

**CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

<b>Subject: WORKERS' COMPENSATION PROGRAM</b>	<b>Directive No. HR-18</b>	<b>Page No. 1 of 7</b>
	<b>Effective Date: 5/20/13</b>	<b>Revised Date:</b>

**I. PURPOSE**

To establish protocols to facilitate the efficient and timely reporting of work incurred injuries in accordance with the California Labor Code and industry best practices.

**II. POLICY**

It is the policy of the City of Stockton that departments will engage in timely and comprehensive investigation and reporting of all work injuries. This policy is intended to ensure the understanding of what causes the injuries and complying with statutory reporting timeframes. Understanding these elements supports proactive claims management and mitigation of claims costs. Forms and materials to support this policy are posted on the Human Resources Department website in the Risk Services, Workers' Compensation Claims section.

**III. PROCEDURE**

**A. Notification of Injury or Death of City of Stockton Employee**

In the event a City employee is injured on the job, the immediate supervisor shall be notified at once. Prompt medical attention shall be obtained if medical treatment is necessary. If an accident results in a serious injury or death, a telephone report shall be made immediately to Human Resources, Risk Services, (209) 937-8233, if the incident occurs during normal business hours (7:30 AM to 5:30 PM). A serious injury or illness means: any injury or illness requiring inpatient hospitalization for a period in excess of 24 hours for other than medical observation; a loss of any member of the body (amputation); and any serious degree of permanent disfigurement. If a serious injury or illness incident occurs after normal business hours or on weekends Risk Services shall be contacted at (209) 662-8409. This is a phone number specifically assigned to be answered in the event of a serious injury or illness occurring outside of normal work hours. The reporting supervisor should give their name, department name, contact phone number, and the name of the injured employee. Early and complete reporting is imperative so that the employee's rights are protected and the City of Stockton may assume its proper and legal responsibility. All reporting paperwork shall be forwarded

**CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE**

<b>Subject: WORKERS' COMPENSATION PROGRAM</b>	Directive No. <b>HR-18</b>	Page No. <b>2 of 7</b>
	Effective Date: <b>5/20/13</b>	Revised Date:

to Risk Services within three (3) days of the occurrence of the incident that gave rise to the injury.

**B. Department Head Responsibilities**

Department Heads are responsible for designating one or more Workers' Compensation Coordinators for their department. The Workers' Compensation Coordinator would be responsible for collecting all necessary reporting paperwork and forwarding it to Risk Management and coordinating communications regarding injured employees between the department, the City's third party administrator (TPA) for workers' compensation and Risk Management staff. Elements of consideration in selecting Workers' Compensation Coordinators should include both department size and geographical spread. Department Heads shall ensure that internal support is provided to the Coordinator(s) in administering the reporting and information flow function. Department Heads shall ensure updated Workers' Compensation Coordinator information is provided to Risk Management on a timely basis.

**C. Supervisor's Responsibilities**

Attachments referred to in this section can be found on the Human Resources, Risk Services website under the Workers' Compensation Claims tab.

1. Assurance of Medical Attention – If an incident is reported to a supervisor and no medical treatment is required a Supervisor's Investigation Report (SIR) (*Attachment 1*) shall be completed to ensure recording of the incident. If medical attention is required relative to a work place incident, the supervisor shall follow the steps described below in documenting and reporting the injury and referring the injured worker for medical treatment.
2. Claim Forms – If medical attention is necessary the following steps are to be followed:
  - a. The immediate supervisor shall give the injured employee a Workers' Compensation Claim Packet containing an Employee

CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE

Subject: <b>WORKERS' COMPENSATION PROGRAM</b>	Directive No. <b>HR-18</b>	Page No. <b>3 of 7</b>
	Effective Date: <b>5/20/13</b>	Revised Date:

Claim Form for Workers Compensation Benefits (DWC-1) (*Attachment 2*), a Workers Compensation Handbook (*Attachment 3*), the "How to File a Claim" summary (*Attachment 4*), a Medical Treatment Authorization Form (*Attachment 5*), and a Receipt of Workers' Compensation Claim Information Form (*Attachment 6*).

- b. The employee shall immediately complete his/her portion of the DWC-1 Form (*Attachment 2*) (Sections 1 through 8) and give it back to the supervisor before leaving to seek medical treatment. The supervisor should complete the remaining lower section of the DWC-1 Form (*Attachment 2*) and submit it to the Department's Workers' Compensation Coordinator within 24 hours of the incident resulting in an injury.
- c. The Receipt of Workers' Compensation Claim Information Form (*Attachment 6*) and Supervisor's Investigation Report Form (*Attachment 1*) should be forwarded along with the DWC-1 Form (*Attachment 2*) to Risk Services after an Employer's Report of Occupational Injury or Illness (Form 5020) (*Attachment 7*) is completed by the department's Workers' Compensation Coordinator.
- d. If emergency care and treatment is necessary then the DWC-1 (*Attachment 2*) and associated forms do not need to be completed until practical.
- e. The supervisor must sign the Medical Treatment Authorization Form (*Attachment 6*) that is in the claim packet and give it to the employee. This form provides information to the injured worker as to which initial care facilities may be utilized and also authorizes the facilities to treat the employee. The employee may be denied treatment if they go to one of the designated medical facilities without the signed form. **Supervisors should retain a copy of the treatment form if possible and forward it along with all other paperwork to Risk Services.**
- f. **IMPORTANT NOTE:** The DWC-1 (*Attachment 2*) is only to be provided to the employee and completed if the employee is injured and needs medical treatment. Otherwise, the Supervisor's Investigation Report (*Attachment 1*) is all that should be completed,

CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE

Subject: <b>WORKERS' COMPENSATION PROGRAM</b>	Directive No. <b>HR-18</b>	Page No. <b>4 of 7</b>
	Effective Date: <b>5/20/13</b>	Revised Date:

with a copy to Risk Services.

