ACCIDENT/INJURY REPORTING INSTRUCTIONS

IN THE EVENT OF AN ACCIDENT, NOTIFY EMPLOYER'S GUARDIAN IMMEDIATELY!

Phone: 916-635-2543 | Fax: 916-635-3434 | <u>risk@employersguardian.com</u>

If there is any question that the employee needs immediate medical attention, CALL 911 IMMEDIATELY! For non-emergency situations, follow the steps below and use the medical provider and authorization form provided in the next section of this manual:

1. <u>Medical Attention/Authorization</u>- Upon notification that the employee has sustained a work-related injury, offer medical treatment immediately by providing your authorization form for treatment at your preferred medical provider (MPN). By getting the employee to the right doctor, you can control medical costs and better determine which forms need to be completed as required by law. Make sure the employee returns immediately after the doctor's appointment, whether they can return to work or not, so that you can begin the paperwork.

Special Note: Your MPN may not be open outside normal business hours. If the injury is not an emergency, including but not limited to, excessive bleeding, loss of consciousness, inability to move, or inability to speak, they can usually wait until the next business day to go for treatment. Emergency rooms are more expensive.

- 2. <u>First Aid vs. Recordable-</u> If the employee returns with a work status report that indicates that it is a first aid injury, complete steps 3 and 4. If it is not first aid, Labor Code requires that a workers' compensation claim be filed. If the employee wants to file a claim then complete forms 3, 4, and 7. *All documentation should be sent to Employer's Guardian immediately.*
- 3. <u>The Employee's Report of Accident-</u> The employee should complete this form upon reporting the injury or immediately upon return from their medical treatment to document their account of what happened while it is still FRESH in their mind.
- 4. <u>Accident Illness Investigation Form</u>- This form should also be filled out by the immediate supervisor or designated safety officer as soon as possible to preserve the evidence at the accident scene. Be as detailed as possible. Remember, this is the basic information, which will lay the foundation of any further investigations performed by Employer's Guardian. See Accident Investigation in your IIPP for more detailed instructions.
- 5. Reporting to Cal OSHA-If the injury is defined as serious, meaning the injury caused permanent disfigurement, such as an amputation, or the injured was hospitalized for more than 24 hours, the injury must be reported to Cal OSHA. The timeline for reporting is no later than 8 hours after the employer has knowledge that the injury is serious. The employer must make a diligent inquiry to determine this. Failure to report a serious injury in time will result in a fine of \$5,000.00. Employer's Guardian will do this on your behalf to ensure minimal exposure to liability.
- 6. <u>Employee's Denial of Workers' Compensation/Medical Treatment</u>- An employee who does not wish to pursue workers' compensation benefits or refuses medical treatment should complete this form. This form should be considered prior to providing the DWC-1.
- 7. <u>The Employee's Claim Form (DWC-1)-</u> This form must be given to the employee within 24 hours of the employer's knowledge of the injury. The employee completes the top portion of the form and the supervisor completes the bottom. <u>THIS FORM IS ONLY COMPLETED IF THE EMPLOYEE WANTS TO FILE A WORKERS' COMPENSATION CLAIM. IF THIS FORM IS NOT COMPLETED, FORM #6 MUST BE COMPLETED.</u>

