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Incident/Injury Tracking and Worker's Compensation Management

Any District employee who sustains injury in the line of duty or contracts a contagious or infectious disease in the line of duty is required to complete a notice of injury form (Omni DWC-1 First Notice of Illness or Injury).

Note: Volunteers will continue to be reported on the Omni form, manually.

The employee is required to notify his/her supervisor or Principal's designee who will initiate the form's completion and it is the worksite's responsibility to ensure reporting compliance.

We will train you how to enter this information in PeopleSoft and directly submit the electronic form information to FA Richard and Associates (FARA) and to the appropriate District staff in the Risk & Benefits Management Department (RBM).

Business Process Overview

- The Worksite Secretary or designee completes the incident/injury information pages in PeopleSoft (either based on DWC-1 form already completed by employee, or based on employee statements alone).
- The Worksite Secretary or designee runs the "Create DWC-1 Form" process. After running this process, you can attach the .PDF file to an email, or you can print the form and give a copy to the employee to take to the doctor. The original form will be kept on file at each location.
- District RBM will update the incident investigation flags as investigations are performed. They will also run periodic audit queries to follow up on any incidents of a specified type that have not been investigated (investigation is optional dependent on the incident type).
- The report will be transmitted to the District's Third Party administrator nightly by automatic process.

Complete the Incident/Injury Information Pages: Step-by-step

Here you will enter the information related to the incident.

1. Click **Workforce Monitoring**→**Health and Safety**→**Obtain Incident Information**→**Incident Details**

The screenshot shows the ERP system interface. On the left is a navigation menu with the following items: Search, My Favorites, Benefits, Workforce Development, Workforce Monitoring, Health and Safety (selected), Obtain Incident Information (selected), Injury Details, Injury Details, Form, Reports, PD Tracking and Compliance, Reporting Tools, PeopleTools, and PR Report Incidents. The main content area is titled 'Obtain Incident Information' and includes a description: 'Identifies incident details, vehicles involved, injury claims, rehabilitation plans, corrective actions, and injury details.' Below the description are three tabs: 'Incident Details' (selected), 'Injury Details', and 'PR Create DWIC-1 Form'. The 'Incident Details' tab contains the text 'Enter basic incident information.'

2. To find an existing Incident, click on the **Find an Existing Value** tab, enter the **Incident Number** and click **Search**.

To enter a new incident, click the **Add a New Value** tab.

Do not enter a number. The system will auto-assign the next sequence number once the incident is saved

3. Click the **Add** button.

The screenshot shows the 'Incident Details' search interface. At the top, it says 'Incident Details' and 'Enter any information you have and click Search. Leave fields blank for a list of all values.' Below this are two tabs: 'Find an Existing Value' (selected) and 'Add a New Value'. The search fields include 'Incident Number' with a dropdown menu set to 'begins with' and an empty text input field, and 'Incident Type' with a dropdown menu set to '=' and another empty dropdown menu. Below the search fields are buttons for 'Search', 'Clear', 'Basic Search', and 'Save Search Criteria'. At the bottom, there are links for 'Find an Existing Value' and 'Add a New Value'.

The screenshot shows the 'Incident Details' add interface. At the top, it says 'Incident Details' and 'Enter any information you have and click Search. Leave fields blank for a list of all values.' Below this are two tabs: 'Find an Existing Value' and 'Add a New Value' (selected). The 'Incident Number' field contains the value '00000000'. Below the field is an 'Add' button. At the bottom, there are links for 'Find an Existing Value' and 'Add a New Value'.

4. Enter the **Incident Date**, which is **required for the DWC-1 Form**. The incident date defaults to today's date, but you can change it as needed.
5. Select the **Incident Type**. The value that you select controls the availability of other fields in the component.
Options:
 - Illness (e.g. Mold)
 - Incident (DO NOT USE)
 - Injury (DEFAULT)

This must be Injury or Illness for the DWC-1 form.

