

WORKERS' COMPENSATION PROCESS FOR SUPERVISORS

Forms: **STD 620 Supervisor's Work Injury/Illness Report** <http://www.humboldt.edu/~hsuhr/docs/SupvReport.pdf>

DWC 1 Employee's Claim for Workers' Comp. Benefits: <http://www.humboldt.edu/~hsuhr/docs/DWC1.pdf>

INJURIES REQUIRING MEDICAL TREATMENT

When an injury or illness occurs on the job and the employee requires medical treatment:

1. DETERMINE EXTENT OF INJURY

If medical treatment is required, accompany (if possible) injured employee to one of the facilities listed below depending on nature and time of injury. For serious emergencies or injuries, i.e., back, neck injuries, fractures, severe strains/sprains, etc., or if you are unsure of the extent of injury, dial 911 and University Police Dispatch will assist you.

2. PROVIDE INJURED EMPLOYEE WITH DWC FORM 1 (Employee Claim Form)

Within one working day of notice of an injury you are required to provide a claim form to the employee. *NOTE: If you are unable to provide the employee the DWC Form within 1 working day, contact the campus Workers' Compensation Coordinator or the Human Resources office to ensure that a form is mailed to the injured/ill employee at their residence. When the employee returns the signed DWC Form 1, complete #11, 12, 13, 16, 17, 18 of the Employer (bottom) section.

3. COMPLETE AND SIGN THE SUPERVISOR'S REPORT (STD 620)

4. RETURN THE SUPERVISOR'S REPORT & EMPLOYEE CLAIM TO HUMAN RESOURCES WITHIN 3 WORKING DAYS. Please do not send in campus mail; either hand-carry or fax forms to Human Resources at 3625. If you fax forms, you must also send the originals to Human Resources.

ACCIDENT REPORTS – INJURIES WITH NO MEDICAL TREATMENT REQUIRED

When an employee reports an incident but does not seek medical treatment:

Follow steps 2-4 above. The employee will be notified of receipt of their report and that the Supervisor's Report and claim form will be retained in Human Resources for one year following the date of injury. Employee's have one year from the date of injury to seek medical treatment. **If the employee requests to see a physician at a later date, please notify the Workers' Compensation Coordinator in Human Resources immediately.**

PRE-AUTHORIZED MEDICAL FACILITIES FOR ALL INJURIES:

- ❖ **For Emergencies: MAD RIVER COMM. HOSPITAL EMERGENCY ROOM** 822-3621
3800 Janes Road, Arcata (24 Hours Day, 7 Days/Week)
- ❖ **For Non-Emergent Injuries: MAD RIVER OCCUPATIONAL HEALTH SERVICES** 825-4907
3800 Janes Road, Arcata (M-F 8:00-11:30 & 1:00-4:30; please call first)

FOR FIRST AID INJURIES (Minor cuts, scrapes, splinters, tetanus shots, etc.)

- ❖ **HSU STUDENT HEALTH CENTER**, (During times classes are in session) 826-3146
- ❖ **MAD RIVER OCCUPATIONAL HEALTH SERVICES**, 3800 Janes Road, Arcata 825-4907
(M-F 8:00-11:30 & 1:00-4:30; please call first) or

If, **prior to the injury/illness**, the employee has filed with Human Resources a Pre-Designation of Personal Physician, *signed by the doctor*, they may go directly to their designated physician for treatment.

QUESTIONS: Questions regarding these processes and requests for forms may be directed to: Cindy Darnall Stevens, Workers' Compensation Coordinator, in Human Resources at extension 5171.