



City of Fort Bragg

Administrative Regulation No. W-1

WORKERS' COMPENSATION POLICY

I. OBJECTIVE

The objective of this Administrative Regulation is to define procedures relating to the treatment and reporting of industrial injuries and/or illnesses.

II. PROCEDURES

The Redwood Empire Municipal Insurance Fund (REMIF) administers the City's Workers' Compensation Claims. In the event of an industrial injury:

1. If the injury requires emergency medical treatment, go directly to the Mendocino Coast District Hospital emergency room. If the injured employee is unconscious or otherwise unable to seek assistance, any employee aware of the situation shall provide immediate assistance to the injured employee. Have the hospital contact the Human Resources Manager's Office at 707-961-2823 during business hours.
2. If a serious industrial injury occurs during non-business hours and any employee, supervisor or manager is aware of the situation, the injury shall be reported immediately to the Human Resources Manager via emergency contact procedures. In the event the Human Resources Manager cannot be reached, contact the Employee Safety Coordinator. This is to ensure that all such injuries may be reported to CalOSHA within eight (8) hours of occurrence as required by law.
3. If the injury requires non-emergency medical treatment, contact the Human Resources Manager's Office during regular business hours to be referred to the City's Workers' Compensation Medical Services Provider. Initial appointments for non-emergency medical treatment shall be made through the Human Resources Office, do not contact the medical services provider directly to make an appointment.
4. Do not provide medical insurance information to the billing office of any provider treating an industrial injury. The employee should be clear that they are being treated for an industrial injury and that billing should be sent directly to the City or to REMIF.
5. Employees shall be seen initially by the City Workers' Compensation Medical Services Provider.
6. Employees may be treated by a personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) (after the initial appointment with the City's Workers' Compensation Medical Services Provider) if prior to the injury:
 - a) The doctor agrees to treat for work injuries, and
 - b) The employee has provided written notice to the City predesignating a personal physician and providing the physician's contact information.
To predesignate a personal physician, obtain and complete the Predesignation of Personal Physician form from the Human Resources Office (see Exhibit 1).
7. Employees shall be given a Workers' Compensation Claim Form within one day of notification of an industrial injury occurrence. The employee shall complete the employee portion of the Workers' Compensation Claim Form as soon as possible after injury. This form is then completed by the employee's supervisor. The employee's supervisor also completes the Immediate Supervisor's Report of Employee Injury form and forwards both forms to the Human Resources Office immediately. Supplies of both forms have been provided to all departments.

8. Within five (5) calendar days of the notification of injury, the Human Resources Office shall complete the Employer's Report of Occupational Injury or Illness and forward same to REMIF.
9. If the employee is off work due to an industrial injury, it is the employee's responsibility to keep the Human Resources Office notified of his/her return to work status on a weekly basis.

III. RESPONSIBILITY

1. It is the responsibility of the employee who wishes to be treated by a personal physician for industrial injuries to obtain the Predesignation of Personal Physician form (Exhibit "A") from the Human Resources Office; complete the form; and return to the Human Resources Office.
2. It is the responsibility of the injured employee to notify his/her immediate supervisor and/or the Human Resources Office immediately in the event of an industrial injury. If unable to do so due to the seriousness of the injury, any employee, supervisor or manager aware of the injury shall make the required notification.
3. It is the responsibility of the immediate supervisor to provide the Workers Compensation Claim Form to the injured employee within one (1) day of notification of injury.
4. It is the responsibility of the immediate supervisor to complete the employer portion of the Workers Compensation Claim Form and the Immediate Supervisor's Report of Employee Injury and submit both forms to the Human Resources Office within one (1) day of notification of injury.
5. It is the responsibility of Managers and/or Supervisors to investigate the cause of the injury and determine what, if any, safety or training issues need to be addressed to prevent similar injuries.
6. It is the responsibility of each Department Manager and/or Supervisor to maintain a supply of the necessary forms at each City location. To obtain additional forms, please contact the Human Resources Office.
7. It is the responsibility of the Human Resources Manager to review the claim and supervisor's report, and to complete the Employer's Report of Occupational Injury or Illness and forward all documentation to REMIF within five (5) days of notification of injury.
8. It is the responsibility of the Human Resources Manager to immediately notify REMIF of hospitalization and/or death of an employee due to an industrial injury.

IV. DEFINITIONS

1. "CalOSHA" is the California Division of the Occupational Safety and Health Administration.
2. "Industrial Injuries" are those injuries or illnesses that result from the employee's occupation during the course and scope of his/her employment and involve medical treatment and/or time off from work.
3. "REMIF" is the Redwood Empire Municipal Insurance Fund, a joint powers authority, which administers and adjusts the City's Workers' Compensation claims.

Workers' Compensation Policy
Regulation W-1

4. "Serious industrial injuries" are those resulting in at least one of the following:
- a) Hospitalization for more than 24 hours for other than medical observation;
 - b) A loss of body part or permanent disfigurement; or
 - c) Death.

Approved by City Manager	_____	_____
	(Signature)	(Date)
Made a part of the City's Administrative Regulations binder and distributed to all City staff		_____
		(Date)

EXHIBIT "A"



PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: City of Fort Bragg
If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O.)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

EXHIBIT "A"

(Optional DWC Form 9783-Effective date March 2006)