

CITY OF SAN LEANDRO**ADMINISTRATIVE PROCEDURE****AP-1540: REPORTING A WORK-RELATED INJURY/ILLNESS**

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APPROVED BY CITY MANAGER:

A handwritten signature in black ink, appearing to be "SB", written over the "APPROVED BY CITY MANAGER:" text.

I. APPLICABLE TO

All employees who are in a supervisory or management position.

II. PURPOSE

To provide guidance to supervisors and managers whose employees have on-the-job injuries or job-related illnesses.

III. GUIDELINES

Within one working day of receiving notice or knowledge of an employee's injury or illness which results in lost time beyond the date of injury/illness or which results in medical treatment beyond first aid, supervisors or managers must provide, personally or by first-class mail, a claim form (Attachment A, *DWC-1 form*) and a notice of potential eligibility for benefits to the injured employee (Attachment B, *Facts for Injured Workers*). Even if the employee does not report to you, the 24-hour requirement begins as soon as any manager or supervisor becomes aware of an employee's work-related injury/illness.

When in doubt, a supervisor shall complete the employer's portion of the *DWC-1*, date it, make a copy for his/her records, and provide it to the injured worker. If the employee chooses not to complete it or seek medical attention, but later decides to seek medical attention, the copy will provide important documentation of compliance with legal requirements.

- A. If an employee is injured on the job, appropriate medical care should be secured immediately, if needed: If the incident occurs on a weekend or evening, or constitutes a serious emergency, treatment should be secured from San Leandro Hospital or the nearest emergency treatment center.
- B. For non-emergencies (Monday through Friday, 7:00am to 6:00pm), upon receipt of the employee's completed *DWC-1* form, supervisors/managers are to authorize treatment at the City's designated medical provider, Concentra Medical Center, 2587 Merced Street, San Leandro, by phoning (510) 351-3553.

Employees who filed a *Designated Physician Form* (Attachment C) with Human Resources on or after July 12, 2004—naming a personal physician who has agreed in writing to treat workers' compensation injuries may be treated by the physician (MD or

OD) designated on that form. Chiropractors and acupuncturists may no longer be designated for *new* injuries which occurred on or after July 12, 2004. Note: *The Designated Physician Form*, kept on file with Human Resources for industrial incidents, is *not* the same as the goldenrod *Employee and/or Emergency Information Form*, which pertains to non-industrial emergencies only.

An employee who has been treated by a health care professional for any work-related incident shall not be returned to duty except upon release to full or modified duty by the treating health care professional. A release to modified duty shall specify the duration of and any work restrictions, and shall be provided by the employee to his/her supervisor immediately following the medical appointment.

If an employee is released by his/her physician to modified duty, the supervisor shall contact the Senior Human Resources Analyst in Workers Compensation and Benefits to determine whether or not modified work is available, imposes an undue hardship on the City, exceeds or violates the doctor's restrictions. This work may be within the employee's assigned department. Modified duty need not be provided for part-time employees unless it is readily available.

IV. PROCEDURE

- A. Employee: Immediately notifies the supervisor of any injury or illness occurring in the performance of, or arising out of, the job. If injury requires on-site first aid only, logs injury in accordance with departmental procedures. If medical care is required, completes Attachment A, *DWC-1 form* and returns it to supervisor.
- B. Supervisor: Ensures that injury is logged in accordance with departmental procedures. If medical care is required, secures initial treatment as outlined above. Provides employee with the pamphlet, *Facts for Injured Workers* (Attachment B) and *Employee's Claim for Workers' Compensation Benefits (Form DWC-1)*. Additionally, if the employee is treated by a facility other than Concentra, the supervisor provides the employee with a *Modified Duty/Return to Work Form* (Attachment D) to be given to the care provider for completion.

Within 24 hours of the incident, or of a supervisor's knowledge of the incident, or knowledge that a logged "first aid" incident requires medical care, the employee will complete the *On-The-Job Injury, Illness or Exposure Investigation Form* (Employee's Report Attachment E, side 1); the employee's supervisor shall complete the *On-The-Job Injury, Illness or Exposure Investigation Form* (Supervisor's Report Attachment E, side 2) and form 5020, *Employer's Report of Occupational Injury or Illness* (Attachment F). Supervisors are required to track the employee's medical visits beyond one visit on the *Injuries Log* (Attachment G). The 5020 form is forwarded to the Human Resources Department along with the completed *Form DWC-1*, *Supervisor's Report*, and any other

related documentation.

Human Resources: Staff finalizes the above forms and forwards copies to the City's third-party administrator for Workers' Compensation, Gregory B. Bragg and Associates (Bragg). Bragg staff will coordinate subsequent medical treatment and benefits, keeping the City informed of the employee's status.

Human Resources will work closely with managers and supervisors to monitor leaves, establish modified duty assignments, and ensure compliance with state regulations and other legal requirements.