City of Ceres - Cal OSHA Reporting Requirements

- **Serious Injuries and Deaths**: Employers must report any work-related death or serious injury or illness to Cal/OSHA within 8 hours of learning about it.
- **Definition of Serious**: A serious injury or illness includes any of the following:
  - ✓ A fatality.
  - ✓ An inpatient hospitalization.
  - ✓ An amputation.
  - ✓ A loss of an eye.
  - ✓ A serious degree of permanent disfigurement.

Recording Requirements

- **Recordable Injuries/Illnesses**: Employers must record all work-related injuries and illnesses that meet the following criteria on a Cal/OSHA Form 300.
  - ✓ Result in death.
  - ✓ Result in one or more days away from work.
  - ✓ Result in restricted work or job transfer.
  - ✓ Require medical treatment beyond first aid.
  - ✓ Involve loss of consciousness.
  - ✓ Are otherwise determined to be significant by a physician or other licensed health care professional.

Employer Actions

- **Investigate the Incident**: Employers must investigate the occupational injury or illness to determine the causes and take corrective action.
- **Take Corrective Action**: Employers must implement methods and procedures to correct any identified unsafe or unhealthy conditions in a timely manner.
- **Provide Training**: Employers must provide employees with training on general safe work practices and job-specific hazards.

Employers must complete the appropriate forms, such as the Cal/OSHA Form 300 for recordkeeping and the Cal/OSHA Form 301 for individual injury or illness reports.

If an employer is unsure about whether a case is recordable, they should contact their local Cal/OSHA office for guidance.

City of Ceres - Cal OSHA Reporting Requirements

- **Serious Injuries and Deaths**: Employers must report any work-related death or serious injury or illness to Cal/OSHA within 8 hours of learning about it.
- **Definition of Serious**: A serious injury or illness includes any of the following:
  - ✓ A fatality.
  - ✓ An inpatient hospitalization.
  - ✓ An amputation.
  - ✓ A loss of an eye.
  - ✓ A serious degree of permanent disfigurement.

Recording Requirements

- **Recordable Injuries/Illnesses**: Employers must record all work-related injuries and illnesses that meet the following criteria on a Cal/OSHA Form 300.
  - ✓ Result in death.
  - ✓ Result in one or more days away from work.
  - ✓ Result in restricted work or job transfer.
  - ✓ Require medical treatment beyond first aid.
  - ✓ Involve loss of consciousness.
  - ✓ Are otherwise determined to be significant by a physician or other licensed health care professional.

Employer Actions

- **Investigate the Incident**: Employers must investigate the occupational injury or illness to determine the causes and take corrective action.
- **Take Corrective Action**: Employers must implement methods and procedures to correct any identified unsafe or unhealthy conditions in a timely manner.
- **Provide Training**: Employers must provide employees with training on general safe work practices and job-specific hazards.

Employers must complete the appropriate forms, such as the Cal/OSHA Form 300 for recordkeeping and the Cal/OSHA Form 301 for individual injury or illness reports.

If an employer is unsure about whether a case is recordable, they should contact their local Cal/OSHA office for guidance.

SUPERVISOR'S WORKERS' COMPENSATION CHECK LIST

ALL FORMS MUST BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES WITHIN 24 HOURS OF INJURY

	Process	Responsible
	Call AMC CallConnect (Nurse Triage) at **(844) 691-4111** (call regardless of severity) *Identify the city you're calling from as "City of Ceres"*	Employee (Supervisor to call if Employee is unable) **Employees must call regardless of severity**
	Supervisor's Accident/Incident Investigation Report ****Investigation for all incidents is required under "California Code of Regulations, Title 8, Section 342".**	Supervisor and employee to complete
	Witness Statement	Witnesses to incident – Statement needed.
	Notify Human Resources of Injury (Call 538-5772 or 538-5710) or by email	Supervisor
	Workers' Compensation Claim Form (DWC 1)	Employee completes ***Employee*** section and Supervisor completes ***Employer*** section (*signatures REQUIRED from both*) ***EMPLOYEE RECEIVES COPY OF DWC 1***
	Pamphlet - *Your Rights to Workers' Compensation Benefits.*	Supervisor gives to injured employee.
	California Occupation Clinic 2112 McHenry Ave, Ste B Modesto, CA 95350	Nurse Triage will authorize employees to visit clinics or determine other medical care services.
	Use job code "DOI" in TCP for DAY of injury ONLY (958)	Supervisor to inform employees and verify.
	Instruct employees that all medical documentation issued by medical physician(s) must be submitted to Human Resources upon receipt	Supervisor to inform employee.
	A release from a physician must be received by Human Resources, before an employee can return to work	Employees will provide.
	Send entire Workers' Compensation packet to Human Resources (including check list). Sign and date all documents submitted	Supervisor

