

CITY OF SAN MARINO
WORKERS' COMPENSATION
OPERATIONAL MANUAL

Presented by

AdminSure, Inc.
Workers' Compensation (TPA)
Third Party Administrator

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INTRODUCTION

Every employer conducting business in California must provide workers' compensation benefits on behalf of their employees. Even if an employer has only one employee, that employee must be covered by workers' compensation benefits.

The California Constitution states that the Workers' Compensation System is a "no fault" system, in which the employer is obligated to provide benefits on behalf of their employees regardless of the manner in which injuries occur (there are some very limited exceptions). Workers' compensation is an "exclusive remedy" which prevents an employee from commencing civil action against their employer even if their employer's actions may have contributed to the cause or extent of injury.

The City of San Marino is self-insured for its workers' compensation claims benefits. This means that all workers' compensation benefits are paid by the City.

AdminSure, a "Third Party Administrator," is contracted by the City of San Marino to administer their Self-Insured Workers' Compensation Program. The Administrator handles all claims processing, including but not limited to issuance of benefit payments and notices, coordination and monitoring of medical treatment, claims investigation, and defense on litigated claims.

The ability of AdminSure to respond to a workers' compensation injury depends upon prompt and accurate reporting from the City of San Marino. Therefore, the purpose of this manual is to provide the information necessary to enable the City of San Marino and AdminSure to coordinate their activities so that accurate and timely benefits are provided to the City of San Marino's injured employees.

The City of San Marino's Third Party Administrator (TPA)
is:

ADMINSURE
3380 Shelby Street
Ontario, California 91764
Telephone: (909) 861-0816
Facsimile: (909) 860-3995

Claims Adjuster

Jackie Tapia
Direct Line: (909) 612-5631
Jtapia@adminsure.com

Manager

Nicolas Bowers
Direct Line: (909) 612-5636
Nbowers@adminsure.com

INDUSTRIAL INJURY OR ILLNESS

The City of San Marino's Self-Insured Workers' Compensation Program covers an employee's injury or illness (disease) which is caused or aggravated by their employment with the City of San Marino. It does not cover injuries or illnesses (diseases) that are of a non-work origin.

An injury or illness, occupational disease, or continuous (cumulative) trauma that arose out of and occurred within the course and scope of an employee's employment is considered an industrial (work related) injury.

An injury may be either:

1. **Specific** – Occurring as the result of one incident or exposure that causes disability or need for medical treatment; or
2. **Cumulative** – Occurring as a result of repetitive activities or conditions over a period of time – the combined effects of which causes disability or need for medical treatment.

There are three (3) types of claims that are reported to the City of San Marino:

1. **First Aid Claims** – Claims requiring only first aid treatment.
2. **Medical Claims** – Claims that require medical care beyond first aid and are reportable to the Third Party Administrator, AdminSure.
3. **Indemnity Claims** – Claims that are work-related requiring medical treatment, are reportable to the Administrator, and have or may result in any of the following:
 - a. Temporary Disability Benefits
 - b. Permanent Disability Benefits
 - c. Life Pension Benefits
 - d. Death Benefits
 - e. Vocational Rehabilitation or Supplemental Job Displacement Benefits

WORKERS' COMPENSATION BENEFITS

The following are workers' compensation benefits provided to an employee injured during the course and scope of employment:

Medical Coverage – 100% payment of authorized physician, hospital, pharmacy, and medical services subject to the official medical fee schedule, and reimbursement of transportation costs for medical appointments. All authorized medical treatment reasonably required to cure and/or relieve the effects of the industrial injury will be paid and is cost free to the injured employee. Any bills and invoices received by the employer or employee should be sent to AdminSure for processing. All medical treatment relating to the industrial injury must be authorized by a **Utilization Review (UR)** process to approve, modify, delay or deny treatment, pursuant to the guidelines set forth by the American College of Occupational and Environmental Medicine.

1. **Temporary Disability (TD)** – Payable to all employees while they are temporarily unable to work as a result of an industrial injury. This is a tax free benefit.

Temporary disability rates are calculated at two-thirds (2/3) of actual weekly earnings, up to a statutory maximum determined by the State Legislature. For injuries occurring in 2021, the current maximum rate is \$1,356.31 per week. The current minimum rate is \$203.44 per week.

