



ADMINISTRATORS/SUPERVISORS WORK-RELATED INJURY REPORTING PROCEDURES

1. **DIRECT THE INJURED EMPLOYEE** to call the **Early Intervention Nurse (EIN)** at **1-877-742-3467**. **DO NOT** direct the employee to seek medical treatment on their own.

2. **COMPLETE** the Accident Investigation form with the employee **and** fax or email it to:

Greg Rash

Director of Business Services

FAX: 916-566-3599 **EMAIL:** Greg.Rash@twinriversusd.org

3. **NOTIFY** René Wells or Pang Yang of the employee's injury:

René Wells

Human Resources Manager

FAX: 916-566-3599

PHONE: 916-566-1600 ext. 32101

EMAIL: Jacqueline.Wells@twinriversusd.org

Pang Yang

Human Resources Technician

FAX: 916-566-3599

PHONE: 916-566-1600 ext. 32108

EMAIL: Pang.Yang@twinriversusd.org

MEDICAL TREATMENT

4. If the employee seeks medical treatment:
 - Direct employee to return with a medical note as soon as practical.
5. If the employee is released to **MODIFIED LIGHT-DUTY**:
 - Determine whether you can or cannot provide modified work for the injured employee based on the medical restrictions.
 - Fax or email a copy of the employee's medical note to René Wells or Pang Yang.
 - If you have questions about the employee's restrictions or providing modified light-duty, please contact René Wells or Pang Yang for assistance.
 - Continue to monitor medical status following each appointment until employee is released to **FULL-DUTY**.
6. If the employee is returned to **FULL-DUTY**:
 - Collect the work status note from the employee and forward a copy of the note to Human Resources.

EMPLOYEE ABSENCES

7. Employees are required to follow the same procedures in **REPORTING ANY ABSENCES REGARDLESS IF IT IS DUE TO THEIR WORK RELATED INJURY**.
 - Employee must report their absence in Aesop indicating **"illness"**.
 - **When the District is able to provide modified-duty work for the employee and he/she chooses not to return to work, their sick leave will be charged as a result.**



Accident Investigation Form

THIS FORM IS NOT TO BE COMPLETED BY THE INJURED EMPLOYEE

Injured Employee: _____ Date Reported: ____/____/____

Date of Injury: ____/____/____ Location/Site: _____

Time of Injury: ____:____ AM ____:____ PM Job Title: _____

Location: (i.e. room#, cafeteria, parking lot, etc.)

How did the injury occur?

Part of body injured: (i.e. r-foot, r-side of head, l-knee, lower back, etc.)

Witnesses Names: _____ / _____

Check here if statements were obtained Early Intervention Nurse called: Yes No

Form completed by: _____ Job Title: _____

THE BELOW IS TO BE COMPLETED BY THE BUSINESS SERVICES DEPARTMENT

Investigation completed by: _____

Job Title: _____ Date: ____/____/____

Investigation revealed "root cause" of injury to be:

What corrective actions were taken?

Received by:

Business Services : ____/____/____ Human Resources : ____/____/____

QUICK REFERENCE GUIDE

HOW TO COMPLETE AN ACCIDENT INVESTIGATION FORM

This quick reference guide is designed for Administrators, Directors, and Supervisors to use while documenting work-related injuries and illnesses. Remember, prior to documenting an accident, employees should be trained to report injuries to their Supervisors no matter how minor they may be. “**Near-accidents**” should also be reported and documented by the Supervisors and their findings submitted to the Business Services and Human Resources Departments.

Please follow these 4 steps when documenting work-related injuries or illnesses:

STEP 1:

Direct the injured employee to call the Early Intervention Nurse (EIN) at 1-877-742-3467.

STEP 2:

- A. Act at once. When possible, talk with the injured employee immediately. One-on-one communication is best. When completing the **Accident Investigation** form use a fact-finding approach and avoid faultfinding questions in determining what occurred.
- B. Describe the scene of the incident: including the lighting, walking surface, weather, measurements and any other conditions(s) that could have contributed to the accident. Document any defective equipment on the form.
- C. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be reported.

STEP 3:

Complete the top portions of the **Accident Investigation** form within 24 hours of the accident, retain a copy for your records, and fax or email it to Greg Rash located at the District Office so he may complete the investigation portion of the form.

STEP 4:

All work-related injuries or illnesses requiring medical treatment must be reported to René Wells or Pang Yang in the Human Resources Department.