_____ _____

Supervisor's Signature Date

_____

Supervisor's Name (Print)

City of Ceres Accident/Incident Investigation

Employee Name: _____ Job Title: _____

Employee ID : _____ Hire Date: _____ Supervisor: _____

Date of Incident: ____ / ____ / _____ Time of Incident: _____ AM / PM Location of Incident: _____

Type of Incident: ☐ Injury ☐ Illness ☐ Near Miss ☐ Property Damage ☐ Other: _____

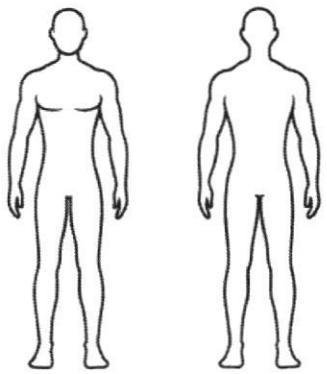
Describe what happened (facts only, no opinions):

_____

_____

_____

Body part(s) affected (if applicable): _____ Use diagram below to indicate exact location of injury



Nature of injury/illness (cut, sprain, burn, exposure, etc.): _____

Witnesses (list all witnesses)

1. _____

2. _____

Immediate Actions Taken

First Aid / Medical Treatment provided? ☐ Yes ☐ No

If yes, describe: _____

Emergency services called. ☐ Yes ☐ No Employee sent to medical provider? ☐ Yes ☐ No

Location used for medical services: _____

Bodily Fluid Exposure Details (complete this section if an exposure occurred)

Type of Bodily Fluid(s) Involved (check all that apply): [ ] Blood [ ] Saliva [ ] Vomit [ ] Urine [ ] Feces [ ] Other: _____

Route of Exposure (check all that apply): [ ] Skin Contact [ ] Eyes [ ] Nose/Mouth [ ] Needle Stick/Sharps [ ] Other: _____

Personal Protective Equipment (PPE) in use at the time: _____

List any employees who were exposed to the bodily fluids: _____

_____

List all employees who performed cleaning of bodily fluids: _____

Root Cause Analysis - Check all that apply and describe

Unsafe Acts:

☐ Failure to follow procedure ☐ Operating equipment without authority ☐ Failure to use PPE ☐ Horseplay

☐ Other: _____

Unsafe Conditions: ☐ Equipment malfunction ☐ Inadequate guarding ☐ Slippery surface ☐ Poor lighting/ventilation

☐ Other: _____

Contributing Factors: ☐ Lack of training ☐ Fatigue ☐ Inadequate supervision ☐ Other: _____

Summary of Root Cause(s): _____

_____

6. Corrective Actions

Immediate corrective action taken: _____

Long-term corrective/preventive measures: _____

Responsible person for corrective action: _____ Due Date: _____

****NOTIFY HR IMMEDIATELY IS THE FOLLOWING HAS OCCURRED: In-Patient Hospitalization – Amputations or loss of an eye****

Copy of Accident & Incident Investigation reported to HR/Safety Officer on: _____ / _____ / _____

Signatures

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Safety/HR Reviewer: _____ Date: _____

*Return original report to Human Resource Department

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to $10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, l administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende ***(Primary Treating Physician- PTP)*** es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos *(Medical Provider Network- MPN)* o una Organización de Cuidado Médico *(Health Care Organization- HCO)*, en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta $10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o *PTP*:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su *PTP* sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una *MPN*, *HCO* o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su *PTP*, puede solicitar una revisión médica independiente *(Independent Medical Review- IMR)*, utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la *IMR* es parecido al proceso de la *IMR* de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la *IMR*. La *IMR* no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su *PTP* en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesg perder el derecho a objetar a la opinión de su *PTP* a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado *(Qualified Medical Evaluator- QME)* para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado *(Agreed Medical Evaluator- AME)*. Si el administrador de reclamos no está de acuerdo con su *PTP* sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un *QME* o *AME*.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at **www.californiaspecialist.org**.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo *(Supplemental Job Displacement Benefit- SJDB)*: Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisios, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatalde Incapacidad *(State Disability Insurance- SDI)* o beneficios del desempleo *(Unemployment Insurance- UI)*. Llame al Departamento ~~Estatal~~ del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia *(Information & Assistance- I&A)*: Los Oficiales de Información y Asistencia *(I&A)* estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it **"Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401.** An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____.