Wage information is required for one year prior to the first day of lost time. This information is essential to establishing the correct weekly compensation rate. **Wage statements are required from the employer and must be completed within five (5) days of receipt. This information should be completed on the Wage Statement form provided by AdminSure.**

Temporary disability benefits are not payable for the first three (3) days of disability unless such disability exceeds fourteen (14) days or the employee is hospitalized.

Temporary disability or lost-time from work is medically determined.

Temporary disability benefits must be paid within fourteen (14) days of knowledge. Untimely payments require that the employer via the Administrator pay a 10% self-imposed penalty to the employee.

Sworn safety employees are paid LC 4850 benefits or full salary by the City of San Marino for up to one year for each injury, pursuant to the Labor Code. There is no three day waiting period. Benefits commence immediately.

3. **Permanent Disability (PD)** – Payable to an employee if there is a **ratable residual disability or impairment** as a result of the industrial injury.

Permanent disability is due when the treating physician determines the injured employee's medical condition is permanent and stationary (P&S) or has reached maximum medical improvement (MMI), and full recovery to pre-injury status is not possible. The treating physician will take into account physical impairment (loss of use or function or derangement of the injured body part) and resulting disability. As of January 1, 2005, the AMA Guides to Evaluation of Permanent Impairment is used to determine the impairment rating.

The adjusted rating is referenced to a rating chart, also developed by the State, to determine the equivalent dollar value.

If there is anticipation of any disability, temporary or permanent, the injured employee's job description should be forwarded to AdminSure.

Supplemental Job Displacement Benefits (for injuries 2013 and after) – There is a supplemental job displacement non-transferrable \$6,000 voucher for educated-related retraining and/or skill enhancement. It can be used to pay for education, counseling and/or training services. The voucher can be taken to a California public school or to a state-certified provider on the Eligible Training Provider List, at <http://etpl.edd.ca.gov> and the school will be directly reimbursed upon receipt of a documented invoice by the claims examiner. Also, the voucher can

be taken to a counselor, which can be selected from the list on the Division of Workers' Compensation's ("DWC") website at: http://www.dir.ca.gov/dwc/SJDB/VRTWC_list.pdf

STATE REQUIRED NOTICES

The State of California requires employers to advise an injured employee in writing of all benefits that they are receiving or may be entitled to receive. These notices will be sent from AdminSure. The notices contain language required by the State. This language may be confusing and somewhat intimidating. Please encourage the injured employee to contact AdminSure if there are any questions about any benefit notice they receive.

DELAYED AND DENIED CLAIMS

Delay Notice – Is a letter with required State mandated language that is used to notify the injured employee that specific information is needed prior to any decision being made regarding claim acceptance and entitlement to benefits. Delay notices must be issued within fourteen (14) days of the employer's or Administrator's knowledge of the claim.

The delay notice allows the Administrator adequate time to thoroughly investigate the claim prior to making a determination. The determination to accept or deny a claim must be made no later than ninety (90) days from the date of knowledge of the claim, or from the date the Employee Claim Form (DWC-1) is received from the injured employee, provided that the claim form was provided to the employee within 24 hours of knowledge. Generally, if a delayed claim is not denied within ninety (90) days, it is presumed to be work-related (compensable).

During the ninety (90) day delay period, the following may take place:

1. Obtain witness statements
2. Obtain statement of the claimant (injured employee)
3. Obtain or subpoena all prior medical records
4. Examination of the claimant (injured employee) by a medical specialist
5. Investigation of the claimant's (injured employee's) prior and subsequent employment
6. Obtain deposition of claimant (injured employee) and/or witnesses

The employer is required to pay only for medical treatment authorized by a Utilization Review process up to \$10,000 while the claim is in delay status. All other benefits are delayed and not payable unless the claim is subsequently accepted.

Denial Notice – Is a letter with required State mandated language and used to deny any part or all parts of the alleged injury.

If an injury or illness occurs at work, it does not necessarily make it compensable (work related). If the injury or illness would have occurred absent the employment setting, then it would not generally be considered compensable for workers' compensation purposes.

EMPLOYEE'S RESPONSIBILITY

All employees are expected to take every reasonable precaution to prevent accidents and injuries to themselves or their coworkers. If an employee is injured, he/she is obligated to immediately report any work related or suspected work-related injury or illness to their supervisor or person designated by the employer.

