



CSJVRMA

QUICK REFERENCE GUIDE UPON NOTICE OF AN INDUSTRIAL INJURY OR ILLNESS

SUPERVISORS / MANAGERS

Have trained staff administer first aid if appropriate. In case of life threatening or serious limb injuries, immediately call 911.

- 1) Direct employees to report their injury or illness to the Nurse Triage Hotline at Allied Managed Care (AMC) Call Connect at 1-844-691-4111. Injured employees requiring emergency medical care are to call in after their condition is stable or their supervisor may call on their behalf. A Registered Nurse (RN) will assist the employee in determining the level of medical care needed. Regardless of the RN's recommendation, the employee retains the right to seek medical care. Please note, reporting the claim to AMC does not relieve the employer from providing the necessary workers' compensation benefit form to the employee.
- 2) Regardless if the employee seeks medical treatment, the employer shall give the employee the Workers' Compensation Claim Form (DWC 1) **within one (1) working day of knowledge of the incident or illness.** If the employee is unavailable to accept the form, it should be mailed to the employee via certified mail within one (1) working day. The city should record the date when the form was provided or mailed to the employee for future reference if necessary.
- 3) Please note the employee is not required to return the completed DWC 1 and only the employee should complete the top portion of the form. If the employee completes the DWC 1 and the Department Manager/Supervisor is unable to complete the bottom section of the form immediately, mark the box at the bottom that indicates it is the employee's temporary receipt. The Department Manager/Supervisor should complete the form as soon as possible and provide the employee with a copy of the completed DWC 1.
- 4) Immediately report the incident to the individual designated by the City to report the claim to the City's third party administrator, Acclamation Insurance Management Services (AIMS).
- 5) The supervisor shall complete the supervisor's accident investigation form within one (1) working day of knowledge of the incident or illness. This form should include only the facts surrounding the incident or illness and should not include any diagnosis or supposition of the resulting injury.
- 6) The Supervisor's Report of Injury, completed DWC 1, and if the Form 5020, Employers' Report of Injury Form, is completed should be sent to AIMS immediately and not later than five (5) calendar days from the notice of injury or illness.
- 7) As a reminder, do not wait for a report from the doctor before reporting the injury to AIMS. Complete the process when all injuries or illness are reported to a supervisor or manager.

Please report the claim to the following office via phone, e-mail, or fax:

AIMS
P.O. Box 28100
Fresno, CA 93729
Phone: 1-800-559-9891
Fax: 559-227-1579

