

# ON THE JOB INJURY/INCIDENT CHECK LIST

## NEAR MISS / NO INJURY OCCURED

- ☐ Have the employee complete a [Near Miss Incident Injury Illness Report](#).

## INCIDENTS NOT REQUIRING PROFESSIONAL MEDICAL TREATMENT

- ☐ Have the employee complete the [On the Job Accident Injury/Illness Report](#).
- ☐ Have the supervisor complete the [Supervisor Accident/Illness Investigation Report](#).
- ☐ Have all witnesses complete the [Witness Statement Form](#).
- ☐ [DWC 1](#) form is **NOT** completed unless medical treatment is sought.
- ☐ All original documents need to be sent to your Human Resource Department, scan a copy of all forms to [SCDM@stancounty.com](mailto:SCDM@stancounty.com).

## INCIDENTS REQUIRING PROFESSIONAL MEDICAL TREATMENT

- ☐ If a life-threatening injury occurs get immediate help - call 911. Contact your department's designated management personnel who handles catastrophic injuries and report the incident.
- ☐ Have the employee complete [On the Job Accident Injury/Illness Report](#) (the employee does not have to complete prior to seeking medical treatment in emergency situations).
- ☐ Upon notification of an injury provide a [DWC-1](#) to the employee immediately and have the employee complete first 9 lines (the employee does not have to complete prior to seeking medical treatment in emergency situations).
- ☐ Have EE choose a provider from the [Request for Medical Services](#) list with whom they wish to seek treatment, the list has several options.
- ☐ Provide EE with copy of [MPN Brochure –Medical Provider Network Pamphlet](#).
- ☐ Any injury that results in an employee seeking medical attention at an emergency room or hospital after hours **requires** a call to Arthur DeLoach at (209) 652-0378 **and** a message to be left at Risk Management's main number, (209) 525-5710.
- ☐ Any injury that occurs outside the County **requires** a call to Arthur DeLoach at (209) 652-0378 **and** a message to be left at Risk Management's main number, (209) 525-5710.
- ☐ Verify if the employee has a [pre-designated](#) **physician** as their workers compensation doctor **on file with Risk Management**. Predesignation must have been documented and recorded **prior** to the injury occurring to be valid. If no predesignation is on file, the employee must use an Occupational provider on our MPN list.

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## INCIDENTS REQUIRING PROFESSIONAL MEDICAL TREATMENT (continued)

- ☐ Advise the injured employee to obtain a work status report from the initial appointment and each follow up appointment. A copy of their work status should be given to their supervisor/Human Resources on the same date of the visit and employee should be prepared to return to work if released back to work. **ONLY HUMAN RESOURCES CAN SEND EMPLOYEE HOME IF THE DEPARTMENT CANNOT ACCOMMODATE.**
- ☐ The supervisor needs to complete the [Supervisor Accident/Illness Investigation Report](#).
- ☐ Have all witnesses complete the [Witness Statement Form](#).
- ☐ If this is a Motor Vehicle Accident, report the incident to your manager/supervisor. Obtain the police report, the other driver's information (if applicable), and complete the [Vehicle Accident Report](#) forms. Turn in all documents to your manager/supervisor and Human Resource department.
- ☐ All original documents need to be sent to your Human Resource Department, scan a copy of all forms to [SCDM@stancounty.com](mailto:SCDM@stancounty.com).

## IN THE EVENT OF A DEATH WHILE ON THE JOB

- ☐ **Requires** a call to Arthur DeLoach at (209) 652-0378 **and** a message to be left at Risk Management's main number, (209) 525-5710.
- ☐ Complete a [DWC-1](#) on the deceased employee's behalf – do not sign the DWC1, the surviving next of kin may sign for the deceased employee.
- ☐ The supervisor needs to complete the [Supervisor Accident/Illness Investigation Report](#).
- ☐ If this is a Motor Vehicle Accident, obtain the police report, the other driver's information (if applicable), and complete the [Vehicle Accident Report](#) forms.
- ☐ All original documents need to be sent to your Human Resource Department, scan a copy of all forms to [SCDM@stancounty.com](mailto:SCDM@stancounty.com).
- ☐ Risk Management will provide guidance and a single point of contact for the employee's family.

## **ALL FORMS ARE LOCATED AT:**

[Risk Management's Workers Compensation Forms and Brochures \(located on public website\)](#)

**AND**

[Stanislaus County's Safety Resources Website \(located on the intranet\)](#)