6. Enter **Incident Time**.
7. Leave the **Regulatory Region** default: USA.
8. Check the box(es) as applicable.
 - Is this is a recurrence?
 - Did the incident result in Injury or Illness?
You must check the “Did the incident result in Injury or Illness” for the DWC-1 form to process.
 - Investigated (leave this blank)
9. Click the **Notification** tab.

The screenshot shows a web-based form for reporting an incident. The form is titled 'Incident' and has several tabs: 'Incident', 'Notification', 'Description', 'Location', 'People', and 'Reporting'. The 'Incident' tab is currently selected. The form contains the following fields and options:

- Incident Number: 00000000
- *Incident Date: 05/31/2006
- *Incident Type: Injury
- Incident Time: 7:00 EST
- *Regulatory Region: USA
- United States
- Is This a Recurrence:
- Resulted in Injury or Illness:
- Investigated:

At the bottom of the form, there are buttons for 'Save', 'Notify', 'Add', and 'Update/Display'. The 'Incident' tab is highlighted in blue.

10. Enter the **Date Reported** to the worksite. **This is required for the DWC-1 form. The Date Reported defaults to today's date but can be changed.**
11. Enter the **Time Reported**.
12. Enter the **Reported to EmplID** of the organization or employee who received the report, or select from the list of prompt values of active EmplIDs. (Required field).
13. Enter the **Reported by EmplID** for the injured person. (Required field).

Note: You will receive an ERROR message if you do not enter an Employee in the Reported To/By field.
14. Enter **Date Recorded and Time Recorded**. This is the date and time you are entering or 'recording' the information in the system.
15. Click the **Description** tab.
16. Enter the incident **Description, which is required for the DWC-1 form. This will print as the 'Employee Description of the Accident' on the form. Be as specific as possible. GIVE DETAILS**
17. Click the **Location** tab.

Incident | Notification | Description | Location | People | Reporting

Incident Number: 00000000 Date: 05/31/2006 Injury

Incident Notification

Date Reported: 05/31/2006 [calendar icon]

Time Reported: 7:37AM

Reported To EmplID: 1000001 [search icon] Jolly Martinez

Reported By EmplID: 1000002 [search icon] John Cox

Reported By Non-EmplID: [search icon]

Incident Tracking

Date Recorded: 05/31/2006 [calendar icon]

Time Recorded: 7:45

[Save] [Notify] [Add] [Update/Display]

Incident | Notification | Description | Location | People | Reporting

NOTE: FOR REPORTING VOLUNTEERS, COMPLETE FORM MANUALLY AND EMAIL TO claimopening@fara.com . You cannot use P/SOFT for those without EmplID.

Incident | Notification | Description | Location | People | Reporting

Incident Number: 00000018 Date: 05/31/2006 Injury

Dangerous Occurrence

Code: [text box]

Description

Employee slipped on wet floor in the cafeteria.

[Save] [Notify] [Add] [Update/Display]

Incident | Notification | Description | Location | People | Reporting

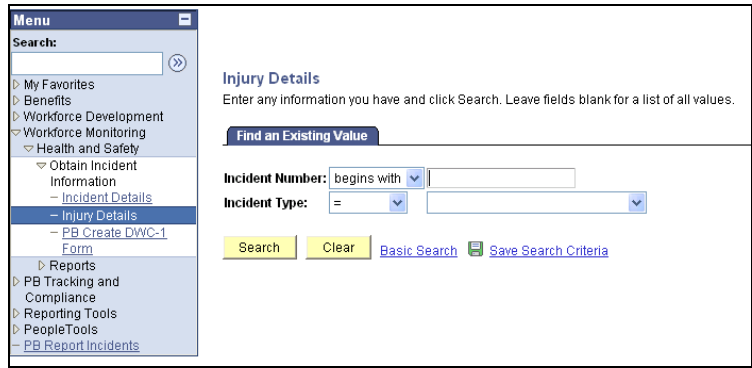
18. The check box defaults, indicating the incident **Occurred on Employer Premises**.
19. Enter SHARE for **Location SetID**.
20. Enter the **Location** ID where the injured reports to.
21. If the incident did not occur at an employer location, uncheck the box. The **Edit Address** link will be available and an outside address can be manually entered.
22. Enter SDPBC as the **Establishment ID**.
23. Enter **Exact Location** where the incident occurred. This field is not required and could be where the accident happened exactly, such as “Washington, DC” in the event of a field trip.
24. Click the **Save** button. **Note the Incident# assigned once the record is saved.**

