WORKERS' COMPENSATION QUICK GUIDE FOR LEADS & MANAGERS

Forms: **Supervisor's Work Injury/Illness Report: https://forms.humboldt.edu/supervisors-report-injury**

DWC 1 Employee's Claim for Workers' Comp. Benefits: https://forms.humboldt.edu/employees-claim-form-workers-compensation-benefits

Authorization to Transport: https://forms.humboldt.edu/authorization-transport-form

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, inform lead who will consult with manager to assess injury and treatment required at one of the facilities listed below. 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. In non-emergency situations where transportation is needed and the employee is unable to drive themselves, *colleagues may not transport injured employees*. HSU has an agreement with City Cab of Eureka. HSU will pay City Cab for rides both to and from treatment with authorization (Sedgwick will reimburse). In this situation, please complete the Authorization to Transport, and follow the instructions on the form.

2. **PROVIDE INJURED EMPLOYEE WITH DWC FORM 1** (Employee Claim Form)
   You are required to provide a claim form to the employee within one working day of notice of an injury. *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 OF INJURY**

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 walking 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. Employees 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 Manager 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 14th St., Arcata (near corner of 14th & 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 14th St, Arcata **825-4907**
  (M-F 8:00-11:30 & 1:00-4:30; please call first)

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 Human Resources at extension 3626.