



COAST UNIFIED SCHOOL DISTRICT

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Scott Smith, Superintendent

Employee Injury Procedures/Return-To-Work Program

In the event of an injury 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 as to ensure CUSD is a safe place to work. Non-compliance by the employee may result in disciplinary action.

In the event of an injury that takes place during completion of your responsibilities as an employee the following steps **must** be taken:

IN CASE OF LIFE - OR LIMB - THREATENING INJURY, DIAL 911

1. AS SOON AS POSSIBLE AFTER THE INJURY OCCURS, the **Employee MUST** notify his/her direct supervisor.
2. Supervisor / Injured worker immediately calls injury hotline: 1-855-519-8472. The injury hotline nurse will gather information over the phone and help the injured worker access appropriate medical treatment.
3. Supervisor completes a SIPE Accident Investigation Report and forwards a copy to the Worker' Comp Clerk (*even if the injury doesn't appear to be an issue at the time*).
4. Supervisor contacts District Worker's Comp Clerk: **Valeria Wright at 927-3967**. The District is required to provide the injured worker a Division of Workers' Compensation Claim Form (DWC-1) within 24 hours of knowledge of injury. If possible, the injured worker should report to the district office to complete the DWC-1 **PRIOR** to the employee visiting a medical clinic. *If the Worker's Comp Clerk is not available*, the following designee should be notified in this order: Monica Melendrez 805-924-2925, or Safety Coordinator; Ruben Campos 805-924-2818 or 805-423-3922.
5. **PRIOR** to resuming his/her work assignment, the Employee must bring a completed copy of the ***Physician's Return to Work*** form to his or her Supervisor and/or Human Resource Coordinator to review conditions for returning to work as noted by the doctor on the form.
6. As needed, the Employee will be required to participate in preventive safety training related to the work injury prior to resuming actual duties.

These procedures are designed to improve safe working conditions for all employees. Thank you for your compliance with these mandatory rules. Please do not hesitate to speak to your supervisor and/or Workers' Comp Clerk if you have any questions about this topic.

I have read and understand the above stated mandatory rules:

Employee Signature

Date

Print Name

PLEASE RETURN THIS SIGNED FORM TO YOUR SITE SECRETARY/SITE SUPERVISOR