

EMPLOYEE REPORTING PROCESS FOR WORK RELATED INJURIES

FIRST NOTICE REPORTING



NEW REPORTING PROCESS FOR ALL EMPLOYEES

The District will be implementing a new process for reporting work related injuries. Please follow the new process below for all work related injuries or illnesses.

- 1.** Report all on-the-job injuries or illnesses, whether you go to the doctor or not. Immediately call (Toll-Free) **1-855-495-1554**.
- 2.** Notify your supervisor immediately. Follow your department procedures.
- 3.** You must submit a work status report to your supervisor after you go to a Medical Provider Network (MPN) Clinic or Physician.
- 4.** After the initial medical appointment, future appointments should be scheduled not to conflict with your work schedule.
- 5.** The FCSIG Workers' Compensation Claims Administrator is TRISTAR Risk Management. For follow-up information on your claim, call **(559) 432-1260**.
- 6. LIFE- OR LIMB-THREATENING EMERGENCIES:**
Call 911 or go to the nearest medical facility. Immediately notify your supervisor. Supervisor or designee will report injury to (Toll-Free) **1-855-495-1554**
- 7.** For NON-LIFE-THREATENING EMERGENCIES and AFTER HOURS CARE, go to the closest hospital. Follow-up care must be provided by one of the designated providers.

SUPERVISORS
PLEASE POST

REPORT TO: (TOLL-FREE) 1-855-495-1554

CAL/OSHA REPORTING AND NOTIFICATION REQUIREMENTS: SERIOUS INJURY/ILLNESS OR FATALITY – UPDATED

Cal/OSHA regulations require that employers must report any Serious Injury/Illness or Fatality to the nearest Cal/OSHA District Office.

CALIFORNIA CODE OF REGULATIONS, TITLE 8 §342(A) STATES:

“Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety & Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. **Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.**

SERIOUS INJURY OR ILLNESS AS DEFINED IN CCR T8 §330(H) READS:

“**Serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for other than medical observation or in which an employee suffers a loss of any member of the body or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.**”

The 8-hour timeframe begins when the employer knows or “with diligent inquiry” would have known of the serious injury/illness or death. The employer means someone of management or supervisory capacity.

CAL/OSHA DISTRICT CONTACT LIST:

Bakersfield	661-588-6400	Sacramento	916-263-2800
Concord	925-602-6517	San Bernardino	909-383-4321
Foster City	650-573-3812	San Diego	619-767-2280
Fremont	510-794-2521	San Francisco	415-557-0100
Fresno	559-445-5302	Santa Ana	714-558-4451
Los Angeles	213-576-7451	Santa Rosa	707-576-2388
Modesto	209-545-7310	Torrance	310-516-3734
Monrovia	626-471-9122	Van Nuys	818-901-5403
Oakland	510-622-2916	West Covina	626-472-0046
Redding	530-224-4743		

When making a report, whether by telephone or telegraph, the reporting party shall include the following information, if available:

- Time and date of accident
- Employer's name, address and telephone number
- Name and job title, or badge number of the person reporting the accident
- Address of the site of the accident or event
- Name of the person to contact at the site of the accident
- Name and address of the injured employee(s)
- Nature of the injury
- Location where the injured employee(s) was (were) moved to
- List and identity of other law enforcement agencies present at the site of the accident
- Description of the accident and whether the accident scene or instrumentality has been altered

KEY POINTS:

- **The District's requirement to report a serious injury or fatality is independent of any other agency (police/fire dept., etc.) that might also be required to make a report to Cal/OSHA**
- Ensure that all employees are aware of the Cal/OSHA reporting requirements and provide a contact should the need arise.
- Ensure that supervisory personnel accompanying an injured worker to the hospital inquire as to the status of the employee (i.e. being admitted, observation, or being released).
- If uncertain about whether to report, or for any questions about this Briefing, feel free to contact anyone from your Keenan Team.

CAL/OSHA LINK:

<http://www.dir.ca.gov/title8/342.html>

Keenan's *Loss Control Bulletins* are intended to help clients identify and mitigate hazards and potential liability exposures. We do not represent or guarantee that they will be able to identify or address all potential hazards, or offer a fail-safe mechanism for dealing with them. We make no promise or representation that clients will recognize improved loss experience or premium savings as a result of these services. Keenan & Associates is not a law firm and no opinion, suggestion, or recommendation of the firm or its employees shall constitute legal advice. Clients are advised to consult with their own attorney for a determination of their legal rights, responsibilities and liabilities, including the interpretation of any statute or regulation, or its application to client's business activities.

Supervisor's Accident Investigaton Report

Work Site/Location		
Injured Employee's Full Name	Regular Job Assignment/Classification	
Date and Time of Accident	Location of Accident (Area/Department)	
Equipment Involved? Evidence Saved? Photographs? YES (Please attach) NO		
Accident reported to:	First Aid? _____ RN 24/7 Called?	YES NO
	Employee sent to Clinic?	YES NO
	Hospital/911 Call?	YES NO
Witnesses? (Names, Work Locations, Phone #'s, etc.)		
Supervisor's description of accident/injury		
Cause of Accident/Injury		
Could this accident have been prevented? Explain.		
What steps have been taken to prevent similar accidents?		
Date of Report	Supervisor's Signature	Title





MONTHLY SAFETY MEETING TOPICS 2017-2019

Date: June 1, 2017

Legal Reference: Title 8, Section 3203

Purpose: The purpose of this document is to coordinate a consistent employee safety message throughout the public schools of the Organization of Self-Insured Schools and the Fresno County Self Insurance Group and to assist in safety compliance.

Month/Year	Topic	Month/Year	Topic
July 2017	Heat Illness Prevention	July 2018	Office Safety
August 2017	Bloodborne Pathogens	August 2018	Bloodborne Pathogens
September 2017	Reporting Employee Accidents	September 2018	Reporting Employee Accidents
October 2017	IIPP	October 2018	IIPP
November 2017	Holiday Decorations and Safety	November 2018	Defensive Driving
December 2017	Emergency Action Plans	December 2018	Emergency Action Plans
January 2018	Slip/Trip/Fall	January 2019	Indoor Air Quality
February 2018	Antimicrobial Use in Schools	February 2019	Hazard Recognition and Response
March 2018	Lifting Safety	March 2019	Stress Management
April 2018	Golf Carts & Utility Vehicles	April 2019	Classroom Safety
May 2018	Ergonomics	May 2019	Slip/Trip/Fall
June 2018	Personal Protective Equipment	June 2019	Ladder and Stepladder Safety

For more information please contact **Amy Dolson** at adolson@pomssassoc.com or 818-449-9431.