

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

RCW 51.32.090

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/III 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

Action by:

Physician or health care provider

Workers' Compensation Manager

Other Departments

Action:

5. **Sends** the WA State Fund Accident Report to the Department of Labor and Industries.

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.

7. **Forward** any paper copy WA State Fund Accident Report received to the Workers' Compensation Claims Manager upon receipt.