

WHAT TO DO WHEN AN INJURY OCCURS (FOR EMPLOYEES)

What is Workers' Compensation? California's No Fault Compensation Law guarantees prompt, automatic benefits to employees who sustain an injury or illness that arises out of the course and scope of their employment.

The school districts in Contra Costa County are self-insured for Workers' Compensation benefits through a Joint Powers Authority Program (JPA), and self-administered by Contra Costa County Schools Insurance Group (CCCSIG).

- Each Employee is responsible for immediately reporting their workplace injury/illness to their Supervisor. ***If your injury is an emergency, your Supervisor will call 911 for immediate treatment.*** If it is not an emergency:
 - Your Supervisor may assist you in calling Company Nurse. Dial 1 (888) 375-9779 and give CODE "CSIG" to report your injury before you leave the premises. A Company Nurse Occupational Nurse will gather information on your injury through the medical triage process and determine medical care recommendations.
 - A. **First Aid Advice Only** – The Nurse will provide medical advice, which you are to follow. You may return full time to your regular position. If your medical situation worsens or does not improve, you must call back Company Nurse again for appropriate medical referral prior to seeking treatment, unless it is an emergency.
 - B. **Medical Referral** – If the Nurse determines medical treatment is needed, they will offer a Telemedicine Physician Visit, if appropriate or refer you to your district's designated Occupational Medical Facility (unless you have pre-designated your personal physician prior to your injury).
- Employee returns copy of Work Status Slip (provided to you by the Medical Facility) after each medical appointment to District Claims Coordinator:
 1. Release to full duty
 2. Released with Work Restrictions or limitations
 3. No release to work – remain off work
 4. **If work restrictions apply**, (for all employees excluding Substitutes or Volunteers) the District Claims Coordinator will work with your Site to either modify your usual job or provide a Temporary Work Assignment, if possible, completing the **Temporary Work Agreement for Work Related Injuries**, which will be reviewed with you.
- CCCSIG will mail you a DWC-1 Workers' Compensation Claim Form for you to complete immediately to begin the claim process. State law requires that this form be provided to you or a dependent within one (1) working day of receiving notice or knowledge of any injury being work-related.
- Your Supervisor will complete Employee Accident Investigation Form (with input from you as needed) to evaluate any potential safety conditions or hazards for prevention purposes.