



Food Services Division

Worker's Compensation

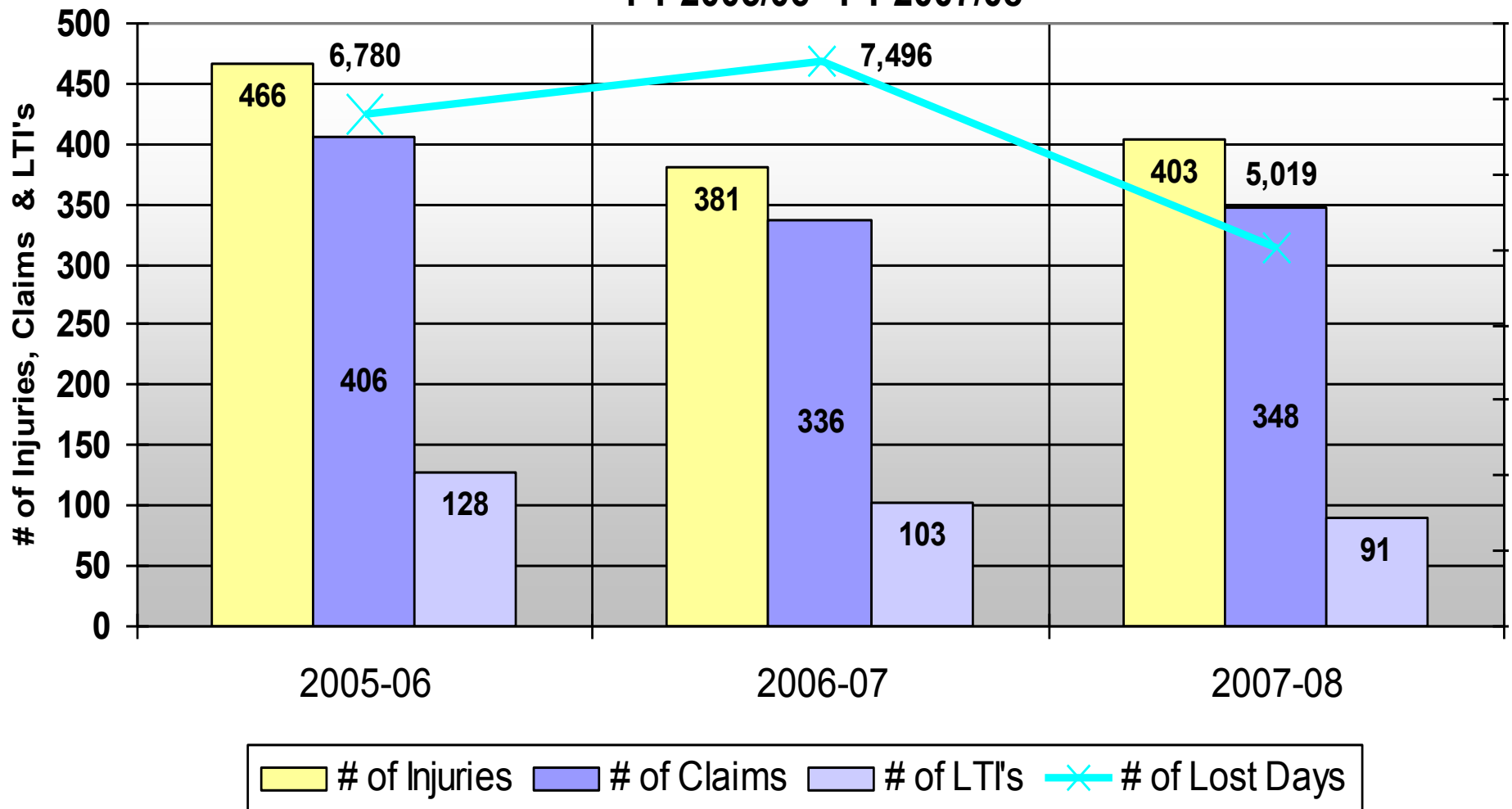
Return to Work

Accident Investigations

What We're Going to Cover

- Worker's Compensation Claims
- Accident Reporting Flow Chart
 - Completion of Forms
 - Accident Investigation
- Return to Work
- Questions and Answers
- Internet Solutions – Where to go for answers.

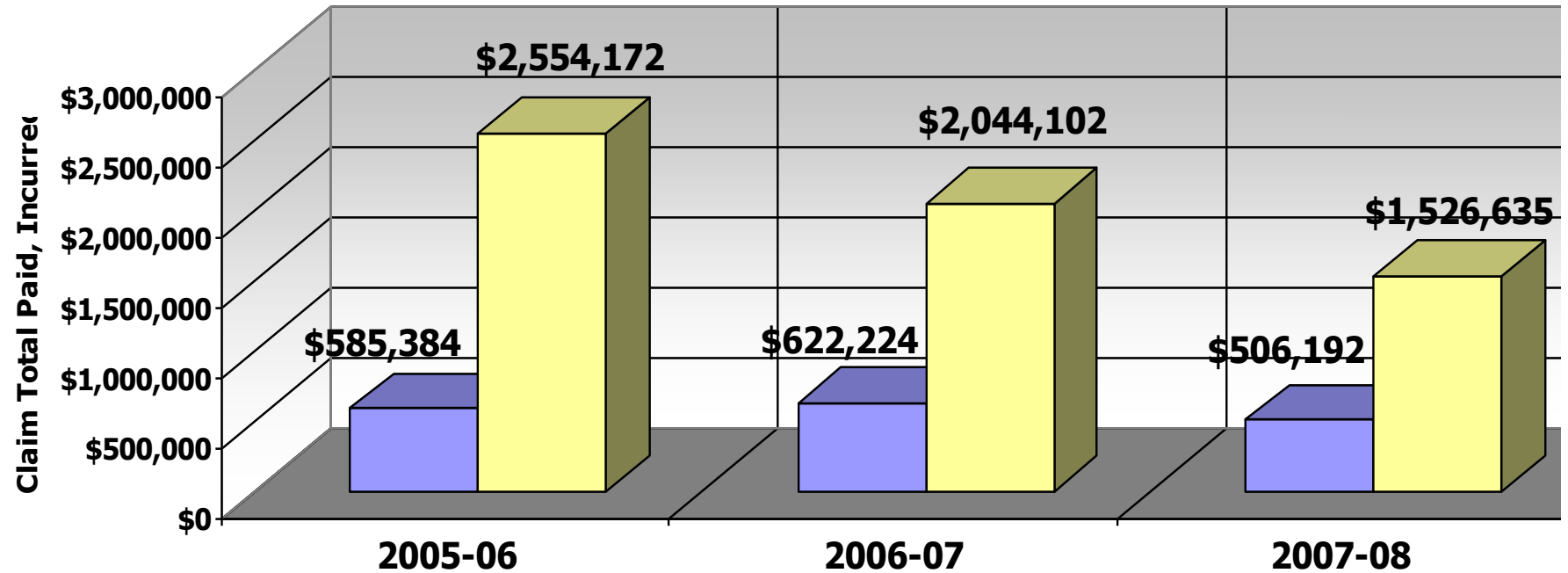
FSB Workers' Compensation Claims Reported **Lost Time Injuries/Lost Work Days** **FY 2005/06 - FY 2007/08**