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

Acclamation Insurance Management Services P.O. Box 269120 Sacramento, CA 95826

16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de* ***un día hábil*** *desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/*Copia del Empleador* ☐ Employee copy/*Copia del Empleado* ☐ Claims Administrator/*Administrador de Reclamos* ☐ Temporary Receipt/*Recibo del Empleado*

CITY OF CERES
MODIFIED DUTY/RETURN TO WORK PROGRAM

I. STATEMENT OF PURPOSE

It is the desire of the City of Ceres to contain workers' compensation costs and help mitigate an employee's lost time due to an industrial or personal injury or illness. A modified duty/return to work program is an essential part of a cost containment effort for workers' compensation. Modified duty/return to work assignments are temporary assignments to assist injured or ill employees to progressively escalate to full duty status.

The City of Ceres has established this modified duty/return to work program with the following objectives:

1. To return all injured employees to work as soon as possible without risk of re-injury/or further injury.
2. To reduce the number of employee days lost from work and the cost of workers' compensation temporary disability benefits.
3. To increase communication with injured employees and eliminate any perception of indifference on the part of the employer.
4. To reduce the number and expense of litigated cases.
5. To diminish the feelings of unproductiveness and depression which often accompanies an employee's injury and reinstate self-confidence and dignity in their place.
6. To meet the City's obligations under the Labor Code and any pertinent employee labor contract language.
7. To perform tasks for the City that can be supplemental, enhance services, or that currently go undone or which would otherwise require extra help, while at the same time providing productive work for a temporarily injured employee.

Modified duty/return to work assignments are considered only temporary assignments designated for employees who were injured in the course of their employment or off duty due to an off-the-job injury and who can return to work within the physical restrictions set forth by their treating health care provider. These assignments are established for an anticipated period not to exceed two to three months. Assignments created for modified duty/return to work participants are not permanent assignments. It is in no way the intent of the City of Ceres to make modified duty/return to work assignments permanent assignments. Permanent modification of a position's essential job functions to accommodate a permanent disability, will be determined after a discussion with the employee regarding possible accommodations have occurred.

It shall be the policy of the City of Ceres that all managers and supervisors implement, maintain, and adhere to the modified duty/return to work program guidelines.

II. PROGRAM GUIDELINES

1. Injured employees will be medically treated as deemed appropriate. The City's designated medical provider, if any, will be aware of the City's modified duty/return to work program so they can assist the City in placing the injured employee in an appropriate assignment.
   a. Upon return from the doctor's office, the employee and supervisor should meet to discuss the work restrictions, if designated, as reported by the doctor on the Medical Service Order. If the work restrictions require modified/light duty work, then such assignment will be evaluated and made available in the work unit if possible.
   b. If any question should arise concerning the injured employee's ability to perform a specific modified/light duty assignment, the doctor who authorized the modified/light duty work may be contacted for clarification.
   c. If no modified duty/return to work assignment is available within the injured employee's regular department, the supervisor will contact Human Resources within one working day following the meeting with the employee. If modified/light duty work is not available within the employee's assigned work area, HR shall notify the employee as to the availability and location of other available modified duty/return to work assignments within the City.
   d. If no assignments can be found, the injured employee will be placed on temporary disability until such time as appropriate work, within the work restrictions, is available, or the restrictions are lifted pursuant to direction from the doctor. The City has the duty to reasonably accommodate an injured employee within their current structure, if possible, but no duty to create a position specifically for the injured employee.
   e. A letter or memorandum notifying the employee of the modified duty/return to work assignment should always follow the oral notification.
   f. If the injured employee refuses the modified/light duty assignment, no temporary disability benefits will be payable.
2. If it appears that the injured employee will not return to their regular job within a reasonable time period (two - three months), Human Resources will contact the workers' compensation administrator to request that further evaluation of the employee by the treating physician be made to address return to modified duty or provide the administrator with a copy of a list of modified duties that can be faxed to the treating physician to address continued modified duty.
3. Continuation of modified duty beyond the two-three month period will be determined on a case-by-case basis and will depend on such conditions as the continued availability of modified duties, whether the employee's medical condition appears to be improving, and other factors which may be considered. Modified duty is not intended to be available beyond a period of six months from the date of injury.

