



WORK-RELATED INJURY OR ILLNESS REPORTING PROCEDURES

This document has been prepared to provide guidance to employees and supervisors in the event of a work-related injury or illness.

It is imperative that all injuries are reported to the employee's supervisor as soon as possible even if the employee doesn't wish to seek medical attention or file a workers' compensation claim. Report all injuries/illnesses to Veronica Baumgardner in Human Resources at 822-7113, x363.

Does not require medical attention

1. If the injury is minor and does not require medical attention other than on-site first aid or if the employee declines medical treatment, provide them with the DWC-1 Form. The DWC-1 Form, "Employee's Claim for Workers' Compensation Benefits," must be completed by the employee and the supervisor. This form must be offered to the injured employee within 24 hours of any knowledge of injury/illness. Failure to provide the form within 24 hours could result in fines for the County. The employee is not required to complete the DWC-1 unless they wish to seek medical attention and file a workers' compensation claim. Complete lines 12, 13, 17, 18 and 19, and make a copy before giving the form to the employee.
2. Have the employee complete the "Sutter County Declination of Medical Treatment" form. Provide them with a copy of the complete declination form and advise them to let you know as soon as possible if they decide they need medical attention for this injury at any time in the future.
3. Send the employee back to work.
4. The injured worker's supervisor **must** complete the "Sutter County Incident/Hazard Report" form. This can be done in collaboration with the employee or the Department Safety Representative if applicable or appropriate.
5. Forward all forms to Human Resources.

Requires medical attention

1. Send or take the injured employee to one of the following clinics (or the E/R as appropriate). Be sure to send the employee with the appropriate Treatment Authorization Form.
 - Work Health Solutions 151 N. Sunrise Ave. Suite #1201 Roseville, CA 95661
 - Work Health Solutions 564 Rio Lindo Ave, Suite 201, Chico 95926
 - Elk Grove Medical Center, 87 Scripps Dr Suite 114, Sacramento CA 95825
 - Glenn Medical, 1133 W Sycamore St, Willows, CA 95988
2. If the employee requires medical attention call 911 if warranted.
3. The employee must provide the department with a medical note indicating they were treated. An employee may only return to work with a medical clearance indicating the date of return and the work restrictions, if any.
4. The injured worker's supervisor **must** complete the "Sutter County Incident/Hazard Report" form. This can be done in collaboration with the employee or the Department Safety Representative if applicable or appropriate.
6. The DWC-1 Form, "Employee's Claim for Workers' Compensation Benefits," must be completed by the employee and the supervisor. This form must be offered to the injured employee within 24 hours of any knowledge of injury/illness. Failure to provide the form within 24 hours could result in fines for the County. The employee is to complete lines 1-9 in their own handwriting. The supervisor must complete lines 12, 13, 17, 18 and 19, and make a copy before giving the form to the employee. If the employee is not present, mail the form to the employee via certified mail, return receipt requested. Immediately upon receiving this form back from the injured employee:
 - Complete lines 14 through 19.
 - Give a completed copy to the employee.
 - Within 24 hours, send a completed copy to Human Resources.
 - DO NOT RETURN INSTRUCTIONS.
 - Keep a copy of the DWC-1 Form for your records.
 - Forward all forms to Human Resources.

Please note: The "Sutter County Incident/Hazard Report" form must be completed whenever a near miss happens or when a hazard is identified even if an injury does not occur. The form should be routed for the appropriate signatures then forward to Human Resources via fax or email.