REPORTING WORKERS' COMPENSATION INJURY/ILLNESS

DISTRICT RESPONSIBILITY:

Texas Workers’ Compensation Act
The law requires all employers to file a DWC-1, Employer’s First Report of Injury Form, when an employee initially receives workers’ compensation benefits due to a compensable work-related injury/illness. State law strictly governs Workers’ Compensation reporting procedures and claims. State penalties not to exceed $500.00 per violation and not to exceed $10,000 for repeat violations may be assessed to employers for non-compliance with this mandate.

EMPLOYEE RESPONSIBILITY:

Report of Accident
All work-related injuries/illnesses should be reported to the immediate supervisor/designee at the earliest opportunity on the day of the incident and no later than 24 hours from the date the injury/illness occurred. The Report of Accident [FORM D14-A] can be accessed from the Employee Benefits, Risk Management and Safety department website, from the District’s Administrative Procedures Intranet, or by calling 554-8540 and requesting a copy of the form.

Failure to timely and accurately report a work-related injury/illness may result in the delay or denial of workers’ compensation benefits in part or in whole.

SUPERVISOR/DESIGNEE RESPONSIBILITY:

Submit Report and Provide Support
The employee must complete and submit to the campus/department immediate supervisor/designee a Report of Accident [FORM D14-A]. Upon notice of injury/illness, the employee’s immediate supervisor MUST review and sign the employee’s completed Report of Accident [FORM D14-A], The campus/department secretary MUST ensure the report is timely faxed to the Employee Benefits, Risk Management and Safety department at 228-3107.

Non-Life Threatening Injuries/Illness
If the employee requires or requests medical attention please call the Employee Benefits, Risk Management and Safety department at 554-8540 for immediate assistance. An Occupational Health and Safety (OH&S) Specialist will immediately contact the employee and assist him/her with obtaining medical treatment. The OH&S Specialist will report the injury/illness to the District’s Workers’ Compensation Third Party Administrator (TPA).

Life Threatening Injury/Illness
If the employee’s injury/illness is deemed life threatening, immediately call 911 and provide detailed information about the employee’s injury/illness and the exact physical address where the employee can be located. Stay with the employee until help arrives. After calling 911, immediately call the SAISD Police
Reporting Workers’ Compensation Injury/Illness

Department at 271-3124 and the Employee Benefits, Risk Management and Safety Department at 554-8540. A Police Officer and an OH&S Specialist will be deployed to provide immediate assistance to the employee.

REPORTING PROCEDURES AFTER HOURS OR ON DISTRICT HOLIDAYS:
All work-related injuries/illnesses should be reported to the District’s Police Department at 271-3124. The Police Department will ensure that the OH&S Specialist on call is notified. The OH&S Specialist will immediately contact the employee and assist him/her with obtaining medical treatment, if necessary, and will also provide assistance with the accident reporting process.

Attachments:  FORM D14-A: Report of Accident

References: CRE (LEGAL), DEC (LEGAL), and DEC (LOCAL)

Questions regarding this procedure should be addressed to the Employee Benefits, Risk Management and Safety Department, 141 Lavaca, San Antonio, TX  78210-1095 / 210-554-8540.