

All Personnel

WORK-RELATED INJURIES

Injury And Illness Reporting Procedures for School District Employees

I. INJURED EMPLOYEE

A. Reporting Work-Related Injuries and Illnesses

1. Report all incidents to your supervisor or designated representative immediately upon realization 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 shall be reported to your supervisor or designated representative at the start of the next workday.
3. Any incident which caused a work-related injury shall be reported even if no medical treatment was rendered.

B. Medical Treatment

1. First-aid for minor injuries such as cuts, scratches, burns or splinters may be administered at the school site by an appropriately trained individual.
2. Injuries which require medical care by a physician.
 - a. An AUTHORIZATION TO RENDER MEDICAL CARE/ RETURN TO WORK EVALUATION form must be obtained from your supervisor prior to medical care when possible. Emergency medical attention should not be delayed. If a medical emergency exists, forms can be completed following emergency medical care.
 - b. You will be given the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (Form DWC-1) within 24 hours of the accident. You should complete the "employee" section of the form and return it to your supervisor or the district's workers' compensation clerk.

WORK-RELATED INJURIES (continued)

C. Selecting a Physician

1. If you have previously completed the SELECTION OF PERSONAL PHYSICIAN form, you may receive treatment from the doctor listed on the form.
2. If you have not previously completed the SELECTION OF PERSONAL PHYSICIAN form, your supervisor will provide a list of workers' compensation panel doctors selected by the school district. You may choose a doctor/clinic from the list.

D. Return to Work

1. Following medical care from a physician, return the AUTHORIZATION TO RENDER MEDICAL CARE/RETURN TO WORK EVALUATION form to the workers' compensation clerk for the district. This should be done immediately following medical care or the start of the next workday.
2. If you are unable to return the form personally to the workers' compensation clerk at the district office because of the injury or transportation problems, you must still contact the clerk immediately by phone.

II. INJURED EMPLOYEE'S SUPERVISOR/ADMINISTRATOR

A. Ensure prompt medical attention.

1. If the employee must see a doctor for medical attention or misses work due to the work-related injury:
 - a. Immediately notify the district office workers' compensation clerk.
 - b. Review with the injured employee his or her responsibility regarding use of an appropriate doctor. If the employee has previously completed the SELECTION OF PERSONAL PHYSICIAN FORM, he or she may see the doctor selected on the form. Otherwise, the employee must go to a doctor on the workers compensation panel list provided by the district. Check with the district's workers' compensation clerk if you have any questions.

WORK-RELATED INJURIES (continued)

- c. An EMPLOYEE'S CLAIM FOR WORKERS COMPENSATION BENEFITS (DWC-1) FORM must be given to the employee within 24 hours of the employee seeking medical attention from a doctor.
 - d. The injured employee shall be given an AUTHORIZATION TO RENDER MEDICAL AID/RETURN TO WORK form to take to the doctor.
 - e. If the employee can not return to work, an ABSENCE REPORT shall be completed.
2. If medical treatment can be administered on site or is not necessary:
 - a. Interview the injured employee to determine if a potential for serious injury existed.
 - b. If the incident had potential for serious injury, it should be investigated and documented using the Toulumne County JPA ACCIDENT INVESTIGATION form.
 - c. If the incident did not have the potential for serious injury, it should be documented on a school site first-aid log.
- B.** All work-related injuries or illnesses requiring medical care from a physician, or incidents with the potential for serious injury shall be thoroughly investigated IMMEDIATELY FOLLOWING THE INCIDENT.
1. Interview injured employee and witnesses.
 2. Investigate the scene of the injury.
 3. Complete the Toulumne County JPA ACCIDENT INVESTIGATION form.
 - a. It is important to complete all questions in the form.
 - b. Copies shall be distributed to the appropriate areas listed on the form within 24 hours of the incident.

WORK-RELATED INJURIES (continued)

- c. The injured employee's supervisor should sign the form and have it approved by a department director/administrator.
4. Ensure that appropriate corrective action is taken to prevent recurrence of this type of incident. Assistance can be provided by the district's safety coordinator.
5. Present the facts of the incident at the principal's and/or classified staff's meeting within two weeks.
6. Discuss the accident with all site personnel during the next regularly scheduled staff meeting.

C. Return to work

1. District will make every effort to return the injured employee to work with physician approval/release. Employees with severe limitations may be allowed to remain off work.
2. Temporary modification of existing jobs may be necessary to accommodate an injured employee with physical limitations and restrictions,
3. A temporary modified job which meets the employee's limitations may have to be provided in another department within the district. Temporary modified work will be provided through a joint effort of the Personnel Department, workers' compensation clerk and the district safety coordinator.

III. DISTRICT OFFICE INSURANCE CLERK

- A. Upon notification of a work-related accident for which a doctor provided medical care, the insurance clerk shall immediately notify the district safety coordinator.
- B. Collect the AUTHORIZATION TO RENDER MEDICAL CARE/RETURN TO WORK form from the injured employee following the medical evaluation.
 1. Every attempt should be made to get the injured employee to return to the district office with the necessary paperwork. If necessary, transportation should be arranged and paid for by the district.