Source: Sedgwick CMS
 data valued 6/30 of each yr

Lost days are for claims that occurred in

FSB Claims Total Paid and Claims Total Incurred
Year FY 05/06 - FY 07/08
Valued as of 6/30 Each Year

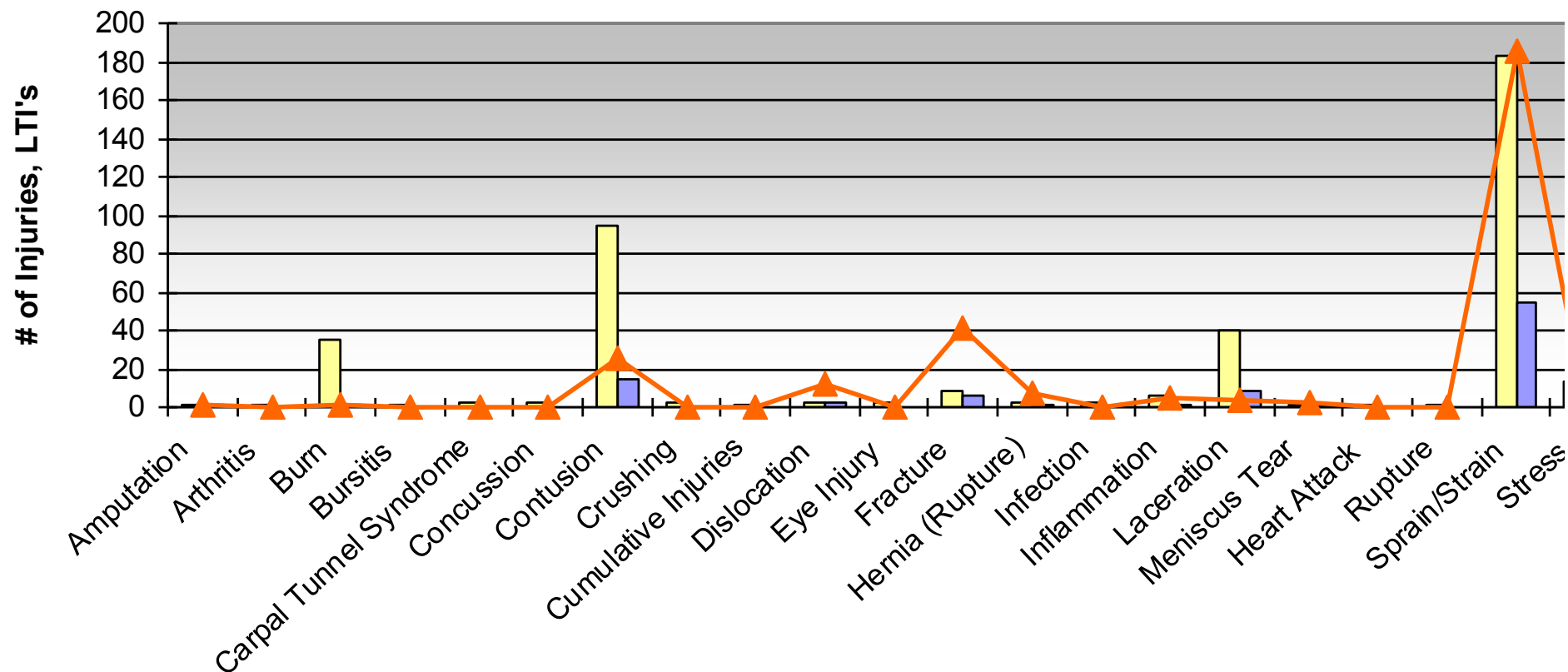


Source: Sedgwick CMS

■ Claim Total Paid ■ Claim Total Incurred

