

Topic: WORKERS' COMPENSATION PROCEDURES

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Section: WORKERS' COMPENSATION

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PURPOSE:

To describe the procedural requirements for the management of the County of Santa Cruz Workers' Compensation program.

LEGAL BASIS:

Workers' Compensation is a State-mandated program affecting every California employer. It provides statutory financial benefits to any County employee who is injured or becomes ill due to an incident arising out of and in the course of employment.

POLICY:

Santa Cruz County is self-insured for Workers' Compensation, purchasing an excess workers' compensation policy through CSAC-Excess Insurance Authority. Santa Cruz County contracts with an outside vendor to provide claims administration services. All claims costs within the self-insured retention (SIR) amount are paid by the County. Claims costs above the SIR for each policy year are reimbursed by the excess insurer. SIR's can vary from year to year depending on the state of the insurance market.

PROCEDURE:

I. GENERAL INFORMATION

A. Medical Care - County employees will receive medical treatment necessary to cure or relieve the effects of a work-related injury or illness. This includes all reasonable and necessary related physician's services, hospitalization, laboratory studies and other appropriate care. These

services are paid directly by the County through the claims administrator as a Workers' Compensation benefit.

B. Temporary Disability – Employees who cannot work due to work-related injuries or illness, when the loss of time is confirmed by the treating physician, may be eligible for temporary disability benefits.

1. Most employees (excludes Safety employees) will not be paid for the first three days of temporary disability, following the day of injury, unless:

- a. they remain off work more than fourteen days, or

- b. they are hospitalized overnight, or

2. Payment continues until the treating physician releases the employee to return to work. The weekly rate for temporary disability payments is based on a payment schedule set by State law, which is typically two-thirds of employee's gross weekly wages to a predetermined maximum payment.

C. Cal/OSHA Reporting Requirements – The County Safety Officer must report any employee serious injury/death occurring at work or in connection with work to the California Division of Industrial Safety within 8 hours of notice. In order to meet this legal requirement, departments must notify the County Safety Officer and Risk Management immediately of any such occurrence.

D. Employee Claim Form – An Employee Claim Form for Workers' Compensation Benefits must be provided to each employee reporting a work-related injury. The State has established severe penalties for employers who fail to provide this form to employees on a timely basis. Packets containing the Claim Form, a Supervisor's Report of Accident Form, a double-sided instruction sheet with a "Proof of Service by Mail" Form on the reverse, "Facts for Injured Workers" leaflet and Physician's

Certification form (PER1081A) have been distributed to all supervisors, managers, and payroll clerks. Blank forms are available in the Risk Management Division of the Personnel Department.

II. REPORTING PROCEDURES

A. When an employee reports a work-related injury or illness, the supervisor or other departmental representative should immediately complete the Employer section of the Employee Claim form DWC-1 and give it to the employee. The injured worker should take their copy of the form DWC-1 to the medical facility where they are seeking medical treatment. The employee should complete the top portion and return it to their supervisor. The supervisor should then fill in the date the claim form was received on line 13, detach the employee (green) copy and give it to the employee, together with the "Facts" leaflet. The bottom (goldenrod) copy should be retained for the supervisor's records.

B. If the employee requires emergency medical attention, it should be provided immediately, and the Claim form processed afterward, although no later than one working day after the injury.

C. In case of serious injuries, or when the employee is not available to complete the Claim form within one working day, the supervisor or departmental representative should fill in the Employer section, complete the "Proof of Service by Mail" section on the reverse of the Claim form instruction sheet, and mail the 5-part form, the "Facts" leaflet and the Physician's Certification form (PER1081A) to the employee's home address. The "Proof of Service" form should be hand delivered to the departmental payroll clerk.

D. On the day that the department learns of the injury, the supervisor or other departmental representative should call Risk Management (x2600) and state that they are reporting a Workers' Compensation injury. The following information should be given: 1. Reporting party's

name, department and phone number; 2. Injured worker's name; 3. Date injury occurred; 4. Brief description of injury (example - cut finger, left hand); 5. Did employee get medical attention? (name of doctor or clinic, if known); 6. Will worker be disabled beyond the date of injury? (if known); 7. Was Claim form filled out by worker and returned? (or was it mailed to the worker?)