After reporting the injury and receiving medical treatment, the injured employee has a continuing obligation to follow medical directives, adhere to physician directed limitations whether at work or on personal time, keep all medical appointments, including scheduled therapy appointments, until discharged from care.

The employee is accountable to their supervisor and must keep the supervisor informed of all appointments scheduled during regular working hours, of changes in work status as directed by the treating physician,

INJURED WORKER

Any employee who sustains an injury or illness while at work should report immediately to a supervisor, in person or via telephone to ensure that he/she receives prompt and appropriate treatment. The Department Workers' Compensation Liaison will make the referral to the City's designated medical facility for immediate assessment and give the employee the necessary paperwork for filing a Worker's Compensation claim. If the employee has an approved "*Pre-Designation of Personal Physician*" form on file with the department, he/she may go to the pre-designated physician instead of the City's designated medical facility. However, if the pre-designated physician is not immediately available, the employee should be sent to the City's designated facility for assessment.

An injured worker has the right for care and treatment without loss of pay or work status. However, it is the employee's responsibility to follow through on medical appointments and care as instructed and to adhere to all work policies and procedures, including coordination of work schedule with his/her supervisor.

EMPLOYEE RESPONSIBILITIES:

1. If injured or ill while at work, report to a supervisor immediately, in person or by telephone.
2. Report to the Department W/C Liaison for referral for medical evaluation and treatment. This procedure is required even if you have a pre-designated physician form on file and want to see your own doctor.
3. Report immediately to the medical facility (or pre-designated physician) as instructed and report back to the supervisor or Department W/C Liaison immediately at the conclusion of the appointment, unless medically prohibited or otherwise instructed by the supervisor.

- a. If your appointment concludes after your regular work hours, report back to your supervisor the next working day at your normal work start time in person or by telephone if you are medically not able to report to work.
 - b. If the doctor “puts the employee off work” for the rest of the work shift or until the follow-up doctor’s appointment, the employee must immediately report this in person or via telephone to his/her supervisor or Department W/C Liaison.
4. Report as scheduled to all follow-up doctor and therapy appointments; if the appointments must be scheduled during regular working hours the employee must coordinate the appointment and work schedule with his/her supervisor.
 5. Keep his/her supervisor informed of any changes in work status or work restrictions and coordinate modified duty assignments as instructed by his/her supervisor or the W/C Liaison.
 6. You may be placed on “modified duty” (MD) in your department or another department to accommodate work restrictions due to your injury. If modified work is not available you will be placed on “temporary disability” (TD). TD is a paid benefit to allow you to recover from your injury/illness and is coordinated by the TPA. While on TD you must keep all appointments and, just as if you were at work, comply with the “work restrictions” (i.e. no lifting, standing). Failure to do so may jeopardize your recovery and your right to Workers’ Compensation benefits.
 7. If you have any questions regarding your medical care you should call AdminSure. In addition, as a City employee you are responsible for keeping your supervisor informed of your condition *as it relates to your work status*.

EMPLOYER’S RESPONSIBILITY

REPORTING REQUIREMENTS: *The following three (3) forms must be sent by facsimile and/or mail to AdminSure within five (5) days of knowledge of the filing of a claim for worker’s compensation benefits:*

1. *Supervisor’s Report of Injury or Illness*
2. *Employee’s Claim Form for Workers’ Compensation Benefits (DWC-1)*
3. *Employer’s Report of Occupational Injury or Illness (Form 5020)*

1. Supervisor’s Report of Injury or Illness

This form provides additional information regarding the claimed injury or incident. It should include witness information and if applicable, a description of defective equipment contributing to an injury. If the injury is a result of someone else’s negligence, for example an automobile accident, the form should include information regarding the responsible third party and the police department or agency who responded to the accident.

The *Supervisor’s Report* must be completed whenever there is an incident resulting in an accident, injury or illness. If an employee sustained a work injury which required first aid

treatment only, or the employee refused medical treatment, or requested an Employee Claim Form (DWC-1), the Supervisor's Report can be used to document these instances.

If the Supervisor's Report is used for informational purposes only, a copy should be maintained in the employee's file in the department until the employee returns the Employee Claim Form or requires treatment beyond first aid. (The return of the Employee Claim Form initiates the workers' compensation claim).

