



LAKE COUNTY OFFICE OF EDUCATION

TO TEACH. TO SERVE. TO LEARN.

WORK-RELATED INJURY REPORTING PROCESS

All Worker's Compensation forms and information are available on our website at: www.lakecoe.org. At the home page, select: Departments, Human Resources, Documents, Workers' Compensation Folder.

INCIDENT ONLY (Employee chooses NOT to seek medical treatment at this time. Please note: this does not prevent them from doing so in the future, if necessary.)

- Supervisor **MUST** complete/sign *Supervisor's Accident Investigation Report* and reviews with employee.
- Employee and Supervisor both sign and dates *Supervisor's Accident Investigation Report*.
- Mark the top of report as "Incident Only", and fax or hand-deliver immediately to LCOE Human Resources.
- Retain a copy of the report for the employee and for the program's records.

WORKERS COMPENSATION CLAIM (Employee chooses to seek medical attention)

- If this is considered a medical emergency, dial 9-1-1, provide immediate first aid and try to keep employee calm. If not immediate emergency, direct employee to the nearest hospital emergency room; **contact Human Resources immediately**. Human Resources will contact the medical facility with all necessary forms and claim information. If emergency occurs before or after office hours contact Lynn Thomasson, Director of Internal Administration at (707) 533-7115.
- If this is not a medical emergency, but the employee wishes to seek medical attention, contact **Company Nurse Injury Hotline at 1-877-518-6702**. The **Company Nurse** will gather information over the phone and help the injured worker access appropriate medical treatment. This is available 24 hours a day.
- If the **Company Nurse** recommends that the employee seek medical attention, please contact Human Resources immediately. HR Staff will contact the appropriate medical facility to schedule an appointment and will provide employee with a **Worker's Compensation Claim Form (DWC-1)**.
- If employee wishes to see their own primary physician for treatment, they must have a **Pre-Designation of Physician** form on file with HR. If not, they must be seen by an approved W/C provider.
- Supervisor **MUST** complete *Supervisor's Accident Incident Report*, along with Employee, **Immediately** fax or hand-deliver to Human Resources.



If you have any questions on this process, please contact: Human Resources Department Staff - we are here to help you!

Lynn Thomasson 262-4115
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Linda DeBolt: 262-4127

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