E. If the injury occurs outside of regular business hours, a message containing the above information should be left on the 454-2600 voice mail line.

F. For fatalities occurring at work or serious work-related injuries occurring outside of regular working hours, the supervisor or other departmental representative should call the County Safety Officer at either of the following phone numbers: Office: 454-2600; after hours: 471-1190; to report the death or injury and give pertinent details. This MUST be done as soon as possible after medical attention has been arranged. (A serious injury or illness is one which requires hospitalization for more than 24 hours for other than medical observation, or in which a part of the body is lost or permanent disfigurement occurs). Risk Management should then be contacted immediately at 454-2600 and a message left on voice mail. A follow-up call should be made on the next business day.

G. The following are reporting procedures to be followed in four different situations:

1. Death of an Employee While at Work

a. If death occurs in a County office or surrounding area, those first aware of the incident should attempt to preserve any related evidence at the scene. The names and addresses of all possible witnesses should be gathered.

b. Notify the County Safety Officer and Risk Management immediately of the death, giving as many details as are known at the time regarding circumstances leading to/resulting in the death.

c. The employee's supervisor shall conduct a thorough investigation of the facts of the incident. If there is a question about whether the death was caused by work, the supervisor should confer with the County Safety Officer and Risk Management.

d. If the death appears to be work-related, the employee's supervisor or acting supervisor must complete a Supervisor's Report of Accident, mail the Claim form to the employee's home address, complete the "Proof of Service by Mail" form and hand-carry both forms to the departmental payroll clerk who should immediately complete the Employer's Report of Occupational Injury/Illness and forward to Risk Management by messenger. The payroll clerk should make a copy of the "Proof of Service" for department's records, log the injury in the Claim form Log, and deliver the original to Risk Management.

e. Any facts that may establish that another person or agency may have directly or indirectly caused the employee's death should be attached to the Employer's Report so that third party liability, if any, may be assessed.

f. If there is any question whether the death is work-related, this should be noted in a statement attached to the Employer's Report along with supporting details.

2. Injury/Illness Requiring Emergency Medical Care Emergency Medical Care applies to any injury/illness which is considered to be potentially life threatening or of such a traumatic nature as to likely result in undesirable consequences if medical care is not immediate.

a. In these cases, obtaining immediate medical treatment is the only initial consideration. Employees aware of such injury/illness of another employee should obtain emergency medical care, and then notify their department as soon as possible. If the injury is life threatening, the employee should be transported to the emergency room of the nearest hospital. For non-life threatening injuries (such as serious cuts, fractures, sprains), the employee should proceed to the nearest emergency medical clinic. The supervisor should call the medical facility to authorize treatment.

b. The employee's supervisor must notify Risk Management as soon as possible and follow up as appropriate to monitor the status of the employee. The supervisor shall take the following actions within 24 hours of the incident:

1. conduct a thorough investigation of the facts of the incident;

2. mail the Claim form, along with the "Facts for Injured Workers" leaflet and the Physician's Certification form (PER1081A), to employee's home address and complete the "Proof of Service by Mail" form;

3. complete the Supervisor's Report of Accident, attach the "Proof of Service" form and refer both forms to the department's payroll clerk to type the Employer's Report of Occupational Injury/Illness;

4. attach to the Supervisor's Report any facts that may establish that another person or agency may have directly or indirectly caused or contributed to the injury/illness;

5. if there is any question whether the injury/illness is work-related, this should be noted in a statement attached to the Supervisor's Report along with supporting details.

c. The payroll clerk should refer the typed Report to the appropriate division head or department manager, together with any attachments, for review and signature. The payroll clerk should log the injury in the department claim form Log and then forward the forms to Risk Management by messenger, within 48 hours of the employee's initial report. This time frame is necessary because State Law requires that reports be filed with the County's claims administrator within five days of the employee's initial report. (The bottom copy of the Supervisor's Report and Employer's Report and a photocopy of the "Proof of Service" should be retained for departmental records.)

