



For District Injured Workers – What To Do When An Injury Occurs

What is Workers’ Compensation? California’s No Fault Compensation Law guarantees prompt, automatic benefits to employees who sustain an injury or illness as a result of their employment.

The school districts in Contra Costa County are self-insured for Workers’ Compensation benefits through a Joint Powers Authority Program (JPA), and self-administered by Contra Costa County Schools Insurance Group (CCCSIG).

What to do if you’re injured at work?

Step 1 Each Employee is responsible to immediately report to their Supervisor that they have injured themselves while working. If your injury is an emergency, your Supervisor will call 911 for immediate treatment. If it is not an emergency:

Step 2 With you present, your Supervisor calls **Company Nurse at 1(888)375-9779** and gives **CODE “CSIG” BEFORE** you leave the premises. A **Company Nurse** Registered Nurse will gather information on your injury and make care recommendations:

A. First Aid Advice Only – The Nurse will provide advice, which you are to follow. You may return full time to your regular position. If medical situation worsens or does not improve, you **must** call back **Company Nurse** for appropriate medical referral **prior** to seeking treatment, unless it is an emergency.

B. Medical Referral – The Nurse refers you to your district’s designated Medical Facility; you then go to designated Medical Facility for treatment (unless you have pre-designated your personal physician prior to the injury).

Step 3 (this step is not applicable for Substitutes or Volunteers) Employee returns copy of **Work Status Slip** provided to you by the Medical Facility to District Claims Coordinator:

1. Release to full duty
2. Released with Work Restrictions or limitations
3. No release to work – remain off work
4. **If work restrictions apply**, the District Claims Coordinator will work to either modify your usual job or provide a **Temporary Work Assignment**, if possible, completing the **Temporary Work Agreement for Work Related Injures**.

Step 4 CCCSIG will mail you a DWC-1 Workers’ Compensation Claim Form to complete immediately to begin the claim process. **State law requires** that this form be provided to you or a dependent within **one (1) working day** of receiving notice or knowledge of any injury being work-related.

Step 5 With your input, Supervisor will complete **Employee Accident Investigation Form** to evaluate any potential safety conditions or hazards for prevention purposes.