

## Instructions for Completing Employee Injury Incident Report:

All employees who are injured or become ill, either physically or mentally, as result of their job must **report the incident to the employer immediately**. An employee who, as a result of the injury, must seek immediate medical attention, must report the incident as soon thereafter as possible.

Every work-related injury requires the completion of an Incident Report. If the injury is determined to be greater than the First Aid claim, then the employee must also complete a **WORKERS COMPENSATION CLAIM FORM**. The employee's Program Secretary will assist in completing and filing the form. The form and instructions are available online at <http://www.dir.ca.gov/dwc/DWCForm1.pdf>

### Procedure when a student threatens or inflicts physical injury on an employee:

1. If, in the judgment of the supervisor, an assault as defined by California Penal Code has occurred, the incident shall be reported immediately to the police.
2. In the event the employee's clothing or personal property used for work-related purposes has been damaged by a student, the employer shall replace or repair the damaged property, provided the personal property was approved by the principal, site supervisor or designee before the property was brought to school or district premises.
3. The employer shall assist the employee in filing a Workers' Compensation claim if needed. The employee's Program Secretary is designated to provide this assistance.
4. In the event that an employee is a civil defendant as a result of student aggression occurring solely in the course and scope of employment, and the employee has responded to the student aggression in a manner permitted by law, the employer shall provide legal defense for the employee upon the request of the employee.

# FIRST AID INCIDENT REPORT

This report to be completed when an occupational illness or incident occurs. If an employee is injured or develops a job-related illness (developed gradually e.g., tendonitis) as a result of their employment, they must complete and submit this report. If the employee is unable to complete the form, the supervisor must complete it on their behalf.

**If you have any questions, please call Keenan & Associates at 268-1616,  
or visit the North Coast Schools' Insurance Group Web site at <http://ncsig.org>**

<b>EMPLOYEE INFORMATION – TO BE COMPLETED BY EMPLOYEE</b>			
<i>Please complete each section. When you have completed the form and are satisfied with your answers please give this form to your supervisor.</i>			
Name:		Employee ID#:	
Local Address:		City:	State:      Zip:
Home Phone:	Cell Phone:	Work Phone:	
Department:		Job Title	
Hours Worked: Days per Week:		Hours per Week:	
Do you have other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, where:			
INCIDENT INFORMATION			
Date of Incident:		Time of Incident:	
Date Incident Reported:		Incident Reported to:	
Address/Bldg. name & room # where incident occurred:			
Type of Injury (e.g., laceration, strain, etc.):		Part of Body (e.g., left, right, eye, arm, etc.):	
Describe how incident occurred:			
Please list the name(s) and phone number(s) of any witnesses:			
Is this a new injury? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "no", please indicate date of original injury:			
INITIAL MEDICAL TREATMENT			
Was treatment received?: <input type="checkbox"/> No medical treatment-reporting only <input type="checkbox"/> First Aid <input type="checkbox"/> Treatment was/will be provided by:			
Medical Facility:		Doctor/Provider Name:	
<b>I, the injured employee, herein certify the information above is true and to best of my knowledge</b>			
Signature of Employee:		Date:	

<b>SUPERVISOR INFORMATION – TO BE COMPLETED BY SUPERVISOR OR DESIGNEE</b>	
<i>Please complete this form within 24 hours of your first notice of incident, and fax (268-8963) or forward via email to Keenan &amp; Associates.</i>	
Supervisor Name:	Supervisor Title:
Work Phone:	Email Address:
INCIDENT INFORMATION	
Did employee lose time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   If 'yes': First day of lost time:	
Description of injury:	
Was there equipment involved? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "yes" what was the equipment:	
Were other employees injured: <input type="checkbox"/> Yes <input type="checkbox"/> No   Name(s):	
What action will be taken to prevent recurrence?	
Other Comments:	
Signature of Supervisor:	Date:

*Incident Reporting ensures there is a record on file with the employer. In no way do es this waive the employee's right to workers' compensation benefits. If an injury occurs, first aid may be appropriate treatment. "First aid" means a ny one-time treatment and any follow-up visit(s) for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial incident, which do not ordinarily require medical care. This one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel. Filing of a first aid incident report is not a filing of a workers' compensation claim. An emp loyee retains their right to file a workers' compensation claim at a later date. If, initially, first aid is rendered but at a later date treatment beyond first aid is required, please contact Keenan & Associates immediately and initiate the filing of a workers' compensation claim.*