



SUPERVISOR INSTRUCTIONS FOR MANAGING INJURED EMPLOYEES

- In the event of a life threatening emergency, immediately contact the following: **911**
- Risk Management at (760) 955-3201 ext. 10205 Kathleen Hardy-
- Report Injury/Illness
 - Call Company Nurse at **(877) 518-6702** they will triage for treatment or not.
 - Company Nurse report will be emailed to treating facility, Dr. Moushabek at Heritage Medical Group. Employee should be excused as soon as possible to be treated. Employee should drive themselves, go by ambulance, or picked up by family or friend. It is inadvisable for district staff to transport injured employees. If necessary, call 911 and have Paramedics assess the employee is deemed able to drive their vehicle or not.

➤ Provide the EMPLOYEE the following paperwork: (originals returned to Risk Management)

EMPLOYEE - EMPLOYER - WORKERS COMPENSATION CLAIM FORM (DWC-1)

- This form must be filled out by the employee anytime you are notified that an injury, illness or accident occurred, regardless of the employee's intent to seek medical care. The employee must fill out this form immediately. **DECLINATION SHOULD HAVE DWC-1 COMPLETED BY EMPLOYEE AND SUPERVISOR.**

EMPLOYEE -STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

- Employee completes.
- It is extremely important for the employee fill out the DWC-1 form as soon as possible in order to receive benefits timely.

EMPLOYEE -INSTRUCTIONS FOR INJURED EMPLOYEE

- Employee signs and receives a copy.

➤ *SUPERVISOR- STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS*

- This form may be filled out by Admin. Assistant -except numbers 10 and 11 and signature must be Principal or Department Director.

➤ *WITNESS STATEMENT OF EMPLOYEE INJURY*

- Any witness to the injury should fill out this form immediately.

➤ ***If the employee DOES NOT WANT medical treatment:***

- The employee fills out the top section of the DWC-1 and Send to Risk Management.
- The employee **MUST** complete the **DECLINATION OF MEDICAL TREATMENT FORM**. The completed original form is returned to Risk Management. A copy is provided to the employee. If employee refuses to sign declination, NOTE on Declination form, REFUSES TO SIGN, in details of accident box, sign your name.
- Employee can call Company Nurse and either be given home instructions to follow and also return to request treatment.
- Employee can refuse to speak with Company Nurse, if injury is reportable, call Company Nurse and have noted on claim that employee refuses to speak. This way the claim is still on file.

The district has a return to work program and supervisors may be asked to participate in discussions regarding transitional modified duty. Any doctor's notes, appointment notices, or temporary/modified duty slips received at the site are to be faxed to Risk Management at (760) 490-0520 immediately. **Employee must report to the Risk Manager after each appointment. All modified duty assignments require coordination with the Risk Manager before the employee may return to work.**