

# SBCCD Quick Guide for New Injuries

A work related incident is reported:

No

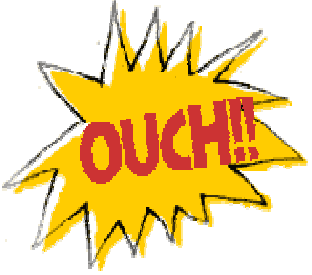
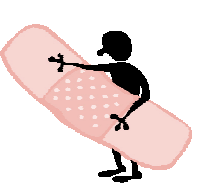
Is this an emergency?

Yes

Have employee call Company Nurse. Did the nurse recommend medical treatment?



Call 911



Yes

No

Employee must fill out:  
1. Employee Statement of Injury

Employee must fill out:  
1. Employee Statement of Injury  
2. Refusal of treatment.

Once the employee is taken care of the supervisor will call Company Nurse and begin filling out Supervisor Statement of Injury

Supervisor must fill out:  
Supervisor Statement of Injury

Supervisor must fill out:  
Supervisor Statement of Injury

Employee will call Company Nurse and fill out paperwork as soon as possible. Supervisor to provide employee with DWC1 & MPN

If witnessed the witness must fill out:  
Witness statement

If witnessed the witness must fill out:  
Witness statement

Supervisor will provide employee with DWC1 & MPN paperwork.

Supervisor will provide employee with DWC1 & MPN paperwork.

Send all completed forms to: Your HR Generalist



# INTRODUCTION

Presented to:

**San Bernardino CCD**

# When an injury occurs...



What do you do  
after it is reported  
to you?

# Check List:

- ✓ Is medical treatment needed?
  - ✓ If so what treatment is appropriate?
- ✓ Document what happened
  - ✓ The 5W's
    - ✓ Who, What, When, Where and Why
- ✓ Timely report the injury
  - ✓ Make sure everyone is properly notified

The hardest question to answer is...

“Do you think I should go to the doctor?”



# Company Nurse is here to help!



What is Company Nurse and  
how are they going to help  
me?

# Registered Nurse Hotline

- Staffed 24/7/365 Days Per Year
  - Translators available for up to 170 different languages
- Medical triage service within minutes of any workplace injury
  - AMA Medical Advice (standards used for all work related injuries)
  - Medical referrals to SBCCCD designated provider
  - If emergency, call 911!!!

# What's the new procedure?

1. An incident or injury occurs.



2. The employee is to report any incident to their immediate supervisor or designated personnel.



**Note: After-hours employees are required to contact their supervisor via cell phone or home phone and report the injury before proceeding. (E.g. night custodians and faculty working after hours or on weekends.)**



