

## EMPLOYEE WORKERS' COMPENSATION PROCEDURES

### Sustained an on-the-job injury?

➤ **IF IT IS A LIFE-THREATENING EMERGENCY, DIAL 911.**

WITHIN 24 HOURS, report all work related injuries or illnesses to your immediate supervisor.

- You must complete the State of California's *Workers' Compensation Claim Form* (DWC-1) if treatment is sought. The form DWC-1 is the initial report of what happened. The form includes the information you will need to receive treatment from a physician. Your supervisor will give you a temporary copy to take with you when seeking medical treatment. Human Resources will provide you with a "completed" copy for your records after processing. If you are treated by a physician, be sure to obtain a Work Status Report and forward it to your supervisor and Human Resources as soon as possible. You cannot return to work without the Work Status Report.

With your temporary DWC-1 in hand, your options are:

- If you have pre-designated a personal physician by submitting a completed form to Human Resources, you may go to that physician's office for treatment. Forms to "pre-designate" are available from Human Resources.
- You may contact Kaiser Occupational and schedule an appointment.

**Kaiser Occupational (in Bayhill Center)**  
801 Traeger Ave 2<sup>nd</sup> Floor, Suite 212  
San Bruno, CA 94066  
650-742-7110  
Hours: M-F 8:30am - 5:00pm

**After Hours: Kaiser Hospital**  
1200 El Camino Real  
South San Francisco, CA 94080  
650-742-2511

- Otherwise, you may select a treating physician from PRISM MPN by calling 800-544-8150 or accessing the network via [www.prismmpn.prismrisk.gov](http://www.prismmpn.prismrisk.gov).
  - If selecting a treating physician from PRISM MPN, take a *Temporary Prescription ID Card* form with you, have the treating physician complete it and bring it to a participating pharmacy, should you require a prescription.
- If your supervisor is not available, contact Human Resources, 650-997-8306 or 415-860-3440, and leave a voicemail message, if necessary, including:

Who: Your Name  
What: Body part(s) is hurt or what illness you have contracted  
Where: Location of the accident  
When: Date and time of the accident or injury  
Why: What were you doing?  
How: What caused the accident or illness?

- If the injury is not a medical emergency (a 911 call), is only requiring first aid, and you are choosing not to go to the doctor at the time of injury, then you only need to complete a *Short Form – Accident or Injury*.
- Town's Workers' Compensation Claims Administrator:  
**Intercare Holdings Insurance Services, Inc.**  
PO Box 579  
Roseville, CA 95661  
Luz Amezcua, Sr. Claims Adjuster  
Direct **916-780-3616**  
Main 800-771-5454 or 916-677-2500  
Fax 916-677-2610