

Dear Vocational Cooperative Work Experience Education (VCWEE) Partner:

The possibility exists for injuries in the work place. As such, you are legally obligated by Education Code 78249 to provide workers compensation coverage for VCWEE student's compensated by your organization. The District will be responsible for providing workers compensation coverage to **non-paid** VCWEE students at the District's own expense. It is important that you are aware of the procedures in place for obtaining medical care if a non-paid VCWEE working at your job site is injured.

Procedures if an unpaid VCWEE student is injured during work experience hours:

EMERGENCY medical treatment guidelines for **NON-PAID VCWEE students:**

If an injury is an emergency call 911. The work site supervisor should then contact the instructor and Risk Services as soon as possible.

NON-EMERGENCY medical treatment guidelines for **NON-PAID VCWEE students:**

- 1) The supervisor completes the "Treatment Authorization Form." Supervisor notifies instructor of the injury and completes the "Supervisor's Accident Analysis and Prevention Report."
- 2) **Non-emergency**, but requires medical treatment. The supervisor completes the **Immediate Medical Center** "Treatment Authorization Form," which the student will take with them to **Immediate Medical Center**. Make a copy of the authorization and fax it to Risk Services (562) 938-4063.
Immediate Medical Center
Address: 5203 Lakewood Blvd., Lakewood, CA 90712
(562) 633-2273
Hours: 24 hours a day, 7 days a week
- 3) Supervisor notifies Cooperative Work Experience instructor and Risk Services (562) 938-4038. *Include the following information: student name, email address, phone number, address with zip code, date of injury, work site, job site supervisor name and phone number, instructor's name and phone number, nature of the injury, and medical treatment.*
- 4) Supervisor completes the "Supervisor's Accident Analysis and Prevention Report," and sends to Risk Services.
- 5) Student contacts Cooperative Work Experience instructor and Risk Services (562) 938-4038. The student must complete the forms in the "Employee Information Packet" to file a workers' compensation claim. If medical treatment was received, give the status report to Risk Services.

We appreciate your participation in this program and look forward to a long-standing partnership. Should you have any questions, do not hesitate to contact Cindy Smith (562) 938-4038.

Risk Services

PLEASE TAKE THIS AUTHORIZATION WITH YOU
SUPERVISOR: MAKE A COPY AND FAX TO: RISK SERVICES (562) 938-4038
TREATMENT AUTHORIZATION

Immediate Medical Center

5203 Lakewood Boulevard
 Lakewood, CA 90712
 Tel: 562.633.2273
 Fax: 562.633-1796

HOURS: 24 HRS – 7 DAYS A WEEK

Billing:

First Aid: Long Beach Community District,
 4901 E. Carson St. G4, Long Beach, CA 90808
 Contact: Cindy Smith - Ph: (562) 938-4038; Fax (562) 938-4063

Recordable: Keenan & Associates – PO Box 4328, Torrance, CA 90510
 Attn: Victor Carrillo (310) 212-0363 x 3706

OCCUPATION: **Non-Paid Vocational Cooperative Work Experience
 Education (VCWEE) Student**

WC BENEFITS THROUGH: **Long Beach Community College District –**
 4901 E. Carson Street, G4, Long Beach, CA 90808

WC ADMINISTERED BY: **Keenan & Associates –**
 PO Box 4328, Torrance, CA 90510

SERVICES REQUESTED: W/C INJURY / ILLNESS

STUDENT'S NAME: _____

STUDENT'S E-MAIL _____

DATE OF INJURY: _____ TIME: _____

INJURY: _____

PART OF BODY: _____

DESCRIBE INCIDENT: _____

SUPERVISOR (where injury/illness occurred): _____
Please Print

PHONE #: _____ FAX #: _____

SUPERVISOR'S SIGNATURE: _____

WORK EXPERIENCE SITE: _____

SITE ADDRESS: _____

INSTRUCTOR'S NAME: _____

INSTRUCTOR'S PHONE #: _____

DIRECTIONS



5203 Lakewood Boulevard
 Lakewood, California 90712
 Tel: (562) 633-2273
 Fax: (562) 633-1796



Long Beach Community College District

SUPERVISOR'S ACCIDENT ANALYSIS AND PREVENTION REPORT

"This report is intended to be confidential for transmission to the District's attorney in the event litigation arises out of this incident."

Supervisor's Report Instructions:

Within 24 hours of notice of the accident, complete this report

Send report to Risk Services – G4

If you were not present at the time of injury, interview the employee to determine responses.

Employee Name			Employee ID#	Job Classification							
Department Name	Campus	Work Schedule		Hrs per day	Su	M	T	W	Th	F	Sa
		Begin Work	End Work								
Date of Accident/Illness		Time of Accident		Date Accident/Illness Reported							

Accident Descriptions:

From your analysis, describe in detail the action, occurrence or event that resulted in this accident.

Identify the exact location where the accident took place.

If accident is equipment use related, was the equipment defective?

Were safety procedures followed?

Have employee's job duties changed recently? If so, please explain.

Safety devices or other personal protective equipment in use at time of accident.

What action could be taken to prevent a similar accident?

Do you agree with the employee's account of the accident? Yes No If NO, please explain.

Has the employee ever reported any previous physical condition(s) associated with work or non-work activities (second job, sports etc.) that could be related to or aggravated by this injury/illness? Yes No If YES, please explain.

Supervisor's Name(Please Print)	Date
Title	Phone #

If injury involved repetitive motion or material handling, supervisor must complete reverse side

Long Beach Community College District
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MATERIALS HANDLING ACTIVITIES

Repetitive Motion: What specific activities does the employee perform with his/her wrists, hands, arms, shoulders, and/or neck?

How many hours per day?

How many hours per week?

Material Handling Injury: Description of object/person being handled/lifted at time of injury.

Approximate size:

Approximate weight:

With what frequency, pace and duration is the object/person handled/lifted? (e.g., 10 times/hour for 3 hours)

What material handling equipment and/or safety devices were available to the employee? Were they used properly?

Has the employee received training in proper body mechanics/lifting techniques? If YES, please indicate approximate date and type of training given.