

**SUBJECT: OCCUPATIONAL INJURY OR ILLNESS REPORTING**

**DATE: July 2007**

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**I. PURPOSE / DESCRIPTION**

This policy establishes San José State University's position on Occupational Injury or Illness Reporting.

The University strives to provide a safe and healthy work environment. When a workplace injury or illness occurs, it is our objective that employees receive prompt appropriate medical attention and return to work as soon as they are able.

**II. POLICY**

It is the policy of San José State University to:

1. Submit the Employer's Report of Occupational Injury or Illness within 24 hours of knowledge of injury to the Workers' Compensation Specialist.
2. Submit the Workers' Compensation Claim Form within 24 hours of knowledge of injury to the Workers' Compensation Specialist.

**III. PROCEEDURES**

**A. Employee Responsibilities**

1. Report the injury or illness immediately to your Appropriate Administrator or his/her designee.
2. In case of emergency, dial 911 for paramedic assistance or 924-2222 for University Police Department.
3. Seek immediate medical treatment. San José State University employees have authorization to seek medical treatment at San José State University Student Health Center (SHC), (408) 924-6120. If SHC is closed seek treatment at O'Connor Hospital Emergency Department, (408) 947-2500.
4. Provide all medical work status reports to your Appropriate Administrator or his/her designee and the Workers' Compensation Specialist.



**B. Appropriate Administrator or his/her designee Responsibilities.**

1. In case of emergency, dial 911 for paramedic assistance or 924-2222 for University Police Department. Refer the employee to the SJSU Student Health Center for immediate medical treatment. If SHC is closed refer the employee to O'Connor Hospital Emergency Department.
2. Complete the Employer's Report of Occupational Injury or Illness in its entirety, the description of the incident is to be in the words of the injured employee (the Report is located online at the Human Resources website under HR Forms). Fax the Report to the Workers' Compensation Specialist at (408) 924-2144, followed by the original via Campus mail to the Workers' Compensation Specialist in Risk & Compliance Services, Human Resources, Building UPD, 0046. Keep a copy of the Report for your department records.
3. Provide the injured employee with the Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility within 24 hours of knowledge of injury (the Form is located online at the Human Resources website under HR Forms, follow Claim Form instructions).
4. Identify the root cause of the incident to prevent future recurrences.