

# SAN DIEGO MIRAMAR COLLEGE

## Procedure for Completing Paperwork for Injured Employees

- Notify the Business Office immediately at 619-388-7815 (Business Office will notify Risk Management.)
- Pick up the Workers' Compensation Paperwork in N-101.
- Paperwork must be completed and returned to the Business Office within 24 hours.
- The Business Office will secure the Safety Officer's signature on the Injury and Illness form and forward all forms to the District Risk Management Office.

### The injured employee may choose whether to seek medical attention or not.

#### IF SEEKING MEDICAL TREATMENT AND FILING A CLAIM

- The **SUPERVISOR** completes and signs the Referral Form for employee to take to the hospital.
- The injured **EMPLOYEE** is to be referred to one of the Sharp Rees Steely medical facilities listed on the Sharp Healthcare Map. If the employee is with Kaiser they may go to a Kaiser on the Job facility. *(If the employee indicates they have completed a "Right to Choose Own Physician" notice, please call 388-6953 to verify the notice is on file before allowing the employee to seek treatment from a private physician).*
- The **SUPERVISOR** completes the Injury and Illness Incident and Investigation Report (both sides). **NOTE:** the injured employee is **not** to complete this form.
- The **EMPLOYEE** completes the first section of the Workers' Compensation Claim Form (DWC1); the **SUPERVISOR** completes the second section.
- The DWC1 and Injury and Illness Incident and Investigation Report are to be forwarded to the Business Office **within 24 hours of the incident.**
- After initial treatment of injury, **EMPLOYEE** is to receive and follow instructions from Risk Management regarding submittal of leave and documentation required for doctor appointment.

All serious injuries resulting in overnight hospitalization or fatalities must be reported to Cal-Osha within 8 hours of serious injury or the district will be fined \$5,000. Contact Risk Management immediately to report all serious injuries or when the employee is transported by ambulance. For serious injuries occurring after hours, the supervisor reports directly to San Diego Regional Cal-Osha office at (619) 767-2280 within 8 hours of the injury, and advise Risk Management the call was made.

#### IF NOT SEEKING MEDICAL ATTENTION

- The **EMPLOYEE** completes the Declination of Medical Treatment form, the **EMPLOYEE** and **SUPERVISOR** both sign.
- The **SUPERVISOR** completes and signs the Injury and Illness Incident and Investigation Report (both sides). **NOTE:** the injured employee is **not** to complete this form.
- The **SUPERVISOR** provides the employee with the Workers' Compensation Claim Form (DWC1) with the Employer section completed except line #14. The employee retains the entire form in case he/she chooses to seek medical attention at a later time.
- Both the Injury and Illness Incident and Investigation Report and Declination of Medical Treatment forms are to be forwarded to the Business Office **within 24 hours of the incident.**

