

SUPERVISOR/DEPARTMENT CHECKLIST for Reporting Workplace Injury/Illness

If your employee reports he/she has sustained a workplace injury or occupational disease, implement the following:

#1. MEDICAL ATTENTION: Immediately assess your employee's condition and determine appropriate medical treatment.

***MEDICAL EMERGENCY: Call 911**

Non-Emergency Work-Related Injuries:

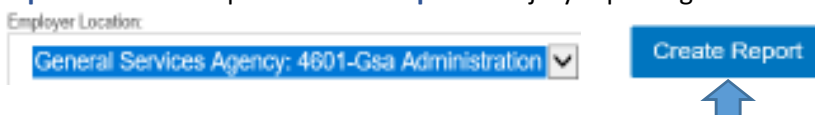
- **First aid only** – Refer employees situated at/or near the Government Center to Employee Health Services located on campus in HOA building on the Lower Plaza. Complete and provide a [First Aid Treatment Form](#) for employee to take with them.
- **All others** – Direct employee to select a medical treatment facility from the [Authorized Medical Network listing](#).
- Provide your employee with a [Physician's Notice of Return to Work or Temporary Medical Restrictions](#) form to take to the treating medical facility for completion and returned with employee when returning to work.
- If your employee has elected to receive initial treatment from their personal doctor, they must have a [Designation of Physician](#) form on file before an injury or illness occurs.

#2. INITIATE FIRST REPORT OF INJURY ONLINE: YORK CLIENT PORTAL

From [Client Login Portal](#):

- Enter your username (County email address) and Password (your York account password).
- **Submit a New Report:** Use the pull down menu to select your Department [Location-BU#](#). Next, Click **Create Report** which will open the **First Report** of Injury reporting form.

Employer Location:



- **California Workers' Compensation First Report** form: Complete fields as completely as possible. *NOTE the *bulleted blue shaded fields* must be completed in order to submit the report. If you do not have all the required information to *Submit* your report, you may *Save as Incomplete*. *Submit* once the bulleted fields are filled. HR/Safety will complete the missing personal data.
- Click to **Report** injury and **Submit** a Workers' Compensation claim.
- If injury is minor: use the *Save as Incomplete* option. This option will **not** forward the Report to us and may be used for a "reporting only" incident. The saved Report remains in your folder.

Loss Date	Entry Date	Updated	Status	
08/28/2017	8/28/2017	8/29/2017	Incomplete	✘

- In the event an employee later wishes to seek medical treatment, change the status and **Submit** Report.

#3. EMPLOYEE CLAIM FOR WORKERS' COMPENSATION BENEFITS: If medical care (other than first aid) is necessary, offer your employee an [Employee Workers' Compensation Claim Form \(DCW-1\)](#) w/in 24 hours of knowledge. If employee is unavailable, form must be sent by certified mail or delivered in person. The employee completes sections #1- #9 & signs. IF EMPLOYEE returns form, then the supervisor completes sections #13-#18, signs and provides a copy to the employee. A copy must also be sent to GSA-HR Safety # 1060 within **24 HRS.**

#4. NOTIFY HR/SAFETY: Call **662-6506** or follow-up with an email to paula.oberst@ventura.org

#5. INVESTIGATE: Address the Hazard

[Accident/Incident/Near Miss Investigation Report](#): Complete as soon as practical to acquire all pertinent information contributing to the injury/illness. **Correct any unsafe situation immediately to prevent a reoccurrence/future injury.** Forward Report to GSA-HR Safety.

#5. FOLLOW-UP: Before your employee returns to work:

- *Review* the *Physician's Notice of Return to Work or Temporary Medical Restrictions* report. This report will indicate whether your employee is cleared to return to work, is temporarily disabled, or is returning with work restrictions. Forward copies of all medical reports to GSA-HR Safety.
- *Interactive Process* – If your employee is returning with work restrictions: Before employee returns, an interactive process meeting must be scheduled with employee and his/her supervisor to determine if a reasonable accommodation can be made.
- If your employee has been declared Temporarily Totally Disabled (TTD) or if a workplace accommodation is unavailable and the employee will be off work more than (3) consecutive work days, the employee must submit a [Leave of Absence Request](#).

Call Paula Oberst at 662-6506, if you have further questions or difficulties with York online reporting process.

***OSHA Requirement: Supervisor must report all serious injuries within 8 hrs. to Cal/OSHA 818/901-5403**

"Serious injury or illness" means any injury / illness which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. NOTIFY HR/SAFETY @ 662-6506 or 654-3943.