# The Triage Process

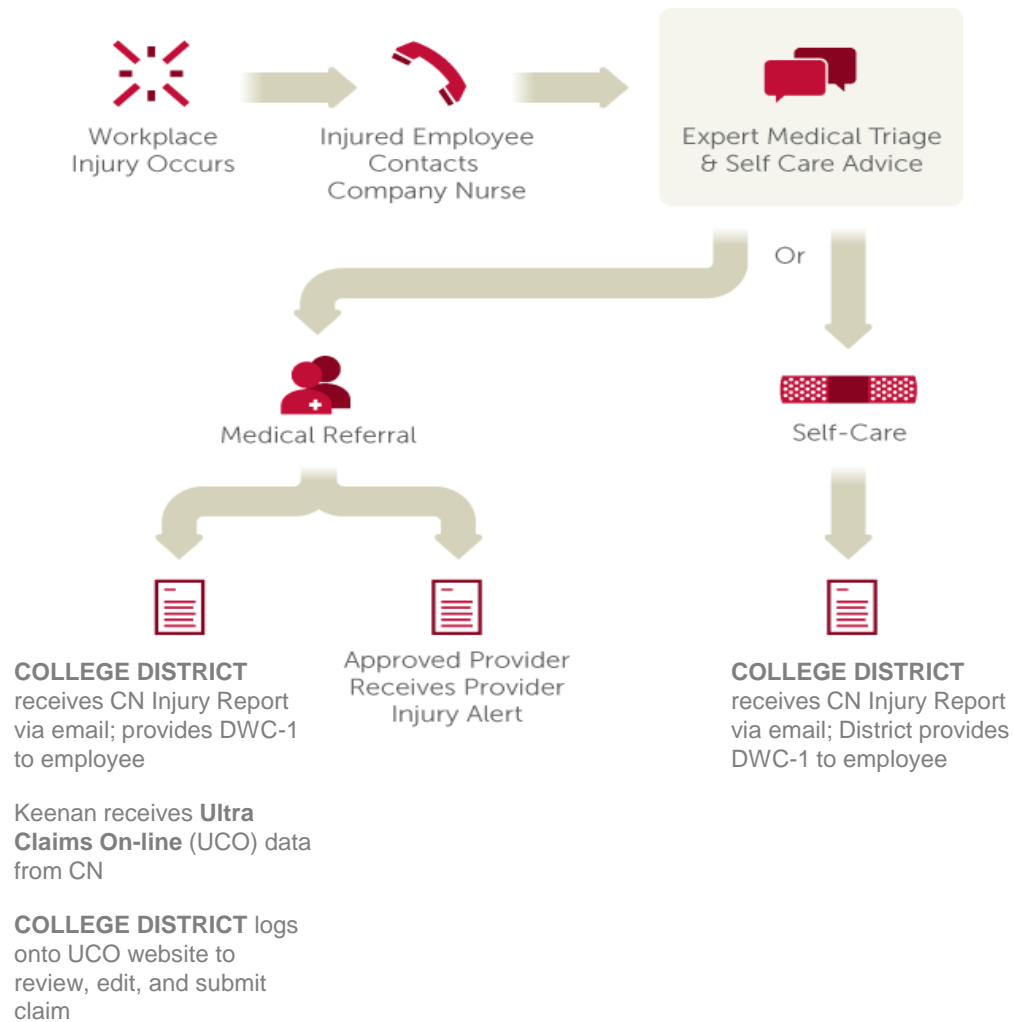
During the triage process the injured employee speaks with an Injury Care Coordinator who:

- Gathers employee demographic information
- Gathers preliminary incident information
  - The 5W's Who, What, When, Where and Why
  - Does not replace supervisor's responsibility to investigate the incident
- Facts are documented for the 5020 the Employers First report of Injury
- All conversations are recorded and archived for 60 mo.

# The Triage Process

- Injury Care Coordinator will transfer the employee and gathered information to a **Registered Nurse** who:
  - Assesses the injury
  - Recommends the most appropriate level of care and/or treatment
  - Refers the injured employee to either self-care, designated clinic, or emergency room
  - If self-care, employee is always encouraged to call back

### 3. The supervisor will have the employee contact Company Nurse.



# Reporting



## Report of Injury

Confidential

Call Confirmation # HKP0028N Time : 02/03/2011 14:11:32 Doe, Jane

### Employer Information

Employer Name XXXX Walnut Ave Carmichael CA 95608 Phone : XXX-XXX-XXXX	STUSD STUSD STUSD031	Location: 201 Address of Business Location XXXX El Camino Ave Sacramento, CA 95821 Report Taken By: DOROTA ROXYC
---	----------------------------	--

### Employee Information

Last Doe	First Jane	Middle Initial	SSN XXX-XX-XXXX	Date of Birth XX/XX/XXXX	Gender F	Marital Status M
Home Address XXXX Richon Vista Court		City Carmichael		State CA	Zip 95608	
Home Phone XXX-XXX-XXXX	Work Phone	Hire Date XX/XX/XXXX	Occupation Teacher	Avg Weekly Wage Data NOT PROVIDED		
Caller Jane Doe	Supervisor Name John Doe	Supervisor Phone				

### Language

Employee Speaks English	Language Service Used	
Interpreter 1 ID #	Interpreter 2 ID #	Interpreter 3 ID #