3. Injury/Illness with Non-Emergency Treatment by a Physician

a. The employee must report the injury/illness to his/her supervisor as soon as possible to insure supervisor awareness and documentation of the incident. If the

employee's own supervisor is unavailable, the employee must report the incident to another available supervisor.

b. Upon notification by the employee, the supervisor MUST follow the procedures on completing the Employee Claim form outlined at the beginning of this section, and then refer the employee to the nearest emergency medical clinic, along with a blank Physician's Certification form (PER1081A). (Employees who have previously provided Risk Management with a written request to use their own family doctor may do so.) The supervisor should call the emergency medical clinic to authorize treatment. The supervisor should also provide the employee with a copy of Form DWC-1 which should be given to the medical provider prior to obtaining medical services.

c. The employee shall have the physician complete the Physician's Certification form (PER1081A) and return it to his/her supervisor as soon as possible after receiving medical attention.

d. If the employee is unable to return to work, he/she should obtain a disability statement from the physician before leaving the doctor's office, and promptly mail it (or otherwise see that it is returned) to his/her supervisor. The employee should call the supervisor immediately to notify them of the disability period and when the physician expects the employee will be able to return to work.

e. The employee's supervisor shall complete a Supervisor's Report of Accident within 24 hours, attach the copies of the Claim form and deliver the forms to the department's payroll clerk to follow procedures outlined above.

f. Attach to Employer's Report any facts that may establish that another person or agency may have directly or indirectly caused or contributed to the injury/illness.

g. If there is any question whether the injury/illness is work-related, this should be noted in a statement attached to the Employer's Report along with supporting details.

4. Injury/Illness Not Requiring Treatment by a Physician The employee must report the injury/illness to his/her supervisor the same day of the occurrence to insure supervisor awareness of the incident. The supervisor should complete a Supervisor's Report of Accident and follow procedures for filling out Claim form within one working day. The supervisor should note in the comments section "no lost time, no medical treatment". The forms should be referred to the department's payroll clerk, who will note the injury in the Claim form log, keep appropriate copies and forward the white original Supervisor's Report and white and canary copies of the Claim form to Risk Management. No Employer's Report (Form 5020) is needed for this type of work injury.

H. It is important that injuries not requiring a physician's treatment be reported so that the supervisor can ascertain the cause and take action to eliminate hazards that could cause more serious incidents. It is also important to document the injury/illness so if related complications develop later, there will be no dispute as to the cause.

III. DEPARTMENTAL RESPONSIBILITIES WHEN AN EMPLOYEE IS OFF WORK DUE TO A WORK RELATED INJURY

A. The employee's supervisor shall notify Risk Management the same day he/she becomes aware the employee will not be returning to work.

If the employee's supervisor is not available, the acting supervisor should make notification.

B. The employee's supervisor shall contact the employee within 24 hours of first knowledge that the employee is off work and on a periodic basis as appropriate thereafter. The department should inquire about the employee's health, adequacy of medical care and prospective return to work date to let the employee know the department is concerned and cares about him/her.

C. Risk Management should be kept informed of any changes in the employee's off work status and of any significant employee concerns that have been expressed during the periodic department contact.

D. The employee's departmental payroll clerk must submit a time card for the employee off work due to an accepted work related injury at prescribed times as mandated by the County Auditor–Controller's Office payroll division.

E. It is the department's responsibility to see that any period of disability is documented by a Physician's Certification form (PER1081A) completed and signed by the treating physician. Copies of all disability statements should be forwarded to Risk Management immediately.

F. Risk Management will remind the payroll clerk when an injured employee is close to reaching 160 consecutive hours of leave without pay due to a work-related injury or illness. It is the department's responsibility to coordinate with the injured employee for the completion of appropriate forms and preparation of paperwork to place employee on Leave of Absence.

IV. EMPLOYEE RETURN TO WORK When an employee who has been off work in connection with a work-related injury or illness returns to work, the following items should be addressed:

A. The employee's supervisor must notify Risk Management by phone or in person, the same day an employee returns to work. Risk Management must also be informed of any work restrictions.

B. The employee must have a Physician's Certification form (PER1081A) signed by a State licensed physician releasing the employee to return to work. The Physician's Certification form (PER1081A) must indicate any work restrictions, specifying their duration.

C. The department must insure that all specific restrictions are understood by the employee and his/her supervisor(s). The employee and his/her supervisor(s) are responsible for insuring that all specific work restrictions are adhered to.

