

# What to Do When an Injury Occurs:

## For serious injuries:

- ✓ Immediately: Dial 911 and secure medical treatment for the Injured Worker.
- ✓ Contact LWP or Foresight immediately when a serious injury or death occurs by calling 844-764-4357

OR

- ✓ mail [FROI@lwpclaims.com](mailto:FROI@lwpclaims.com) subject matter: URGENT 911 Injury and provide contact information on who to call to gather additional information

Both Foresight and LWP will collaborate to support the injured employee, their families and you, the employer.

- ✓ You are also required to report these injuries to the California Division of Occupational Safety and Health (OSHA) nearest you. See [dir.ca.gov/dosh/report-accident-or-injury.html](http://dir.ca.gov/dosh/report-accident-or-injury.html) for requirements.

**Important Note:** Always offer medical treatment, if the employee opts not to seek medical treatment provide the injured employee with the **Offer of Medical Treatment** and have them sign the document and return it to you for your record.

## Report ALL claims inclusive of Incidents, First Aid and 911 calls

### Three Options to Report an Injury: Choose which best meet your business needs

- ✓ 1) Call Foresight Nurse Injury Hotline @ 844-764-4357. They will:
  - ✓ Record the Call
  - ✓ Reassure the employee
  - ✓ Triage the injury
  - ✓ Coordinate the referral to the physician
  - ✓ Report the injury or incident on your behalf
  - ✓ Send a copy of the report for your records
  - ✓ Note: you will still need to provide the DWC 1 to the employee
- ✓ 2) Report claims online if you already have a link to LWP's Online reporting portal. If not, and you wish to report claims online, complete Incident Reporting Portal Request Form or,
- ✓ 3) Complete the **Employer's Report of Occupational Injury or Illness (Form 5020)**. Do not wait for a Doctor's report or completion of your investigation. Submit the Employer's Report immediately by email or fax. (See "Instructions for completing the Employer's Report Injury - Form 5020")

# What to Do When an Injury Occurs:

Email form to: [FROI@lwpclaims.com](mailto:FROI@lwpclaims.com)

Or Fax form to: (916) 720-0533

- ✓ Provide the Injured Worker with the **Workers' Compensation Claims Form (form DWC-1)** within one working day of your knowledge of the injury.
  - Complete the employer's portion of the form (lower half). Retain a copy for your records.
  - Provide the employee with the form to complete their portion (top half). If the employee is not present, send via U.S. Mail (suggest certified)
  - Return the completed form to LWP. If employee has not returned the form, send employer portion to LWP.
  
- ✓ Refer the Injured Worker to a Medical Provider if you, the employer is reporting the claim.
  - For serious injuries, contact 911, and allow paramedics to transport the employee to the closest appropriate facility.
  - For all other injuries, refer to the posted Medical panel to locate an occupational clinic or medical center.
  - Provide the employee with the following documents:
    - Employer's Approval for Medical Attention
    - RxBridge First Fill Card
  
- ✓ Complete your accident investigation and preserve evidence as soon as possible. **Do not delay reporting the claim.**

Complete the Supervisor's Report of Injury or Illness. This form serves to memorialize very important information about the incident.

- ✓ Identify and gather witness information immediately.

The most effective investigations are conducted immediately after an incident occurs. Witnesses are still available, facts are fresh on witnesses' minds, and evidence is still at the scene. It is particularly important to gather witness information any time an injury involves a motor vehicle, a machine, or occurs at a location other than the normal workplace.

# What to Do When an Injury Occurs:

✓ Preserve evidence

It is very important to take the necessary steps to gather information and to preserve any evidence (i.e. a broken chair or machine part). It may be possible for LWP to recover our payments from another party, thus reducing your loss experience.

Please retain a copy for your records, and forward a copy of your investigation to LWP at:

[FROI@lwpclaims.com](mailto:FROI@lwpclaims.com)

Fax: (408) 725-0395

Any questions do not hesitate to contact LWP at 916-609-3600

