

## **WORK RELATED INJURY REPORTING PROCEDURE**

Employees are required to REPORT ALL WORK-RELATED INJURY/ILLNESSES to their supervisor immediately

If INJURY is SERIOUS or MAJOR, CALL 911

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 HR 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 advises HR the call was made. The SWC Environmental, Health & Safety Coordinator will perform an assessment to advise if there are any potential safety issues.



### Supervisor, (within 24 hours or less)

- Contact Ruby Ayala, Workers' Compensation (WC) Analyst, Human Resources, so that medical service at Akeso Occupational Health can be authorized
- Complete the Supervisor's Report of Employee Injury
- Collect Witness Statement forms
- Email and include Subject Header, Workers'
  Compensation Claim to the WC Analyst <a href="rayala@swccd.edu">rayala@swccd.edu</a>
- Complete Employer section of the Workers' Compensation <u>Claim Form</u> (DWC1) form and provide form to employee within 1 working day\*

#### Supervisor

- Immediately complete the <u>Supervisor's Report</u> of Employee Injury
- •Email and include Subject Header, Workers' Compensation Claim and Declination of Workers' Compensation Treatment form to rayala@swccd.edu
- Provide DWC1 form to employee with Employer section completed and retain a copy in a file\*, Employee returns form only if they choose to make a claim

# Employee

- Complete DWC1 form and Employee's Statement of Occupational Injury/Illness and return to Supervisor
- Obtain medical service at Akeso Occupational Health

#### **Employee**

• Fill out and sign <u>Declination of Medical Treatment Form</u>



#### Supervisor

• Send the original Supervisor's Report of Employee Injury, Employee's Statement of Occupational Injury/Illness, Witness Statement(s) and the DWC1 forms to the WC Analyst in Human Resources with all signatures



After each doctor appointment: Employee gives the work status report or doctor's note to Supervisor. Supervisor emails it to Human Resources - WC Analyst <a href="mailto:rayala@swccd.edu">rayala@swccd.edu</a>.

If treatment is requested by employee at later date:

#### **Employee**

- Return completed DWC1 form to supervisor
- •Complete and return Employee's Report of Injury/Illness to Supervisor

#### Supervisor

- Advise WC Analyst of request for medical service
- Email the WC Analyst immediately <a href="mailto:rayala@swccd.edu">rayala@swccd.edu</a>

For questions or forms, visit the Workers' Compensation page at

https://www.swccd.edu/administration/human-resources/workers-compensation/index.aspx OR Contact Ruby Ayala, Workers' Compensation Analyst via phone: (619) 216-6630 or Email: rayala@swccd.edu

<sup>\*</sup>CA Labor Code Section 5402

<sup>\*\*</sup>Cal/OSHA Title 8 at https://www.dir.ca.gov/title8/342.html