

CSUB FOUNDATION WORKERS' COMPENSATION PROCESS FOR SUPERVISORS

Forms Required: Supervisor Report of Injury
http://www.csub.edu/BAS/hr/documents/CSUB_Supervisor_Injury_Rpt_001.pdf
DWC 1 Employee's Claim for Workers' Compensation Benefits
http://www.csub.edu/BAS/hr/documents/DWCForm7.06_000.pdf

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, make arrangements for the injured employee to go to one of the facilities listed below depending on nature and time of injury. 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.

2. **PROVIDE INJURED EMPLOYEE WITH DWC FORM 1** (Employee Claim Form)

Within **one working day** of notice of an injury you are required to provide a claim form to the employee. When the employee returns the signed DWC Form 1, complete #11, 12, 13, 16, 17, 18 of the Employer (bottom) section. ***NOTE:** If you are unable to provide the employee the DWC Form within 1 working day, contact the campus Human Resources office to ensure that a form is mailed to the injured/ill employee.

3. **COMPLETE AND SIGN THE SUPERVISOR'S REPORT OF INJURY**

4. **RETURN THE SUPERVISOR'S REPORT & EMPLOYEE CLAIM TO HUMAN RESOURCES WITHIN 3 DAYS.** Please do not send in campus mail; either hand-carry or fax forms to Human Resources at 654-2299, preferably within 24 hours. If you fax forms, you must also send the originals to 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. The employee will be notified of receipt of their report and that the Supervisor's Report and claim form will be retained in Human Resources for one year following the date of injury. Employee's 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 the Workers' Compensation Coordinator in Human Resources immediately.**

PRE-AUTHORIZED MEDICAL FACILITIES FOR ALL INJURIES:

- ❖ **For Emergencies: MERCY MEDICAL CENTER HOSPITAL EMERGENCY ROOM** 663-6100
400 Old River Rd., Bakersfield CA 93311 (24 Hours Day, 7 Days/Week)
- ❖ **For Non-Emergency Injuries: CENTRAL VALLEY OCCUPATIONAL MEDICAL GROUP** 632-1540
4100 Truxtun Ave. Suite 200, Bakersfield CA 93309
24 hour Workers Comp. Coverage (Office Hours M-F 7:30-5:30)

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

- ❖ **CSUB STUDENT HEALTH CENTER** 654-2394
- ❖ **CENTRAL VALLEY OCCUPATIONAL MEDICAL GROUP, 4100 Truxtun Ave.** 632-1540
Suite 200, Bakersfield CA 93309
24 hour Workers Comp. Coverage (Office Hours M-F 7:30-5:30)

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: Tom Alvarez, Manager, Human Resources Programs (Worker's Compensation Coordinator), in Human Resources at Ext. 3203.