

PROCEDURES FOR REPORTING AN EMPLOYEE INJURY/ILLNESS



San Luis Obispo County Office of Education
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<https://www.slocoe.org/contact-slocoe/>

In the event of a serious medical emergency, CALL 911

PROCEDURES FOR REPORTING AN EMPLOYEE INJURY/ILLNESS

In the event of a work-related injury or illness, the procedures below must be followed. For the safety of all District employees, adherence to these procedures is critical as the District can be subject to fines and other negative consequences by law if the procedures are not followed. Your assistance is very much appreciated to ensure the San Luis Obispo County Office of Education (SLOCOE) is a safe place to work. Non-compliance by the employee may result in disciplinary action.

I. INJURED EMPLOYEE

A. Reporting Work-Related Injuries and Illnesses

1. Report all injuries and illnesses, no matter how minor. The employee must notify their direct supervisor *immediately* upon realizing that the injury or illness is work-related.
2. If the work-related injury or illness is first recognized on a weekend or holiday, it should be reported at the start of the next workday. If the employee does not report the incident to their direct supervisor immediately and within one business day, the report is considered late.
3. The direct supervisor and injured employee immediately calls the *SIPE/Sedgwick 24/7 Nurse Triage Hotline* at **855-519-8472** to report the incident and access appropriate medical treatment.
4. The employee shall provide the direct supervisor and triage nurse with the details of the incident and the nature of the injury or illness.
5. Any incident which caused a work-related injury or illness shall be reported even if no medical treatment was rendered. When an injury or illness is reported and the employee seeks medical treatment, regardless of the severity, the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1) will be presented to the injured employee prior to medical treatment or once they return from medical treatment.
6. The employee shall complete the incident report form (internal form) and return it to the direct supervisor.

B. Medical Treatment

1. The triage nurse will help ensure the right level of care.
2. First aid for minor injuries such as cuts, scratches, or splinters may be self-administered or by an appropriately trained individual at the worksite.
3. Injuries that require medical care by a physician:

- a. The triage nurse will contact a preselected medical clinic or hospital and fax them the PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION.
- b. A PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION form should be obtained from the supervisor or workers' compensation specialist before or immediately following medical care. If a medical emergency exists, documents can be completed following emergency medical care. Even though this document will be faxed to the clinic or hospital by the triage nurse, it is a good practice to send the employee with the document as well.
- c. After the physician has rendered medical care, the employee must return all appropriate paperwork to SLOCOE's workers' compensation specialist. The employee will be required to complete the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1), the "employee" section of the form (1-8) and return it to SLOCOE's workers' compensation specialist as soon as possible to avoid delays in treatment. The injured employee must sign the ACKNOWLEDGEMENT OF RECEIPT OF THE WORKERS' COMPENSATION CLAIM FORM (DWC-1) AND NOTICE OF POTENTIAL ELIGIBILITY.

C. Selecting a Physician

1. If the injured employee has previously completed the PERSONAL PHYSICIAN PRE-DESIGNATION form, they may receive treatment from the doctor listed on the form.
2. If the injured employee has not previously completed the PERSONAL PHYSICIAN PRE-DESIGNATION form, the triage nurse will direct the employee to the workers' compensation physician clinic selected by the District.

D. Return to Work

1. Following medical care from a physician, the injured employee must return the PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION form to SLOCOE's workers' compensation specialist before the injured employee is allowed to return to work. This must be done immediately following medical care or the start of the next workday.
2. If the injured employee cannot return the form personally to SLOCOE's workers compensation specialist because of the injury or transportation problems, they must still contact them by phone as soon as possible. Call or email Karen Woodruff at (805) 782-7235, or by email to: kwoodruff@slococoe.org.
3. Before resuming their work assignment, the employee must meet with their supervisor or human resources to review conditions for returning to work and possible retraining.
4. Temporary modification of existing jobs may be necessary to accommodate an injured employee with physical limitations and restrictions. A modified job that

meets the employee's limitations may be provided in another department within the District. Temporary modified work will be provided through a joint effort of the human resources, workers' compensation specialist, and the employee's supervisor.

II. SUPERVISOR OF INJURED EMPLOYEE

A. Provide Medical Care

1. With the injured employee present, contact the SIPE/Sedgwick 24/7 Nurse Triage Hotline at **855-519-8472** to report the incident and to access appropriate medical treatment for the injured or ill employee.
2. If the injury requires immediate emergency room treatment, transportation should be arranged by the District. Employees with serious life-threatening injuries requiring emergency room treatment should be transported only by ambulance. Employees with non-life-threatening injuries may be transported by District employees or preferably by an emergency contact for the employee.

B. Documentation and Investigation

1. Contact the District Workers' Compensation Specialist: **Karen Woodruff** at **(805) 782-7235**.
2. Provide the injured employee with EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1) prior to medical treatment or once they return from medical treatment. The Claim Form (DWC-1) must be provided to the injured worker within one working day of the employer receiving knowledge of the injury to avoid penalties from the State. PLEASE DO NOT ADVISE THE EMPLOYEE TO FILL OUT THIS FORM. IT IS AT THE DISCRETION OF THE EMPLOYEE WHETHER THEY RETURN THE FORM OR NOT. If the employee does decide to complete the DWC-1 form, make sure the EMPLOYEE fills out the top section (1-8), and the employer completes the bottom section (9-18). Do not fill out the top section for the employee. After filling out the bottom portion of the form, give a copy to the employee as a temporary receipt and forward the other copy to the workers' compensation specialist.
3. Have the injured employee sign ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION CLAIM FORM AND NOTICE OF POTENTIAL ELIGIBILITY. Forward signed form to workers' compensation specialist.
4. Give the injured employee the PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION form before going to the clinic or as soon as they return and forward a copy to the workers' compensation specialist.
5. As necessary, assist in returning the injured employee to work by accommodating injured employees with physical limitations and restrictions. A

modified job that meets the employee's limitations may be provided in another department within the District.

6. Complete the SUPERVISOR'S ACCIDENT INVESTIGATION REPORT and forward to Karen Woodruff, workers' compensation specialist and to Hugo Bastidos, district safety coordinator for investigation and follow up.
7. Complete and collect any other district internal forms as necessary and forward copies to both Karen Woodruff, workers' compensation specialist and to Hugo Bastidos, district safety coordinator for infestation and follow-up.
8. The employee's direct supervisor is responsible for the initial accident investigation. Additional investigation may be done by the district safety coordinator or administration.

III. DISTRICT CONTACTS

Workers' Compensation Specialist

Karen Woodruff

Phone Number: (805) 782-7235

Fax Number: (805) 541-1105

Email Address: kwoodruff@slocoe.org

Human Resources Coordinator/Return to Work Coordinator

Karen Woodruff

Phone Number: (805) 782-7235

Fax Number: (805) 541-1105

Email Address: kwoodruff@slocoe.org

District Safety Coordinator

Hugo Bastidos

Phone Number: (805) 782-7257

Fax Number: (805) 541-1105

Email Address: hbastidos@slocoe.org