SCHOOL DISTRIC

SAN DIEGO UNIFIED SCHOOL DISTRICT

WORK RELATED INJURY/ ILLNESS FLOW CHART

EMPLOYEES ARE REQUIRED TO REPORT ALL WORK-RELATED INJURY/ILLNESSES TO THEIR SUPERVISOR IMMEDIATELY

IF SERIOUS OR MAJOR INJURY, CALL 911

The site is required to call CalOSHA AT (619) 767-2280 within 8 hours of the injury in the event of a serious injury or illness defined as requiring inpatient hospitalization for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. Failure to do so may result in a fine of up to \$5,000 to the site.

Following report of injury, does the employee want to seek medical treatment and file a claim? YES No Within 24 hrs. or less: Supervisor: Immediately complete the Supervisor's Fill out and sign the Declination of Medical Treatment Form Report of Injury - Form 78 Supervisor: Fax Supervisor's Report of Injury to Risk Complete the Supervisor's Report of Management at (858) 627-7353. Injury Report - Form 78 Fax Supervisor's Report of Injury and Declination of Medical Treatment to Risk Management at (858) 627-7353. Employee obtains medical service at one of the posted designated Occupational Medial Facilities (can also be found on Risk Management's website) Supervisor must send the Supervisor's Report of Injury Report - Form 78 (with all signatures) and the Declination of Medical Treatment form to Risk Management. Supervisor must send the Supervisor's Report of Injury Report - Form 78 to Risk Management with all signatures. If treatment is requested by employee at a later date: Update the Supervisor's Report of After each Dr.'s appt: Injury Report - Form 78 with the date Employee gives the work status report or of requested medical attention and Dr.'s note to Supervisor any necessary notes or comments. Fax to Risk Management immediately.

For questions or forms, visit the Risk Management website at: www.sandi.net Risk Management phone: (858) 627-7347 Email: risk-management@sandi.net