The Claim Starts Before the Adjuster Arrives



The incident is over in seconds. The loss can keep growing for months.

A worker is injured. Production stops. A supervisor calls first aid. Coworkers gather. Someone moves the equipment. Another person starts cleaning the area. HR hears about it later. The insurer receives notice the next day. The injured employee goes home without knowing what happens next.

None of those actions necessarily determines the final cost of the claim on its own. Together, however, they can influence medical response, evidence quality, employee trust, return-to-work planning, regulatory compliance, investigation quality, and how quickly the organization controls the condition that caused the event.

> **Loss prevention does not end when prevention fails. The first hours after an incident are part of loss control.**

Two clocks start at the moment of injury

Safety professionals naturally focus on the safety clock. Protect the injured worker. Secure the hazard. Determine what failed. Prevent a second event. Preserve enough information to understand the cause. Correct the condition before normal work resumes.

At the same moment, a second clock starts: the claim clock.

The worker needs appropriate care. The event may need to be reported internally, to an insurer or workers compensation authority, and in some jurisdictions to a regulator. The worker needs communication. Work restrictions may need to be understood. Suitable work may need to be planned. The claim professional needs accurate information while the facts are still clear.

Organizations often manage one clock better than the other. Safety investigates while the claim drifts, or claims administration begins while operations restore

production without learning why the incident occurred. The strongest response manages both.

Severity makes the post-incident window more important

The workers compensation environment makes this especially relevant. NCCI’s October 13, 2026 State of the Line update expects Accident Year 2025 lost-time claim frequency to remain 2 percent lower than 2024, while both indemnity and medical lost-time severity are estimated to be 4 percent higher.

Fewer claims do not automatically mean lower loss costs when the claims that do occur become more expensive.

That puts more value on what happens after the event: timely care, early reporting, strong communication, safe return-to-work planning, and learning that prevents a recurrence.

Use FIRST to control the first 72 hours

FIRST is not a claims-adjusting protocol. It is a practical framework for supervisors, safety leaders, HR, operations, and risk teams to prepare for the actions that matter before and during formal claim handling.

F: First protect and care

Provide or arrange appropriate first aid and medical attention, control the hazard, protect other workers, and prevent the response itself from creating additional exposure. Care comes before paperwork.

I: Inform the right people

Use a defined notification path. Depending on the jurisdiction and event, that may include internal leadership, HR, safety, the insurer or claims administrator, workers compensation authority, emergency services, and regulator. Requirements vary, which is why the pathway should be established before an incident.

R: Record what matters

Preserve factual information while it is available: scene conditions, equipment state, photos, witness names, relevant procedures, training records, environmental conditions, work orders, permits, and other evidence appropriate to the event. The purpose is learning and accurate claim handling, not blame.

S: Support recovery and communication

Stay connected with the worker. Understand functional abilities and restrictions through the appropriate process. Prepare safe, suitable work where possible. Keep communication human, respectful, and consistent.

T: Turn the loss into prevention

Investigate root causes, correct immediate hazards, identify system weaknesses, communicate the learning, update training where training contributed, and verify that corrective actions work in the field.

The first response should not create the second incident

A serious incident can pull attention toward the injured person so strongly that secondary hazards are missed. Equipment may still be energized. Product may still be leaking. Traffic may still be moving. A confined-space entrant may be down while an unprotected coworker considers entering to help.

OSHA’s own incident-investigation safety guidance makes the point plainly: no evidence or investigation is important enough to justify exposing responders or investigators to danger.

The first priority is therefore stabilization. Care for the worker, but also establish whether anyone else is exposed and whether the area can be approached safely.

Preserve facts before the workplace erases them

Workplaces are designed to recover. Maintenance repairs the machine. Production clears the obstruction. Housekeeping removes the spill. Supervisors restore traffic. That instinct is understandable, but it can also erase the information needed to understand what happened.

OSHA recommends having an incident-investigation plan that can begin immediately and includes roles, communications, materials, reporting forms, and methods for documenting and preserving physical conditions when appropriate. Its employer guide also recommends beginning after first aid or medical treatment has been arranged and securing the area so useful evidence is not lost.

