



SUPERVISOR'S

Workers' Compensation Injury Packet



Workers' Compensation Injury/Illness Reporting Best Practices

Timely reporting of work-related injuries and illnesses is critically important to ensure employees receive immediate medical attention, benefits they may be entitled to and to return them to work as quickly as possible. By immediately reporting injuries, this ensures prompt Workers' Compensation benefits are provided, and can avoid delays that can trigger litigation.

- Employees report the work-related injury or illness immediately to their supervisor
- Supervisor instructs the injured worker to call Company Nurse
 - Company Nurse will triage the injury, determine if medical care is needed and refer the employee to the appropriate level of care
 - If self-care is suggested, an Employee Injury/Illness Packet does not need to be provided
- If medical treatment is recommended, supervisor provides an Employee Injury/Illness Packet to the employee and
 - If employee declines treatment, have the employee complete, sign and date the Declination of Treatment form
- Supervisor completes the “Supervisor’s Report of Occupational Injury/Illness”
 - Benefits:
 - Enables the District to preserve important information and equipment (i.e. broken chair or malfunctioning equipment)
 - Assists the supervisor and the district in identifying and addressing hazards to prevent future injuries
 - Provides the supervisor and the district with information that can identify potential employee safety training needs
- Supervisor takes photos of area where the injury occurred (the hazard, the equipment, etc.)
- Serious injuries must be reported to Cal/OSHA as required by law, within 8 hours of the incident, **Los Angeles Office (213) 576-7451**
- Supervisor provides all documentation to Risk Management immediately or within 24 hours.
- The supervisor maintains contact with the employee to provide support and encouragement through the recovery process



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

SUPERVISOR'S INJURY/INCIDENT CHECKLIST

PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS THIS WORK RELATED INJURY

___ IF AN EMERGENCY, CALL 911

FOR NON-LIFE-THREATENING INJURIES:

___ HAVE EMPLOYEE CALL **COMPANY NURSE 1-877-518-6702** (AVAILABLE 24 HOURS) AND PROVIDE EMPLOYER CODE **SLF06**

___ PROVIDE *EMPLOYEE INJURY PACKET* IF EMPLOYEE IS REFERRED TO TREATMENT

___ COMPLETE THE *SUPERVISOR REPORT OF OCCUPATIONAL INJURY OR ILLNESS*

___ PROVIDE ANY WITNESSES WITH THE *WITNESS REPORT OF INJURY*

___ IF INJURY CAUSED BY **FAULTY EQUIPMENT**, TAKE OUT OF USE AND PRESERVE FOR POSSIBLE SUBROGATION

___ COMPLETE THE EMPLOYER'S PORTION OF THE *DWC-1* ONCE IT IS RETURNED TO YOU

___ REPORT **SERIOUS** INJURIES PER CAL/OSHA GUIDELINES TO **(213) 576-7451**, IMMEDIATELY BUT NO LATER THAN 8 HOURS FROM INCIDENT

___ COLLECT AND SUBMIT TO Risk Management WITHIN 24 HOURS

WORKERS COMPENSATION CLAIM FORM (DWC-1)

SUPERVISOR'S STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

DECLINATION OF MEDICAL TREATMENT (IF APPLICABLE)



SUPERVISOR REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Name of injured employee: _____

Department/School Site: _____

Position: _____ Employee Work Schedule: _____

Date of injury or illness: _____ Time: _____ AM _____ PM _____

Was medical treatment offered? Yes _____ No _____ Was treatment refused? Yes _____ No _____

Was employee given a DWC-1 claim form? Yes _____ No _____

What type of medical treatment was given on site? _____

Did the injured employee leave work due to this injury or illness? Yes _____ No _____ Time: _____

Has employee returned to work? Yes _____ Date returned: _____ No, still off work _____

Name of person to whom the injury or illness was reported: _____

Timeliness of reporting: If the accident was not reported immediately, why not?

Location where accident or exposure occurred:

Was the injury or exposure witnessed? Yes _____ No _____

WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____



Body part injured (check all that apply and indicate left and/or right):

- Head Upper back Finger (which?) Ankle
- Face Lower back Upper leg Foot
- Eye Arm Lower leg Toe (which?)
- Neck Wrist Knee Other _____

Nature of injury or illness:

- Scrape Burn Fracture Cold-related problem
- Cut Sprain/strain Skin problem Loss of consciousness
- Puncture Foreign body Chemical-related problem Respiratory
- Bruise Poisoning Heat-related problem Other _____

What was employee doing at the time of injury or exposure?