D. After initial return to work, should the employee again take time off related to the original injury/illness, the supervisor will notify Risk Management the same day by phone or in person. Risk Management and/or the Workers' Compensation claims administrator will work with the department in each case to determine what course of action should be followed.

V. PAYMENTS TO EMPLOYEES

A. Medical Bills All employee medical bills resulting from a work-related injury/illness should be submitted directly to the County's claims administrator. Medical bills (including related prescriptions) are paid directly by the claims administrator. It should be noted that payment of medical bills will be delayed until after receipt of both the physician's report and the Employer's Report of Occupational Injury/Illness by the claims administrator.

B. Temporary Disability Workers' Compensation payments for temporary disability will be paid directly by the claims administrator. These may be supplemented by use of accrued leave paid by the

County by regular County payroll. In no event will the combined temporary disability and accrued leave payments exceed the employee's full regular salary. This section does not apply to Safety members.

C. Labor Code Section 4850 Paid Leave This section applies only to the groups of employees designated by the labor code as eligible for "safety" benefits. When an employee in a classification designated as "safety" is disabled, whether temporarily or permanently, by an injury or illness arising out of and in the course of his/her duties, that person shall be entitled to leave of absence while so disabled without loss of salary, in lieu of temporary disability payments, for the period of such disability but not exceeding one year, or until such earlier date as he/she is retired on permanent disability pension.

VI. REPORTING FORMS:

A. Employee's Claim for Workers' Compensation Benefits, Supervisors' Report of Accident and Employer's Report of Occupational Injury/Illness

1. Timetable for Submission of Forms to Risk Management

- a. Within 48 hours of a report of a serious injury/illness requiring emergency medical treatment;
- b. Within 48 hours after the employee report of injury/illness, for other types of injuries.

2. Completion of Report Forms

- a. The Employer section of the Employee Claim Form must be completed by the employee's supervisor, and given to the employee to complete the top portion.
- b. The Supervisor's Report of Accident must be completed by the employee's supervisor (not the employee). The

report should be completed using information provided by the employee.

c. A supplemental statement may be attached to the Supervisor's Report if circumstances indicate that another person or agency may have directly or indirectly caused or contributed to the injury/illness, or if it is questionable whether the injury/illness is work-related.

d. The Supervisor's Report and copies of Employee Claim form or "Proof of Service by Mail" are then given to the departmental payroll clerk, who types the Employer's Report of Occupational Injury/Illness from the information contained on the Supervisor's Report. The payroll clerk then logs the injury in the Claim for log and submits the forms, together with any attachment, to the appropriate division head or the department manager, who reviews the material and signs in signature box on the Employer's Report.

3. Distribution of Report Forms Distribution of the forms should be as follows:

a. Employee's Claim for Workers' Compensation Benefits (Form DWC-1) (after employee completes and returns it)

1. Two copies to Risk Management attached to Supervisor's Report (and Employer's Report (Form 5020) if medical treatment was received or work time lost beyond date of injury).

2. Photocopy to department payroll clerk to log in Claim Form Log and place in employee's departmental file.

3. 1 copy to employee

4. 1 copy retained by supervisor.

b. Supervisor's Report of Accident

1. Top two copies to Risk Management, attached to Employer's Report if medical treatment was received or work time lost beyond the date of injury.

2. One copy to the department payroll clerk to place in employee's departmental file.

3. One copy retained by the supervisor.

c. Employer's Report of Occupational Injury/Illness:

1. Three copies sent to Risk Management;

2. One copy to be filed in employee's department file.

4. Use of the Employer's Report Forms The Employer's Report of Occupational Injury/Illness forms are used:

a. to document an employee's claim to an occupational injury/illness;

b. to document the nature and circumstances of the injury or illness;

c. as the source of information needed to complete the Cal/OSHA No. 300 Log and Summary of Occupational Injuries and Illnesses.

B. Risk Management sends the original to the County's Workers' Compensation claims administrator for review and appropriate action. California State law requires that the claim administrator must submit the report to the California Division of Industrial Accidents within five

days of the employee's report to his/her supervisor. To accomplish this, the Employer's Report of Occupational Injury/Illness must be received by Risk Management not later than 48 hours after the employee's initial report.

C. If an injury or illness is potentially life threatening or causes death, it must be reported initially by telephone to Risk Management as soon as possible.