



Alameda County General Services Agency Workers' Compensation Procedures- GSA Employees

I. PURPOSE

The purpose of this procedure is to establish a clear process for filing workers' compensation claims and to identify clear roles and responsibilities.

II. SCOPE

GSA employees who experience an injury or illness on the job, which resulted from the workplace, may be entitled to workers' compensation benefits. These procedures do not apply to volunteers (e.g. Project 22, Work Alternative Program), interns, and Temporary Assignment Pool (TAP) employees.

There are three types of injuries recognized under California Workers' Compensation law as outlined below:

Specific Injury occurs as a result of a specific event occurring on a particular day and at a particular time. For example, a broken ankle suffered in a fall, a deep cut on the arm, or a muscle strained while lifting or bending.

Cumulative trauma is the effect of the unusual wear and tear on a particular part of the body. It is not the result of one specific event. Such effects include heart problems, and certain types of hand, arm, back or neck problems. Injuries involving continuous or repetitive trauma have the same entitlement to benefits as specific injuries.

Occupational disease injury is any chronic ailment that occurs as a result of work or occupational activity. Injury can be the product of an occupational disease, e.g., tuberculosis, as well as being either *specific* or *cumulative*.

III. PROCEDURES

Responsibility	Action
Employee	1. Immediately notifies supervisor of work related injury. If supervisor is not available, contact the Company Nurse at 1.855.921.9522 for guidance regarding next steps.
Supervisor	2. <i>In an emergency</i> , calls 911. <i>For non-emergency treatment</i> , informs employee that he/she needs to seek medical attention from one of the County-approved occupational health facilities, unless he/she has a pre-designated doctor in his/her medical file prior to the injury or illness. 3. Notifies appropriate management staff (e.g., Immediate Supervisor, Personnel Officers, Deputy Director, Chief Deputy, Human Resources Manager).
Supervisor	4. Provides employee with the Workers' Compensation (WC) package within 24-hours of notice of work related injury/illness. Notice to employer of work related injury/illness can be from any source: employee, doctor's note, and/or co-worker.

	<p>These forms are available at I:\GSA\FORMS\Workers Compensation.</p> <p>Workers' Compensation Package includes:</p> <ul style="list-style-type: none"> a) Workers' Compensation Procedures b) Employer's Report of Injury or Illness Form 5020* c) Workers' Compensation Claim Form (DWC-1)* d) Supervisor's Investigation of Employee Injury* e) Witness to Job-Related Injury f) FACTS for Injured Alameda County Employees Brochure g) Workers' Compensation Medical Facilities h) Prescription First Fill Card i) Work Status Report (WSR) <p>*Required WC forms ■ = Forms to be completed.</p>
Supervisor & Employee	<p>5. Completes WC forms as follows:</p> <ul style="list-style-type: none"> • Employer's Report of Injury or Illness Form 5020 (S) (**Note, for no loss injuries, write "First Aid Only" in box 37 of form 5020. All signatures must be included) • Workers' Compensation Claim Form (DWC-1) (E & S) • Employee Report of Accident (E) • Supervisor's Investigation of Employee Injury (S) <p>S= Supervisor to complete E= Employee to complete</p>
Supervisor	<p>6. Distributes and gathers the Witness to Job-Related Injury form from any witnesses, if applicable. Includes such form in the WC package.</p> <p>7. Reviews WC forms for completion and accuracy.</p> <p>8. Signs WC form 5020.</p> <p>9. Forwards a copy of the signed WC forms (5020, DWC-1) to employee.</p> <p>10. Emails all forms to GSA Human Resources at gsadc@acgov.org.</p>
Human Resources Technician	<p>11. Reviews WC forms for completion and accuracy; makes necessary corrections and forwards to TPA; verifies that TPA has received WC forms.</p> <p>12. If employee is unable to work due to the WC injury/illness, processes Family Medical Leave (FML) eligibility and notifies employee accordingly.</p> <p>13. Monitors workers' compensation claim, communicates status to appropriate parties, and files relevant documents into the confidential medical file.</p>
Third Party Administrator	<p>14. Investigates, approves, and/or denies workers' compensation claim; notifies employee and designed Disability Coordinator accordingly via gsadc@acgov.org.</p>

Employee	15. Submits all medical documentation, including <i>Industrial Work Status Reports after each appointment</i> to the immediate supervisor.
Supervisor	16. Reviews all medical documentation and determines if temporary modified work is available in collaboration with Departmental Personnel Officer. Please refer to the Temporary Modified Work (TMW) Procedures. 17. Forwards medical documentation (work status reports) to Disability Coordinator Email at gsadc@acgov.org .
Human Resources Technician	18. Forwards Industrial Work Status Reports to GSA-Payroll and TPA. 19. Files all medical documentation in employee's medical file
Employee	20. Participates in TMW and/or returns to work upon medical release.

IV. PRE-DESIGNATION OF PERSONAL PHYSICIAN

Employees may elect to pre-designate a personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) for job-related injuries. The Pre-Designation form must be in the employee's confidential medical file prior to the employee's work related injury/illness in order for the employee to be treated by the designed physician. The Pre-Designation form is available at <I:\GSA\FORMS\Workers Compensation>.

If an employee would like to change his/her pre-designated status, the employee will need to complete the form and submit to GSA Human Resources Department.

