**WORK RELATED INJURY / ILLNESS PROCEDURE**

**For Life Threatening Injuries – CALL 911 IMMEDIATELY**

**WITHIN 24 HOURS**

### EMPLOYEE

- **Immediately** report work related injury/illness to Supervisor.
  - **Incident only**: Do not fill out the DWC-1, you may keep the blank copy for your information. You and your supervisor will document the incident with the appropriate form.
  - **Seeking medical care**: Complete lines 1-9, sign and **RETURN** DWC-1 to Supervisor or the Workers’ Comp Analyst immediately. A representative from Sedgwick CMS, CSU’s third party adjustor, will contact the employee to obtain additional information.

### SUPERVISOR

To obtain required forms, please go to the Environmental Health and Safety (EH&S) website at https://afd.calpoly.edu/workers_comp/ If you are unable to provide the Claim Form (DWC-1) to employee within 24 hours, please call 756-5427 immediately.

**Upon notification of injury from employee complete:**
- Work Related Injury/Illness Form.
- Provide DWC-1. If medical treatment is needed, employee completes and returns the form, Lines 1-9:
- FAX forms to EH&S at 756-5444.
- Copy forms for the employee. A representative from Sedgwick CMS, CSU’s third party adjustor, will contact supervisor to obtain additional information.

### Employee Wants To Seek Medical Treatment?

**YES**

For emergencies, call 911 from a campus phone or 756-2281 from your cell phone and you will be directed to the University Police Department.

A completed Claim Form/ DWC-1 must be submitted to EH&S

**ALL INITIAL TREATMENT**

MED STOP = First Stop
283 Madonna Road, Suite B 805-549-8880
M-F 8a-7p; Sat/Sun 8a-4p

**AFTER HOURS**

Sierra Vista Emergency Room
1010 Murray Avenue ; (805)546-7651

**NO**

Turn in signed OII (Band-Aid) form. Make sure notice of DWC is initialed on form. If treatment is requested by employee at a later date:

Employee must contact WC Analyst to submit the DWC-1 form

**HAVE QUESTIONS OR NEED FORMS?**

Please Contact:

Kathryn Villarreal
Workers’ Compensation Analyst
Environmental Health and Safety
Building 80, Room 106

805.756.5427
805.756.5444 confidential fax
kvilla02@calpoly.edu

**After Each Doctor Appointment**

- Employee must use own leave for follow-up doctor appointments
  - Employee and Supervisor review Work Status Update (WSU) form or doctor’s note.
  - If work restrictions are identified, Employee and Supervisor discuss and complete the section titled “Verification of Restricted Work.”
  - FAX to EH&S at 756-5444.