



## SUPERVISOR GUIDE FOR EMPLOYEE WORK INJURIES

*Note: These Guidelines are intended to clarify procedures to be followed in non-emergency employee work injuries and work related illness and do not replace or change the College's emergency response procedures.*

1. Employee reports injury/illness or employer becomes knowledgeable of an injury. Employee completes the "Report of Accident or Injury" form.
2. Report all work related injuries and illnesses immediately to Human Resources at 879-4049. If assistance is needed after hours, phone Campus Public Safety at 895-2351 or 911 if necessary.
3. Provide first aid if trained staff is available or send injured worker to one of the District's Workers' compensation medical provider, if necessary. (The District had the right to choose the medical provider unless the employee has pre-designated a personal physician prior to the injury/illness).
4. If due to the seriousness of the injury or illness there is not time to obtain Workers' Compensation claim forms in advance of obtaining medical treatment, or if it is after regular business hours, provide the injured employee with the name and address of the District's Insurance carrier:

Keenan and Associates  
2882 Prospect Park Drive  
Rancho Cordova, CA 95670  
(916) 859-7160
5. Have the injured worker complete the top portion of the Employee Claim for Workers' Compensation Benefits DWC-1 Form (numbers 1-8), and the Report of Accident or Injury.
6. Complete the bottom portion of the Employee Claim for Workers' Compensation Benefits DWC-1 Form (numbers 9-18). It is very important that numbers 11 and 12 are completed by you.
7. Complete the "Supervisor's Report" and investigate the circumstance of incident.
8. If you feel the injury or illness was caused by a possible unsafe condition, complete a "Possible Unsafe Condition" report or immediately phone Facilities Planning and Management (895-2381)
9. Before the employee may return to work, they must present the work status report that states they are able to return. If unable to return to work, the employee is required to submit work status notices from their doctor on a regular basis and should be forwarded to Human Resources
10. If the employee is released to return to work with restriction, the District will attempt to find modified work on a temporary basis. If it is determined that no modified work is available in your department, the District may reassign the employee to a temporary modified position. **An employee who is not on temporary disability leave uses their accrued leave, i.e., sick leave, to attend doctor appointments related to their work injury.**
11. It is the supervisor's responsibility to monitor the job duties of an employee who is placed on restricted duty.
12. It is the supervisor's responsibility to continue to turn in timesheets so that the allowable temporary disability leave can be recorded.

# Workers' Compensation Accident/Injury Checklist

- Immediately provide the injured worker with:
  - a) Report of Accident/Injury
  - b) Employee's Claim for Workers' Compensation Benefits (DWC-1)
  
- Have the injured worker complete the top portion of the DWC-1, numbers 1-8
  
- Complete the bottom portion of the Employee Claim for Workers' Compensation Benefits (DWC-1), numbers 9-18. It is very important that numbers 11 and 12 are completed by you.
  
- Refer the injured worker to Immediate Care Medical Center in either Chico or Paradise
  
- Call the Human Resource Benefit Analyst at 530-879-4049 and advise her of the injury.
  
- Forward all completed forms to the Human Resource Benefit Analyst immediately. DO NOT HOLD ON TO ANY OF THE FORMS, as this will cause a delay in the filing of the claim.
  
- Do not allow the injured worker to return to work without providing a doctor's release to return slip. Remember, no slip, no work.
  
- Make certain the injured worker is following any work restrictions or modifications provided by his/her doctor.
  
- Immediately send all doctors' reports to the Human Resource Benefit Analyst.