Attachment: Supervisor's Report of Injury or Illness

2. Employee's Claim Form for Workers' Compensation Benefits (DWC-1)

The purpose of the **Employee's Claim Form (DWC-1)** is to notify the employer of the employee's claim of injury and to initiate the processing of the claim.

Within one (1) working day (24 hours) of receiving notice or knowledge of a work injury or illness, the employer must provide form DWC-1, Employee Claim for Workers' Compensation Benefits, to the employee. The DWC-1 is required when the injury results in lost-time beyond the date of injury or results in medical treatment beyond first aid. The knowledge of the injury can come from any source, either from within or outside the place of employment. A Doctor's First Report of Work Injury might be the employer's first knowledge of an injury, and would be an example of notice and knowledge from outside the place of employment.

The employer must provide the employee the **Employee's Claim Form (DWC-1)** either personally, or by first class mail sent with return receipt requested. In the case of an employee's death, the DWC-1 must be sent to the employee's dependents, if any, by first class mail, return receipt requested.

When providing the DWC-1 to the injured employee, it must be documented that it was provided to the employee within one (1) working day or 24 hours of knowledge. This is to be done by a signed entry in the "On the Job Injury Log". If the form is sent by first class mail, then this should be noted in the log and the return receipt shall take the place of the employee's signature.

BE ADVISED:

- **Upon knowledge of an injury or illness, the employer is required by law to give the DWC-1 form to the injured employee, even if the employer questions whether the injury is work related. An employer providing and/or signing the DWC-1 is NOT an admission of liability nor is it a guarantee of workers' compensation benefits.**
- **The State will assess a penalty against the employer if the Employee's Claim Form (DWC-1) is not provided to the injured employee within 1 (one) working day (24 hours) of knowledge of a work injury or illness.**
- **The employee, however, is not required to return the DWC-1 form to the employer. The workers' compensation claim is initiated when the employee files the DWC-1 form, NOT when the form is received by the employee. Initiation of a claim does not insure that an injury will be determined to be work-related and therefore compensable.**

- **All information must be completed on the DWC-1 or a State imposed \$100.00 penalty may be assessed against the employer.**

PROCESSING THE EMPLOYEE'S CLAIM FORM (DWC-1):

The Employee's Claim Form (DWC-1) consists of an original and three (3) copies:

- Employer (original)*
- Claims Administrator (copy)*
- Employee (copy)*
- Employee's Temporary Receipt - pending final processing of form - (copy)*

The **injured employee** is required to fill out the top section of the form. After filling out the top section of the form, the injured employee retains the bottom copy (d) as a temporary receipt and returns the DWC-1 to the employer representative for completion.

The **employer** completes the bottom section of the DWC-1 and provides the employee a fully completed copy (c). The employer retains the original (a) and the remaining copy (b) must be faxed immediately to AdminSure and the original mailed within five (5) days of receipt by the employer.

If the employer's section of the DWC-1 has not been properly completed, **AdminSure** will immediately contact the City for correct information or clarification of any discrepancies. **Attachment: Employee's Claim for Workers' Compensation Benefits (DWC Form 1)**

3. Employer's Report of Occupational Injury or Illness, (Form 5020)

Employers are required to report an occupational injury or illness that requires medical treatment beyond first aid, or results in lost-time beyond the date of injury.

Form 5020 must be completed by the employer and sent to AdminSure within five (5) days of the employer's knowledge of a reported work-related injury or illness.

Attachment: Employer's Report of Occupational Injury or Illness (Form 5020)

In case of a medical emergency, obtain help immediately. If there is a question regarding the cause - "Is it work-related?" - a determination will be made at a later date.

If there are any questions regarding either the injury or reporting requirements, telephone the AdminSure Administrator or Unit Manager.

The following circumstances must be reported immediately to the Human Resources Officer and to AdminSure:

1. A serious injury that involves amputation, immediate hospitalization, or employee death.
2. A questionable claim requiring immediate hospitalization.
3. Delays in submitting Form 5020 - Employer's Report of Occupational Injury or Illness.
4. Problems obtaining necessary medical treatment for the injured employee.

Injuries due to vehicle accidents or other incident involving a third party:

When an employee is injured on-the-job due to a vehicle accident, or other incident resulting in police report, a copy of the police report should be sent to AdminSure as soon as it is available.

