

WORKERS' COMPENSATION QUICK GUIDE FOR LEADS & MANAGERS

FORMS:

[Supervisor's Report of Injury](#)

[DWC-1 \(Claim Form\)](#)

[Authorization to Transport](#)

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, *university employees may not transport injured employees (unless employee is an immediate family member)*. Cal Poly Humboldt has an agreement with City Cab of Eureka. Humboldt 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.

****In the event of an injury sustained off campus ("in the field", or out-of the area), the employee should be seen at the closest emergency room or urgent care facility. The injury and the need for follow-up will determine if additional care is needed at Mad River Occupational Health (or another occupational health facility if primary residence is not local).**

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 within 24 hours 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, email to HR@humboldt.edu, or fax forms to Human Resources at 3625**. If you fax or email forms, please confirm receipt with 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 Human Resources immediately.

PRE-AUTHORIZED MEDICAL FACILITIES FOR ALL INJURIES:

- ❖ **For Emergencies: MAD RIVER COMMUNITY HOSPITAL EMERGENCY ROOM (707) 822-3621**
3800 Janes Road, Arcata (24 Hours Day, 7 Days/Week)
- ❖ **For Non-Emergency Injuries: MAD RIVER OCCUPATIONAL HEALTH SERVICES (707) 825-4907**
3800 Janes Road Suite 10, Arcata

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

- ❖ **Cal Poly Humboldt STUDENT HEALTH CENTER, (when classes are in session) 826-3146**
- ❖ **MAD RIVER OCCUPATIONAL HEALTH SERVICES, 3800 Janes Road Suite 10, Arcata 825-4907**

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.