

**COUNTY OF SACRAMENTO
DEPARTMENT OF PERSONNEL SERVICES
WORKERS' COMPENSATION OFFICE**

**WORK RELATED INJURIES/ILLNESSES
SUPERVISOR'S CHECKLIST**

The Workers' Compensation Office' vision is to lawfully administer workers' compensation benefits in an equitable manner that reflects and demonstrates our respect for the employee. As a supervisor your assistance in this vision is vital. It is very important that you convey the message that you care about your employees both before and after work injuries occur.

PREVENTION OF INJURIES

Safety is the key to reducing injuries, and thereby, controlling workers' compensation costs. As a Supervisor it is essential that you provide Safety orientations, training, and hold regular meetings to discuss operations and hazards of each job as required by State law. The County Safety Office can assist you with this.

BEFORE AN INJURY OCCURS

At the time of hire employees are provided with a pamphlet explaining their rights in case they are injured on the job. They are also provided with a "Workers' Compensation Designated Physician Form". The purpose of this form is to allow employees the right to choose a physician to treat them in case of an industrial injury. Designated Physician Forms are sent to the employee once a year in a payroll mailer.

If requested by an employee the form can be obtained online at:
<http://insidehra.saccounty.net/electronic%20forms/Physician%20Designation%20Form%2012-04.doc>.

A list of FAQs regarding the pre- designation of a physician is available at:
<http://insidehra.saccounty.net/electronic%20forms/Pre-designated%20Physician%20Form-FAQ.pdf>.

- 1) If requested obtain the pre-designation form from the Intranet and provide to the employee.

Print out the pre-designation FAQs for the employee if they have any questions, or direct them to the Workers' Compensation Office.

AFTER AN INJURY OCCURS

MEDICAL TREATMENT

- 1) When you, as a supervisor, receive notice of knowledge of an injury the following steps should be followed:
- 2) Determine the employee's immediate medical needs and arrange for treatment.
 - a. Administer first aid if required.
 - b. In cases which are life-threatening dial 911 to dispatch emergency personnel, and immediately thereafter contact the Workers' Compensation Office at 876-5251.
 - c. For routine medical care direct the employee to the employer designated occupational medicine clinic (Kaiser or Mercy Medical Group), if they have not designated a treating physician prior to being injured,
 - i. If the injury is after clinic hours and requires immediate medical care, the employee should be transported to the closest Kaiser or Mercy hospital emergency room.
 - ii. Determine the employee's ability to transport themselves to the medical clinic. Even if the injury is not life-threatening he/she may need to be driven to the medical clinic/physician.
- 3) If the employee is hospitalized for anything other than observation or is killed in the line of duty, the County Safety Office should be notified immediately at 876-5026. The County is legally required to report these types of injuries to Cal-OSHA within 24 hours.
- 4) If the employee is transported to the hospital contact the employee's emergency contact.

WORK SITE

- 1) If possible identify the cause of the injury or illness and take the necessary steps to secure the workplace to avoid further injury.
- 2) If equipment was involved (broken chair, ladder, machinery etc.) take necessary steps to secure the evidence and inform the Worker's Compensation Office of the items location and status.

FORMS

Complete the indicated forms in the event of work related injury or event.

If the employee indicates that they do not need medical treatment beyond First Aid complete the Supervisor's report of Injury/Illness Form (WC 9). The form can be obtained at <http://insidehra.saccounty.net/electronic%20forms/supervisors%20report%20of%20injury.pdf>

OR

If the employee indicates they will be seeking medical treatment or they miss time from work as a result of the injury complete the following steps. You would also complete the following steps in the event the employee indicates the need treatment or will lose time from work after initially indicating they would only need First Aid.

- a. Complete the Supervisor's report of Injury/Illness Form (WC 9). The form can be obtained at <http://insidehra.saccounty.net/electronic%20forms/supervisors%20report%20of%20injury.pdf>
 1. Collect all necessary information about the injury. Note when, where and how the incident occurred and the names of any witnesses. Obtain the employee's account of how the injury occurred.
- b. Within **ONE** working day of your knowledge of an injury the employee must be provided with a Workers' Compensation Claim Form (DWC-1). The form can be obtained from Central Stores – Form 7674. It is also available electronically at <http://insidehra.saccounty.net/electronic%20forms/ClaimForm2010.pdf>

Completion of the remainder of the claim form is the responsibility of and at the discretion of the employee.

1. After completing the top half of the form the employee keeps a copy as a temporary receipt, as well as the first two informational pages and gives the form to their Supervisor. If using the four-part form the employee should keep the goldenrod copy.

- ii. Upon receipt the Supervisor completes the bottom half of the form. A copy of the completed form is then given to the employee. If using the four-part form the employee should be given the yellow copy. If using the electronic form, initial the boxes at the bottom of the original form, indicating who has been given copies.
 - iii. The supervisor must submit the original form to the Workers' Compensation Office or the department Human Resources Office within 24 hours from the date received. A copy can be kept for your records. If using the four-part form you should keep the pink copy.
 - iv. If using the electronic form it is not prefilled. Where it asks for name and address of insurance company please enter – County of Sacramento Workers' Compensation Office, PO Box 276130, Sacramento, CA 95827. Where it asks for insurance policy number please enter “self-insured”.
 - v. Once the claim form is completed and returned, provide the employee with the Claim Form Acknowledgement. The form can be obtained at <http://insidehra.saccounty.net/electronic%20forms/Claim%20Form%20Acknowledgement.10.5.05.pdf>
- c. Provide the employee with the Authorization to Release Records form: The form can be obtained at <http://insidehra.saccounty.net/electronic%20forms/Record%20Release%20Form%203.9.04.pdf> (You only need to give this form to the employee, you do not need to require the employee to complete this form, If the Workers' Compensation Office needs the employee to complete the form, they will follow up with the employee)
- d. Provide the worker with the Benefit Election form. The form can be obtained at <http://insidehra.saccounty.net/electronic%20forms/WCBenefit%20election%20form.pdf> (You only need to give this form to the employee, you do not need to require the employee to complete this form, If the Workers' Compensation Office needs the employee to complete the form, they will follow up with the employee)
- e. Follow Department procedures to ensure completion of the Employer's Report of Injury Form (Form 5020). This form is not available electronically. It must be obtained from Central Stores - Form 7673.

ON-GOING

On-going communication with an injured employee is a key to controlling workers' compensation costs and aids in timely recovery from work injuries. As a Supervisor it is important that you:

- 1) Contact the employee a few days after the injury to answer questions and determine any special needs or problems.
- 2) Maintain contact with the injured employee and the claims adjuster regarding the status of the claim.
- 3) Provide reasonable job accommodations to the injured worker.

**Workers' Compensation Office
PO BOX 276130, Sacramento, CA 95827
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