

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 DWC-1 form must be submitted to EH&S

INITIAL TREATMENT

STAFF/FACULTY

MED STOP = First Stop

283 Madonna Rd, Ste B

805-549-8880

M-F 8a-7p; Sat/Sun 8a-4p

STUDENTS

Campus Health

Bldg 27, 756-1211

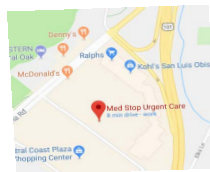
M/T/Th/F 8-11; 2:30-4

W 9-11; 2:30-4

AFTER*HOURS

Sierra Vista Emergency Room

1010 Murray Ave (805)546-7651



NO

Turn in signed OII (Band-Aid) form. Initial notice of DWC

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.