Person, object or substance that directly injured employee:

Check any of the following unsafe actions which you feel may apply:

- Haste/unsafe speed Improper procedure Unsafe lifting
- Not authorized Unsafe equipment usage Unsafe position
- Disregard of instructions Defective equipment/tools Running/jumping
- Lack of knowledge/skill/training Inattention Poor Housekeeping
- Failure to use proper equipment Assault Act of other
- Inadequate protective gear Horseplay Physical handicap
- Carelessness Alcohol/drugs Other

I know the injury occurred on duty.

I have no specific knowledge that the injury occurred on duty

What steps have been taken or recommended to prevent a recurrence?

Comments:

Supervisor's signature: _____

Date: _____



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

WITNESS STATEMENT OF EMPLOYEE INJURY

WITNESS NAME: _____ CONTACT PHONE: _____

JOB TITLE: _____ DISTRICT EMPLOYEE? YES NO

HOME ADDRESS: _____

NAME(S) OF INJURED EMPLOYEES: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM PM

SITE AND EXACT LOCATION OF ACCIDENT: _____

1. PLEASE DESCRIBE THE ACCIDENT: _____

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? _____

3. PLEASE NAME ANY OTHER WITNESSES: _____

WITNESS SIGNATURE _____ DATE _____

UPDATE: CAL/OSHA REPORTING AND NOTIFICATION REQUIREMENTS SERIOUS INJURY/ILLNESS OR FATALITY

Cal/OSHA regulations require that employers must report any Serious Injury/Illness or Fatality to the nearest Cal/OSHA District Office.

CALIFORNIA CODE OF REGULATIONS, TITLE 8 §342(A) STATES:

Every employer shall report immediately to the Division of Occupational Safety and Health any serious injury, illness, or death of an employee occurring in a place of employment or in connection with any employment. The report shall be made by the telephone or through a specified online mechanism established by the Division for this purpose. Until the division makes such a mechanism available, the report may be made by telephone or email to caloshaaccidentreport@tel-us.com.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

SERIOUS INJURY OR ILLNESS AS DEFINED IN CCR T8 §330(H) READS:

“Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

Accidents that result in serious injury or illness, or death that occur in a construction zone on a public street or highway, are now included by statute. Work-related injuries, illnesses and deaths caused by the commission of a Penal Code violation are no longer excluded from the definition of "serious injury or illness".

A serious exposure is now defined as an exposure to a hazardous substance that occurs as a result of an incident, accident, emergency, or exposure over time and is in a degree or amount sufficient to create a realistic possibility that death or serious physical harm in the future could result from the actual hazard created by the exposure.

CAL/OSHA DISTRICT OFFICES CONTACT LINK:

<https://www.dir.ca.gov/dosh/report-accident-or-injury.html>

For your call, please gather as much information as possible. See the following list:

As required by Title 8 Regulations, [Section 342](#), you must include the following information in your phone call or email, if available:

1. Time and date of accident/event
2. Employer's name, address and telephone number
3. Name and job title of the person reporting the accident
4. Address of accident/event site
5. Name of person to contact at accident/event site
6. Name and address of injured employee(s)
7. Nature of injuries
8. Location where injured employee(s) was/were taken for medical treatment
9. List and identity of other law enforcement agencies present at the accident/event site
10. Description of accident/event and whether the accident scene or instrumentality has been altered.

KEY POINTS:

- Cal/OSHA's requirement to report a serious injury or fatality is independent of any other agency (police/fire dept., etc.) that might also be required to make a report to Cal/OSHA.
- Ensure that all employees are aware of the Cal/OSHA reporting requirements and provide accurate contact information should the need arise.
- Ensure that supervisory personnel accompanying an injured worker to the hospital inquire as to the status of the employee (i.e. being admitted, observation, or being released).

If there is any uncertainty about whether to report an incident, or for any questions about this Bulletin, feel free to contact anyone from your Keenan Team.

Keenan's Loss Control Bulletins are intended to help clients identify and mitigate hazards and potential liability exposures. We do not represent or guarantee that they will be able to identify or address all potential hazards, or offer a fail-safe mechanism for dealing with them. We make no promise or representation that clients will recognize improved loss experience or premium savings as a result of these services. Keenan & Associates is not a law firm and no opinion, suggestion, or recommendation of the firm or its employees shall constitute legal advice. Clients are advised to consult with their own attorney for a determination of their legal rights, responsibilities and liabilities, including the interpretation of any statute or regulation, or its application to client's business activities.



Transitional Work Assignment Confirmation

Santa Monica-Malibu USD is committed to providing our employees a reasonable accommodation whenever possible. We have developed a Transitional Return to Work Program as one of the ways we strive to provide a reasonable accommodation.

Studies have shown that early return to work in a transitional work assignment can benefit employees by aiding in the recovery process. In addition, Transitional Return to Work Programs help control workers' compensation costs.

