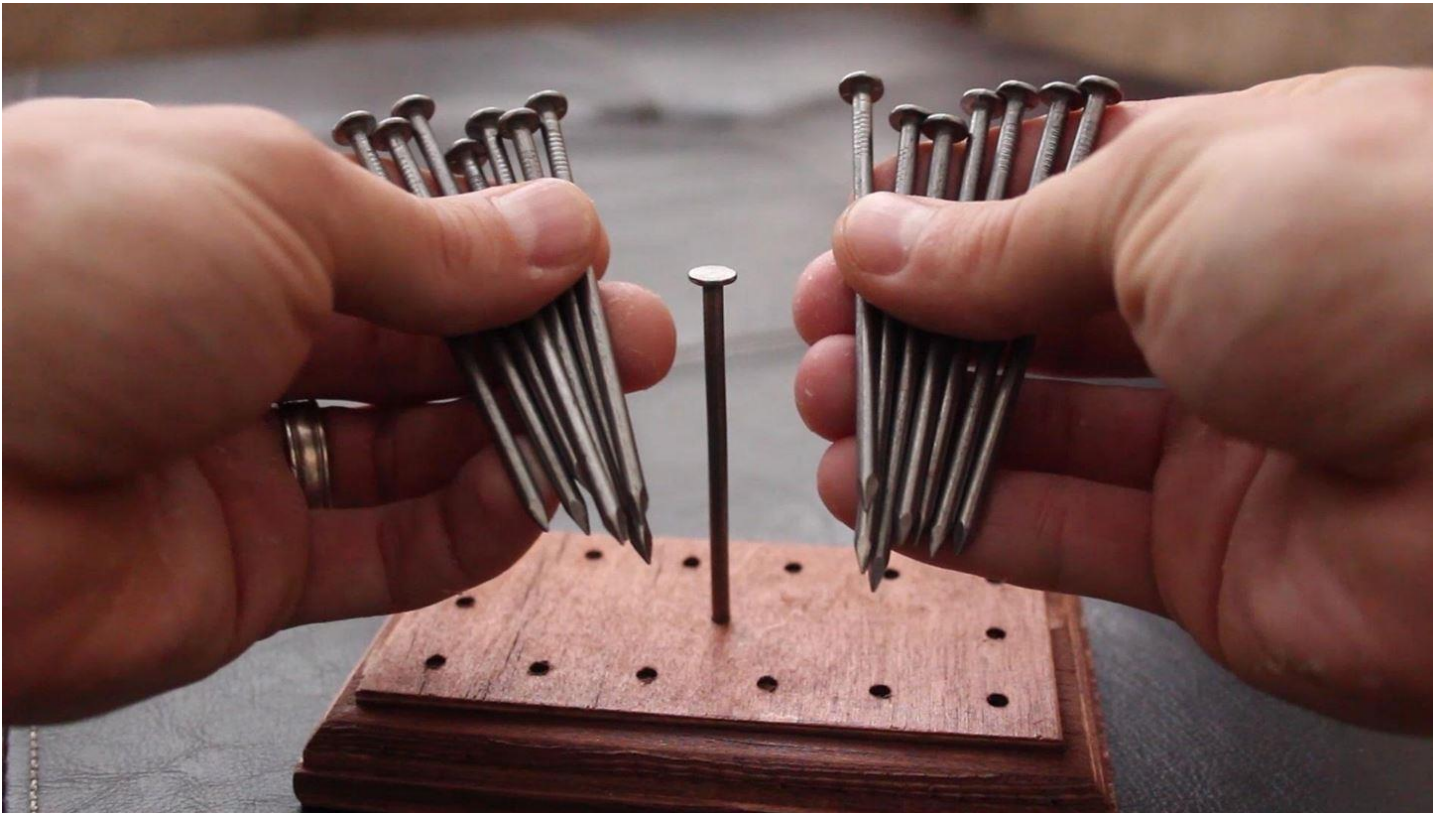
# Activity



Dr. Untangle!!



Balance all of the 14 nails on the one that is in the block.



## Open minded to change ???



# Open minded to change ???



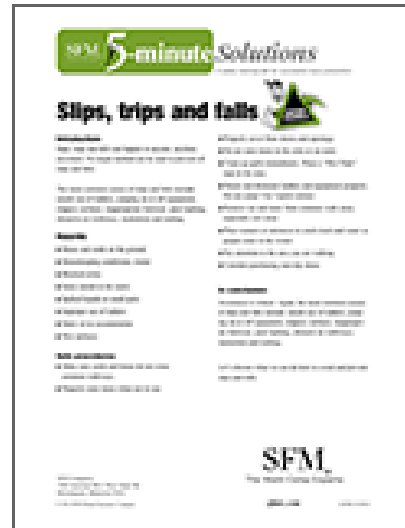


# SFM Resources – Here's just a few:



**Injury reporting tool**  
*(Non-Urgent only)*

- Loss Prevention Rep.
- Claims Reps.
- Nurses
- Legal team



**5 Minute Solutions &  
Supervisor Initiated Training**

**Order materials.**  
Focus on your footing.



**Slip/Trip Fall Awareness**



- Work Comp basics
- Cost of injuries
- Major Loss Sources
- Early Reporting / Return to Work
- SFM resources available at [www.sfmic.com](http://www.sfmic.com)

After being off work for so long I forgot what it is that I pretend to do around here.



someecards





Thank you

SFM<sup>®</sup>  
The Work Comp Experts