The practical standard is not to freeze every workplace indefinitely. It is to know what information must be captured before the scene changes.

- Photographs or video of relevant conditions.
- Equipment settings, alarms, control states, guards, and interlocks.
- Witness names and early factual accounts.
- Job procedures, permits, work orders, and training records.
- Environmental or weather conditions where relevant.
- PPE and tools involved.
- Production status and other work occurring nearby.
- Recent maintenance, temporary changes, or abnormal conditions.

Incident investigation source: OSHA Incident Investigation overview

The supervisor can change the trajectory

The first conversation after an injury is rarely included in safety training, yet it can shape everything that follows.

Compare two responses.

Response A “Why did you do that? You know the procedure.”

Response B “Let’s get you looked after. We’ll figure out what happened and make sure nobody else gets hurt.”

The second response does not admit liability or prejudge the investigation. It simply starts with care and learning instead of blame.

That matters because injured workers are not just claim files. They are employees who may be worried about pain, income, job security, reputation, and what their coworkers think. A poor first response can damage trust before formal claim management even begins.

Early communication is part of return-to-work readiness

WorkSafeBC’s current return-to-work guidance tells employers to contact injured workers as soon as possible and maintain communication throughout recovery. Its January 2026 guidance emphasizes empathy, connection, planning, and collaboration, and notes that suitable work can help maintain productivity and morale.

Travelers likewise describes early intervention, claim management, and return-to-work coordination as tools for improving claim outcomes. In one national-accounts case study, Travelers reported that strengthened early reporting discipline allowed quicker intervention and was associated with improved claim outcomes.

The lesson is not that every injured worker should immediately return to the job. The lesson is that the process should not begin days or weeks later because nobody knew whose responsibility it was.

Prepare suitable work before anybody gets hurt

One of the most practical post-injury improvements is also one of the easiest to prepare in advance: identify potential suitable duties before a claim exists.

WorkSafeBC even provides a modifiable Suitable Work List and recommends building options by job and body part before injuries occur. That preparation can shorten the delay between receiving restrictions and identifying meaningful work.

The objective is not to create busywork or pressure someone back before it is

safe. Suitable work should respect functional abilities, medical restrictions, recovery, and applicable law. The value is readiness.

Practical template: WorkSafeBC Suitable Work List

Safety and claims should not investigate in parallel universes

The safety team may be asking why the control failed. Claims may be collecting medical and employment information. HR may be managing communication. Operations may be trying to restart. Legal may be considering preservation obligations.

Those functions need boundaries, especially around privacy and privileged information. They also need coordination.

If the safety investigation discovers an outdated procedure, the corrective action should not wait for the claim to close. If claims identifies a recurring injury pattern, loss prevention should see it. If a supervisor response is creating distrust, training should address it. If the event exposed an emergency-response weakness, that lesson belongs in the safety system, not only in the claim file.

Do not confuse investigation with blame

OSHA strongly encourages employers to investigate injuries and near misses to identify hazards and shortcomings in the safety program. Its guidance emphasizes root causes rather than stopping at worker error or failure to follow a procedure.

That distinction has financial value as well as cultural value. If an organization concludes that the worker was careless, it may close the file without correcting the condition that will produce the next claim.

A better investigation asks why the action made sense at the time, what pressures or information shaped it, what control was expected to prevent the event, and why that control was absent, weak, or defeated.

Training the first 72 hours before the first claim

Most organizations train workers for evacuation, first aid, equipment operation, and hazard recognition. Far fewer train supervisors on what to do immediately after an injury.

That is where SafetyNow can support the training layer without becoming a claims platform.

A short supervisor curriculum could cover immediate care, internal reporting, scene protection, factual documentation, communication with the injured worker,

incident-investigation basics, suitable-work awareness, privacy boundaries, and escalation. The employer or insurer can add its own reporting instructions, contacts, and jurisdiction-specific requirements.

SafetyNow can deliver that content through online learning, mobile access, custom modules, manager assignments, assessments, safety talks, instructor-led resources, and centralized training records. For an insurer, the same model can be distributed consistently across thousands of policyholders while local claim and legal procedures remain specific to each account and jurisdiction.

