



## INSTRUCTIONS FOR SITES HANDLING AN EMPLOYEE WITH A WORK-RELATED INJURY/ ILLNESS

<b>Workers' Compensation/ Return to Work (WC/RTW) Office:</b>	<b>Email: <a href="mailto:wctech@oside.us">wctech@oside.us</a> Tel: (760) 966-4035</b>
---	--

When an employee incurs a work-related injury/illness:

- 1) The Employer's Representative (Admin Secretary, health clerk, Supervisor/ Principal, or the WC/RTW Office) will:
  - a) Provide the following forms to the employee **even if the employee declines treatment:**
    - i) **Instructions for Reporting a Work-related Injury/ Illness and Return to Work Guidelines**
    - ii) **State of California Workers' Compensation Claim Form (DWC-1) Rev. 1/1/16**
      - (1) The injured employee completes the top box only.
      - (2) Employee keeps a copy.
    - iii) **Authorization for Medical Treatment, Work-Related Employee Injury.** This form authorizes treatment at the medical facility selected and provides the option to ACCEPT or DECLINE medical treatment.
    - iv) **Notice to Employees.** Keep this document which provides important job-related injury information
    - v) **Workers' Compensation Benefits and Procedures** Employee completes the acknowledgement section and retains a copy.
    - vi) **Employee Incident Report, rev. 12-2017** Complete all fields of the Employee Section. Be specific and provide details. Keep a copy for your records
    - vii) **PRIME: Important Information about Medical Care** – The employee keeps this document.
    - viii) **Workers' Compensation Temporary Prescription ID Card.** The employee keeps this document and use it to fill prescriptions.
  - b) **IF MEDICAL TREATMENT IS REQUESTED,** instruct the employee to call the Company Nurse injury hotline to receive immediate treatment evaluation by a medical professional (RN) specializing in occupational injuries:  

**Injury Hotline: 1-877-518-6702                      Oceanside Unified Search Code: QS444**
  - c) Complete the:
    - i) Bottom box of the DWC-1 (including items 11, 12, 13, 16, 17 & 18) and sign.
    - ii) Incident Report: Supervisor Statement– Employee Name and Date of Incident/Injury/Illness
  - d) Email all documents (even partially completed forms) to the WC/ RTW Office **within 24 hours** of knowledge of the incident.
- 2) The Supervisor/ Principal will:
  - a) Review, the Employee's Statement
  - b) Conduct an accident investigation using the Supervisor Statement form as a guide.
  - c) Send completed original forms to the WC/RTW office **within 72 hours** of knowledge of the incident/injury/illness.