3. Investigation – Using the Supervisor's Investigation Report (*Attachment 1*), the immediate supervisor shall investigate the accident thoroughly by completing all of the questions and sections in the Report. The completed Supervisor's Investigation Report (*Attachment 1*) is to be signed, dated, and shall be submitted to the Department's Workers' Compensation Coordinator within 24 hours of the incident. If medical treatment **is not** necessary, the Supervisor's Investigation Report (*Attachment 1*) should still be completed.

An important purpose of the investigation is to determine if an unsafe condition or procedure caused the accident. Any such unsafe condition or procedure must be corrected by the department as quickly as possible. The original of the Supervisor's Investigation Report (*Attachment 1*) shall be sent to Risk Services and a copy shall be retained by both the supervisor and the Department Head.

NOTE: The Department's Workers' Compensation Coordinator will use the Supervisor's Investigation Report (*Attachment 1*) along with the Employee Claim Form to complete the Employers' Report of Occupational Injury and Illness (Form 5020) (*Attachment 7*). Complete recording of the incident is important.

A copy of the Supervisor's Investigation Report (*Attachment 1*) shall be sent to Risk Services within three (3) days of any incident even if the Department Head has not yet had an opportunity to review it.

**D. Reporting of Work Injuries/Illnesses**

1. Employer's Report of Occupational Injury or Illness – If the injury requires medical attention, the Department's Workers' Compensation Coordinator shall complete and sign the Employer's Report of Occupational Injury or Illness (Form 5020) (*Attachment 7*) within two (2) days of an injury being reported. It is anticipated the third party administrator (TPA) should have the capacity to permit designated City staff to complete the Form 5020 on their online claim system. The City's TPA will provide access and instruction for utilizing the online

CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE

Subject: <b>WORKERS' COMPENSATION PROGRAM</b>	Directive No. <b>HR-18</b>	Page No. <b>5 of 7</b>
	Effective Date: <b>5/20/13</b>	Revised Date:

Form 5020 (*Attachment 7*) report to Workers' Compensation Coordinators or other department designees as appropriate. This will be coordinated by Risk Services staff. If access to the online Employer's Report of Occupational Injury or Illness (*Attachment 7*) is not available, an interactive form is posted on the Risk Services website location.

The completion of the online form will generate the Form 5020 automatically. If entered electronically, the department shall print a hard copy of the report for distribution as described below. If electronic entry is not available or accessible to the designated department staff, then the Form 5020 (*Attachment 7*) will need to be completed manually. The original and one (1) copy (two (2) total) of this report shall be sent to Risk Services, and a copy shall be retained by the department.

If medical treatment is not obtained immediately, but the employee later seeks treatment from a physician, the Employer's Report of Occupational Injury or Illness (*Attachment 7*) must be completed within two (2) days of the date the department becomes aware of the need for treatment. A new Supervisor's Investigation Report (*Attachment 1*) does not need to be completed regarding the same incident.

2. Valid Workers Compensation Claim – Establishment of a valid Workers' Compensation Claim requires submission of the Employers Report of Work Injury or Illness (*Attachment 7*) to the State within five (5) days of the incident giving rise to the injury. In order to comply with this requirement the provisions of Section 3 below must be met. These reports become part of the employee's claim file maintained by the City's TPA.
3. Reports to be submitted to Risk Management – If the injury requires medical treatment, the following paper work shall be completed and the **original and one (1) copy** shall be submitted to Risk Services within three (3) days of the incident.

- The Employers Report of Occupational Injury or Illness (Form 5020) (*Attachment 7*)
- The Supervisor's Investigation Report (*Attachment 1*)
- Employee Claim for Workers' Compensation Form (DWC-1)

CITY OF STOCKTON, CALIFORNIA  
CITY MANAGER ADMINISTRATIVE DIRECTIVE

Subject: <b>WORKERS' COMPENSATION PROGRAM</b>	Directive No. <b>HR-18</b>	Page No. <b>6 of 7</b>
	Effective Date: <b>5/20/13</b>	Revised Date:

- (Attachment 2)
- Receipt of Workers' Compensation Claim Information Form  
(Attachment 6)
  - Copy of the Medical Treatment Authorization Form (Attachment 5)

**E. Reporting Injuries/Illness Involving Lost Time**

An employee is considered disabled from work only when a physician determines that the employee cannot return to work or modified work is not available that is compatible with an employee's physician-directed restrictions. If an employee sustains a work-related injury or illness that results in lost time subsequent to the day of injury/illness, Risk Services and the TPA must be notified immediately of any change in work status.

1. Lost Time After Initial Reporting – If an illness or injury does not result in lost time until after the Employer's Report of Occupational Injury or Illness (Attachment 7) has been filed, the department must notify Risk Services and the TPA of the subsequent lost time.
2. Lost Time After Return to Work – If an injured employee loses time from the same work-related injury or illness following his/her return to work from a previous period of lost time, the department must notify Risk Services and the TPA of the subsequent lost time.
3. Delayed Reports – Failure of the department to notify Risk Services of all lost time cases may result in delayed benefits to the injured employee and imposition of penalties on the County by the California Department of Industrial Relations.

APPROVED:



BOB DEIS  
CITY MANAGER