Upon return to work in a transitional work assignment position, please complete this form and return it to Risk Management.

Employee's name _____

School Site: _____

Supervisor's name _____

Name of Primary Treating Physician Providing Work Restrictions: _____

Work Restrictions as given by the Treating Physician (or attach work status report)

Transitional Work Assignment (describe or attach job description, if available):

Transitional Work Assignment Supervisor: _____

Change to Work Schedule or Site? If yes, explain: _____

Transitional Work Assignment Begin Date: _____

Next Physician Appointment for Reevaluation of Work Status: _____

The intent of this program is not to create a new permanent position. The transitional work assignment will be reviewed approximately every 30 days or as your work restrictions/physical abilities change. You are responsible for working within the temporary work restrictions provided by the treating physician. If you are inadvertently asked to exceed them, please remind the supervisor of your temporary restrictions. Failure to follow the restrictions may lead to re-injury and to disciplinary and/or corrective actions. If you have any questions regarding your injury, workers' compensation benefits or this transitional work assignment, please contact Human Resources immediately.

Employee's signature _____

Date _____

TEMPORARY TRANSITIONAL BRIDGE JOB BANK

| Occupation/Classification | Temporary Transitional Bridge Job Title | Temporary Transitional Bridge Job Description |
|----------------------------------|---|---|
| Teacher | School Office Assistance | Photocopying, inventorying/organizing/reordering of supplies, laminate posters and/or other projects, answering telephones, general office tasks |
| Teacher | Student Supervision | Supervise students on campus before school, during recess, during lunch, in between classes and after school. Monitor bathrooms |
| Teacher | Classroom Assistance | Assist teachers by grading papers, preparing assignments, assisting students, working with small groups that need support or tutoring, monitoring students during testing and assignments, providing extra supervision during library and computer/media lab time |
| Teacher | Library Support | Organize books and library materials, assist classrooms visiting the library with book returns and checkouts, update the library database, repair books and other library material, update library bulletin boards and displays, organize, inventory and clean library equipment. |
| Teacher | Computer Lab/Media Center Support | Organize computer/media lab, clean, assist teacher in setting up and monitoring student assignments, work with small groups of students that may need extra support/assistance |
| Teacher | Tutoring | Provide extra support for teachers and students (reading groups, math skills, general tutoring) |
| Teacher | Keenan SafeSchools (see current course listing) | Boundary Invasion, Mandated Reporter, Sexual Harassment Staff/Student, Youth Suicide Awareness (Jason Flatt Act), Online Predators, Bloodborne Pathogen Exposures for Teachers, Slips/Trips & Fall Prevention for Teachers, Back Injury Prevention for Teachers |
| Aides | Keenan SafeSchools (see current course listing) | Special Education Lifting and Transferring, Safety in the Classroom, Wheelchair Securements, Evacuation Planning, Child Safety Restraint, Bloodborne Pathogens Exposure for Support Staff |

| | | |
|--|---|---|
| Aides | School Office Assistance | Photocopying, inventorying/organizing/reordering of supplies, laminate posters and/or other projects, answering telephones, general office tasks |
| Aides | Student Supervision | Supervise students on campus before school, during recess, during lunch, in between classes and after school. Monitor bathrooms |
| Aides | Classroom Assistance | Assist teachers by grading papers, preparing assignments, assisting students, working with small groups that need support or tutoring, monitoring students during testing and assignments, providing extra supervision during library and computer/media lab time |
| Aides | Library Support | Organize books and library materials, assist classrooms visiting the library with book returns and checkouts, update the library database, repair books and other library material, update library bulletin boards and displays, organize, inventory and clean library equipment. |
| Aides | Computer Lab/Media Center Support | Organize computer/media lab, clean, assist teacher in setting up and monitoring student assignments, work with small groups of students that may need extra support/assistance |
| Custodians, Maintenance & Operations, Groundskeepers | Campus (Site) Safety Inspections | Using a site safety inspection checklist, walk through and inspect the campus (parking lots, sports fields, auditoriums, swimming pool areas, theaters, restrooms, gyms, etc. for any potential safety issues and correct or report |
| Custodians, Maintenance & Operations, Groundskeepers | Self Inspections - Playground and equipment | using playground safety checklist, inspect equipment and surrounding areas, clear any trash or debris, sweep and clean around playground area |
| Custodians, Maintenance & Operations, Groundskeepers | Self Inspections - Sprinkler System | Test sprinklers |
| Custodians, Maintenance & Operations, Groundskeepers | Self Inspections - Eyewash/Deluge | |
| Custodians, Maintenance & Operations, Groundskeepers | Self-Inspection and Cleaning of Tools and Equipment | |

