



Issued: 04/04/1999
Revised:12/10/2019

CSU FULLERTON POLICE DEPARTMENT GENERAL ORDER NUMBER 2-11

EMPLOYEE INJURY REPORTING

- SUBJECT:** Injury or Illness Reporting
- PURPOSE:** To establish procedures for filling out of Workers' Compensation forms by Police Department employees and supervisors.
- PROCEDURES:** When an employee is injured on the job, obtain immediate medical attention for the employee and complete all required paperwork. Delays will jeopardize timely processing and payment of medical benefits. Any work-related injury or illness must be reported to the employee's manager or supervisor within one working day of suffering the injury or becoming ill. Supervisors are required to report employee injuries within 24 hours of their knowledge of the incident to Risk Management in Human Resources. The three forms needed are the Medical Service Order, Employee Injury/Illness Report and the Workers' Compensation Claim Form, described below. After completing the forms, originals must be sent to Risk Management, with copies to the appropriate commanding officer and to the Chief's Assistant.

I. Forms

Following forms are located in HRDI website and must be sent with the employee if they seek medical attention following an on-the-job injury/illness.
<https://hr.fullerton.edu/workerscompensation/ReportingAWorkRelatedInjuryOrIllness.php>

- A. Brea Urgent Care Service Order if on the main campus
Saddleback Medical Service Order if at the Irvine Center
- B. Employee/Volunteer Injury/Illness Report
- C. Employee's Claim for Worker's Compensation Benefits form

II. Employee/Volunteer Injury/Illness Report

- A. All job-related injuries or illnesses must be reported on the Employee/Volunteer Injury/Illness Report. The employee completes and signs the "Employee" portion (if able) and returns to the appropriate manager or supervisor.
- B. If an employee has reason to believe that he or she has been exposed to blood, bodily fluid or other potentially infection materials; the following forms need

to be completed and submitted to the Risk Manager:

1. Exposure Incident Report and Post-exposure Evaluation and Follow Up Form can be found under Injury & Exposure
2. Forms: ehs.fullerton.edu/forms

III. Employee's claim for Workers' Compensation Benefits Form

- A. If a job-related injury or illness requires more than first aid treatment, an "Employee's Claim for Workers' Compensation Benefits Form" must be completed. The employee is to complete and sign the "Employee" portion of this form and return to the appropriate manager or supervisor.
- B. The Employer (Risk Management) is required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one** working day of receipt of the form from the employee.
- C. <https://hr.fullerton.edu/workerscompensation/ReportingAWorkRelatedInjuryOrIllness.php>

IV. Delayed or non-filing of a claim

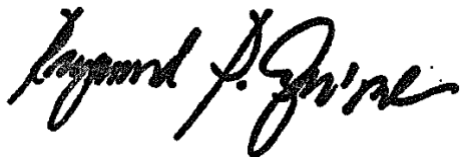
- A. If an employee complains of an injury but does not want to file a claim, the supervisor will:
 1. Complete a memorandum to the Operations Lieutenant indicating date, time and how injury occurred. Also indicate if the injury occurred in the course of assigned duties.
 2. Have the dispatcher make a Log Entry.
- B. Delayed claim or first aid treatment
 1. An employee has one year to file a claim following the occurrence of an injury.
 2. If an injury or illness requires only "first aid" treatment, such as removing a splinter or the treatment of minor cuts and abrasions, a first aid kit located in the Department should be utilized. If first aid is not administered in the Department, the person must proceed to St. Jude's Occupational Health or Saddleback Family and Urgent Care, or any other medical facility as designated by Risk Management. Effective July 1, 2008 the University's Student Health Center will no longer provide "First aid" treatment to faculty, staff or student employees who become injured or ill as a result of a work-related injury or illness.

V. Physician Pre-Designation

- A. Employees have the option of pre-designating a personal physician as the treating physician in the event of a work-related injury or illness. This designation must occur **prior** to the work-related injury or illness.
- B. The “Personal Physician Pre-Designation” form:
<https://hr.fullerton.edu/documents/workerscompensation/PersonalPhysicianDesignaton.pdf>

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APPROVED:



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