> **The strongest model teaches the response method first, then uses technology to keep supervisor readiness current across the workforce.**

Explore: SafetyNow Online Training | SafetyNow LMS

A First 72 Hours supervisor guide

When	Supervisor focus	Questions to answer
Immediately	**Care and control**	**Has the worker received appropriate care? Is anyone else exposed? Is the area safe to approach?**
First hour	**Notification and facts**	**Who must be notified? What conditions need to be documented before they change?**
Same shift	**Worker communication and interim controls**	**Does the worker know what happens next? Has the immediate hazard been controlled?**
First 24 hours	**Investigation and claim coordination**	**Are the facts, witnesses, procedures, training, and equipment conditions being reviewed? Has the insurer or authority been notified as required?**

When	Supervisor focus	Questions to answer
24 to 72 hours	**Recovery and learning**	**Are functional restrictions understood through the proper process? Is suitable work being considered? Are corrective actions underway?**

The insurance opportunity is pre-loss claim readiness

Insurance partners have an unusual opportunity here because they see what happens after thousands of incidents. They know which reporting delays, communication failures, return-to-work gaps, and investigation weaknesses repeatedly make claims harder to manage.

That knowledge can be converted into prevention before the next claim.

A carrier could provide policyholders with a standardized First 72 Hours learning program, supervisor checklist, incident-response card, investigation primer, and return-to-work readiness guide. The content could sit alongside the insurer’s existing claims contacts and procedures rather than replacing them.

That changes loss prevention from “avoid every incident” to a more mature promise: prevent what you can, contain what gets through, and learn fast enough that one loss does not create the next one.

The cost of delay is often hidden

Post-incident delay rarely appears as one clean line item. It shows up as extra lost days, overtime, replacement labour, prolonged uncertainty, supervisor time, repeated calls, investigation rework, missed evidence, and slower corrective action.

Consider an illustrative claim where an injured worker remains off for ten additional workdays because communication and suitable-work planning did not begin promptly. At $320 per day in wage replacement, overtime, and productivity impact, that is $3,200 before medical or administrative consequences are considered. The exact economics vary widely, but the management lesson is consistent: delay has a cost.

The goal is not to rush recovery. It is to remove avoidable administrative and communication delay from a process that is already difficult for the worker and the organization.

A 30-day pre-loss readiness review

Week	Action	What to verify
1	Map the current post-injury process from first aid through claim reporting, investigation, communication, and return to work.	Whether responsibilities are clear before an incident.
2	Interview supervisors and run a tabletop injury scenario.	Whether frontline leaders know who to call, what to preserve, and what to say.
3	Review suitable-work options, insurer contacts, reporting forms, privacy boundaries, and investigation tools.	Whether the organization can act without inventing the process under pressure.
4	Fix the top gaps and train the affected roles.	Whether the first 72 hours are now a repeatable system rather than an improvised response.

The claim starts before the adjuster arrives

The best claim is still the one that never happens. Prevention remains the first priority.

But risk management cannot stop there. When a control fails, the organization still has choices. It can protect the worker and the scene, communicate well, report promptly, preserve useful facts, support safe recovery, investigate without blame, and convert the loss into stronger controls.

Those actions do not guarantee a cheap claim. Serious injuries remain serious, and every case develops differently.

They do give the organization a better chance to prevent avoidable cost, avoidable delay, and avoidable recurrence.

> **Prevention matters most. When prevention fails, the quality of the first 72 hours can influence both the human outcome and the ultimate loss.**

Key takeaways

- Manage the safety clock and the claim clock at the same time after an incident.
- Use FIRST to First protect and care, Inform the right people, Record what matters, Support recovery and communication, and Turn the loss into prevention.
- Stabilize hazards before investigation activity creates secondary exposure.
- Preserve useful facts before normal recovery work changes the scene.
- Train supervisors on the first human conversation after an injury.
- Build return-to-work readiness and suitable-work options before a claim occurs.
- Coordinate safety, claims, HR, operations, and risk while respecting privacy and legal boundaries.
- Use SafetyNow to scale the supervisor training layer, not as a substitute for claim handling, medical judgment, or legal requirements.
- For insurers, convert claim experience into pre-loss training that helps policyholders manage the first 72 hours consistently.

Download the full guide below.