

**HSU SPONSORED PROGRAMS FOUNDATION  
WORKERS' COMPENSATION PROCESS FOR PRINCIPAL INVESTIGATORS (PI), DIRECTORS, 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**

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, and/or summon an ambulance.** If medical treatment is required, inform supervisor/manager to assess injury and treatment required at one of the facilities listed below.

**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 Administrator 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 section.

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

**4. RETURN THE SUPERVISOR'S REPORT & EMPLOYEE CLAIM TO HUMAN RESOURCES WITHIN 24 HOURS.**

Please do not send in campus mail; either hand-carry or fax forms to Human Resources at 3625. If you fax forms, you must follow up by sending the originals to Human Resources.

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**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. 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 Administrator 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-Emergency Injuries: MAD RIVER OCCUPATIONAL HEALTH SERVICES** **825-4907**  
592 14<sup>th</sup> St., Arcata (near corner of 14<sup>th</sup> & F) (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,** 592 14<sup>th</sup> St, Arcata **825-4907**  
(M-F 8:00-11:30 & 1:00-4:30; please call first) or

**\*\*If injury or illness occurs outside of Humboldt County, SPF employees may seek medical assistance from any of the pre-authorized carriers Kaiser, Concerta or US Healthworks, if available. Please note that any Emergency Room or Urgent Care Center is appropriate, if necessary.**

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 Administrator in Human Resources at extension 5171.

- ❖ For injuries at out of the area worksites, please see memo on SPF website detailing instructions for seeking medical treatment, or access link: [https://humboldt.edu/forms/sites/forms/files/SPF\\_Out-of-Area%20W-C\\_1.pdf](https://humboldt.edu/forms/sites/forms/files/SPF_Out-of-Area%20W-C_1.pdf)
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