

Liberty Union High School District

Administrative Regulation

Classification: All Personnel

Policy No. AR 4157.1/4257.1/4357.1

Page

1 of 4

Effective

6/18/24

Subject: Work-Related Injuries

Revised

In order to provide medical benefits, temporary or permanent disability benefits, wage replacement, retraining or skill enhancement, and/or death benefits in the event that an employee becomes injured or ill in the course of employment, the district shall provide all employees with insurance and workers' compensation benefits in accordance with law. The Superintendent or designee shall develop an efficient claims handling process that reduces costs and facilitates employee recovery.

The Superintendent or designee shall notify every new employee, at the time of hire or by the end of the first pay period, of the employee's right to receive workers' compensation benefits if injured at work. (Labor Code 3551; 8 CCR 15596)

In addition, a notice regarding workers' compensation benefits shall be posted in a conspicuous location frequented by employees, where the notice may be easily read during the workday. (Labor Code 3550)

In the event that an employee is injured or becomes ill in the course of employment, the employee shall report the work-related injury or illness to the Superintendent or designee as soon as practicable. The employee and appropriate district staff shall also promptly document the date and time of any incident, a description of the incident, and any persons present.

Within one working day of receiving notice or knowledge of any injury to an employee in the course of employment, the Superintendent or designee shall provide a claim form and notice of potential eligibility for workers' compensation benefits to the employee or, in the case of the employee's death, to the employee's dependents. The claim form and notice shall be provided personally or by first class mail. (Labor Code 5401)

The Superintendent or designee shall ensure that all employee notices described above are in the form prescribed by the Department of Industrial Relations (DIR), Division of Workers Compensation.

The Superintendent or designee shall additionally ensure that any employee who is a victim of a crime that occurred at the place of employment is given written notice personally or by first class mail within one working day of the crime, or when the district reasonably should have known of the crime, that the employee is eligible for workers' compensation benefits for injuries, including psychiatric injuries, that may have resulted from the crime. (Labor Code 3553)

Upon learning of a work-related injury or illness, or injury or illness alleged to have arisen out of and in the course of employment, the Superintendent or designee shall report the incident to the district's insurance carrier or DIR, as applicable, within five days after obtaining knowledge of the injury or illness. If a subsequent death arises as a result of the reported injury or illness, an amended report indicating the death shall be filed within five days after being notified of or learning about the death. (Labor Code 6409.1)

In addition, in every case involving death or serious injury or illness, the Superintendent or designee shall immediately make a report to the Division of Occupational Safety and Health (Cal/OSHA) by telephone or through an online mechanism made available by Cal/OSHA. (Labor Code 6409.1)

For the purpose of this report, serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires

Liberty Union High School District

Administrative Regulation

Classification: All Personnel

Policy No. AR 4157.1/4257.1/4357.1

Page

2 of 4

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inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement. (Labor Code 6302)

Policy Reference Disclaimer:

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State	Description
8 CCR 15596	<u>Notice of employee rights to workers' compensation benefits</u>
Ed. Code 44984	<u>Required rules for industrial accident and illness leave</u>
Ed. Code 45192	<u>Industrial accident and illness leave for classified employees</u>
Lab. Code 3200-4856	<u>Workers' compensation</u>
Lab. Code 3550-3553	<u>Notifications regarding workers' compensation benefits</u>
Lab. Code 3600-3605	<u>Conditions of liability</u>
Lab. Code 3760	<u>Report of injury to insurer</u>
Lab. Code 4600	<u>Provision of medical and hospital treatment by employer</u>
Lab. Code 4906	<u>Disclosures and statements</u>
Lab. Code 5400-5413	<u>Notice of injury or death</u>
Lab. Code 6302	<u>Definition of serious injury or illness</u>
Lab. Code 6409.1	<u>Reports</u>
Management Resources	Description
CA Department of Industrial Relations Publication	<u>Workers' Compensation in California: A Guidebook for Injured Workers, 2016</u>
CA Department of Industrial Relations Publication	<u>Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility</u>
CA Department of Industrial Relations Publication	<u>Notice to Employees - Injuries Caused by Work</u>
CA Department of Industrial Relations Publication	<u>Time of Hire Pamphlet</u>
Website	<u>CSBA District and County Office of Education Legal Services</u>
Website	<u>California Department of Industrial Relations, Division of Workers Compensation</u>
Website	<u>California Department of Industrial Relations, Occupational Safety and</u>

Liberty Union High School District

Administrative Regulation

Classification: All Personnel

Policy No. AR 4157.1/4257.1/4357.1

Page

3 of 4

Effective

6/18/24

Subject: Work-Related Injuries

Revised

Management Resources

Description

Website

Health

CSBA

Website

California Department of Public Health

Cross References

Code

Description

1240

Volunteer Assistance

1240

Volunteer Assistance

3320

Claims And Actions Against The District

3320

Claims And Actions Against The District

3530

Risk Management/Insurance

3530

Risk Management/Insurance

4032

Reasonable Accommodation

4112.9

Employee Notifications

4112.9-E(1)

Employee Notifications

4113.4

Temporary Modified/Light-Duty Assignment

4113.5

Working Remotely

4154

Health And Welfare Benefits

4154

Health And Welfare Benefits

4157

Employee Safety

4157

Employee Safety

4157.2

Ergonomics

4161.1

Personal Illness/Injury Leave

4161.11

Industrial Accident/Illness Leave

4161.9

Catastrophic Leave Program

4161.9

Catastrophic Leave Program

4212.9

Employee Notifications

4212.9-E(1)

Employee Notifications

4213.4

Temporary Modified/Light-Duty Assignment

4213.5

Working Remotely

4254

Health And Welfare Benefits

4254

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Liberty Union High School District

Administrative Regulation

Classification: All Personnel

Policy No. AR 4157.1/4257.1/4357.1

Page

4 of 4

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Subject: Work-Related Injuries

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Code	Description
4257	<u>Employee Safety</u>
4257	<u>Employee Safety</u>
4257.2	<u>Ergonomics</u>
4261.11	<u>Industrial Accident/Illness Leave</u>
4261.9	<u>Catastrophic Leave Program</u>
4261.9	<u>Catastrophic Leave Program</u>
4312.9	<u>Employee Notifications</u>
4312.9-E(1)	<u>Employee Notifications</u>
4313.4	<u>Temporary Modified/Light-Duty Assignment</u>
4313.5	<u>Working Remotely</u>
4354	<u>Health And Welfare Benefits</u>
4354	<u>Health And Welfare Benefits</u>
4357	<u>Employee Safety</u>
4357	<u>Employee Safety</u>
4357.2	<u>Ergonomics</u>
4361.1	<u>Personal Illness/Injury Leave</u>
4361.11	<u>Industrial Accident/Illness Leave</u>
4361.9	<u>Catastrophic Leave Program</u>
4361.9	<u>Catastrophic Leave Program</u>
6/24	