Summary by Injury Type FY 2007/2208

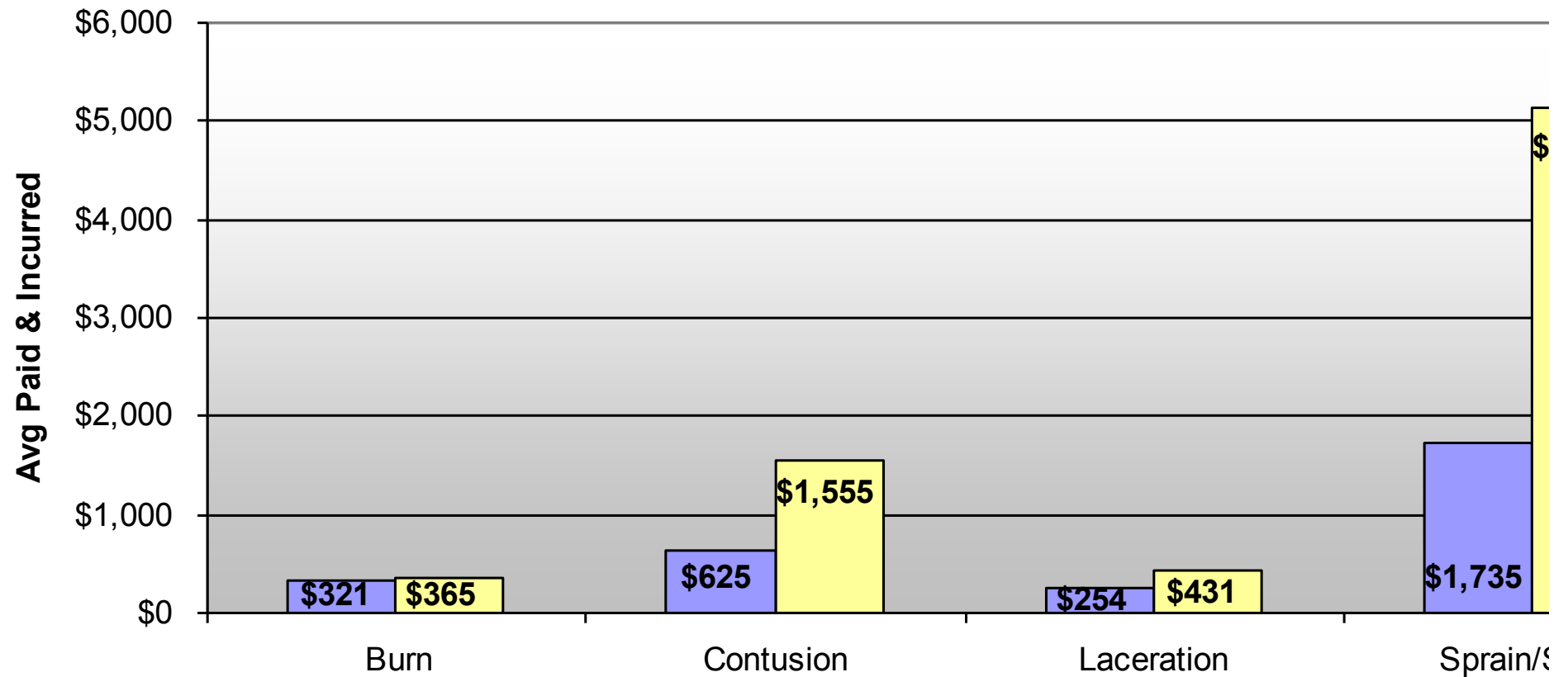
Valued as of 6/30/08



Source: Sedgwick CMS

of Injuries
 # of Lost Time Injuries
 ▲ # of Lost Days

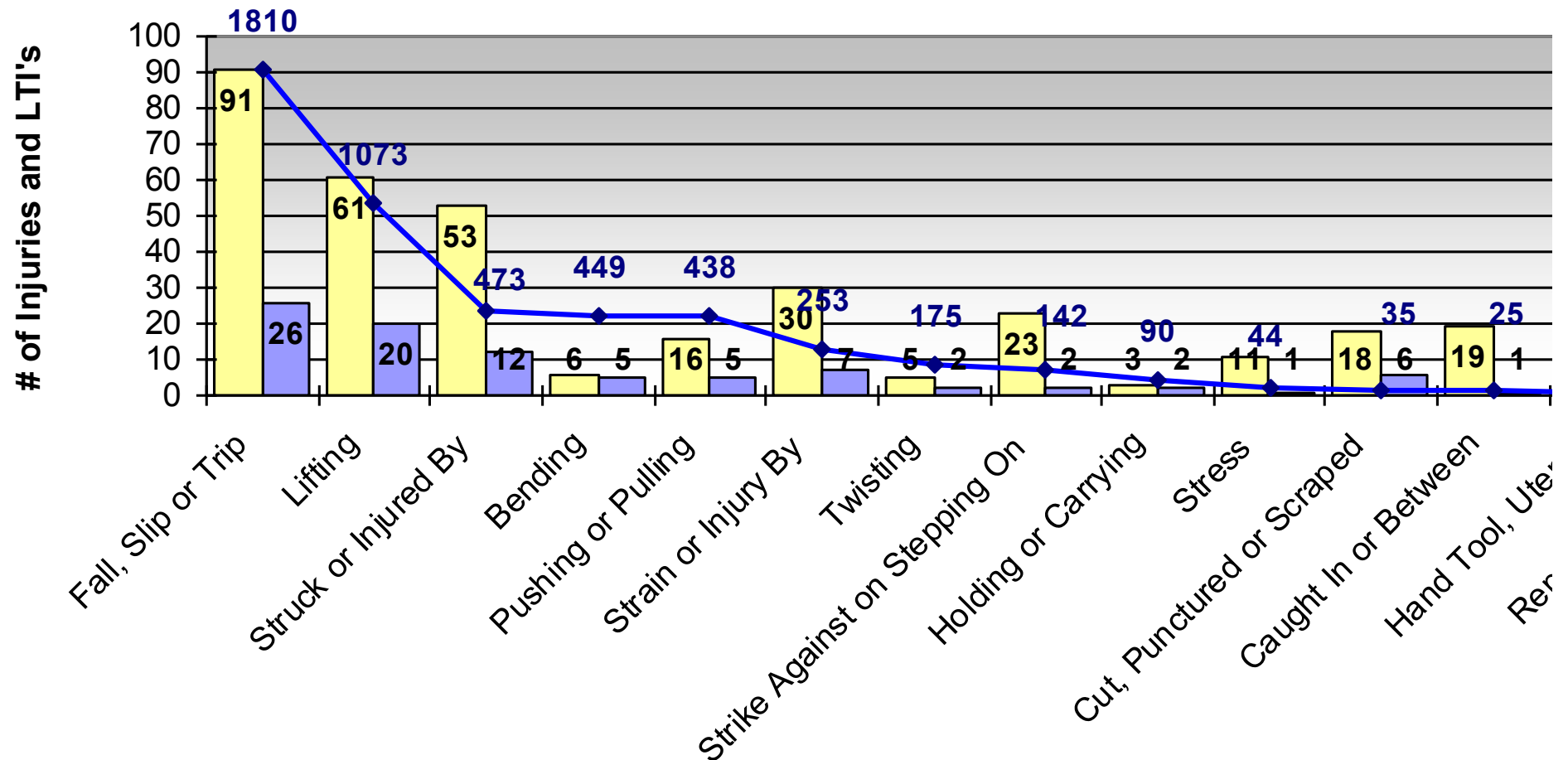
Average Cost of Top 4 Injuries by Injury Type FY 2007/2008



