Reporting Injuries/Illnesses That Occur During a Student Teaching Placement Internship & Instructions for Obtaining Medical Care

This student resource is intended to serve as a reference tool and provide instructions for what to do if you sustain an injury or become sick during your student teaching placement/internship. Your health and safety are priority!

Instructions for Reporting Injuries/Illnesses

As the student, it is your responsibility to be familiar with the reporting requirements for both the campus and the placement agency/community partner. In the event of an injury/illness, you'll be expected to:

1) Notify your cooperating teacher immediately
2) Notify your university supervisor as soon as possible (and no later than 24 hours)

Who provides medical Coverage for the Student?

The campus enters into signed agreements with community partners to offer student teaching/clinical practice/internship opportunities to our students. The responsibility to provide medical coverage depends on the terms of the agreement with the placement agency (e.g. school district). There are three common contract scenarios:

1) The campus contractually agrees to provide Workers' Compensation benefits
2) The placement agency contractually agrees to provide Workers’ Compensation benefits
3) Neither the campus nor the placement agency contractually agree to provide Workers' Compensation benefits; the student is financially responsible for any care received.

The terms of each clinical practice/internship agreement vary. Please make sure you know which scenario applies to you. (Please contact your university supervisor to determine the terms of the agreement for your selected clinical practice/internship.)
Obtaining Medical Care
If an injury or illness occurs during your clinical practice/internship, please follow these steps:

1) If the situation is an emergency, please dial 911 for emergency services. If appropriate, the ambulance will transport you to the nearest hospital emergency room.
   a. Medical coverage will depend on the terms of the placement agreement (see previous page).
   b. If CSUSM provides coverage see 2a below; if the placement agency provides coverage, see 2b below.
   c. If neither the campus nor placement agency have agreed to provide Workers’ Compensation benefits, the student will be financially responsible for any medical care and ambulance transportation. Please note that there will be no reimbursement from the campus or the placement agency/community partner.

2) If your situation is non-emergent but requires medical care, you’ll need to know in advance who is responsible for providing your medical care (see previous page).
   a) If the campus has contractually agreed to provide Workers’ Compensation benefits, please contact the Workers’ Compensation Coordinator (WCC) at 760-750-4514. The WCC will authorize treatment and coordinate care through the campus’ occupational medical provider. In this situation, you must report the injury/illness to the WCC immediately (no longer than 24 hours). For more information on the CSUSM Workers’ Compensation program, please visit www.csusm.edu/srs/wc.
   b) If the placement agency/community partner has contractually agreed to provide Workers’ Compensation benefits, please follow their instructions for reporting work-related injuries/illnesses and obtaining medical care.
   c) If the student is responsible for providing their own medical coverage, they should contact their personal physician to obtain treatment. Please note that there will be no reimbursement from the campus or the placement agency.

Be Prepared – Know the Details

1) Which School of Education program are you enrolled in?

____________________________________________________________________________________________________

2) Who is your university supervisor?
   a. Name: _____________________________ Phone Number: _______________________

3) What is the name of your placement agency/community partner?

____________________________________________________________________________________________________

4) Who is your cooperating teacher?
   a. Name: ______________________________ Phone Number: _______________________

5) Please identify the dates of your assignment:
   a. Start Date: _________________ End Date: _________________________

6) Who provides medical coverage? (Please circle one)
   a. Campus (CSUSM)
   b. Placement Agency
   c. Student

If you have any questions regarding this information, please contact Sue Belt, Workers’ Compensation & Risk Coordinator at 760-750-4514. Thank you.