WORK RELATED INJURY / ILLNESS PROCEDURE

For Life Threatening Injuries – CALL 911 IMMEDIATELY

W I T H I N 2 4 H O U R S

EMPLOYEE

Immediately report work related injury/illness to Supervisor.
Obtain from Supervisor the Workers’ Compensation Claim Form (DWC-1) and complete:
❖ Lines 1-6 if Incident Only (Do Not Sign form).
❖ Lines 1-8 if seeking medical treatment (Sign Form).
❖ Return DWC-1 to Supervisor.

A representative from Sedgwick CMS, CSU’s third party adjustor, will contact employee to obtain additional information.

SUPERVISOR

To obtain required forms, please go to the Risk Management website at http://afd.calpoly.edu/riskmgmt/forms.asp. If you are unable to provide the Claim Form (DWC-1) to employee, please call 756-5427 immediately for mailing within 24 hours.

Upon notification of injury from employee, proceed as follows:
❖ Complete the Work Related Injury/Illness Form and obtain employee’s signature if Incident Report Only.
❖ Review DWC-1. If no medical treatment is needed, Lines 1-6 only. If medical treatment is needed, employee completes Lines 1-8;
❖ FAX forms to Risk Management at 756-5444.
❖ Copy forms for employee.
❖ Mail or hand-deliver originals to Risk Management.

A representative from Sedgwick CMS, CSU’s third party adjustor, will contact supervisor to obtain additional information.

Does Employee Want 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
283 Madonna Road, Suite B
(Next to See’s Candy in Madonna Plaza)
(805) 549-8880
Hours: M – F 8a – 7p
Sat / Sun 8a – 4p

AFTER MED STOP HOURS

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

If treatment is requested by employee at a later date:

Employee must contact Risk Management

NO

After Each Doctor Appointment

Employee must use own leave for follow-up doctor appointments
❖ Employee and Supervisor review Work Status Update 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 Risk Management at 756-5444.

HAVE QUESTIONS OR NEED FORMS?
Please Contact:

Debbie Rice
Workers’ Compensation Analyst
Risk Management
Building 80
805.756.5427
805.756.5444 confidential fax
dlrice@calpoly.edu