

HID

How It's Done: INJURED EMPLOYEE

Department: All Stores Revision Date: 6/1/2016
Subject: INJURED EMPLOYEE/WORK COMP CLAIM HID #: 002

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*PLEASE NOTE *Jax Kansas City* HAS A SEPARATE INJURED EMPLOYEE HID & CLAIMS PROCEDURE

PURPOSE

All injuries must be reported within 24 hours. If the injury occurs on a weekend or holiday, you have until the next business day to file the claim. Injuries that do not require outside medical attention are still required to be reported. Even if the employee does not appear to need any medical care, ever...still required!

RESPONSIBILITY

It is the responsibility of the manager on duty at the time of injury to inspect the injury, determine course of care with the injured person and complete a first report of injury

HOW?

1. Our Injured Employee Is Most Important
 - a. Determine what medical care is necessary
 - b. If outside medical care is needed, proceed to step 2
 - c. If outside medical care is not needed, proceed to step 3

2. If Medical Care Is Needed
 - a. Print your store specific 'WORK COMP PACKET' packet on Drive > Shared BRF HR docs > Work Comp; all individual docs are also available on Drive
 - b. Direct injured employee to the appropriate Designated Provider
 - c. Give three docs to injured employee
 - i. WC Letter to Employee
 - ii. Designated Providers
 - iii. Medical Provider Letter [*given to provider at the time medical care is provided*]
 - d. Complete or gather info on FROI form, proceed to step 3

3. Report Injury [please report using www.pinnacol.com, call or fax]

> ONLINE

- a. www.pinnacol.com
- b. Login [**NOTE:** you must be registered for the Pinnacol admin site to file a claim]
 - i. Email: your store's info@ email address
 - ii. Password: your store's address, no space, street name capitalized [i.e. g28Pearl]

c. Click 'Report and Injury'



d. BigRedF's Pinnacle Policy numbers:

- Zolo, Jax B, Jax D, Centro, Lola, West End #4133910
- Jax Fort Collins, Jax Glendale #4166213
- The Post Brewing Co, Post Longmont, Post Rosedale, Post Boulder #4170022
- BigRedF Management Co #4150952

e. Complete the online template, providing as much detail as possible

f. Claim number will be provided immediately; Print form and/or record claim number

> CALL

- a. Complete Store Specific FROI Form
- b. Call to 303-361-4000

4. Take Corrective Action

- a. Determine whether injury was user error or if a safety issue caused the injury.
 - > Use supplemental document: Employee/Customer Incident Investigation Report available on lern.bigredf.com
- b. If there is a safety issue, correct immediately.

5. File any documents, forms, invoices, etc. for a worker's compensation claim in a SEPARATE binder and/or file. Employee records regarding medical treatment cannot be filed in personnel/employee files6. Questions, claims issues, reporting issues - Contact BigRedF HR
iva.townsend@bigredf.com
303-448-9182 ext 119