COMPANY DIVING

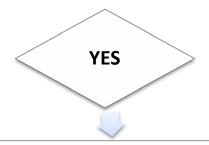
WORK RELATED INJURY/ILLNESS FLOW CHART

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

IF SERIOUS OR MAJOR INJURY, CALL 911

All serious injuries resulting in overnight hospitalization or fatalities must be reported to Cal-Osha within 8 hours of serious injury or the district will be fined \$5,000. Contact Risk Management immediately to report all serious injuries or when the employee is transported by ambulance. For serious injuries occurring after hours, the supervisor reports directly to San Diego Regional Cal-Osha office at (619) 767-2280 within 8 hours of the injury, and advise Risk Management the call was made.

Following report of injury, does the employee want to seek medical treatment and file a claim?



Supervisor, (within 24 hours or less)

- •Immediately complete Injury & Illness and Investigation Report
- •Email and include subject header, Workers' Compensation Claim or fax Injury & Illness and Investigation Report to Risk Management
- Complete Employer section of the DWC1 form and provide form to employee



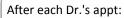
Employee

- •Complete DWC1 form and return to Supervisor
- •Obtain medical service at Sharp Rees-Stealy Occupational Medicine

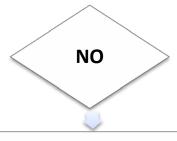


Supervisor

- •Send the original Injury & Illness and Investigation Report to Risk Management with all signatures
- •Send the originally signed DWC1 form to Risk Management



Employee gives the work status report or Dr's note to Supervisor



Supervisor

- •Immediately complete the Injury & Illness and Investigation Report
- Email and include subject header, Workers'
 Compensation Claim or fax Injury & Illness and
 Investigation Report and Declination of Medical
 Treatment form to Risk Management
- Provide DWC1 form to employee with Employer section completed and retain a copy in a file, Employee returns to supervisor only if they choose to make a claim

Employee

• Fill out and sign Declination of Medical Treatment Form

If treatment is requested by employee at later date:

Supervisor

- •Advise Risk Management of request for medical
- Email or fax to Risk Management immediately

Employee

•Return completed DWC1 form to supervisor

For questions or forms, visit the Risk Management website at http://hr.sdccd.edu
Risk Management Phone: (619) 388-6953 Fax: (619) 388-6898 Email: sdccd.edu