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 1-8, 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 http://afd.calpoly.edu/riskmgmt/workerscomp.asp. 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 1-8;
- 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

<table>
<thead>
<tr>
<th>MED STOP (First choice)</th>
<th>Family Industrial Med Center</th>
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<tbody>
<tr>
<td>283 Madonna Road, Suite B</td>
<td>47 Santa Rosa St</td>
</tr>
<tr>
<td>805-549-8880</td>
<td>805-542-9891</td>
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**M-F 8a-7p; Sat/Sun 8a-4p**

**M-F 8a-5p; Sat/Sun by appointment**

**AFTER HOURS**

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

**NO**

Turn in OII (Band-Aid) 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 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.