The screenshot shows a web-based form for incident reporting. At the top, there are tabs for 'Incident', 'Notification', 'Description', 'Location', 'People', and 'Reporting'. Below the tabs, the incident details are displayed: 'Incident Number: 00000018', 'Date: 05/31/2006', and 'Injury'. The main section is titled 'Incident Location Data' and contains a checkbox labeled 'Occurred on Employer Premises' which is checked. Below this, there are several input fields: 'Location SetID' with the value 'SHARE', 'Location' with the value '0011' and a dropdown menu showing 'Hidden Oaks Elementary 03-V', 'Establishment ID' with the value 'SDPBC', and 'Exact Location' with the value 'IN THE CAFETERIA NEAR THE SALAD BAR'. At the bottom of the form, there are buttons for 'Save', 'Notify', 'Add', and 'Update/Display'. A breadcrumb trail at the very bottom reads 'Incident | Notification | Description | Location | People | Reporting'.

Attach an Injury to the Incident

Here you will attach the injured employee ID with the details of his/her injury. Multiple injured employees can be attached to one incident.

If you navigate straight to this menu item from the Incident page, you will not have to select the incident number in the step below.



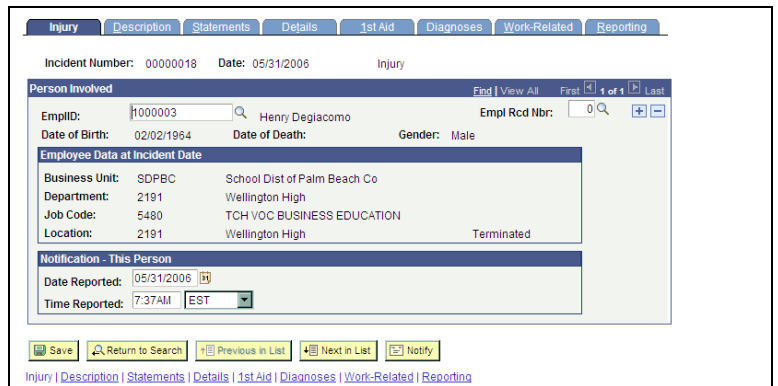
25. Click **Workforce Monitoring**→**Health and Safety**→**Obtain Incident Information**→**Injury Details**

26. Enter the **Incident Number** and/or **Incident Type**.

27. Click **Search**.

28. Enter the **EmplID** for the injured employee. Should autopopulate from Incident Details (p. 5, No. 13).

29. Verify the **Empl Rcd Nbr**. Be sure the employee’s correct job location appears, as the employee may have multiple jobs. The home school location is responsible for entering the data.

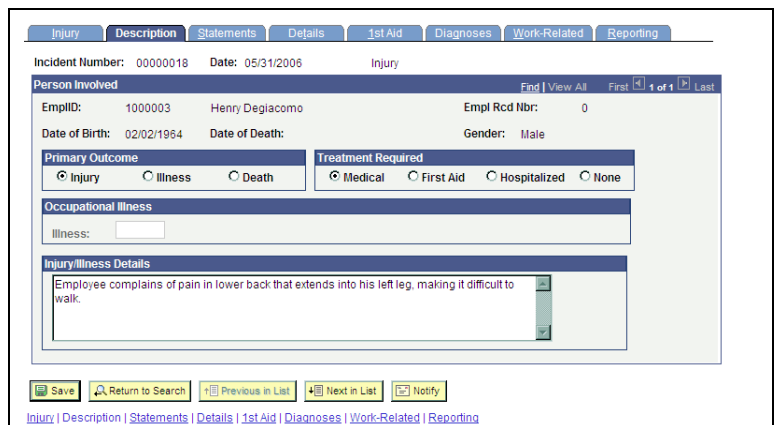


30. Click the **Description** tab.

31. Indicate whether the incident resulted in Injury, Illness, or Death in the **Primary Outcome** field.

For the DWC-1 form, if the primary outcome is Death, Date of Death is printed on the form.

