

# PROCEDURES FOR REPORTING AN EMPLOYEE INJURY/ILLNESS

**ATASCADERO UNIFIED SCHOOL DISTRICT**  
**5601 West Mall**

**Atascadero, California**

**(805) 462-4200**

**(805) 466-2941 Fax**

<http://www.atasusd.org/>

## ***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 Atascadero Unified School District 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 supervisor immediately and within one business day, the report is considered late.
3. The supervisor and injured employee immediately call the Human Resources Department or Workers' Compensation Specialist (See Section III).
4. 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 injured employee will be presented with the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1) form prior to medical treatment or once they return from medical treatment.
5. The supervisor shall complete an accident report (internal form) and return it to the Human Resources Department.

##### **B. Medical Treatment**

1. First aid for minor injuries such as cuts, scratches, or splinters may be self-administered or by an appropriately trained individual at the worksite.
2. Injuries that require medical care by a physician:
  - a. Employees with non-emergency work-related injuries will notify their direct Supervisor, Site Administrator or Site Secretary immediately upon realizing a work-related injury or illness. Upon notification of such work-related injury or illness, Supervisors, Site Administrators and/or Site Secretaries will refer the employee directly to the Human Resources Department. In the event of a serious medical emergency,

call 911 first and immediately notify the District Office Assistant Superintendent of Human Resources, Renee Argain (805-462-4215 / [reneeargain@atasusd.org](mailto:reneeargain@atasusd.org)) for further guidance and instruction. Human Resources will call ahead to the treating facility and provide phone authorization to treat the injured employee.

- b. Once referred to Human Resources for a non-emergency work related injury or illness the employee will be provided with the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1) form along with the PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION form. The employee will be required to complete the "employee" section (1-8) of the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1) form. The injured employee must also sign the ACKNOWLEDGEMENT OF RECEIPT OF THE WORKERS' COMPENSATION CLAIM FORM (DWC-1) AND NOTICE OF POTENTIAL ELIGIBILITY.
- c. The employee will then be referred to the district's authorized workers compensation facility, where they will be seen by a district authorized treating physician. The PHYSICIAN'S AUTHORIZATION TO RENDER MEDICAL CARE AND PHYSICIAN'S RETURN TO WORK EVALUATION form should be obtained from Human Resources before or immediately following medical care. If a medical emergency exists, documents can be completed following emergency medical care.
- d. After the physician has rendered medical care, the employee must return all appropriate paperwork to the Human Resources Department.

#### 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 Workers Compensation Specialist in Human Resources 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 the Human Resources Department (HR) 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 HR because of the injury or transportation problems, they may fax (805-462-2507) or email a copy to Human Resources ([jenniferlindsey@atasusd.org](mailto:jenniferlindsey@atasusd.org)). If they are

otherwise unable to provide a copy of the Physician's report, they must still contact Human Resources by phone as soon as possible. Call 805-462-4215 or email [reneeargain@atasusd.org](mailto:reneeargain@atasusd.org) / [jenniferlindsey@atasusd.org](mailto:jenniferlindsey@atasusd.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 and the employee's Supervisor.

## II. SUPERVISOR OF INJURED EMPLOYEE

### A. Provide Medical Care

1. With the injured employee present, contact the Human Resources Department or Workers' Compensation Specialist 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:  
Jennifer Lindsey, HR Coordinator at (805) 462-4215 ext. 6  
[jenniferlindsey@atasusd.org](mailto:jenniferlindsey@atasusd.org)
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 Human Resources Department. The employee has to fill out the Claim form in order to receive the Benefit of medical

treatment. We don't hand out or tell employees to fill out the Claim form unless they are seeking medical treatment.

3. Have the injured employee sign ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION CLAIM FORM AND NOTICE OF POTENTIAL ELIGIBILITY. Forward signed form to the Human Resources Department
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 Human Resources Department
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 Renee Argain, Asst. Superintendent of Human Resources/District Safety Coordinator for investigation and follow up.
7. Complete and collect any other district internal forms as necessary and forward copies to the Human Resources Department.
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 Specialists (HR)**

Jennifer Lindsey

(805) 462-4215 ext. 6 (phone)

(805) 460-2507 (fax)

[jenniferlindsey@atasusd.org](mailto:jenniferlindsey@atasusd.org)

#### **Human Resources/District Safety/Return to Work Coordinator**

Renee Argain

(805) 462-4215 (phone)

(805) 460-2507 (fax)

[reneeargain@atasusd.org](mailto:reneeargain@atasusd.org)

#### **IV. FRAUD**

Anyone who makes or causes to be made any knowingly false or fraudulent material statements for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years. You can report possible cases of fraud completely anonymously by contacting WeTip at (800) 78-CRIME or [www.wetip.com](http://www.wetip.com).