Source: Sedgwick CMS

■ Average Paid ■ Average Incurred

FY 2007/2008 Injuries and Lost Days by Cause

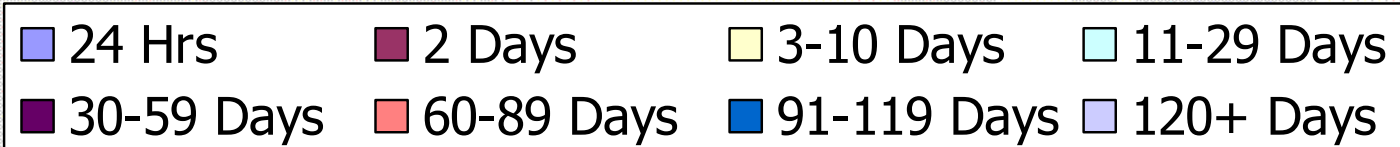
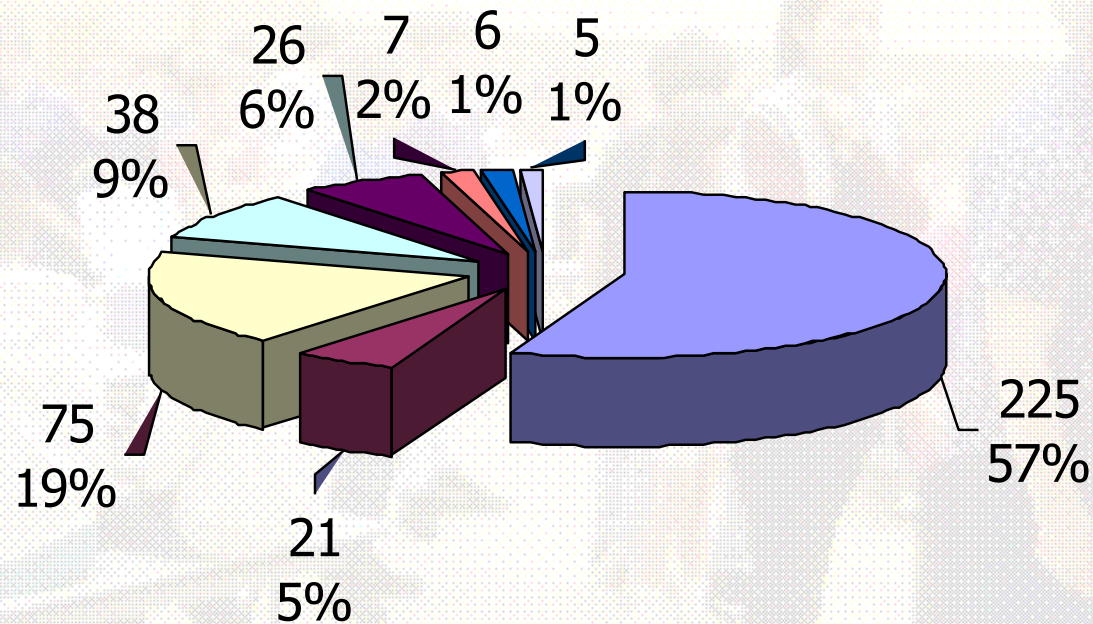


Source: Sedgwick CMS

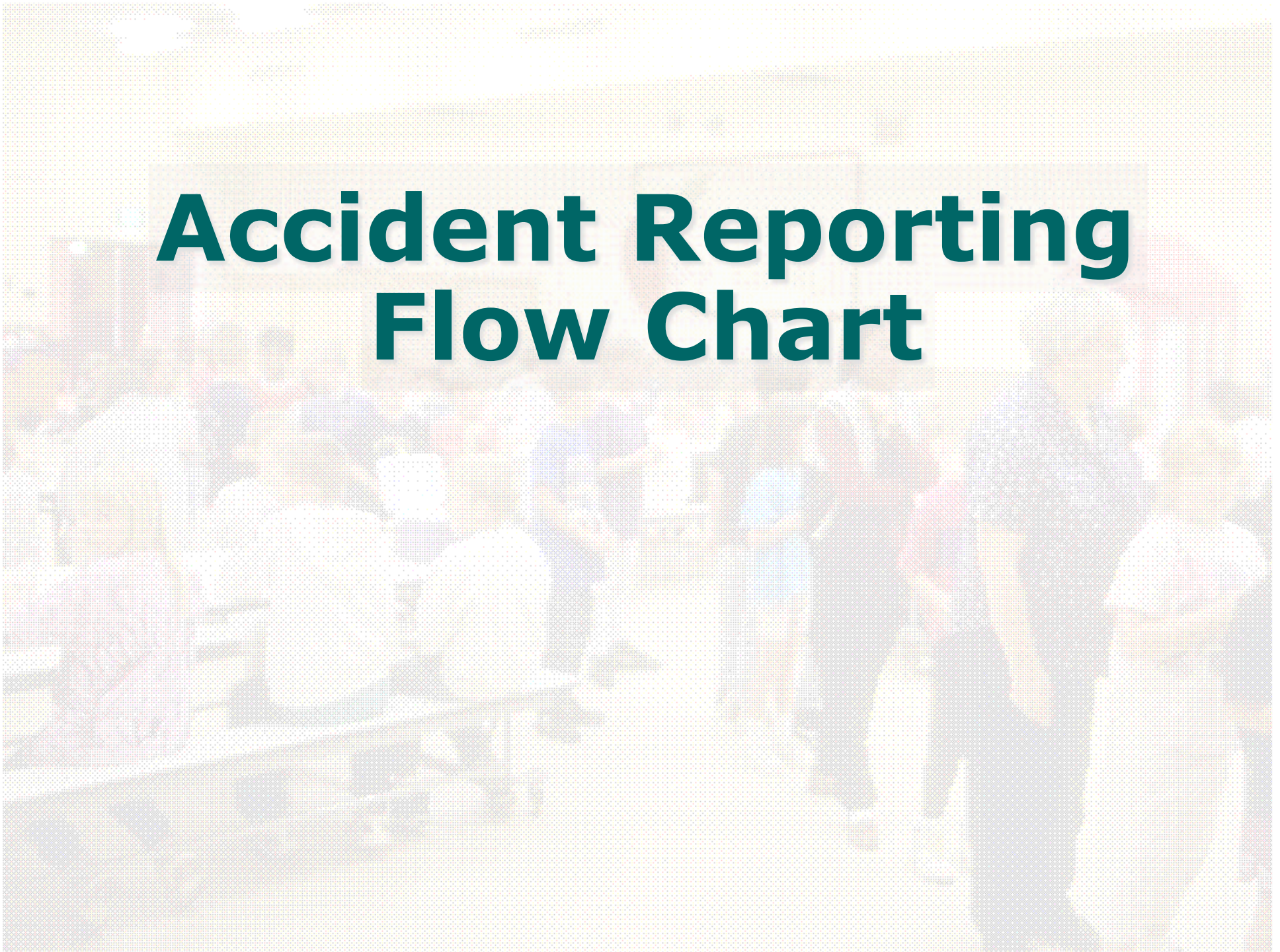
of Injuries
 # of Lost Time Injuries

◆
 # of Lost Days

of Claims Reported
07/1/07 - 06/30/08
Claims Called Within 24 Hours = 53%
10% of Claims Automatic Loss



Accident Reporting Flow Chart



Employee's Workers' Compensation Flow Chart



□ Injured Employee immediately reports injury to manager



□ Obtain 1st Aid Treatment

First aid?

