If you are experiencing work-related discomfort/pain, or have sustained an injury at work...

✓ Inform your supervisor and contact Sonoma State University Workers' Compensation at (707) 664-2664 during normal business hours (8:00 am - 4:30 pm)

✓ The Workers' Compensation Coordinator will assess the nature of the injury/illness and will schedule the employee an appointment with Kaiser Occupational Medicine

✓ Work with your supervisor to complete the DWC1 Form within 24 hours of the injury

✓ For immediate medical attention, visit a Kaiser Permanente Emergency Room or the nearest Emergency Room, be sure to inform all treating health care providers that you are being seen for a work-related injury

Questions?
Contact Sonoma State University Workers' Compensation
@ (707) 664-2664
Go to website for direct links

Incident Reporting: http://www.sonoma.edu/hr/erc/workers-compensation/incident-reporting.html

When an Employee (or Nursing Student) Suffers a Work Related Injury or Develops a Work Related Illness:

During normal business hours and not out of the area:

Contact the Workers' Compensation Office or 707-664-2664 and notify them of the injury/illness. ERC will help assess the nature of the injury/illness and schedule an appointment for the employee at one of the following:

- Sonoma State University Student Health Center (for first aid treatment)
- Kaiser Occupational Health Center, Rohnert Park
- Kaiser Occupational Health Center, Santa Rosa
- Pre-designated physician *(Note: Pre-designated Physician Form must be on file with the Workers Compensation Coordinator prior to date of injury or illness.)*

Not during normal business hours and/or out of the area:

- Go to a Kaiser Permanente Emergency Room
- Go to the closest Emergency Room if out of area

Directions for filling all workers' compensation covered prescriptions

- Please refer to the CSU first fill letter for directions on filling workers' compensation covered prescriptions
- Visit the ScripNet website Pharmacy Lookup to locate a pharmacy near you

Within 24 hours after an injury/illness occurs:

- Complete Supervisor's Report of a Work Related Injury/Illness
- Have employee complete the Employee Claim for Workers' Compensation Benefits Form (DWC-1)
- Return both completed forms to Employee Relations and Compliance Services, Salazar Hall, within 24 hours of the injury/illness. Please FAX the forms to the confidential FAX line at (707) 664-4049 before submitting it via campus mail.