This will enable AdminSure to determine if there is **subrogation** potential. **Subrogation** occurs when a workers' compensation injury may have been the result of a "third party's negligence," such as an unsafe driver of the at-fault automobile; a machine lacking safety features; or the owner of the unsafe property where the injury occurred. Subrogation allows for recovery from an at-fault third party for benefits paid to an injured employee when it was the result of the at-fault third party's negligence.

If machinery or equipment of any kind injures or is believed to have been the cause of the injury to an employee, it may be possible to recover costs from the manufacturer if defective equipment is found to have caused the injury. **Retain and do not repair the item. Contact the Human Resources Officer immediately for instructions.**

MEDICAL TREATMENT

The employer is responsible for providing all medical treatment authorized by a Utilization Review process that is reasonably required to cure and/or relieve the injured employee from the effects of the injury. Treatment is without cost to the injured employee. All related bills and invoices should be sent by the billing party directly to AdminSure for processing. Any such bills received by the City should be forwarded to AdminSure for handling.

The employer has the right to control the provision of medical care for the first thirty (30) days after the injury is reported, except in the case when an employee has pre-designated a personal physician. If there is a continued need for treatment after the initial thirty (30) day period, the injured employee may select their own treating physician and receive medical care under the direction and control of that physician. **If an injured employee elects to change physicians at the end of the thirty (30) days, the employee must immediately notify AdminSure in writing of the physician's name, address, and telephone number.**

PRE-DESIGNATION OF PERSONAL PHYSICIAN: An injured employee may receive treatment from his/her own personal physician from the onset of the injury, if the employee has filed a "**Pre-designation of Personal Physician**" form with the Human Resources Office. A copy of the Pre-designation form must be provided to AdminSure at the time the workers' compensation claim is filed. In order for an employee to pre-designate their own physician, the following three (3) provisions must be met:

1. The personal physician must be a "regular physician and surgeon" who has the medical records and history of the injured employee and who must have previously directed medical treatment.
2. The personal physician must be a medical doctor. Chiropractors and acupuncturists are no longer allowed to serve as the pre-designated primary treating physician for a work related injury.
3. The personal physician must agree to be pre-designated and comply with all workers' compensation laws and requirements.

Attachment: Sample City of San Marino Pre-designation of Personal Physician form

MEDICAL CLINIC / EMERGENCY TREATMENT

If the employee's injury requires medical attention, the supervisor shall direct the injured employee to one of the City's designated industrial clinics. It is the supervisor's responsibility to determine if the injured worker is able to transport themselves to the clinic for evaluation and treatment. If there is any doubt of the employee's ability to safely drive to the designated clinic, the supervisor shall provide appropriate transportation assistance both to and from the clinic.

St George's Clinic

Tel: (626) 440-0097

Operating Hours:

Monday – Friday: 8:30 a.m. – 6:00 p.m.

EXER

Tel: (626) 270-2400

Operating Hours:

Monday- Sunday 9:00am to 8:30pm

IF EMERGENCY TREATMENT IS REQUIRED: Call 911.

It is imperative that the injured employee be provided with immediate and appropriate medical care and transported to the nearest medical facility. If an employee is transported to a medical facility notify the Human Resources Officer immediately so that AdminSure can be informed. Paperwork should be completed as soon thereafter as possible

FIRST AID

First Aid – If the injury or illness is minor and requires first aid only, it should be provided at the injured employee's work place if at all possible, at the nearest available employer medical facility or by the Fire Department paramedics. First aid injuries must be logged and the Supervisor's Report completed. This information is important should the injury go beyond first aid. Send a copy of the Supervisor's Report and Doctor's Report to the Human Resources Officer so that invoices may be verified and paid promptly upon receipt.

First Aid is defined as one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid, even though provided by a physician or registered professional personnel.

Although, the treating physician may determine that the injury is beyond the scope of first aid only, the following are examples of first aid injuries:

1. Visits to a health care provider limited to observation
2. Diagnostic procedures
3. Use of non-prescription medications, including antiseptics
4. Simple administration of oxygen
5. Administration of tetanus or diphtheria shot(s) or booster(s)
6. Cleaning, flushing or soaking wounds on skin surface
7. Covering wounds with bandages or gauze pads
8. Use of any hot or cold therapy
9. Use of elastic bandages
10. Drilling of a nail to relieve pressure
11. Removal of foreign bodies not embedded in the eye; only require irrigation or cotton swab
12. Removal of splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means

If the treating physician determines that the injury is beyond the scope of first aid, it will be noted on the Doctor's Report. In such cases, the supervisor should then complete the Employer's Report of Occupational Injury or Illness (Form 5020) and provide the employee with the Employee's Claim Form for Workers' Compensation Benefits (DWC-1) as required.