Yes

□ Return to work

No

□ Obtain Dr. List from Med Provider Network and give to employee

□ Immediately call manager with work restrictions/status of injury.



□ Obtain Treatment From Dr.

□ Complete DWC1 / Medical Authorization Form (MAF)



Manager can accommodate restrictions?

Yes

□ Obtain Dr's Release/Work Restrictions

Off More than 5 days?

Yes

□ Go to District Dr. For Clearance to work with food

No

□ Complete Transitional Work Assignment Plan

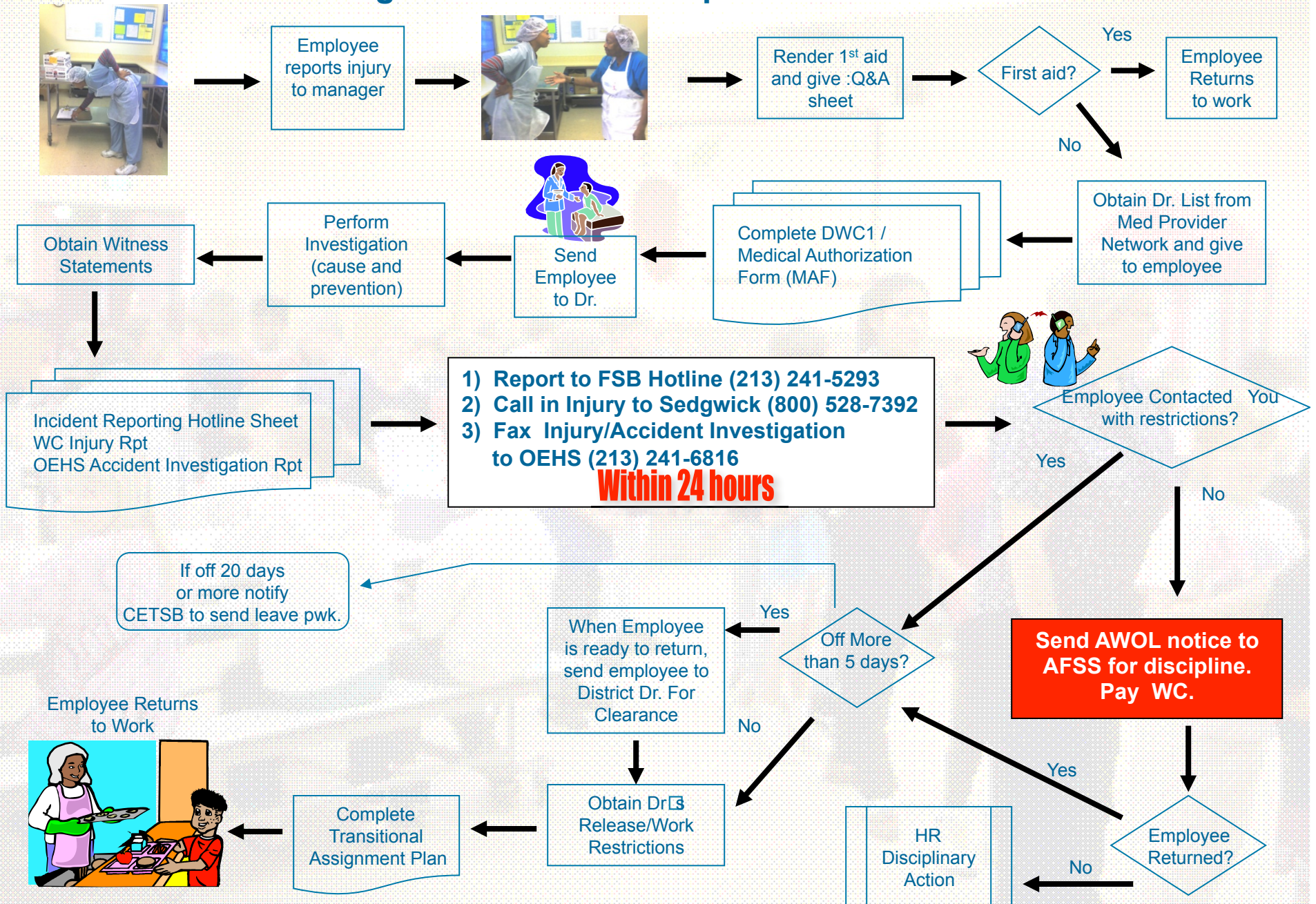
When work restrictions have be changed, contact MGR with status.

□ If off 20 days or more notify MGR to send leave pwk.

Employee Returns to Work



Manager & Workers Compensation Flow Chart





□

WORK COMP FORMS

- 1. DWC1**
- 2. Medical Authorization Form (MAF) /Doctor List**
- 3. FSB Incident Reporting Hotline Sheet**
- 4. WC Injury Report worksheet**
- 5. OEHS Injury/Accident Investigation Report**

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)**

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____



Employer—complete this section and see note below.

9. Name of employer.. Sweet City School District

10. Address

11. Date

12. Date

13. Date

14. Name and address of insurance carrier or adjusting agency.
Sedgwick CMS, Inc. P.O. Box 14623 Lexington, Kentucky 40512-4623

15. Insurance Policy Number. N/A Self-Insured

16. Signature of employer
representative. Cookie Jenkins

17. Title.. School CM II 18. Telephone. 521-541-9988



**NOTICE TO INJURED EMPLOYEE TO BE TREATED WITHIN
MEDICAL PROVIDER NETWORK (MPN)
&
MEDICAL AUTHORIZATION FORM**

To Employee:

After the initial visit to the MPN provider listed below, you are entitled by law to be treated by a physician of your choice within the Sedgwick CMS' Medical Provider Network. This network can be accessed by following these instructions.

