PROCEDURE

Effective Date: August 12, 1991
Approved By: Vice President for Business & Financial Affairs
Revised: April 19, 2010 Authority: WAC 251-19-157(1)
Approved By: Director, Environmental Health and Safety

Cancels: See Also: POL-U5950.13 Workers’ Compensation Claims Management
POL-U1600.03 Accommodating Persons With Disabilities

PRO-U5950.10A IMPLEMENTING WORKERS’ COMPENSATION

Action by: Action:

Workers’ Compensation Manager

1. Provides all employees with access to university accidental injury/occupational illness report forms so employees are able to report a work-related injury or illness to their supervisor as soon as possible and complete the form within 24 hours.

2. Maintains online secure access to Department of Labor and Industries Claim and Account Center for reporting and reviewing of claim information.

Injured Worker’s Supervisor

3. Completes the supervisor’s portion of the university form and forwards it to the Environmental Health and Safety office.

Injured/Ill Employee

4. If sustaining a work-related injury or illness, seeks medical treatment from a physician of their choice and tells the physician it is work-related.

4a. Completes the employee portion of a Washington State Fund Accident Report form at the time of the first visit to the physician for a work-related concern.

NOTE: Since the university is insured through the Washington State Department of Labor and Industries, the Washington State Fund Accident Report is used.

4b. Returns the form to the physician.
## PROCEDURE

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<td>Physician or health care provider</td>
<td>5. <strong>Sends</strong> the WA State Fund Accident Report to the Department of Labor and Industries.</td>
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| Workers’ Compensation Manager | 6. **Completes** the employer section of the WA State Fund Accident Report online through the Claim and Account Center.  
**NOTE:** The Environmental Health and Safety office is the only university department authorized to complete the employer section. |
| Other Departments | 7. **Forward** any paper copy WA State Fund Accident Report received to the Workers’ Compensation Claims Manager upon receipt. |