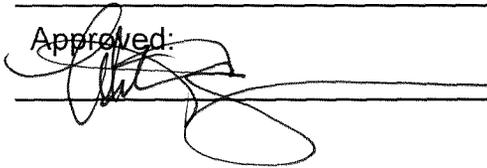

ADMINISTRATIVE MANUAL
TOWN OF LOS GATOS

Subject: Reporting Employee
Work-Related Injuries
and Illnesses

Page: 1 of 5

Section Number:

Approved: 

Effective Date: 8/27/03

Revised Date: 02/18/05

PURPOSE

To set forth a policy to establish the procedures for reporting employee work-related injuries and illnesses and initiating workers' compensation benefits.

SCOPE

This policy applies to all employees and volunteers of the Town of Los Gatos.

PROCEDURES

When an employee work-related injury or illness occurs, several forms must be completed in order to insure the timely processing of medical claims and workers' compensation benefits.

1. Employee's Claim for Workers' Compensation Benefits (DWC Form 1)

- A. The Town is required to provide all injured workers with an ***Employee's Claim for Workers' Compensation Benefits (DWC-1) form*** within one (1) working day of employer knowledge of an injury or illness that results in lost time or requires medical attention beyond first aid. The date of employer knowledge is the date an employee reported a work-related injury or illness to their employer for the purpose of seeking medical treatment and/or workers' compensation benefits. The submittal of a ***DWC-1*** starts the process to provide workers' compensation benefits to the injured employee. If the employee is not available for hand delivery, the ***DWC-1*** must be mailed to the employee's home address by certified mail with a return receipt. Please forward "return receipt" documentation to the Human Resources Department. The form must be given to any employee who requests one within one (1) working day of reporting a work-related injury or illness, regardless of whether the supervisor believes an injury or illness has occurred.

- B. Instruct the injured employee to fill out the 'Employee' section, and to return the form to you when completed. The employee should keep the green copy ('Employee's Temporary Receipt'). The employee is not required to return the form to their employer in order to initiate a claim for workers' compensation benefits. If the employee does not return the form, they may be entitled to workers' compensation benefits, if the injury or illness is determined to be work-related. However, the supervisor should strongly encourage the employee to complete and return the form.
- C. If the employee returns the **DWC-1**, the supervisor should immediately complete the 'Employer' section. Be sure to fill in lines 11, 'Date employer first knew of injury', and 12, 'Date claim form was provided to employee.' On line 14, enter the following: *ICS, P.O. Box 5128, San Ramon, CA 94583-5128*. Give the pink sheet to the employee with both the 'Employee' and 'Employer' sections completed.
- D. Forward the white and yellow copies to the Human Resources Department within one (1) working day of receipt from the employee.

2. **Town of Los Gatos Medical Referral Form**

Supervisors must give all injured employees who want to pursue medical treatment the **Town of Los Gatos Medical Referral Form**. This form must accompany them to the doctor or medical facility. The **Medical Referral Form** must be completed by the treating physician every time the employee receives treatment (except for physical therapy) or is evaluated, regardless of the number of visits, extent of treatment or whether the employee sees his/her own personal physician.

- A. The supervisor should complete the 'To be completed by supervisor/manager' section. This section only needs to be filled out once. It is not necessary for subsequent medical appointments. *Attach a job description to the form.* Instruct the employee to ask the treating physician to complete the 'To be completed by attending physician' section. The employee should return the completed form to their supervisor immediately following the medical appointment.
- B. Following treatment, the employee should give the pink copy to the medical provider. After the form is returned to the supervisor, the employee should be given the green copy. The white and yellow copies should be forwarded to the Human Resources Department within one (1) working day of receipt from the injured employee.

- C. Upon receipt of the completed **Medical Referral Form**, the supervisor should attempt to return the injured worker to modified or regular work as outlined on the form, unless otherwise noted by the physician. If modified duty is not available, please contact the Human Resources Department.

The **Medical Referral Form** may serve as a physician's official return to work release in lieu of any other letter or document.

3. Town of Los Gatos Injury/Illness Report

The **Town of Los Gatos Injury/Illness Report** is an internal document that will be used to complete a State-mandated form and to integrate into the Town's Injury and Illness Prevention Program. This form should be completed by the supervisor for all work-related injuries or illnesses, regardless of whether they are reportable or non-reportable injuries. It is vital that a detailed and specific description of how the injury/illness occurred is provided. Information from the Injury/Illness Report is also evaluated pursuant to the Town's Injury and Illness Prevention Program, and existing Cal-OSHA regulations.

A. Reportable Injuries/Illnesses

A reportable injury is one where the employee seeks medical treatment beyond first aid or incurs time off of work. The Injury/Illness Report form must be completed by the supervisor and forwarded to the Human Resources Department within one (1) business day of knowledge of injury or illness.

B. Non-reportable Injuries/Illnesses

A non-reportable injury is one where the employee does not wish to pursue medical treatment and does not incur time off from work. The supervisor must still forward a completed Injury/Illness Report form and forward it to the Human Resources Department within one (1) business day of knowledge of injury or illness. Please forward the Injury/Illness Report Form because the employee may file a future claim for medical treatment and/or workers' compensation benefits.

MEDICAL TREATMENT

1. Life Threatening/Serious Injury

For life threatening or serious work-related injuries or illnesses (i.e., heart attack, severe head trauma, loss of limb, etc.), call 911 for emergency paramedic and/or ambulance service. The employee will be taken to the appropriate trauma or medical facility.

The Department Head and the Human Resources Department should be contacted immediately when a life threatening or serious injury or illness occurs.

2. Non-Life Threatening Injury/Illness

For non-life threatening injuries or illnesses, the employee should be treated at the Town's designated hospital:

Community Hospital of Los Gatos
Emergency Room
815 Pollard Road
Los Gatos, CA 95030
(408) 866-4040

Employees who report an injury or illness but do not seek medical treatment and subsequently desire to obtain medical treatment must notify their supervisor immediately. An effort should be made for all treatment to occur at Community Hospital of Los Gatos or the employee's pre-designated physician.

Supervisory approval is required prior to treatment in those cases when services at Community Hospital of Los Gatos are not practical. The supervisor should document the approval and forward a brief written justification to the Human Resources Department.

3. Pre-Designated Physician

If the employee has a designated physician on file with the Town prior to the incident, the employee may see his/her own physician instead of the Town's medical provider. If the employee chooses to see their pre-designated physician, their physician must still complete the **Medical Referral Form**. The employee must return the completed form to their supervisor as described in Section 3 above. Employees who have pre-designated a physician may still elect to treat with the Town's designated medical provider.

RETURN TO WORK

1. An employee will not be permitted to return to work after a work-related injury or illness until the supervisor has received a written release from a physician indicating the employee has been approved to return to work. The written release should be completed on the **Medical Referral Form**, however, a separate note from the physician is also acceptable.

2. As soon as an employee is approved to return to work, the supervisor must notify the Human Resources Department within one (1) working day of the return to work. Additionally, the supervisor should forward the written release (yellow and white copies of the **Medical Referral Form** or letter from the physician) to the Human Resources Department within one (1) working day of receipt from the employee to verify the return to work.

APPROVED AS TO FORM:


Town Attorney