RETURN TO WORK NOTIFICATION

An employee may be released to "**modified duty**" based on specific activity restrictions ordered by the treating physician. Employees on modified duty receive their regular pay and are not entitled to temporary disability payments. If no accommodations can be made, the employee will be placed on temporary disability and receive payment accordingly. There is no requirement that an employee be assigned modified duty. Each case must be evaluated independently based on a number of factors including the employee's degree of restrictions, job skills, availability of meaningful work and short/long term medical prospective. When appropriate for the employee's prognosis and operationally feasible, the department may temporarily modify the duties of the injured worker's regular work or assign the injured worker to a temporary work assignment which accommodates the specified restrictions. If no such work is available, the Department WC Liaison should contact the Human Resources Officer to see if modified duty is available in another department.

When the injured employee is released to return to work, for either modified duty or full-duty, the Department W/C Liaison must *immediately* notify AdminSure by telephone or email of the physician's release date and actual return-to-work date. The W/C Liaison must notify AdminSure immediately of any change in the injured employee's work status and forward to AdminSure a copy of all medical reports received during the injured employee's treatment and recovery. This procedure will minimize disability benefit overpayments and will ensure timely resumption of employee benefits.

when broken periods of lost time occur. Failure to follow “Return to Work” notification procedures can invoke statutory penalties and fines for late payment of indemnity benefits.

MONITORING RECOVERY

It is important that the City of San Marino and AdminSure work together to facilitate and monitor the injured employee’s recovery. Good communication will ensure that the injured worker receives the medical care needed to return to work as quickly as possible and minimize the risk of further injury. Coordination of effort will minimize lost work time and maximize savings under the City’s Self-Insured Workers’ Compensation Program.

IN SUMMARY

Working and communicating together is required to quickly and effectively assess the workers’ compensation claims and to provide prompt benefits to all injured employees. **Together, we will:**

1. Know the status of the injured employee’s industrial injury.
2. Maintain contact with injured employees to minimize lost time from work due to their industrial injury.
3. If the injured employee returns to modified work, make sure the modified work complies with the modified work restrictions and notify AdminSure if it does not.
4. Make sure the injured employee attends all medical and therapy appointments that may be scheduled during working hours to facilitate recovery.

WORKERS' COMPENSATION ACRONYMS

AA.....	Applicant's Attorney
AME.....	Agreed Medical Examiner
AOE/COE.....	Arising Out of Employment/Course of Employment
AWW.....	Average Weekly Wage
C&R.....	Compromise and Release
CT.....	Cumulative Trauma
DEU.....	Disability Evaluation Unit
DOI.....	Date of Injury
DOR.....	Declaration of Readiness to Proceed
EDD.....	Employment Development Department
EE.....	Employee
ER.....	Employer
FM.....	Future Medical
LC.....	Labor Code
MMI.....	Maximum Medical Improvement
MO.....	Medical Only
N/A.....	Next Appointment
NLT.....	No Lost Time
PD.....	Permanent Disability
PDA.....	Permanent Disability Advances
P&S.....	Permanent and Stationary
QIW.....	Qualified Injured Worker
QME.....	Qualified Medical Evaluator
QRR.....	Qualified Rehabilitation Representative
RRTW.....	Release to Return to Work
SJD.....	Supplemental Job Displacement
TD.....	Temporary Disability
TPA.....	Third Party Administrator
U&C.....	Usual and Customary
W/C.....	Workers' Compensation
WCAB.....	Workers' Compensation Appeals Board
W/P.....	Waiting Period

**SUPERVISORS QUICK REFERENCE
FOR
WORKERS' COMPENSATION CLAIMS REPORTING**

Workers' Compensation benefits are provided to employees who are injured, or become ill, as a result of their work activities. Benefits include medical treatment, transportation costs for medical appointments, temporary disability payments, permanent disability payments, and rehabilitation/supplemental job displacement benefits if an injured employee is unable to return to his/her usual occupation.

The City of San Marino's Workers' Compensation benefits are provided through AdminSure, a workers' compensation third party claims administrator. AdminSure processes all of the City of San Marino's claims.