1. Enter www.geoaccess.com/cvtv/Client.asp
2. Choose Provider Director tab along the bottom of the Concentra home page
3. On the Client ID screen enter [sedgwickkaisercampn](#)

Your Site Administrator may assist you with access to this website or you may contact [Sedgwick CMS](#) at (866) 247-2287 for further assistance.

Injured Worker [Carmen Finestra](#)

Work Location [Streetside High, 888 Rocky Road, Strange, CA 95412](#)

Date of Injury [July 24, 2008](#) Date of Referral [July 24, 2008](#)

Site Admin. Name (please print) [Cookie Jenkins](#)

Site Administrator Signature _____

Work Location _____

Date of Injury _____ Date of Referral _____

Site Admin. Name (please print) _____

Site Administrator Signature _____

Site Administrators' Phone Number _____

To Clinic/Physician:

This form when signed by an employer representative authorizes an initial visit by the employee named above to be evaluated and treated by the physician or clinic identified below within the Sedgwick CMS Medical Provider Network. Additional treatment, if necessary, may be provided by the physician or clinic named if selected by the injured worker, or the injured worker may be directed to another physician within the Sedgwick CMS Medical Provider Network. **Sedgwick CMS should be contacted at (866) 247-2287 for authorization of treatment after the first visit.** Providers are to provide evaluation and treatment under the guidelines of the Sedgwick CMS Medical Provider Network and Administrative Director as noted in Labor Code 4600, 4616, 4616.1-7.

MPN Provider **Chew, Wil MD** Phone # **(562) 463-4357**

Address **1011 Baldwin Park Blvd Baldwin Park, CA 91706**

Doctor – Please note the Los Angeles Unified School District requires that any work restrictions be outlined, as every effort will be made to provide modified work.

ProviderLookup Online - Microsoft Internet Explorer

File Edit View Favorites Tools Help



Address  http://www.geoaccess.com/cvty/Client.asp



Client Login

To lookup providers please
enter your Client ID.

Enter a Client ID

Client ID:

Forgot or need a Client ID? Call 1-800-243-2336

Coventry Workers' Comp Services
720 Cool Springs Blvd, Suite 300
Franklin, TN 37067

Quality Care Medical Provider Network



STEP 1

How Would You Like to Search for Providers?

Search for nearby providers with characteristics you specify, such as specialty. If you're looking for a specific provider, you can search for that provider by name.

To have a radius or state based directory emailed to you, choose the Directory option.

HELP

- ☒ Search for Nearby Providers
- ☐ Lookup a Provider by Name
- ☐ Directory
- ☐ Panel Cards

CONTINUE



STEP 2

To Begin Your Search, Enter an Address

For the most accurate results, enter a full address. At a minimum, you must enter a city-state combination or a zip code.

[HELP](#)

This information will be used as a starting point for locating nearby participating providers. The more information you can provide, the more helpful your search will be.

Address

City

State Zip Code

STEP 3

Choose the Provider Type

Choose the type of provider you're looking for. Click "Find Providers Now" (which will default to a 15-mile radius for urban and suburban and a 30-mile radius for rural locations) to start the search, or Click "Refine Search" to specify the radius mileage and other provider

Include All

- Include All
- Initial Treatment Provider**
- Specialists
- Hospitals
- Ancillaries

[RESET](#)[REFINE SEARCH](#)[FIND PROVIDERS NOW](#)[MAIN MENU](#)[LOOKUP BY NAME](#)

Quality Care Medical Provider Network



RESULTS



More than 100 providers met the preferences you selected. The closest 100 have been returned.

[Search Type:](#) Search for providers by location and other characteristics • [Search Distance:](#) 15 miles • [Line of Business:](#) Workers Compensation • [Provider Type:](#) Initial Treatment Provider

Provider	Group Name	Street address	City	ST	ZIP	Phone	Specialty	Distance	Map
Ahangar, Brian A, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Internal Medicine	6.6 miles	
Ahmad, Shahzad, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Internal Medicine	6.6 miles	
Bae, Wanjun, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Internal Medicine	6.6 miles	
Bouras, Mary, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Emergency Medicine	6.6 miles	
Chan, Bobby S, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Family Practice	6.6 miles	
Chan, Simon C, MD	Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Internal Medicine	6.6 miles	
Cheng, Alexander, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Family Practice	6.6 miles	
Chew, Wil, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Emergency Medicine	6.6 miles	
Chirkova, Yekaterina, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Emergency Medicine	6.6 miles	
Chou, Yushu J, MD	Southern California Permanente Medical Group-Kaiser	1011 Baldwin Park Blvd	Baldwin Park	CA	91706	(562) 463-4357	Family Practice	6.6 miles	

Los Angeles Unified School District
Workers' Compensation Injury Report Worksheet
Call 1-800-LAUDWC

Employee's Assigned Location - Streetside High
Location Code 4506

Date of Incident : July 24, 2008
Time of Incident 1:21 PM

Date Incident Reported to District July 24, 2008
Time Incident Reported to District 1:45 PM

Caller's Name/Title Cookie Jenkins, CMII
Caller's Phone Number 521-541-9988

Claimant Information

Employee Name Carmen Finestra

Employee ID # 123456
Employee SS # 987-65-4321
Home Address 2121 Glad Street, Strange CA 78549
Work Phone 521-541-9988

Home Phone 521-852-4878
Gender

Employee Title Food Service Worker I
Date of Birth 3 / 13 / 1980 mm/dd/yyyy

Full Time Part Time PT
Date of Hire 12 / 2 / 2006 mm/dd/yyyy

Average number of hrs per day 4
Date of Termination (If Any) / / mm/dd/yyyy
M T W Th F Sa Su

Supervisor's Name/Title
Supervisor's Phone Number 521-541-9988
Cookie Jenkins/CMII