32. Treatment Required: default: Medical. Not necessary to change. This defaults in from the Incident entered.



33. **Skip: Occupational Illness**

34. Enter the specific **Injury/Illness Details**, which are required for the DWC-1 form. **This is the “Injury/Illness that Occurred” on the DWC-1 form.**

35. Click the **Statements** tab.

Statements entered on the incident pages will default in. If more statements need to be entered, they can be entered on this page.

36. If the Employer objects to statement completely, **check Employer Objects to Statement** box.

If Employer (principal, director) objects to statement, check box and enter Employer's statement. If nothing is checked, "Yes" will be the default (signifying that the employer agrees with the employee's statement).

Enter the Employer's statement in the **Employer's Statement** box. (Does not appear on the DWC-1 form.)

37. Enter the injured party's statement in the **Injured Party's Statement** box.
(Optional: Does not appear on the DWC-1 form.)

38. Select **Witness Confirms Statement** if a witness confirms the injured person's statement. (Optional: Does not appear on the DWC-1 form.)

39. Click the **Details** tab.

40. In the **Injury Description** group box, click the links to gain access to the detail pages that describe the attributes of the injury. Click **Body Parts**, **Nature of Injury** (**SKIP Source of Injury**), **Accident Type**. These are needed for the OSHA report to run correctly.

For the DWC-1 form, the Body Parts selected will print in the *Part of Body* field.

*The **Primary Injury Details** group box displays the primary injury details that you specify on the detail pages. When entered, the primary injury details will be reflected in the summary box below the links.*

41. Click the **Diagnoses** tab.

Primary Injury Details	
Body Part:	Ankle
Nature of Injury:	Sprain or tearing (ligament / joint)
Source of Injury:	
Accident Type:	Fall or slip-On stairs
Unsafe Act Performed:	

42. **SKIP Type of Health Care** – use Default.
43. **SKIP (Physician ID).**
44. Select a **Medical Facility** where the injured or ill person was treated.
For the DWC-1 form, the name and address of the medical facility will be printed. (Required field).
The first selection is for Reporting Purposes Only (RPO).

Incident Number: 00005429 Date: 10/19/2009 Injury

Person Involved
 EmpID: Emp Rcd Nbr: 0
 Date of Birth: 06/09/1950 Date of Death: Gender: Female

Physician/Hospital Information
 Type of Health Care: Not Needed go to Medical Fact
 Physician ID: [Search]
 Medical Facility: 006 [Search] Central Area W/C - Dr. Jack Goldberg [View Address]
 Phone: 561434-1459

Medical Diagnoses
 Diagnosis: [Search]

45. **SKIP Medical Diagnosis** from the **Diagnosis** lookup.
46. Click the **Work Related** tab.
47. Employee Return to Work checkbox is defaulted.

For the DWC-1 form, this field indicates that the Employer Will Continue to Pay Wages instead of Workers Comp. Make sure this field is checked if you want this field marked Yes on the form.

48. **Work Related** checkbox is defaulted.
49. If the employee spent time away from work, enter the **Last Date/Time** the employee worked **can be left blank.**
50. **SKIP Last Date Employee Worked** date.
51. If the employee spent time away from work and has returned, enter the **Return Date/Time** of the employee's first day back to work after the incident.

Incident Number: 00000008 Date: 05/22/2006 Incident

Person Involved
 EmpID: 1000007 Wilbert Riley Emp Rcd Nbr: 0
 Date of Birth: 01/10/1950 Date of Death: Gender: Male

Last Date / Time: 05/31/2006 7:37 AM Work-Related
 Return Date / Time: 05/31/2006 9:00PM Employee Return To Work

*Illness Resulted In: N/A

Days Away From Work: 1 Restricted Workdays: Temp Transfer Work Days: Enter Detailed Dates

*Start Date	End Date	Type	Comment
05/31/2006	05/31/2006	Away From Work Due to Injury	returned after treatment

USA

This information may not be known at the time of data entry and **can be left blank.**

For the DWC-1 form, this is printed in the Returned to Work checkbox and date.

