

WORKERS' COMPENSATION PROCEDURES

When an employee is injured, please have them contact Company Nurse at 1-877-230-9693.

FOR EMPLOYEE

- Print out and give the employee the State of California Workers' Compensation Claim Form (DWC-1) within 24 hours of the work related injury or illness.
- Print out and give the employee the Temporary Prescription Services ID Card.

FOR SUPERVISOR

- The supervisor will need to complete and sign the Supervisor's Accident Report. Please forward the completed document to Risk Management & Insurance for further handling.

Email the Supervisor's Accident Report and DWC-1 Form to Risk Management & Insurance at RiskManagement@iusd.org with the original forms mailed to the Risk Management & Insurance Department. All forms are located on the *Intranet* under Business Services – Risk Management – Workers' Compensation.

If an employee sustains a work related injury and is not referred for medical treatment by Company Nurse or refuses medical treatment, the completed Supervisor's Accident Report will still need to be submitted to Risk Management & Insurance.

The employee has the option to see their own doctor for a work related injury *only if* the employee completed the required Pre-Designation of Physician Form **PRIOR** to the reported injury.

OCCUPATIONAL MEDICAL FACILITIES

U.S. HealthWorks (24 Hour Facility)
2362 Morse Avenue
Irvine, California 92614
(949) 863-9103

Sand Canyon Urgent Care
15775 Laguna Canyon Road, Suite 100
Irvine, California 92618
(949) 417-0272

District Contact

Laura Horning, Workers' Compensation/Benefits Specialist
(949) 936-5267 – Office (949) 936-5019 – Fax
RiskManagement@iusd.org