If the employee does not have a pre-designated physician, medical treatment will be provided by a physician that the employee will select from the list of County approved/designated physicians. If the employee receives medical treatment for an industrial injury within the first thirty (30) days of reporting the injury from a physician who, (1) is not your pre-designated physician or, (2) is not a County-approved designated medical facilities, the treatment may be considered unauthorized and will be responsible for the costs incurred.

Employees may request, after thirty (30) days of reporting the injury, a change of treating physicians. Employees must advise the County Workers' Compensation Third Party Administrator in advance of making the change.

V. TOTAL TEMPORARY DISABILITY (TTD) BENEFITS

Total Temporary Disability (TTD) benefit payments are made to employees who are temporarily unable to work due to an industrial or work related injury or illness. The minimum and maximum rates are adjusted annually based on the state average weekly wage.

TTD benefits are authorized by the Workers' Compensation Third Party Administrator (TPA). The TPA makes a determination to approve, deny, or delay and request additional information on all workers' compensation claims. When a workers compensation claim is delayed, an investigation may be required and take up to 90 days to complete, during which no disability benefits would be paid. Medical treatment may be covered during the delay period for up to \$10,000. If approved, the TPA authorizes the payment of the TTD benefit.

VI. INDUSTRIAL SICK LEAVE BENEFIT

Employees who are incapacitated by sickness or injury received in the course of employment with GSA are entitled to receive supplemental industrial sick leave with pay commencing with the fourth calendar day of the incapacity. The supplemental shall be equal to the difference between 75% of his/her normal salary and the amount of any Workers' Compensation Total Temporary Disability (TTD) payments to which such employee is entitled during such incapacity. This period ***shall not exceed one calendar year from the date of injury.***

In the event that the period of incapacity exceeds 14 calendar days, the employee shall be granted supplemental industrial sick leave with pay at the rate of 100% of his/her normal salary only for the first three calendar days of such incapacity. If the period of incapacity does not exceed 14 calendar days, the employee will be eligible to use available leave balance (e.g., sick leave) for scheduled work days for the first three work days of such incapacity.

Following one calendar year, available leave balances may be granted to supplement temporary disability payments to provide the employee **a total of 75% of salary** unless the employee provides written notice to the GSA Payroll Clerk to limit the integration of such leaves. Available leave balances shall include sick leave, vacation leave, compensating time off, floating holidays, and holiday in-lieu time.

VII. LEAVE FOR MEDICAL TREATMENT

Employees with an approved Workers' Compensation claim who have returned to work and are required by their physician to undergo therapy, diagnostic tests or treatment due to an industrial illness or injury shall receive Industrial Leave with pay under the following conditions for all claims:

- a. Treatments are being paid under Workers' Compensation.

AND

- b. The therapy, diagnostic tests or treatment fall within the employee's normal working hours.

The leave applies only to the actual treatment time and reasonable travel. Employees covered by ACMEA, CEMU, and all unrepresented managers are not to exceed 30 minutes to and 30 minutes from the medical facility.

VIII. AGGRAVATION OF EXISTING INJURY

If an employee experiences an aggravation to an existing injury and has an existing claim on file, he/she may return to his/her treating physician or medical facility without filing a new claim. The "Work Status Report" form shall be utilized. The original claim number and the Date of Injury (DOI) shall be noted on the form.

If the aggravation is a result of a new specific on duty incident or action, a new claim should be filed.

IX. PERMANENT DISABILITY

If an employee's work-related injury or illness results in a permanent disability, he/she may receive permanent disability payments. The amount of permanent disability and weekly payments is calculated from a disability schedule adopted by the State of California.

An injured worker has five (5) years from the date of injury to reopen his/her case in the event the medical condition worsens, the degree of disability increases, or the need arises for medical attention in addition to that already being received, unless the case is resolved by way of a Compromise and Release.

X. FORMS & DOCUMENTS

These forms are available at <I:\GSA\FORMS\Workers Compensation>.

- A. Employer's Report of Injury or Illness Form 5020
- B. FACTS for Injured Alameda County Employees Brochure
- C. Pre-designation of Personal Physician
- D. Prescription First Fill Card
- E. Supervisor's Investigation of Employee Injury
- F. Witness to Job-Related Injury
- G. Work Status Report (WSR)
- H. Workers' Compensation Claim Form (DWC-1)
- I. Workers' Compensation Medical Facilities

XI. RESOURCES

GSA Human Resources Disability Unit

1401 Lakeside Drive, 10th Floor
Oakland, CA 94612

Email: gsadc@acgov.org

Fax: 510.208.9711

Marianna Rodriguez

Administrative Specialist II

Email: marianna.rodriquez2@acgov.org

Phone: 510.208.9705 (29705)

Iona Childers

Departmental Personnel Officer

Email: iona.childers2@acgov.org

Phone: 510.208.9774 (29774)

Leticia Diaz

Departmental Personnel Officer

Email: leticia.diaz2@acgov.org

Phone: 510.208.9721 (29721)

Susan Canalin

Departmental Personnel Officer

Email: susan.canalin2@acgov.org

Phone: 510.208.9760 (29760)

Third Party Administrator- York Risk Services Group

P.O. BOX 619079

Roseville, CA 95661

Phone: 800.922.5020

Fax: 866.548.2637

ACERA

www.acera.org

Phone: 510.628.3000 or 800.838.1932

Fax: 510.268.9574