

Accidental Injuries and Illness

(Revised 09/06/24)

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Forms

The following forms are referenced in this policy:

- DWC-1 Employee's Claim for Worker's Compensation Benefits
 - OSHA 300 Log of Work-Related injuries and Illnesses (maintained by the Human Resources department)
 - RM-3 Supervisor's Accident Investigation Report
 - RM-10 Worker's Compensation General Claim Worksheet
 - RM-15 Proof of Service
 - RM-20 Authorization to Obtain and Release Information
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Policy

Reports will be completed any time a staff person is injured on the job or exposed to a communicable disease. The Human Resources (HR) department will maintain a log containing the list of injuries for a given site on Form OSHA 300. This form is required by Public Law 91-596 and must be kept on file for 5 years. Failure to maintain and post can result in the issuance of citations and assessment for penalties. A substitute for the OSHA 300 is acceptable as long as it is as detailed, readable and understandable as the OSHA 300.

Procedures

All serious injuries, hospitalizations or death must be reported immediately by telephone to the HHSA Departmental Safety Coordinator and the assigned Departmental Human Resources Officer (DHRO).

All injuries that require treatment by a physician must be reported to the Workers' Compensation Unit in a timely manner by HR via the reporting forms. The following forms must be submitted by the injured employee's department to the Workers' Compensation Unit:

Form	Purpose
DWC-1 – Employee's Claim for Worker's Compensation	Required by California statute to be completed by the employee immediately after an injury occurs, or within one working day after the injury is reported. It must be completed when an employee has an injury because of a work-related task.

Procedures (cont.)

Form	Purpose
RM-15 - Proof of Service	This form is required for legal documentation and must accompany all DWC-1 forms.
RM-10 – Worker’s Compensation General Claim Worksheet	Complete whenever an employee has a job-related injury. It is used by Workers' Compensation to complete other mandated forms that are required to complete with California reporting requirements.
RM-3 – Supervisor’s Accident Investigation Report	Complete whenever an employee is injured, claims a work-related illness, or is involved in an industrial accident. The employee's supervisor is responsible for completing this form.
RM-20 - Authorization to Obtain and Release Medical Information	This form is to be signed by an employee whenever they are injured. The employee's supervisor is responsible for facilitating the form's signing and forwarding it to the Workers' Compensation Unit (Mail Stop D-226).

First aid or no-medical treatment injuries should be documented on the RM-10 form only and filed in the employee's Human Resources personnel records for reference. **Do not** report these incidents to the Workers' Compensation or Loss Prevention Units unless they are the basis for an injury at a later date. Forms should be sent to the DHRO to maintain.

Reporting

Follow these steps when reporting accidents and injuries:

Step	Who	Action
1	Employee’s Supervisor	Scan and e-mail completed forms to the assigned DHRO.
2	DHRO	Review the forms. Once confirmed as complete and accurate e-mail the forms to: <ul style="list-style-type: none"> • Risk Management • cc the assigned Leave Coordinator
3	Employee’s Supervisor	After DHRO approves, mail original forms to Worker's Compensation at Mail Stop O226.

**Additional
Information**

Additional information can be found on the Workers' Compensation site.

Alignment with SET

This policy aligns with [SET Value 6](#), a work place characterized by shared accountability and responsibility that values the well-being of staff at all levels.