WORK-RELATED INJURIES (continued)

2. If the injured employee fails to return to work after the medical evaluation, the employee and physician shall be contacted for the necessary information.

C. Medical evaluation and return to work

1. If a doctor has returned the injured employee to work without limitations, the employee should be instructed to report to his or her supervisor with a copy of the AUTHORIZATION TO RENDER MEDICAL CARE/RETURN TO WORK EVALUATION confirming that the employee may return to his or her usual and customary job.
2. If the medical evaluation indicates any physical limitations, the employee's supervisor shall be contacted immediately to determine if temporary, modified work is available.
3. If temporary, modified work is not available in the employee's department, contact other areas in the district to determine if modified work is available.
4. If temporary, modified work is not available anywhere in the district, immediately notify the district safety coordinator for assistance.
5. If the Medical Evaluation indicates returning the injured employee to work could:
 - a. aggravate their condition, or
 - b. require physical workplace or work practice modifications, or
 - c. require improvement in strength and flexibility, or
 - d. require physical therapy treatments

The Post Injury Management Plan will be activated to facilitate a safe early return to work and reduce the risk of re-injury. Responsibilities of the Post Injury Management Plan Coordinator include the following:

- a. Contact treating physician to discuss injury, treatment and recovery.

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WORK-RELATED INJURIES (continued)

- b. Send the employees job description including essential job functions to the attending physician for evaluation.
- c. Obtain a release from the physician to conduct an evaluation.
- d. Evaluate work restrictions, work duties, work environment, and non-work activities to identify and correct potentially aggravating factors.
- e. Evaluation by a physical therapist to determine the employee's functional capacity, work practices, habits and procedures. The physical therapist will prescribe appropriate stretching, mobility and strengthening activities and demonstrate safe working techniques.
- f. Regular follow-up and evaluation, as necessary, to ensure corrective measures are implemented and are effective.

D. Complete the EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS Form 5020. Information can be obtained from:

- 1. The Toulumne County JPA ACCIDENT INVESTIGATION form;
- 2. The DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS, Form 5021;
- 3. Interviewing the injured employee and;
- 4. Communicating with the physician.

E. Work directly with Workers' Compensation Administrators (WCA)

- 1. Send completed EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS Form 5020 to Workers' Compensation Administrators within 5 days of the district's knowledge of the injury. If necessary, fax the information.
- 2. Ensure that benefits are paid within the appropriate time frame.
- 3. Provide additional information to assist in claims investigation.
- 4. Act as liaison between the district and WCA.

WORK-RELATED INJURIES (continued)

IV. DISTRICT SAFETY COORDINATOR

A. Upon notification of a work-related accident from the workers' compensation clerk, the district safety coordinator will evaluate the need for further investigation based on the following information:

1. Severity of the injury
2. Potential for serious injury
3. Probability for recurrence
4. Violation of federal, state, or local regulations
5. Possible unsafe conditions
6. Time lost from work

B. If further investigation is justified, the district safety coordinator will conduct an independent investigation.

1. The results of the investigation will be communicated to the appropriate personnel in the school district.
2. If information is obtained through the investigation which could affect the safety of personnel in other school districts, the Toulumne County JPA Risk Management Committee shall be informed.
3. If the injury is fatal or serious (amputation, hospitalization, etc.), notify:
 - a. Toulumne County JPA Risk and Loss Control Manager; and
 - b. Division Of Occupational Safety and Health (DOSH).
 - c. Workers' Compensation Administrators (WCA)
4. If the incident which Occurred had the potential to cause serious injury or death, notify the Toulumne County JPA Risk and Loss Control Manager.

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WORK-RELATED INJURIES (continued)

- C. Provide assistance with accident investigation to all district personnel.**
- D. Evaluate all ACCIDENT INVESTIGATION forms completed by district personnel:**
 - 1. Ensure that all information is appropriately documented and the form is complete including the proper signatures.
 - 2. Ensure that corrective action is appropriate.
 - 3. Ensure that corrective action is completed within an appropriate time frame.
 - 4. Return all incomplete accident investigation forms for the additional information required.
- E. Work directly with the district workers' compensation clerk.**
 - 1. Ensure that all employees who are returned to modified work by a doctor are reasonably accommodated. It may be necessary to accommodate an injured employee in another department within the district.
 - 2. Provide assistance with difficult claims.
 - 3. Provide assistance with the Post Injury Management Plan.
- F. Ensure all appropriate personnel are trained.**
 - 1. Procedures for accidents and injuries.
 - 2. Completion of appropriate forms.
 - 3. Accident investigation.
- G. Work directly with the Tuolumne County JPA Risk & Loss Control Department for assistance and information.**

March 5, 1996

CALAVERAS UNIFIED SCHOOL DISTRICT
San Andreas, California