All reports and correspondence should be directed to:

Jackie Tapia
AdminSure
3380 Shelby Street
Ontario, CA 91764

Direct Line: 909-612-5631
Main Line: 909-861-0816
Fax: 909-860-3995

** Supervisors play an important part when an employee is injured at work.*

** Supervisors should assist the injured employee in obtaining necessary medical treatment.*

For any serious injury or emergency call 911 so that the employee can be transported to the nearest appropriate medical facility. Notify the Human Resources Officer immediately so that AdminSure can be notified. If the injury requires immediate medical attention and the employee is conscious and can walk, the supervisor should have someone take the employee to the designated medical facility and remain with them until they are released. Minor injuries that require *first aid only may be treated at the injured employee's work place or at the designated industrial clinics.

St George's Clinic

Tel: (626) 440-0097

Operating Hours:

Monday – Friday: 8:30 a.m. – 6:00 p.m.

EXER

Tel: (626) 270-2400

Operating Hours:

Monday- Sunday 9:00am to 8:30pm

NOTE: Employees may be sent to either clinic at any time. Follow-up appointments will be at the facility where treatment was initiated unless otherwise directed by the TPA.

SUPERVISORS QUICK REFERENCE FOR HOW TO COMPLETE INJURY REPORTS

All injuries, apart from first aid, should be reported. There are three forms that must be completed:

1. **Form 5020 - Employer's Report of Injury** - This report must be completed and sent to AdminSure within five (5) days of the employer's knowledge of the injury. The supervisor should complete the form. Contact the Human Resources Office if you need assistance.
2. **Form DWC-1 - Employee's Claim for Workers' Compensation Benefits** - This must be provided to the injured employee within **24 hours of knowledge of an injury or alleged injury**. Fill out the bottom section of this form, except for line 13 (Date employer received claim form), and keep a copy before giving it to the employee. ***Fill out line 13 when the employee returns the form to you. Please note: State law requires this form be given to the employee by the employer; there is no requirement that the employee return it.***
3. **Supervisor's Report of Injury** - Complete this form in as much detail as possible. This will help to determine the nature of the injury and possible ways to limit the risk of future incidents. Obtain witness names and other relevant information. Retain defective equipment if it in any way contributed to the injury. If the injury is a result of someone else's negligence (e.g. an auto accident), gather information on the responsible party. Contact the Human Resources Officer if you need assistance or have any questions.

Forward these three forms to AdminSure when the employee returns the completed DWC-1 form. Keep copies for your records.

If an injury occurs after normal business hours when your designated medical facility is not open, transport the injured employee to the closest medical facility for treatment.

**AdminSure is available to answer any questions
regarding any aspect of the Workers' Compensation System.**



***First Aid**

Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid, even though provided by a physician or registered professional personnel.

**NOTE: All Departments should have a first aid kits stocked
and readily available for incidental first aid on site.**



ACCIDENT INVESTIGATION – HELPFUL HINTS

Each on the job injury/illness should be thoroughly and properly investigated in order to identify probable causes and then correct the areas responsible to prevent future incidents. Each investigation should be documented in writing, noting as specifically as possible the probable cause and corrective actions to be taken.

Accident investigations should be conducted as soon after the incident as possible by trained individuals or individuals familiar with the general working environment with the primary focus of understanding why the accident or near miss occurred and what actions can be taken to preclude recurrence.

Questions to ask in an accident investigation include:

1. What happened?

The investigation should describe what took place that prompted the investigation: an injury to an employee, an incident that caused a production delay, damaged material or any other conditions recognized as having a potential for losses or delays. Interviews should be conducted with the injured worker and with any witnesses to the incident

2. Why did the incident happen?

The investigation must obtain all the facts surrounding the occurrence: what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the accident or near miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist, and how it can be corrected.

3. What should be done?

The person conducting the investigation must determine which aspects of the operation or processes require additional attention. It is important to note that the purpose here is not to establish blame, but to determine what type of constructive action can eliminate the cause(s) of the accident or near miss.

4. What action has been taken?

Action already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified.

Corrective action should be identified in terms of not only how it will prevent a recurrence of the accident or near miss, but also how it will improve the overall operation. This will assist the investigation in

selling his/her solutions to management. The solution should be a means of achieving not only accident control, but also total operation control.

