

COUNTY OF SAN DIEGO
DEPARTMENT OF HUMAN RESOURCES
POLICY AND PROCEDURES MANUAL

SUBJECT: **WORKERS' COMPENSATION**

POLICY NUMBER: **501**

EFFECTIVE DATE: **January 1995**

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REVISED DATE: **September 2012**

POLICY

It is County policy to provide Workers' Compensation Benefits to employees in accordance with the law.

PROCEDURES

The procedure below shall be followed when reporting job-related injuries or illnesses:

- All serious injuries, hospitalizations or deaths must be reported immediately by telephone to the Workers' Compensation Unit via one of the following:
 - Phone: (858)694-3800
 - FAX: (619)236-8485
 - Email: FGG, DHR_WCOMP
- First aid or no-medical treatment injuries should be documented on the RM-10 form only and filed in the employee's personnel records for reference. Do not report these incidents to the Workers' Compensation or Loss Prevention Units. If the employee requires medical treatment later on, then it must be reported as an injury and all of the forms listed below must be completed.
- All injuries that require treatment by a physician must be reported to the Workers' Compensation Unit within 24 hours of the incident. The following forms must be submitted by the injured employee's department to the Workers' Compensation Unit via fax, email or interdepartmental mail O-226 to report an on-the-job injury

A. Employee's Claim for Workers' Compensation Benefits Form DWC-1

- Form DWC-1, by California statute, must be given to the employee **immediately after an injury occurs, but in no event later than one working day after the injury is reported**. It must be completed when an employee has an injury as the result of a work-related task.

B. The Proof of Service Form

- This form is required for legal documentation and must accompany all DWC-1's, as discussed above

C. Workers' Compensation General Claim Worksheet RM-10

- Form RM-10 is to be completed whenever an employee has a job-related injury.

D. Supervisor's Accident Investigation Report RM-3

- Form RM-3 is to be completed whenever an employee claims a work-related illness or injury. The employee's supervisor is responsible for completing this form and submitting it to the Workers' Compensation Unit.

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E. Authorization To Obtain And Release Medical and Non-Medical Information

- These two forms are to be signed by an employee whenever they are injured. The employee's supervisor is responsible for facilitating the form's signing and forwarding it to the Workers' Compensation Unit

Roles and Responsibilities:

Departments

- Report all injuries in a timely manner.
- Complete and submit all forms.
- Address temporary work restrictions in accordance with "Transitional Work Program Policy DHR 1101".
- Enter appropriate data into the PeopleSoft Health & Safety Module.

Supervisors

- Complete and submit all forms in a timely manner.
- Maintain frequent contact with injured employee who is unable to work. Any employee off work more than five business days should be contacted on a periodic basis until he/she returns to work.

Employees

- Report all injuries in a timely manner.
- Complete and submit all forms.
- Treat with the approved medical service provider for the first 30 days unless employee has a pre-designated physician.
- Submit all case related and medical provider work restriction information to supervisor in a timely manner.
- After coordinating with supervisor, schedule appointments during regular work shifts with a minimum loss of time.

FURTHER INFORMATION

For further information contact the Risk Management Division, Workers' Compensation Unit at (858)694-3800.

To access forms related to this policy, please refer to the County Intranet, Department of Human Resources, Risk Management Division.

REFERENCES

Board of Supervisors Policy B-40
Memoranda of Agreement
Compensation Ordinance 4.2.3

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DHR Policy 1101, Transitional Work Program
Employee's Claim for Workers' Compensation Benefits, DWC-1 claim form
Proof of Service Form
Workers' Compensation General Claim Worksheet, RM-10
Supervisor's Accident Investigation Report, RM-3
Authorization to Obtain and Release Information

SUPERCEDES

DHR Policy 0311, Workers' Compensation
DHR Policy 0322, Injury Leave

APPROVED BY:

Original approved and signed by Donald W. Turko on October 1, 2012

Donald W. Turko
Director, Human Resources