Incident Information

Description of Incident Employee was holding a box of noodles while stepping down on a stepstool. She couldn't see the steps, and missed the stair and fell off the step stool onto the floor.	
Cause of Incident (lifting, slip and fall, etc.) She Slipped on the step stool and fell	Primary Body Part Injured (lower back, left/right hand, etc.) Ankle
Nature of Incident (strain, burn, fracture, etc.) Sprain	Was Medical Treatment Received <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Did employee go to the Emergency Room <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Medical Provider Information (If Applicable)	Name of Hospital/Clinic
Name of Doctor Chew, Wil M.D.	Address of Hospital/Clinic 1011 Baldwin Park Blvd Baldwin Park, CA 91706
Phone Number (562) 463-4357	
Incident Location (If different from Employee's Assigned Location)	
Witness Name/Phone Number N/A	Witness Name/Phone Number N/A

State Information

State Unemployment Insurance Account Number 942-5052	Date an Employee Claim Form was provided to employee July 24, 2008
Location where incident or exposure occurred (classroom, cafeteria, etc.) School Cafeteria Storeroom	Were other employees injured/ill in this event? No
Equipment, materials, and chemicals that the claimant was using when the incident or exposure occurred None	Specific activity the claimant was performing when the incident or exposure occurred Employee was removing a box from a high shelf.

Additional Information

Name and Title of whom the incident was first reported?	Cookie Jenkins, Cafeteria Manager
Was there medical treatment beyond First Aid?	Yes
Did the employee lose consciousness?	No
Did a health care professional diagnose a significant injury or illness?	The doctor stated that her ankle was sprained.
Did the injury or illness involve a needle stick from a contaminated needle?	No
Was the employee hospitalized overnight as an in-patient?	No
What time did employee begin work?	10:30 AM



24 hours

LAUSD FSB Incident Reporting Hotline Sheet

- All Incidents are to be called into the Incident Reporting Hotline Sheet
- Complete when where, what happened who/what was injured, how it occurred and treatment rendered.
- Call in to 213-241-5293 or fax to 213-241-8476 within 24 hours.

LAUSD FSB INCIDENT REPORTING HOTLINE SHEET

All industrial injuries/illnesses (regardless of the severity) and vehicular (automobile) accidents are to be reported to the Injury Reporting Hotline within 24 hours of the incident or accident. This Hotline notifies: the Area Food Services Supervisor, Senior Food Services Supervisor, Human Resources and members of the Food Services Branch Corporate Safety Team as deemed appropriate.

Within 24 hours of the incident or accident, dial (213) 241-5293, if no one answers, please leave your message. The details needed are listed below:

Your Name and Job Title: Cookie Jenkins, SCM II

Today's Date and Time: July 24, 2008 1:45 PM

Location: Streetside High

Date & Time Accident Occurred: July 24, 2008 1:21 PM

Injured Employee/Individual's Name: Carmen Finestra

How the Accident Occurred: Employee fell while attempting to step off of a stool while holding a box of noodles.

Description of Injury/Illness: Employee injured her ankle. She was unable to stand securely on her ankle after the fall.

Medical Treatment Rendered : ☒ Yes ☐ No If yes, what was done_
Employee was given an ice pack to put on her ankle and driven to the doctor by her daughter at her request.

Reported to Sedgwick? ☒ Yes ☐ No Claim # AQ9884712356

Other Comments: The employee was conscious after the incident. The Office Manager wanted to take her to the selected physician's office but the employee refused and insisted her daughter drive her.



INJURY/ACCIDENT INVESTIGATION REPORT



This is a **CONFIDENTIAL REPORT** for use by Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

This report must be completed within 24 hours of an accident involving an injury to students, employees or visitors. Do not use this form for contractors. E-mail completed reports to accidentinvestigations@lausd-oehs.org. If this is an employee injury report keep a copy of this investigation at your location in a confidential file separate from personnel files. Do not keep copies of student or visitor injury investigations at your location. Attach additional pages if necessary.

Name of School, Office or location reporting this Injury: Streetside High School Location Code: 4506
Name of reporting Supervisor/Administrator: Cookie Jenkins E-mail address: JenkinsC@cc.net Phone: 521-541-9988 Date: 07/24/2008

1. WHO WAS INJURED? A separate Injury/Accident Investigation Report must be completed for each injured person. All employee injuries requiring more than first aid must also be reported to Sedgwick CMS at (800) 528-7392 within 24 hours.

(check one) ☐ Student Injury/Illness, Grade ☒ Employee Injury/Illness ☐ Visitor Injury/Illness

Name of Injured Person: Carmen Finestra Home Address: 2121 Glad Street
City: Strange Zip: 78549 Home Telephone: 521-852-9641 Sex: ☐ Male ☒ Female
Date of Birth: 03/13/1980 Employee No.: 12345678 Claim No.: AQ9884712356
Employee's Work Location Code: 4506 Employee Job Title or Occupation: Food Service Worker I

2. WHEN AND WHERE DID THIS HAPPEN?

Date of Injury: 07/24/2008 Time occurred: 1:21 pm Date reported: 07/24/2008 Time reported:

Name of Parent/Guardian/Spouse Notified: N/A

Who made the notification and when? N/A

Did injury occur on District property? ☒ Yes ☐ No

(If the accident occurred off-site indicate location, address, city and zip code):

Describe the exact location where the injury occurred (building number, room): Injury occurred in the school cafeteria storeroom.

3. HOW DID THIS HAPPEN? What was the injured person doing at the time of the injury? Describe the events immediately preceding the injury. Identify any LAUSD employees involved in the accident and any tools, machinery, equipment, or vehicles involved. (Attach photos).

Employee fell attempting to step off of a stool while holding a box of noodles.

4. WHAT INJURIES RESULTED? Type of injuries and body part(s) injured. Example: "Sprained arm."

Employee sprained her ankle when she fell.

5. DID ANYONE SEE THE INJURY HAPPEN? Name(s) and phone numbers of witness(es) if any. Attach statement of each witness.

Employee was alone in the storeroom but called for help when she could not stand on her injured ankle. I heard her call for help, entered the storeroom, helped her up from the floor and to walk to the cafeteria office and sit in a chair.

6. DID ANYONE ELSE CAUSE THIS INJURY? *Other person(s) that caused or contributed to the injury, if any*

Name: N/A Home Address: _____

City: _____ Zip: _____ Home Telephone: _____

Date of Birth: _____ Grade: _____ Was an arrest made: ☐ Yes ☐ No

Physical Description: _____

7. WAS MEDICAL TREATMENT NEEDED?

Was first aid administered? ☒ Yes ☐ No If so, who did it? I gave her an ice pack to put on the injured ankle.

