

INJURIES ON THE JOB

When a work-related injury or illness occurs...

If the injury requires **emergency assistance**:

- 3 Call **9 + 9 - 1 - 1** from most campus phones (or **1 - 7 - 1** from the red phones in the first floor hallways of most campus buildings) or **9 - 1 - 1** from off-campus phones
- 3 Provide first aid if trained staff is available
- 3 In life-threatening situations, the employee should be transported to the nearest medical facility

In **non-life-threatening situations**, the supervisor should accompany (or designate someone else to accompany) the injured worker to the appropriate Designated Medical Facility (**LISTED BELOW**).

For all **work-related injuries or illnesses**:

- 3 Report the injury/illness to the Disability Programs Office (x5436) **IMMEDIATELY**.
- 3 Leave the accident site undisturbed until Environmental Management and Health Services (EMHS) has had a chance to inspect it.

Designated Medical Facilities*

- ◆ For **minor injuries/illnesses**:

CSUC STUDENT HEALTH SERVICES (x5241)

- ◆ For **non-minor injuries/illnesses or any injuries/illnesses occurring after SHS hours or on weekends**:

ENLOE PROMPT CARE

888 Lakeside Village Commons, Chico, CA
95928-3979
Ph: (530) 332-6850
Hrs: 8am to 8pm, 7 days per week
(Located at intersection of Lakeside Village Commons & Bruce Road)

- ◆ For **life-threatening injuries/illnesses or injuries/illnesses requiring medical care before 8 am or after 8 pm**:

ENLOE MEDICAL CENTER E-R

1531 Esplanade
Chico, CA 95926-3310
(530) 332-7300
(Located at intersection of West 5th Avenue & Esplanade)

*If you still need care after 30 days following the report of your injury, you may choose your own physician if you wish.

Pre-Designated Personal Physician

You may designate your treating physician *prior to a work-related injury or illness* by giving written notice to the Disability Programs Office of the name of your personal physician who has previously treated you and who has your medical records. To obtain a Pre-Designation of Personal Physician form, contact the Disability Programs Office (x5436).

The State of California Information and Assistance Officers are available to answer questions and assist you. Their nearest office is: **1515 Clay Street, 6th floor, Oakland, CA 94612 (510) 622-2861 or 1-800-736-7401.**

The **California State University**, having complied with the provisions of Section 3700(b) of the California Labor Code, is self-insured for Workers' Compensation. The Workers' Compensation Third-Party Administrator for the CSU is:

OCTAGON RISK SERVICES

Post Office Box 3170, Rancho Cordova, CA 95741-3170
916-851-8024 (FAX: 916-851-8079)

If you suffer a work-related injury or illness, under the California Workers' Compensation Law, you are entitled to:

Medical Care: All authorized medical expenses are fully covered.

Disability Income: If hospitalized, or unable to work more than three calendar days, you will receive weekly income equal to a minimum of \$126 up to a maximum of \$840 (as of 1/1/05). If you sustain a permanent disability, additional benefits may be provided.

Rehabilitation: If your injury or illness prevents you from returning to your same job, you may be eligible for vocational rehabilitation benefits.

Death Benefit: In the event of a death caused by a work-related injury or illness, qualified surviving dependents will receive benefits.

Note: Benefits may not be provided for injuries occurring during voluntary participation in any off-duty recreational, social, or athletic activity not part of an employee's work related duties.

To report a work-related injury or illness...

It is the EMPLOYEE'S responsibility to:

Report your injury or illness to your Supervisor *immediately*. Any delay in reporting an injury may delay workers' compensation benefits, and you may not be able to get benefits if you don't file a claim within one year of the date of injury/illness, the date you knew the injury/illness was work-related, or the date benefits were last provided.

If you received medical care (other than first aid treatment), the Disability Programs Office will mail an Employee Claim for Workers' Compensation Benefits (DWC-1 Form) to your home address. After you have completed and signed the DCW-1 Form, it should be returned to the DPO Office (may be mailed to DPO, hand-delivered to Kendall 118 or sent via campus mail - Zip 022).

It is the SUPERVISOR'S responsibility to:

1. **REPORT THE ILLNESS/INJURY IMMEDIATELY TO THE DPO, x5436.**
2. **Within 8 hours of the injury or illness:**
 - a. The employee's direct supervisor (and the area administrator) must complete ALL sections of the OSHA 301. (*Under no circumstances is the injured/ill employee to complete this form.*)
 - b. Fax the OSHA 301 form to the Disability Programs Office (fax: 898-6095).
3. Forward the original OSHA 301 form to the Disability Programs Office (may be hand-delivered to Kendall 118 or sent via campus mail - Zip 022).

It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will receive lost wages and increased benefits, plus costs and expenses up to a maximum set by the State Legislature.