



All **EMPLOYEES** (NANCE, Federal Work Study, Classified, Supervisor, Faculty) must follow the steps below when an incident occurs:

- Notify your **SUPERVISOR** immediately.
- Contact OEHS Coordinator Carina Castro at x2634, or Safety Officer, Daniel Gutowski, x7717.
- The [Injury and Illness Incident and Investigation Report](#) must be completed within 24 hours.
- Please forward all reports to the OESH Coordinator and the Safety Officer for signature and they will send all completed forms to Risk Management.

All serious injuries resulting in overnight hospitalization or fatalities must be reported to Cal-Osha within 8 hours of serious injury or the district will be fined \$5,000. Contact Risk Management immediately to report all serious injuries or when the employee is transported by ambulance. For serious injuries occurring after hours, the supervisor reports directly to San Diego Regional Cal-Osha office at (619) 767-2280 within 8 hours of the injury, and advise Risk Management the call was made.

The injured employee may choose whether to seek medical attention or not.

IF SEEKING MEDICAL TREATMENT AND FILING A CLAIM

- The **SUPERVISOR** gives Referral Form for the employee to take to the Provider or hospital if an emergency. The injured **EMPLOYEE** can choose either Sharp Rees Stealy or Kaiser On the Job. They do not have to have their health care there to select them. (If the employee indicate they have the "Right to Choose Own Physician," please call Risk Management at 619-388-6953).
- The **SUPERVISOR** completes the Injury and Illness Incident and Investigation Report (both sides). **NOTE:** the injured employee is **not** to complete this form.
- The **EMPLOYEE** completes the first section of the Workers' Compensation Claim Form (DWC1); the **SUPERVISOR** completes the second section. The **EMPLOYEE** takes the DWC1 form **WITH** them to treatment. They will give DWC1 form to the provider or the hospital to pay for medical care. **SUPERVISOR** make a copy of it before they leave.
- The DWC1 and Injury and Illness Incident and Investigation Report must be completed **within 24 hours of the incident**.
- After provider visit, **EMPLOYEE** is to submit the work status report or doctor's note to the **SUPERVISOR** and Risk Management for the ability to assess if the work restrictions, if any, can be accommodated.

IF NOT SEEKING MEDICAL ATTENTION

- The **EMPLOYEE** completes the Declination of Medical Treatment form, the **EMPLOYEE** and **SUPERVISOR** both signs.
- The **SUPERVISOR** completes and signs the Injury and Illness Incident and Investigation Report (both sides). **NOTE:** the injured employee is **not** to complete this form.
- The **SUPERVISOR** provides the employee with the Workers' Compensation Claim Form (DWC1) with and line #14 signed. **SUPERVISOR** make a copy of it before they leave. The employee retains the form in case they choose to seek medical attention at a later time.
- The Injury and Illness Incident and Investigation Report, DWC-1, and Declination of Medical Treatment forms are to be completed and given to OESH Coordinator or Safety Officer **within 24 hours of the incident**.