WORK-RELATED INJURY/ILLNESS FLOW CHART

Does the employee want to seek medical treatment?

YES, complete the following steps:

Provide first aid & transportation, if needed, to medical facility in the Medical Provider Network. If necessary, call 911

Forms Employee and Supervisor complete together:

1. Injury Report
2. Workers' Compensation Claim Form
3. Accident Investigation Form

Call Human Resources to report the injury then fax all the forms to (805) 781-3989

Review the medical Work Status Report with the employee.

If the employee has any work restrictions, work with HR to determine if restrictions can be accommodated. If so, complete the Temporary Modified Duty Form then fax the form to HR.

Provide the employee's CAPSLO email address to Adriana in HR so that employee can be sent instructions on completing an online safety course.

If the employee does not have a CAPSLO email address, please contact IT to have one set up.

NO, complete the following steps:

Provide first aid, if needed

Forms Employee and Supervisor complete together:

1. Injury Report
2. Workers' Compensation Claim Form
3. Accident Investigation Form

Call Human Resources to report injury then fax all the forms to (805) 781-3989

Provide the employee's CAPSLO email address to Adriana in HR so that the employee can be sent instructions on completing an online safety course.

If the employee does not have a CAPSLO email address, please contact IT to have one set up

Contact Adriana Villegas, Safety Officer at (805) 544-4355 ext. 126 or avillegas@capslo.org if you have any questions or need assistance