

# *HR Instructions Manual*

## ON-THE-JOB INJURIES

### 1. Eligibility

The following are eligible to receive worker's compensation benefits if injured in the line of duty:

- a. All paid District employees (monthly, hourly, work study)
- b. Volunteers, if registered with the Risk Management Office
- c. Students, while receiving training in a hospital/clinic setting.

### 2. Reporting Process

State law requires that on-the-job injury reports be filed by the District with the District's Workers' Compensation insurer.

#### Employee's Responsibilities

- a. The employee informs the immediate supervisor or manager of the accident within 24 hours, no matter how trivial the injury may seem (in the absence of immediate supervisor, the next level supervisor or manager must be notified).

#### Supervisor's/Manager's Responsibilities

- a. Within 24 hours of knowledge of injury or illness, the manager or supervisor:
  - 1) provides the employee with the "Employee's Claim for Workers' Compensation Benefits" form and the "Workers' Compensation Benefit Notice"
  - 2) immediately investigates the cause of the accident and prepares and sends to the Risk Management Office "[Accident, Injury and Occupational Illness Investigation Report](#)" (available online or from the Risk Management Office);
  - 3) upon receipt of the employee's claim form, the supervisor or manager faxes and then sends the first two copies of the form to the Risk Management Office, Stadium Plaza within 24 hours.

Note: Although the employee may refuse to complete the "Employee's Claim for Workers, Compensation Benefits" form, the law requires that the employee be given the

form.

The "Accident, Injury and Occupational Illness Investigation Report" is the employer's information/ investigation report and must be completed by the appropriate manager or supervisor and countersigned by the Safety Officer. It should not be completed nor signed by the injured employee.

**If serious injury or death occurs, the Risk Management Office shall be notified immediately by telephone.**

- a. The Risk Management Office will notify the Worker's Compensation insurer within the same business day, by phone or fax and mailing copies of the "Employer's Report of Occupational Injury or Illness" form 5020.
  - b. **In case of serious injury or death of the employee, the insurer and, as necessary CALOSHA, will be notified immediately by phone.**
  - c. In case of absence from the job due to on-the-job injury, eligible employees shall complete, sign, and submit, through the college/center manager, an "Industrial Accident Leave Benefits Application". This application shall be submitted to the Payroll Section of Human Resources, Stadium Plaza, via the responsible timekeeper. (See applicable contract/ agreement to determine eligibility.)
  - d. Current state law allows up to 60 days of Industrial Accident leave at full pay to be applied to each accident or illness related to the workplace. This leave is available upon the Workers Compensation carrier's finding that the accident or illness is work related and compensable under the Worker's Compensation statutes. Employees who exhaust this Industrial Accident Leave may continue to receive salary by applying for any other sick leave, comp time, or vacation which they have accrued.
  - e. Any Worker's Compensation temporary disability benefits payable while an employee is receiving all or part of his salary shall be made payable to the District by the insurer. (If, inadvertently, a temporary disability payment is made directly to the employee for a period of disability for which the employee received salary, state law provides the check be endorsed payable to the District by the employee. Refunding the payment to the insurer is an acceptable alternative.) In those cases where the amount of salary paid is less than the temporary disability benefit, only that portion of the benefit equivalent to the amount of salary shall be paid to the District and the insurer shall pay the balance directly to the employee.
3. In the Event of an Accident
- a. The District shall provide prompt medical care to the employee who is injured on the job. The college/center manager should refer the employee to the nearest Sharp Rees-Stealy Medical Group (unless the employee has an "Employee Notification of Personal Physician" form filed with the Risk Management Office), and provide the employee with a signed "Authorization For Medical Treatment" form. If emergency hospital care is needed, the employee shall be taken to the nearest hospital. Ambulance service should be called, if necessary, through the Police Department.

- b. The employee should send all itemized bills or receipts for miscellaneous items to the Worker's Compensation insurer for reimbursement. The doctor and hospital should bill the insurer directly and may not charge more than Industrial Commission scheduled fees. If the physician is changed during treatment, the insurer must be notified in advance by the employee.
  - c. The insurer will notify the Payroll Office of the amount and duration of any disability payments applicable to the disability. The Payroll Office will advise the insurer of any full or partial salary continued during the disability and adjust the employees use of accumulated sick time, comp time or vacation time to allow for payments made by the insurer. At the end of the taxable year, the Payroll Office will adjust the employee's taxable earnings to exclude any non-taxable temporary disability payments included in salary payments made to the employee.
- 4. Forms
  - a. Employee's Claim for Workers Compensation Benefits
  - b. [Accident, Injury, and Occupational Illness Investigation Report \(CALOSHA 301\)](#)
  - c. Industrial Accident Leave Benefits Application
  - d. Return to Work