

## **WORK-RELATED INJURIES**

### **A. Purpose and Scope**

To provide guidance and direction for District personnel regarding employee rights and responsibilities related to workers compensation for work related injuries.

### **B. General**

1. The District designated occupational medical treatment facility will be used in accordance with Labor Code 4600 Section 2 for the care and treatment of employees who sustain industrial injuries.
2. Employees who prefer to be treated by a personal physician must provide a written notice of designation to the District's Human Resources Office prior to the date of injury.
3. If the personal physician designation is not on file at the Human Resources Office, payment will not be made to the employees personal physician.

### **C. Forms Used and Additional References**

Physician Designation form  
Workers' Compensation forms

### **D. Procedure**

#### Notifications

The Superintendent or designee shall post a notice of employee rights related to workers' compensation and shall provide this information in writing to new employees. (Labor Code 3550-3551)

#### District Responsibilities

Supervisors receiving reports of a work-related employee injury shall gather appropriate information, including but not limited to:

1. the date, time and place of the injury.
2. the name, occupation and signature of the injured employee.
3. details of how the injury occurred.

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4. the names of any witnesses.

Supervisors shall promptly remit information about work-related injuries to the Human Resources Office.

Whenever a work-related injury results in lost work time beyond the date of the injury or requires medical treatment beyond first aid, the employee shall be given a workers' compensation claim form and a notice of potential eligibility for benefits within one working day of the injury. (Labor Code 5401) In the case of stress claims, the claim form shall be provided only if the employee indicates that he/she is going to a physician or is unable to work.

Within five (5) working days of obtaining knowledge of any injury which results in lost time beyond the date of the injury or which requires medical treatment beyond first aid, the Human Resources Office shall file a complete report of the injury with the District's insurer. (Labor Code 6409.1)

**Employee Responsibilities**

Upon receiving treatment for a work-related injury, the employee shall obtain a medical verification of his/her condition, indicating any limitations on the employee's ability to work, the anticipated time needed for recovery from these limitations, and the time of work modification needed.

The District has designated a medical carrier where employees will be taken in case of a work-related injury. Employees who wish to be taken to their personal physician for treatment of work-related injuries must have a written request on file with the Superintendent or designee. It is the employee's responsibility to inform his/her supervisor that he/she has such a request on file (Labor Code 4600)

To qualify for workers' compensation, employees must notify their supervisor of a work-related injury within 30 days. (Labor Code 5400)

**E. Reports Required**

Workers' Compensation Claim

**F. Record Retention**

Employee file maintained in Human Resources Office when applicable

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**G. Responsible Administrative Unit**

Human Resources

**H. Approved By**

Associate Superintendent for Human Resources

Regulation Approved:

Joint Board: 4/22/97