| | | |
|--|---|--|
| Custodians, Maintenance & Operations, Groundskeepers | Self Inspection - Campus | Exit signs, air conditioning filters, air returns, emergency lighting, sinks/spikets and facets for leaks, fans in restrooms, restrooms for leaks, drainage of sinks, alarm panels, certificates in elevators, wheel chair lifts for permits, emergency exits for clearance, surge protectors, clearance around water heaters and electrical panels, |
| Custodians, Maintenance & Operations, Groundskeepers | Campus Beautification/Campus Pride | Clear any trash or debris around the campus, collect any lost and found articles, clear rain gutters of leaves and debris, check and clean drinking fountains |
| Custodians, Maintenance & Operations, Groundskeepers | Safety and Emergency Preparedness | Check campus and all classrooms for fire extinguishers, AED, evacuation maps, safety posters, first aid kits, student emergency packets, earthquake preparedness kits |
| Custodians, Maintenance & Operations, Groundskeepers | Safety and Emergency Preparedness | Review Injury Illness Prevention Program (IIPP) to ensure current, update as needed |
| Custodians, Maintenance & Operations, Groundskeepers | Hazardous Materials Inventory | Check classrooms, cabinets and other areas where chemicals are kept to ensure organized, clean, labeled and secure. Update Safety Data Sheets (SDS) or Keenan SDS program as needed. |
| Custodians, Maintenance & Operations, Groundskeepers | Classroom Beautification & Pride | Clean white boards, chalkboards, desks, sweep floors |
| Custodians, Maintenance & Operations, Groundskeepers | Touch Up Painting | |
| Custodians, Maintenance & Operations, Groundskeepers | Keenan SafeSchools (see current course listing) | Arson Awareness & Prevention, Cooper Theft Awareness, Crime Prevention through Physical Security, Safety Basics for Security Staff, Bloodborne Pathogens Exposures for Custodian & Maintenance, Slips/Trips & Falls for Custodians, Back Injury Prevention for Custodians & Maintenance |
| Food Services | Inventory | Inventory food items, check to ensure no spoilage, rotate food items as needed |
| Food Services | Inventory | Inventory a la carte food items (red cart, etc.) |
| Food Services | Student Supervision | Monitor and manage student lines in cafeteria and/or food cart areas, supervise salad/fruit bar, supervise students eating in the cafeteria and outside seating areas |
| Food Services | General | Refill supplies such as condiments, paper goods, etc. Recycle plastic water bottles |

| | | |
|---------------------------------|---|--|
| Food Services | Office Work | Ordering, maintain temperature logs, replace student identification cards |
| Food Services | Cafeteria Beautification & Pride | Clear any trash or debris in cafeteria and eating areas, updates and organize cafeteria bulletin boards with lunch menus or other material, wipe off eating tables and other cafeteria areas |
| Food Services | Keenan SafeSchools (see current course listing) | Food Safety Kitchen Sanitation, Food Service Equipment Sanitation, Food Service Equipment Safe Use, Food borne Illnesses, HACCP, Slips/Trips & Fall Prevention for Nutrition Services, Back Injury Prevention for Nutrition Services |
| Clerical /District Office Staff | School Office Assistance | Photocopying, inventorying/organizing/reordering of supplies, laminate posters and/or other projects, answering telephones, general office tasks |
| Clerical /District Office Staff | School Office Assistance | Shred confidential documents, organize files, purge outdated files/material, telephone parents to report absences |
| Clerical /District Office Staff | Library Support | Organize books and library materials, assist book returns and checkouts, repair books and other library material, update library bulletin boards and displays, organize, inventory and clean library equipment. |
| Clerical /District Office Staff | Computer Lab/Media Center Support | Organize computer/media lab, clean |
| Transportation | Bus Monitoring | Walk through all buses at the end of the day, collect anything left on the bus, remove any trash or debris, check all seats |
| Transportation | Bus Maintenance | Fuel buses, wash/clean bus interior and exterior, conduct safety inspection |
| Transportation | Student Supervision | Ride along as extra student supervision |
| Transportation | Inventory Parts | Inventory parts, organize chemicals, label secondary containers |
| Transportation | Cleaning & Repair | Wash unassigned Buses, wipe down lube room, sweep fuel island, repair bus seats |
| Transportation | Write up work orders | |
| Transportation | Keenan SafeSchools (see current course listing) | Bus Behavior & Discipline, City Driving, Crossing Guard Safety, Defensive Driving, Distracted Driving, Road Rage, Van Safety, Winter Driving, Back Injury Prevention for Transportation |
| Classified | Office Assistance | Label documents, stuff envelopes, distribution of non confidential information, packet assembly, photocopying, reception desk duty |