

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 as a result 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).

What to do if you're injured at work?

Step 1	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:
Step 2	With you present, your Supervisor calls Company Nurse at 1(888)375-9779 and gives CODE "CSIG" before you leave the premises. A Company Nurse Occupational Nurse will gather information on your injury through the medical triage process and make care recommendations.
	<p>A. First Aid Advice Only – The Nurse will provide advice, which you are to follow. You may return full time to your regular position. If medical situation worsens or does not improve, you must call back Company Nurse for appropriate medical referral prior to seeking treatment, unless it is an emergency.</p> <p>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).</p>
Step 3	Employee returns copy of Work Status Slip provided to you by the Medical Facility to District Claims Coordinator: <ol style="list-style-type: none"> 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 to either modify your usual job or provide a Temporary Work Assignment, if possible, completing the <u>Temporary Work Agreement for Work Related Injuries</u>.
Step 4	CCCSIG will mail you a DWC-1 Workers' Compensation Claim Form 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.
Step 5	With your input, Supervisor will complete Employee Accident Investigation Form to evaluate any potential safety conditions or hazards for prevention purposes.