

**WORKERS' COMPENSATION
INCIDENT REPORTING CHECKLIST INSTRUCTIONS**

ASBS= Administrative Secretary to Business Services
August 31, 2007

A. Employee/volunteer suffers a work related injury/illness:

- 1. In the event that the supervisor is not present, employee/volunteer reports work related injury/illness to the site's Secretary.
- 2. Supervisor/Secretary offers to send employee/volunteer to preferred clinic (Gateway or Kaiser on the Job) in order to receive medical attention.

B. If the employee/volunteer DOES NOT want to seek medical attention:

- 3. Supervisor/Secretary provides **ONLY** the Report of Employee/volunteer Incident/Injury SIG Form to the employee/volunteer.
- 4. Employee/volunteer completes Part #1 of form.
- 5. Supervisor/Secretary completes Part #2 of form.
- 6. Provide the Yellow Copy to the employee/volunteer.
- 7. Instructs employee/volunteer that in the event he/she changes his/her mind and wants to seek medical attention for this incident, employee/volunteer must notify the supervisor/secretary and he/she will be directed to the preferred clinic.
- 8. Site Secretary ***Faxes ASAP*** the White Copy to the ASBS.
- 9. The original White Copy also needs to be directed to the ASBS ***ASAP***.
- 10. Call and/or Email the ASBS immediately.

C. If the injured employee/volunteer needs immediate medical attention:

- 11. If the injury is life threatening; call 911 and/or request an ambulance.
- 12. If the injury is not life threatening, send him/her to the clinic (Gateway or Kaiser on the Job) or arrange for a ride to the clinic if he/she cannot drive.
- 13. Complete and provide to employee/volunteer:
 - a. Report of Employee Incident/Injury (SIG form)
 - b. DWC1 Form and the Notice of Potential Eligibility
 - c. Covered Employee Notification of Rights Materials
 - d. Workers' Compensation Temporary Prescription Services ID
- 14. Employee/volunteer completes Part #1 of forms.
- 15. Supervisor/Secretary completes Part #2 of forms.
- 16. Provide the copy to the employee/volunteer.
- 17. ***Fax ASAP*** a copy of both forms to ASBS.
- 18. Call and/or Email the ASBS immediately.

19. Send original White Copies to the ASBS *ASAP*.

D. ULTRA CLAIMS ON LINE

20. Mark “Yes” on field: “Keenan Notified”

21. Mark “No” on field: “OSHA Recordable”

22. Mark “No” on field: “Approved”

23. On Date of birth date fill in: “00/00/0000”

E. In the event the forms are not provided to the employee:

24. The ASBS mails the forms to the injured employee/volunteer; via certified mail.

25. The ASBS receives information and proceeds to report the claim to Keenan & Associates via Ultra Claims On-Line.

F. REMEMBER:

- Always offer medical attention.
- Insist on sending an employee/volunteer to the clinic in the event of a chemical exposure on eye, skin, chemical inhalation and/or ingestion, even if employee/volunteer feels fine.
- Document all incidents on the Report of Employee Incident Injury (SIG form).
- Contact the ASBS for any information on changes in medical work restrictions.
- Fax all and any documentation such as doctor’s slips, etc., to the ASBS.
- If a tool or equipment is involved in the accident, contact Maintenance to isolate it for insurance investigation.