4. Any modified duty/return to work assignments, in addition to those listed in Attachment 1, may be made as long as it conforms to the following:

   a. The assignment is not designated to be demeaning or punitive in any manner whatsoever.

   b. The assignment should benefit the employee by giving them an opportunity to return to work and benefit the City by providing supplemental tasks, enhancing services, or having tasks accomplished which may not have otherwise been completed without additional cost.

III. RETURN TO WORK

1. An injured/ill employee may return to his/her regular job responsibilities after receiving a medical release from their treating physician.
2. Any physical restrictions imposed by an employee's treating physician which will not restrict the employee's performance of the full range of essential job duties will be noted. The employee may return to their regular duties, if so stated by their treating physician.
3. When an employee's treating physician, or other medical examiner, determines the employee is precluded from returning to his/her regular job duties, the City will discuss the restrictions imposed with the employee and review the current job assignment duties in order to determine the availability of accommodations.
4. Should it be determined that the City is not able to accommodate the restrictions, the employee will be notified of this decision. The employee will be provided notice in accordance with the City's Personnel Rules, labor agreements, or other pertinent laws, regarding their employment status.

This policy was established to benefit employees and it is consistent with California State Law, Federal Law, and the Americans with Disabilities Act.

ATTACHMENT 1
IDENTIFIED LIGHT DUTY TASKS

Planning/Building Inspection
- $ Office work - filing, telephones, photocopying
- $ Data entry
- $ Receptionist
- $ Go through old files
- $ Alphabetize office work

Finance
- $ Typing/copying/filing
- $ Data entry
- $ Stamping/stuffing envelopes
- $ Inventory

Management Services
- $ Shredding documents
- $ Cleaning/organizing files
- $ Assemble employee packets

Public Works - Streets
- $ Sidewalk survey for offsets/repairs
- $ Traffic sign survey
- $ Notices, i.e., leaf and limb, etc.
- $ Parts pick up
- $ Log all red curbs in the City
- $ Check signs, including street name signs, of repair
- $ Log painted legends on roadway in need of repair

Public Works - Equipment
- $ Wash/clean, wax, detail vehicles
- $ Clean bathrooms, break room

Municipal Utilities - WWTP
- $ Sewer mapping *
- $ Catalog video tapes*
- $ Pass out notices for Finance*
- $ Landscape maintenance (within limitations)
- $ Light sprinkler repair
- $ Flag operator for sewer line work

$ Painting
$ Light cleaning
$ Computer data entry
$ Department inventory

Municipal Utilities - Water

$ Delivering notices
$ Daily well inspections
$ Water conservation

(Tasks require driving, continuous entering and exiting vehicle)

Public Safety - Fire

$ Flushing/painting fire hydrants
$ Update NFC (National Fire Codes)
$ Update Pre-Fire Plans*

Parks, Recreation & Facilities - Parks & Grounds

$ Litter pick up in parks and grounds areas.
$ Clean restrooms and keep storage rooms in between restrooms clean. Keep restrooms stocked with supplies. (Paper, gaskets)
$ Clean graffiti by painting or graffiti remover (Do not use graffiti trailer)
$ Paint restrooms, trash cans, parks signs
$ Parts or materials runner
$ Complete service request (check tree and verify work needed) and verify work completed by Grover tree contract.
$ Office filing, service requests, damage reports, daily inspection reports, etc.
$ Drive dump truck as needed.
$ Drive leave sweeper (Depends on injury)
$ Ede all parks and blow off walks (Min. weight is 25 lbs.)
$ Hand weeding (Depending on injury)
$ Repair of small play equipment items such as swings' seats, bolts and nuts, etc.
$ Inventory park assets
$ Clean trucks, inside and out
$ Blow parking lots and driveways off at Smyrna Park and Costa Fields, also blow off asphalt area around bleachers at Costa Fields and skate park. (Min 20 lbs.) Blow off tennis courts and basketball courts at Roeding Heights Park. Blow off basketball courts and cement areas at Strawberry Fields Park. (Use the little wonder walk behind blower)

