

Workers' Compensation/ Return-to-Work (WC/RTW) Office:	<p style="text-align: right;">Meach Davis mdavis@oside.us or wctech@oside.us Tel: (760) 966-4035</p>
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WHEN A WORK-RELATED INJURY OR ILLNESS OCCURS:

1. The employee will do the following:

- a. Notify a District Representative (Admin Secretary, health clerk, supervisor, Principal, Lead Staff or the WC/RTW Office) immediately, but no later than 24 hours after the incident.
- b. Read this document and obtain the following forms:
 - i. Employee Incident Report
 - ii. Authorization for Medical Treatment Work-Related Employee Injury (This form provides the option to Accept or Decline medical treatment)

If Medical Treatment is Accepted	If Medical Treatment is Declined
<ul style="list-style-type: none"> • Call the Company Nurse injury hotline <p>Injury Hotline: 1-877-518-6702 Oceanside Unified Search Code: QS444</p>	<ul style="list-style-type: none"> • Return the completed forms, which will be sent to the WC/RTW office

- c. If a call to the Company Nurse hotline is completed and is:

Directed to Clinic for Treatment	Directed to Self-Care
<ul style="list-style-type: none"> • The following documents will be provided: <ul style="list-style-type: none"> ▪ State of California Workers' Compensation Claim Form (DWC-1) ▪ Notice to Employees ▪ Workers' Compensation Benefits and Procedures ▪ PRIME: Important Information about Medical Care ▪ Workers' Compensation Temporary Prescription ID Card 	<ul style="list-style-type: none"> • No additional forms required

- d. Proceed to the selected medical facility as directed.
- e. **After each medical visit** receive a Work Status Report from the current medical provider (Occupational Clinic or Specialists)
- f. Keep all scheduled appointments and enter absences in Frontline
- g. Communicate work status with the supervisor and/or the Administrative Secretary
- h. Participate in the District's Return to Work Program and adhere to medically certified work restrictions, if any
- i. Be available and respond timely to communication received from the WC/RTW Office, Human Resources staff, Claims Examiners, Supervisor, and other District personnel

2. The supervisor will:

- a. Review the Employee's Incident Report
- b. Conduct an accident investigation using the Supervisor Statement form as a guide
- c. Send completed forms to the WC/RTW Office within 72 hours of knowledge of the incident/injury/illness
- d. Manage transitional duty/ modified work in coordination with the WC/RTW Office

PRIOR TO RETURNING TO WORK:

1. The employee will:

- a. Provide work status to the WC/RTW Office either in person, e-mail, or faxing a copy of the report **after each medical visit**
- b. Receive return to work instructions from the WC/RTW Office if accommodations for work restrictions is needed

2. The WC/RTW Office will:

- a. Arrange for accommodations of the employee's work restrictions, if any
- b. Continue to oversee the Return-to-Work Program (if there are work restrictions) until the employee is released to return to usual and customary duties.