If you have a safety and health committee, its members should review investigations of all accidents and near-miss incidents to assist in recommending appropriate corrective actions to prevent a similar recurrence.

Thorough investigation of all accidents and near misses will help you identify causes and needed corrections, and can help you determine why accidents occur, where they happen, and any accident trends. Such information is critical to preventing and controlling hazards and potential accidents.

CALIFORNIA RECORDKEEPING STANDARD

14300.29 – Forms

(a) Basic requirement. You must use Cal/OSHA 300, 300A, and 301 forms, or equivalent forms, for recordable injuries and illnesses. The Cal/OSHA Form 300 is called the Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A is called the Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 is called the Injury and Illness Incident Report. Appendices A through C give samples of the Cal/OSHA forms. Appendices D through F provide elements for development of equivalent forms consistent with Section 14300.29(b)(4) requirements. Appendix G is a worksheet to assist in completing the Cal/OSHA Form 300A.

(b) Implementation.

(1) What do I need to do to complete the Cal/OSHA Form 300?

You must enter information about your establishment at the top of the Cal/OSHA Form 300 by entering a one or two line description for each recordable injury or illness, and summarizing this information on the Cal/OSHA Form 300A at the end of the year.

(2) What do I need to do to complete the Cal/OSHA Form 301 Incident Report?

You must complete a Cal/OSHA 301 Incident Report form, or an equivalent form, for each injury or illness required to be entered on the Cal/OSHA Form 300.

(3) How quickly must each injury or illness be recorded?

You must enter each recordable injury or illness on the Cal/OSHA Form 300 and Cal/OSHA Form 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

(4) What is an equivalent form?

An equivalent form is one that has the same information, is as readable and understandable to a person not familiar with it, and is completed using the same instructions as the Cal/OSHA form it replaces.

(5) May I keep my records on a computer?

Yes. If the computer can produce equivalent forms when they are needed, as described under Sections 14300.35 and 14300.40, you may keep your records using a computer system.

(6) Are there situations where I do not put the employee's name on the forms for privacy reasons?

Yes. If you have a "privacy concern case," as described in subsection (b)(7) of this section, you may not enter the employee's name on the Cal/OSHA Form 300. Instead, enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the Cal/OSHA Form 300 under Section 14300.35(b)(2). You must keep a separate, confidential list of the case numbers and employee names for your privacy concern cases so you can update the cases and provide the information to the government if asked to do so.

(7) How do I determine if an injury or illness is a privacy concern case?

You must consider the following injuries or illnesses to be privacy concern cases:

(A) An injury or illness to an intimate body part or the reproductive system;

(B) An injury or illness resulting from a sexual assault;

(C) Mental illnesses;

(D) HIV infection, hepatitis, or tuberculosis;

(E) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (see Section 14300.8 for definitions); and

(F) Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. Musculoskeletal disorders (MSDs) are not considered privacy concern cases.

Note: The first sentence of subsection (b)(7)(F) of this section is effective on January 15, 2002. The second sentence is effective beginning on January 1, 2004.

(8) May I classify any other types of injuries and illnesses as privacy concern cases?

No. This is a complete list of all injuries and illnesses considered privacy concern cases for purposes of Article 2.

(9) If I have removed the employee's name, but still believe that the employee may be identified from the information on the forms, is there anything else that I can do to further protect the employee's privacy?

Yes. If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the Cal/OSHA forms 300 and 301. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature. For example, a sexual assault case could be described as "injury from assault," or an injury to a reproductive organ could be described as "lower abdominal injury."

(10) What must I do to protect employee privacy if I wish to provide access to the Cal/OSHA forms 300 and 301 to persons other than government representatives, employees, former employees or authorized

representatives?

If you decide to voluntarily disclose the forms to persons other than government representatives, employees, former employees or authorized representatives (as required by Sections 14300.35 and 14300.40), you must remove or hide the employees' names and other personally identifying information, except for the following cases. You may disclose the forms with personally identifying information only:

- (A) to an auditor or consultant hired by the employer to evaluate the safety and health program;
- (B) to the extent necessary for processing a claim for workers' compensation or other insurance benefits; or
- (C) to a public health authority or law enforcement agency for uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required under Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information, 45 CFR.164.512.

NOTE: Authority cited: Section 6410, Labor Code. Reference: Section 6410, Labor Code.
