



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: 916-566-3590 **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. 50364

EMAIL: Jacqueline.Wells@twinriversusd.org

Pang Yang

Human Resources Technician

FAX: 916-566-3599

PHONE: 916-566-1600 ext. 50365

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 RISK MANAGEMENT DEPARTMENT

Investigation completed by: _____

Job Title: _____ Date: ____/____/____

What corrective actions were taken?

Comments: _____

Received by:

Risk Management : ____/____/____ Human Resources : ____/____/____

QUICK REFERENCE GUIDE

HOW TO INVESTIGATE AN ACCIDENT

This quick reference guide is designed for Administrators, Directors, and Supervisors to use while investigating work-related injuries and illnesses. Remember, prior to investigating 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 investigated by the Supervisors, and their findings submitted to the Risk Management and Human Resources Departments.

Please follow these 4 steps when investigating 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. Determine what necessary preventative measures are needed to prevent similar accidents in the future. Report any defective equipment to the Risk Management Department.
- C. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated and reported.

STEP 3:

Complete 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.

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.