Did injured party go to a hospital/clinic? ☒ Yes ☐ Describe medical treatment received: Employee's ankle was put in a soft cast by the doctor.

Did a supervisor accompany injured person? ☐ Yes ☒ No If yes, who was it? _____

Doctor's recommendation: ☐ Unknown ☒ Temporary Disability ☐ Return to Full Duty ☐ Restricted Duty

Doctor's Name: Chew, Wil MD Name of Medical Facility: _____ Telephone No.: (562) 463-4357

INJURY/ACCIDENT INVESTIGATION REPORT- Page 2

School/Office Name: _____

Location Code: _____

8. HOW COULD THIS ACCIDENT BE PREVENTED?

Employee attempted to step off of a stool while holding a box she had removed from a high shelf and fell.

Key findings: Factor(s) contributing to the injury. For example, "Stood on a chair instead of using a ladder."

Was employee trained to perform this task safely? If yes, describe training provided. In January of 2008 all employees were taught to hand off items on high shelves to co-workers or to place them on a lower shelf for removal.

Did employee violate a safety rule? Describe rule. _____

Conclusions: Reasons the key findings existed. For example, "There is no safety rule prohibiting standing on chairs," or "The supervisor did not train employees on this safety procedure."

The employee did not have a co-worker help her to retrieve the box. When asked why not, she stated, "It would have taken too long." She also did not place the box on a lower shelf then step off of the stool to retrieve the box *. See below

Actions you took to prevent a recurrence of this injury/accident:

I issued the employee a counseling for not following the proper procedure for removing items from high shelves.

What do you recommend to prevent similar injuries? Has this been implemented?

I recommend this topic be included in the branch safety training we receive every quarter.

Related or attached reports applicable to this injury: N/A

* The employee knew she could not see her feet while holding the box.

9. REQUIRED REFERRALS

Was this a "serious injury" to employee? ¹

☐ Yes ☒ No ☐ Unknown

check if contacted

If yes, call Cal/OSHA office closest to your location ¹

☐

Was DWC-1 Form provided to employee?

☒ Yes ☐ No ☐ Unknown

If yes, call Sedgwick CMS (800) LAUSDWC.

☐

Does the employee have temporary work restrictions?

☒ Yes ☐ No ☐ Unknown

If yes, contact Stay-At-Work coordinator (213) 241-7630

☐

Was this a "serious injury" to a non-employee or visitor? ³

☐ Yes ☒ No ☐ Unknown

If yes, call School Police (213) 625-6631 and ORMIS (213) 241-3139.

☐

Were injured parties hospitalized?

☐ Yes ☒ No ☐ Unknown

If yes, call ORMIS (213) 241-3139.

☐

Did this involve a possible act of violence? ²

☐ Yes ☒ No ☐ Unknown

If yes, call School Police (213) 625-6631 and ORMIS (213) 241-3139.

☐

Is employee discipline under consideration?

☒ Yes ☐ No ☐ Unknown

If yes, contact Staff Relations (213) 241-6056.

☐

Did this involve evidence of child abuse?

☐ Yes ☒ No ☐ Unknown

If yes, call Child Protective Services (800) 540-4000.

☐

Were students or staff traumatized?

☐ Yes ☒ No ☐ Unknown

If yes, contact Site Crisis Team at each school or Local District Office.

☐

Did an unsafe condition contribute to this accident?

☐ Yes ☒ No ☐ Unknown

If yes, place "Trouble Call" to M&O (213) 745-1600.

☐

Did the accident involve hazardous substance release?

☐ Yes ☒ No ☐ Unknown

If yes, call OEHS at (213) 241-3199.

☐

Did the accident involve vandalism?

☐ Yes ☒ No ☐ Unknown

If yes, refer to School Police at (213) 625-6631.

☐

Does this appear to be a fraudulent claim?

☐ Yes ☒ No ☐ Unknown

If yes, call Sedgwick CMS Fraud Unit (626) 397-9272 for employee injuries, or the Office of Inspector General (800) 528-7364 for other suspected fraud cases.

☐

¹ Cal/OSHA defines a "serious injury" as a death, amputation, permanent disfigurement, hospitalization for more than 24 hours for other than observation, or an incident resulting in multiple injuries requiring hospitalization. You are required to notify Cal/OSHA within 8 hours at one of the following numbers: Pico Rivera (562) 949-7827; Los Angeles (213) 576-7451; Torrance (310) 516-3734; or Van Nuys (818) 901-5403.

² An act of violence may involve student vs. student or student vs. teacher. The School Site Crisis Team should be notified when students or staff are traumatized. All cases involving possible acts of violence must be referred to School Police at (213) 625-6631.

³ All injuries requiring medical treatment, transport by ambulance, emergency room treatment or hospitalization.

10. CERTIFICATIONS By checking the certification box below, the Supervisor and Site Administrator agree to protect this document against unlawful distribution, and certify that the Supervisor of the injured person investigated this accident or injury, and the Site Administrator has reviewed, approved, and implemented the corrective actions necessary to prevent a recurrence of this accident.

☒ Supervisor's Certification

☐ Administrator's Certification

Cookie Jenkins

Name of Supervisor

455666

Employee No.

07/24/2008

Date

Name of Site Administrator

Employee No.

Date

ADDRESSES AND CONTACT INFORMATION

Office of Environmental Health & Safety
333 South Beaudry Avenue, 20th Floor
Los Angeles, California 90017
Phone (213) 241-3199

Office of Risk Management & Insurance Services
333 South Beaudry Avenue, 28th Floor
Los Angeles, California 90017
Phone (213) 241-3139

Submit by Email

COPIES: TO YOUR OFFICE FILE (EMPLOYEE INJURIES ONLY)

OFFICE OF ENVIRONMENTAL HEALTH & SAFETY AT accidentinvestigations@lausd-ohs.org

Summary

- Render First Aid to Employee (or send to nurse)
- Give DWC-1 Form/Medical Authorization Form to employee (keep copy)
- Complete FSB Hotline, Injury Worksheet Report to Sedgwick, Accident Report to OEHS **within 24 hours.**
- Ensure employee brings doctor's release
 - See District Doctor > 5 days
 - Send FMLA if absent 3 days or more
 - Must receive leave paperwork 20 days or more.
- Complete Transitional Work Assignment