52. **SCROLL DOWN** and click the **Save** button at the bottom of the page to save your details.

For all reportable incidents, you NO LONGER NEED TO e-mail or fax the form to District's Third Party Administrator and District RBM representatives.

Refer to the following steps for instructions on creating the DWC-1 form – the employee should take one with him/her to the doctor's office:

Create the DWC-1 Form

53. Click **Workforce Monitoring**→**Health and Safety**→**Obtain Incident Information**→**PB Create DWC-1 Form**
54. Click the **Add a New Value** tab, enter a **Run Control ID** (your initials), and click **Add**.
55. Enter the **Incident Number**.
56. Enter the **EmplID** for the employee who is tied to this incident. If there are multiple employees tied to an incident, this process will need to be run for each of the employees in order to create individual DWC-1 forms.
57. Click the **Validate Incident Data** button.

This will validate that all data required for the DWC-1 form has been entered into the system. (PeopleSoft will allow you to save the incident/injury pages leaving some of the fields blank).

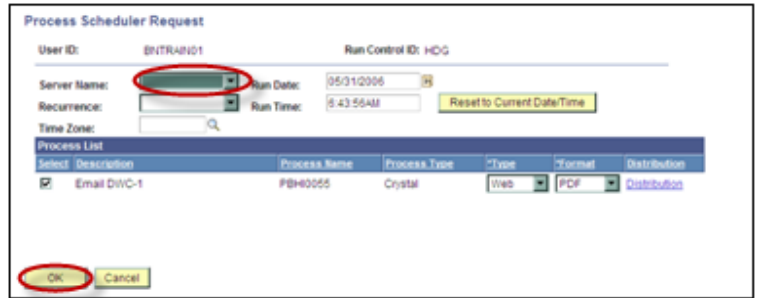
If error messages appear, open a new window, navigate to the appropriate page, and correct the data. Once the data is corrected, press the Validate Data button again to revalidate.

58. After all missing data is entered, press the **Run** button (you will see a process instance # appear under the Run button).

PeopleSoft
Menu
Search:
PB Workers Compensation Form
Enter any information you have and click Search. Leave fields blank for a list of all values.
Find an Existing Value | Add a New Value
Search by: Run Control ID begins with
Case Sensitive
Search | Advanced Search
Find an Existing Value | Add a New Value

Create DWC-1
Run Control ID: HDG | Report Manager | Process Monitor | Run
*Incident Number 00000018
*EmplID 0000003 | Henry Degliacomo
Validate Incident Data
Save | Notify | Add | Update/Display

59. Select PSNT as the **Server Name** may default if you have used this before.



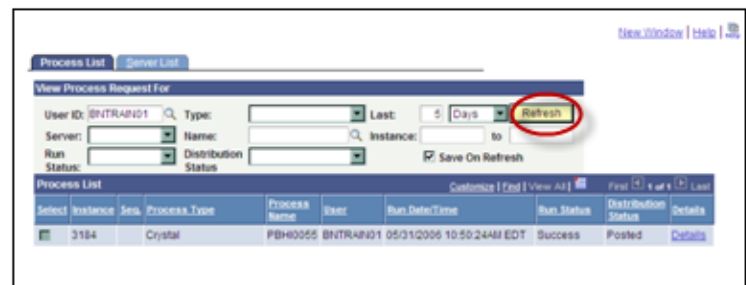
60. Click the **OK** button on the Process Scheduler Request page.

61. Note your Process Instance number.

62. Click the **Process Monitor** link.



63. Click the **Refresh** button until your process has a **Run Status** of *Success* and a **Distribution Status** of *Posted*, click the **Details** link.



64. Click the **View Log/Trace** link.

