

INSTRUCTIONS FOR SITES HANDLING REPORTS OF WORK-RELATED INJURIES/ ILLNESSES

Workers' Compensation/ Return-to-Work (WC/RTW) Office:	Meach Davis mdavis@oside.us or wctech@oside.us Tel: (760) 966-4035
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When a work-related injury/illness occurs:

- 1) The District's Representative (Admin Secretary, Health Technician, Supervisor/ Principal, Lead Staff, or the WC/RTW Technician) will provide the following forms to the employee:
 - a) Instructions for Reporting a Work-related Injury/ Illness and Return-to-Work Guidelines
 - b) Employee Incident Report
 - c) Authorization for Medical Treatment, Work-Related Employee Injury (This form provides the option to Accept or Decline medical treatment.)

If Medical Treatment is Accepted	If Medical Treatment is Declined
<ul style="list-style-type: none"> Instruct the employee to call the Company Nurse injury hotline <p>Injury Hotline: 1-877-518-6702 Oceanside Unified Search Code: QS444</p>	<ul style="list-style-type: none"> Collect completed forms and send to WC/RTW office

- 2) If a call to the Company Nurse hotline is completed and the employee is:

Directed to Clinic for Treatment	Directed to Self-Care
<ul style="list-style-type: none"> Provide the following documents: <ul style="list-style-type: none"> State of California Workers' Compensation Claim Form (DWC-1) Notice to Employees Workers' Compensation Benefits and Procedures PRIME: Important Information about Medical Care Workers' Compensation Temporary Prescription ID Card 	<ul style="list-style-type: none"> No additional forms required

- 3) Once the employee completes the *Employee Section* of the DWC-1, the District's Representative (Admin Secretary, Health Technician, Supervisor/ Principal, Lead Staff, WC/RTW Technician) will:
 - Complete and sign the *Employer Section* of the DWC-1
 - Email all documents (even partially completed forms) to the WC/ RTW Office **within 24 hours** of knowledge of the incident.
- 4) The Supervisor/ Principal will:
 - Review the employee's Incident Report.
 - Conduct an accident investigation using the Supervisor Statement form as a guide.
 - Send completed forms to the WC/RTW office **within 72 hours** of knowledge of the incident/injury/illness.

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