

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** – Utilize First Aid kit at your designated location. Fill out the First Report of Injury and at the top, write "First Aid Only". Send form to Alicia Ibarra at alicia.ibarra@ventura.org. DO NOT send employees to Employee Health Services. If they need medical attention above what is available in your first aid kits, send them to the below GSA preferred medical provider.
- **Non-Emergency Work-Related Injuries** – Direct employee to select a medical treatment facility from the [Authorized Medical Network listing](#). Below is the GSA preferred medical provider.

GSA Preferred Medical Provider

Coastal Occupational Medical Group

1901 Outlet Center Drive, Suite 100

Oxnard, CA 93036

(805) 988-3200

Mon-Fri 7:00 AM – 7:00 PM

Saturday 9:00 AM – 5:00 PM

- Provide your employee with a signed [Physician's Notice of Return to Work](#) form to take to the treating medical facility. This will authorize the clinic to treat the patient. The doctor will complete the form and the employee will immediately return the form to their supervisor. Reach out to the GSA Health and Safety Officer to conduct an Interactive Process (IP) Meeting (if applicable).
- 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 and NOTIFY HR/SAFETY

Notify the Safety Officer, Alicia Ibarra, immediately after first knowledge of an injury.

Fill out the [First Report of Injury Paper Form](#), Sign and submit to Alicia.Ibarra@ventura.org. If you have questions, call **(805) 654-7627**.

#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 is not required to fill out the DWC-1 Form. Only if they wish to submit a claim, they should fill it out and submit back to the supervisor. The employee would complete 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. 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* 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, the safety officer 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 Alicia Ibarra at 654-7627, if you have further questions regarding the 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 @ 654-7627 or 654-3943.