EMPLOYEE REPORTING PROCESS FOR WORK-RELATED INJURIES







UPDATED REPORTING PROCESS FOR ALL EMPLOYEES

The District will be implementing a new phone number for reporting work-related injuries. Please use the new phone number below for all work-related injuries or illnesses.

- Report all on-the-job injuries or illnesses, whether you go to the doctor or not. Immediately call (Toll-Free) 1-(844) 752-0415.
- 2. A Registered Nurse will answer your call, initiate the claim and assist with determining the appropriate medical provider.
- **3.** Notify your supervisor immediately. Follow your department procedures.
- **4.** You must submit a <u>work status report</u> to your supervisor after you go to a Medical Provider Network (MPN) Clinic or Physician.
- **5.** After the initial medical appointment, future appointments should be scheduled not to conflict with your work schedule.
- 6. The Workers' Compensation Claims Administrator is TRISTAR Risk Management. For any follow-up information or questions regarding your claim, call **1-(559) 432-1260** to speak with the claims team.

7. LIFE- OR LIMB-THREATENING EMERGENCIES:

Call 911 or go to the nearest medical facility. Immediately notify your supervisor. Supervisor or designee will report injury to (Toll-Free) **1-(844) 752-0415**.

8. For NON-LIFE-THREATENING EMERGENCIES and AFTER HOURS CARE, go to the closest hospital. Follow-up care must be provided by one of the designated providers.

SUPERVISORS
PLEASE POST

UPDATED PROCESS FOR REPORTING WORK-RELATED INJURIES

REPORTING PROCESS FOR ALL EMPLOYEES





The District will be implementing a new phone number for reporting work-related injuries. Please use the new phone number below for all work-related injuries or illnesses.

- 1. Report all on-the-job injuries or illnesses, whether you go to the doctor or not. Immediately call (Toll-Free) 1-(844) 752-0415.
- 2. A Registered Nurse will answer your call, initiate the claim and assist with determining the appropriate medical provider.
- 3. Notify your supervisor immediately. Follow your department procedures.
- 4. You must submit a <u>work status report</u> to your supervisor after you go to a Medical Provider Network (MPN) Clinic or Physician.
- 5. After the initial medical appointment, future appointments should be scheduled not to conflict with your work schedule.
- **6.** The Workers' Compensation Claims Administrator is TRISTAR Risk Management. For any follow-up information or questions regarding your claim, call **1-(559) 432-1260** to speak with the claims team.
- LIFE- OR LIMB-THREATENING EMERGENCIES:
 Call 911 or go to the nearest medical facility. Immediately notify your supervisor. Supervisor or designee will report injury to (Toll-Free) 1-(844) 752-0415.
- 8. For NON-LIFE-THREATENING EMERGENCIES and AFTER HOURS CARE, go to the closest hospital. Follow-up care must be provided by one of the designated providers.

REPORT TO: (TOLL-FREE) 1 (844) 752-0415

FIRST NOTICE

RFPORTING

Updated 7/1/2018

Supervisor's Accident Investigaton Report

Work Site/Location				
Injured Employee's Full Name	Regular Job Assignment/Classification			
Date and Time of Accident	Location of Accident (Area/Department)			
Equipment Involved? Evidence Saved? Photographs? YES (Please attach) NO				
Accident reported to:	First Aid? RN 24/7 Called? YES NO			
	Employee sent to Clinic? YES NO			
	Hospital/911 Call? YES NO			
Witnesses? (Names, Work Locations, Phone #'s, etc.)				
Supervisor's description of accident/injury				
Cause of Accident/Injury				
Could this accident have been prevented? Explain.				
What steps have been taken to prevent similar accidents?				

	-	
Date of Report	Supervisor's Signature	Title



Confidential – for Internal Distribution Only



CAL/OSHA REPORTING AND NOTIFICATION REQUIREMENTS: Serious Injury/Illness or Fatality – UPDATED

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 by telephone or telegraph to the nearest District Office of the Division of Occupational Safety & Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. 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 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 which requires inpatient hospitalization for other than medical observation or in which an employee suffers a loss of any member of the body or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway."

The 8-hour timeframe begins when the employer knows or "with diligent inquiry" would have known of the serious injury/illness or death. The employer means someone of management or supervisory capacity.

CAL/OSHA DISTRICT CONTACT LIST:

Bakersfield	661-588-6400	Sacramento	916-263-2800
Concord	925-602-6517	San Bernardino	909-383-4321
Foster City	650-573-3812	San Diego	619-767-2280
Fremont	510-794-2521	San Francisco	415-557-0100
Fresno	559-445-5302	Santa Ana	714-558-4451
Los Angeles	213-576-7451	Santa Rosa	707-576-2388
Modesto	209-545-7310	Torrance	310-516-3734
Monrovia	626-471-9122	Van Nuys	818-901-5403
Oakland	510-622-2916	West Covina	626-472-0046
Redding	530-224-4743		

When making a report, whether by telephone or telegraph, the reporting party shall include the following information, if available:



- Time and date of accident
- Employer's name, address and telephone number
- Name and job title, or badge number of the person reporting the accident
- Address of the site of the accident or event
- Name of the person to contact at the site of the accident
- Name and address of the injured employee(s)
- Nature of the injury
- Location where the injured employee(s) was (were) moved to
- List and identity of other law enforcement agencies present at the site of the accident
- Description of the accident and whether the accident scene or instrumentality has been altered

KEY POINTS:

- The District'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 a contact 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 uncertain about whether to report, or for any questions about this Briefing, feel free to contact anyone from your Keenan Team.

CAL/OSHA LINK:

http://www.dir.ca.gov/title8/342.html

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.