### Date, Time, and Place of Incident/Report

Date/Time (local) of Incident 02/03/2011 12:30:00	Day of week Thursday	Date/Time (local) Reported to CN 02/03/2011 13:11:00	Date/Time Reported to Supervisor 02/03/2011 12:55:00	Injury Work Department Classroom
Injury Location XXXX El Camino Ave Sacramento 95821 CA				
Witnesses: None				

### Injury and Treatment

Nature of incident / body part Back Pain		Back Upper Left	<input type="checkbox"/> Report Only NO TRIAGE
Reason Alternate C chosen			<input type="checkbox"/> Care Advice Given
Not on the Treatment Facility Location			

### RN Triage

Medical Guideline See Physician Within 4 Hours (Occ Health / UC...	Nurse Override
Patient Response driving Medical Guideline - pain (including worsened chronic pain) that prohibits resumption of duty - Yes within 24 hours? - Yes	<input checked="" type="checkbox"/> Patient Understands <input checked="" type="checkbox"/> Patient Compliant
Patient Override	
Patient Reason	
Care Advice 3. See Physician within 4 hours - Occ Health / UC / Other 23. Maintain patient in position of comfort, may use local ice or heat for comfort	

## Report of Injury

Captures the injury details as well as employee, District, triage, and medical referral information

- E-mailed to employer, analyst, claims department and loss control

# Reporting



Provider Injury Alert \*\* Confidential \*\*

6

Call Confirmation #B302346Q Time :06/16/2010 09:34:51 Medical Professional ANGST...

**TO** Test Clinic 1700001  
123 Main St Any City AZ 85001  
Phone : 480 222-0800 Fax : 623-222-2222

Employee/Patient Information	DU006972	Employer Information	TEST, TEST1, TEST
Employee, Test 12345 Home Blvd Apt C25 Mesa AZ 85202 Home Phone: 480-374-2450		Test Company- Dept: Location Test Corporate Name 8553 Test Street Scottsdale AZ 85258 MaryJane Johnson Phone: 333 333-3331	

**Workers' Compensation Insurance Carrier (For All Medical Bills)** TESTINS  
Test Insurance  
9512 Claims St Suite 1526 Phoenix AZ 85001  
Phone: 555-555-5555 Fax: 444-444-4444

**Dear Medical Provider:**  
Please note that the above mentioned injured employee will be coming to your facility seeking treatment for a reported workplace injury.

**Special Handling Instructions:**  
Please be advised that this employer requires **DRUG TESTING**.  
This employer believes that early RETURN-TO-WORK promotes the healing process. Please contact the RTW coordinator, Susan Coord, at 333 333-3333 for a detailed job description so that you can write a RTW activity prescription to guide the employer in attempting to find a temporary alternate position.

Date/Time of Incident	Day of week	Date/Time - Reported Local Time	Work Department
09/28/2009 08:00:00	Monday	09/28/2009 09:05:00	garage

Injury Location: 4658 Test Location Blvd, Suite 5 Pasadena 99911 CA

Nature of Incident	Body Part
Cuts, Lacerations, Scrapes, Punctures	Hand Right

**Guidelines**  
- any wound (including superficial) and last tetanus booster > 5 years ago? - Yes

**Care Advice**  
4. OCC HEALTH NEXT OFFICE HOURS (MUST BE WITHIN 72 HOURS)  
Call back to Company Nurse if symptoms worsen, new symptoms occur or questions arise.  
24. Keep wound clean and dry, OTC analgesics as needed, may return to duty in

Upon completion of your initial treatment, please fax to 333 333-3334 details and a work status report.

## Provider Alert

Faxed or emailed to the treatment facility prior to the arrival of the injured employee; contains:

- Employee demographic info
- District and workers' compensation carrier data
- Injury Information and Triage details
- Work Status and Treatment Plan Form





Don't forget once all the paperwork is completed please forward all forms to:

**Human Resources**

