



HOW TO REPORT NEW CLAIMS (for Supervisors)

Step 1	Each Employee is responsible for immediately reporting their workplace injury/illness to their Supervisor.
Step 2	If an EMERGENCY, DIAL 911 , get Employee treated, then call Company Nurse at 1(888)375-9779 and give CODE “CSIG” . NOTE: Employers in CA must report serious work-related injuries/illnesses within 8hrs of learning of it, that result in death, require hospitalization for more than 24hrs for other than medical observation and/or involve the loss of a body part of a serious degree of permanent disfigurement by calling the Cal OSHA American Canyon Office at 707-649-3700
Step 3	If it is not an emergency, Employee/Supervisor calls Company Nurse at 1(888)375-9779 and gives CODE “CSIG” BEFORE Employee leaves the premises. Then, Company Nurse will determine: A. First Aid Advice Only – The Nurse obtains information about the incident and will provide advice, which the Employee is to follow. The Employee may return full time to their regular position. If medical situation worsens or does not improve, the Employee is to call back Company Nurse for appropriate medical referral. B. Medical Referral – If the Nurse determines medical treatment is needed, they will refer Employee to one of your district’s designated Medical Facilities; Employee then goes to designated Medical Facility for treatment (unless they have pre-designated their personal physician prior to the injury).
Step 4	Company Nurse transmits Supervisor’s Report of Injury and Accident Investigation Form to District Claims Coordinator. District Claims Coordinator reviews the Supervisor’s Report of Injury Form , completes any fields with missing data (i.e. wages, occupation, etc.) and completes New Claims Additional Information Required fax and sends fax to CCCSIG .
Step 5	District Claims Coordinator emails the pre-populated Accident Investigation Form to the Supervisor. Supervisor conducts the Accident Investigation, reviews and completes all blank fields of the Accident Investigation Form , then emails or faxes the form back to their District Claims Coordinator.
Step 6	Employee returns copy of Work Status Slip provided to District Claims Coordinator: 1. Release to full duty 2. Released with Work Restrictions or limitations 3. No release to work – remain off work 4. If work restrictions apply , the District Claims Coordinator will work to either modify the Employee’s usual job or provide a Temporary Work Assignment , if possible, completing the Temporary Work Agreement for Work Related Injures .
Step 7	CCCSIG will mail Employee a DWC-1 Workers’ Compensation Claim Form to complete immediately to begin the claim process. State law requires that this form be provided to you or a dependent within one (1) working day of receiving notice or knowledge of any injury being work-related.