Parks, Recreation & Facilities - Facility Maintenance

- $ Monitor service contractors - HVAC, custodial, small construction projects, pest spraying, elevator maintenance, UPS maintenance
- $ Data entry for computer programs. Access system, budget, work orders, key system. Person would work closely with the supervisor.
- $ Filing
- $ Updating as-built drawings for city facilities.
- $ Light cleaning - dusting, cleaning restrooms, windows, wash woodwork, set up for meetings, supply areas with paper and other cleaning products, empty trash and recycle bins, vacuum carpet, clean carpets, high dusting, put away supplies and support to others as required.
- $ Update Material Safety Data Sheets (MSDS)
- $ Update facility equipment data for service contracts
- $ Write purchase orders and work orders
- $ Clean shop and trucks
- $ Run materials for shop
- $ Painting for small maintenance projects.
- $ Answer and respond to phone calls.

Additional Types of Modified Duty/Return to Work Assignments

The following modified duty/return to work assignments may be available to injured employees in addition to those listed by departments:

- $ Microfilm, document, and transfer files
- $ Prepare city wide inventory of property
- $ Catalog films and books
- $ Filing
- $ Photocopying
- $ Typing
- $ Computer data entry
- $ Furniture repair
- $ Police department dispatching*
- $ Light cleaning (windows, bathrooms, railings, dusting)
- $ Stamping or stuffing envelopes
- $ Read safety or policy manuals for updates to the data
- $ Paint (railings, fire extinguishers, etc.)
- $ Graffiti cleaning
- $ Check fire extinguishers
- $ Engrave property for identification in case of misplacement or theft
- $ Messenger

Additional Types of Modified Duty/Return to Work Assignments (cont.)

- $ Inspect buildings*
- $ Receptionist/take telephone messages/public contact
- $ Proofreading documents
- $ Code enforcement assistant
- $ Other special assignments

**** Connotes job restricted to department***

The above listed tasks are intended to be examples of the types of duties which may be available.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8 sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Please visit the Division of Workers' Compensation Web site at: www.dwc.ca.gov or call 1-800-736-7401Department of Industrial Relations 1515 Clay Street, 17th Floor Oakland, CA 94612

Revised 2/01/2024 and effective for dates of injuries on or after 1/1/13.

CalChamber

Scan QR Code For Pamphlet Instructions

ISBN [illegible]

9 781649 563163

CalChamber

Workers' Compensation

The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

Time Of Hire Pamphlet

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after **January 1, 2013**.

What Is Workers' Compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, or getting hurt in a car accident while making deliveries

or

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

or

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits and costs and expenses set by state law.

What Are The Benefits?

- **Medical care**: Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary Disability (TD) benefits**: Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries payments may not exceed **104 weeks within five years from your date of injury**. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits**: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental Job Displacement Benefits (SJDB)**: This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability
  - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery
- **Return-to-Work Supplemental Program (RTWSP)**: For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' Compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: *https://www.dir.ca.gov/RTWSP/RTWSP.html*
- **Death benefits**: Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least **$224 per week**. In addition, workers' compensation provides a burial allowance.

Other Benefits

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site: **www.edd.ca.gov**.

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a **DWC 1 claim form** within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to **$10,000** in employer paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

More About Medical Care

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing before you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

Notice Of Personal Chiropractor Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

[illegible form fields]

Title 8, California Code of Regulations, section 9783.1 (Optional DWC Form 9783.1 Effective date July 1, 2014)

What If There Is A Problem?

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit.

1-800-736-7401

Predesignation Of Personal Physician

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

Physician: I agree to this Predesignation

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain Workers' compensation fraud is a crime or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the Workers' compensation fraud is a crime person will have to pay fines up to $150,000 and/or serve up to five years in jail.

What Should I Do If I Have An Injury?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay — there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

[illegible]

[illegible]

[illegible]

You may be able to find the name of your employer's workers' compensation insurer at **www.caworkcompcoverage.com**. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at ***www.dir.ca.gov/DLSE*** as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job-related. Your employer may tell you where to go for treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

[illegible]

[illegible]

[illegible]

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go to their website at **www.californiaspecialist.org**. You may also get a list of attorneys from your local Bar Association by calling **1-800-736-7401**.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary, off-duty, recreational, social or athletic activity that is not a part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at [illegible] or the Equal Employment Opportunity Commission (EEOC) at [illegible].