



San Bernardino County WORKERS' COMPENSATION

Workers' Compensation is insurance paid by the County and administered by the Risk Management Department that provides benefits for employees who are injured on the job or develop an occupational illness. These benefits include medical treatment for the injury/illness and provide partial income replacement of lost wages until the employee is able to return to work.

REFERENCES

Current County Memoranda of Understanding (MOU), Exempt Compensation Plan, Workers' Compensation Section of the California Labor Code

FORMS REQUIRED

Employee's Claim For Workers' Compensation Benefits (DWC-1) All
Employer's Report of Occupational Injury or Illness (5020) All
Medical Service Order (MSO) All

MANDATORY FIELDS

GENERAL INFORMATION

Workers' Compensation benefits are subject to verification of compensability. It is the employee's responsibility to immediately report a work injury/illness to their supervisor.

All physician off work/return to work and modified duty orders must be received by Risk Management within 24 hours of receipt.

California state law does not provide Workers' Compensation benefits for the first three (3) days an employee is unable to work unless hospitalized as an inpatient or unable to work for more than 14 days.

The County pays the employee regular time for the first day of the injury/illness which is coded as REG (Regular) time.

The County pays the employee the first 40 hours after the day of the injury/illness that they are unable to work if authorized off work by order of an accepted physician. This should be coded as OCU (Occupational) time and full pay will be received for these hours.

Employees off work on an approved Workers' Compensation claim will receive a check directly from Risk Management sent to the employee's mailing address.

Workers' Compensation benefits may be integrated with the employee's leave time; however, the maximum amount the employee may receive shall not exceed 100% of the employee's base salary. Workers' Compensation benefits are paid at 2/3 of the employee's average weekly rate up to the current maximum. *Contact Risk Management for the current maximum rate*

Once all OCU time is exhausted, any other time that is not coded as leave should be coded as WOPOI (Without Pay Occupational Injury) while the employee is unable to work due to the occupational injury/illness.

- ◆ Full Integration - An employee who fully integrates is entitled to receive full accruals for vacation and sick leave. Time should be coded WCF (Workers' Comp Full Integration) for the employee's total normal scheduled units to indicate that the employee is fully integrating.

EMACS-Payroll will modify the hours based on the information received from Risk Management and code the balance of the time according to the Leave Integration Request completed by the employee.

- ◆ Partial or No Integration - An employee who partially integrates or does not integrate will earn prorated vacation and sick leave accruals based upon leave or other paid time coded.

All time that is not coded as leave or other paid time should be coded as WOPOI while the employee is unable to work due to the occupational injury/illness.

- ◆ Not Eligible to Integrate - Employees who are receiving payment through Risk Management for wage loss due to a reduced schedule are not eligible to integrate leave accruals.

Note: For contract employees, refer to contract language to determine Workers' Compensation benefits. Extra-help employees are eligible to receive Workers' Compensation benefits.







Employees off work on an approved Workers' Compensation claim will receive their flexible benefit plan dollars for up to 20 pay periods. Each pay period that the employee does not code one-half (1/2) plus one (1) hours of paid time will count toward these pay periods.

Employees covered by Section 4850 of the California Labor Code are entitled to receive full salary in lieu of Workers' Compensation benefits up to one (1) year for injury/illness in the line of duty and time should be coded as OCUS (Occupational Safety). Once the 4850 time is exhausted the employee may be eligible for Temporary Total Disability (TTD) benefits and integrate with available leave. *Refer to appropriate MOU*

Refer to department guidelines for individual procedures

For hints on where to find specific employee information on the EMACS System, see "EMACS Navigation" section.

RELATED FORMS/PROCEDURES

First Aid Record 
Health Care Provider Certification (HCPC) for Medical Leave 
Job Action Request (JAR) 
Leave Integration Request 
Personal Physician Request for Occupational Injury/Illness 
Physicians Referral List
Request for Extended Sick and Special Leave (RESSL) 

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

The Employee's Claim for Workers' Compensation Benefits must be provided to the employee within 24 hours of notification or knowledge of an occupational injury/illness other than those that require only first aid treatment. Injuries/illnesses such as minor scratches, cuts, bruises, burns, splinters, etc. for which no medical treatment is sought can be considered first aid. These minor injuries should be recorded on the First Aid Record. *Refer to First Aid Record section*

Once the completed form is received from the employee and the Employer section is completed, it must be date stamped, a copy given to the employee, and a copy faxed to Risk Management within one (1) business day. It is the supervisor's responsibility to send the original form to Risk Management and retain a copy for department file.

Refer to department guidelines for individual procedures

For hints on where to find specific employee information on the EMACS system, see "EMACS Navigation" section

PAYROLL CLERK RESPONSIBILITIES

- ◆ Provide form to supervisor as requested

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

The Employer's Report of Occupational Injury or Illness must be completed by the **employee's supervisor** within five (5) days of knowledge or notification of an occupational injury/illness, or within 24 hours of receipt of an Employee's Claim for Workers' Compensation Benefits completed by the employee.

The supervisor is responsible to fax a copy and send the original to Risk Management, and retain a copy for the department file.

Refer to department guidelines for individual procedures

For hints on where to find specific employee information on the EMACS System, see "EMACS Navigation" section.

PAYROLL CLERK RESPONSIBILITIES

- ◆ Provide form to supervisor as requested

MEDICAL SERVICE ORDER (MSO) FOR OCCUPATIONAL INJURY OR ILLNESS

The top portion of the MSO must be completed by the employee's supervisor and given to the employee to take to the physician for the initial medical treatment of an occupational injury/illness. This form is to notify the physician that the injury/illness allegedly occurred on the job.

The supervisor or appointing authority should call to make an appointment for the employee with a physician from the Physicians Referral List for occupational injury/illness. If the injury/illness is an emergency, dial 911. Employees can designate their own physician for occupational injury/illness by completing a Personal Physician Request for Occupational Injury/Illness. However, the request must be signed by the physician and on file with Risk Management **prior** to an occupational injury/illness.

The physician will complete the bottom portion of the MSO, Authorization to Return to Duty. The employee must submit the completed form to their supervisor or appointing authority immediately following the treatment or as soon as possible. The supervisor is responsible to send the original to Risk Management and retain a copy for department file.

If the employee is unable to work for more than three (3) consecutive work days, a Request for Extended and Special Sick Leave (RESSL) will need to be completed. *Refer to RESSL procedure*

Refer to department guidelines for individual procedures

For hints on where to find specific employee information on the EMACS System, see "EMACS Navigation" section.

PAYROLL CLERK RESPONSIBILITIES

- ◆ Provide form to supervisor as requested

PERSONAL PHYSICIAN REQUEST FOR OCCUPATIONAL INJURY/ ILLNESS

If it is the employee's intention to seek treatment from their personal physician this form must be completed, signed by the physician and on file with Risk Management prior to an occupational injury/illness. If no form is on file the employee must go to an approved physician from the Physicians Referral List.

For hints on where to find specific employee information on the EMACS system, see "EMACS Navigation" section

PAYROLL CLERK RESPONSIBILITIES

- ◆ Provide form to employee as requested
- ◆ Audit for completeness
- ◆ Send original to Risk Management and retain a copy for department file

WORKERS' COMPENSATION CODES CHANGE REQUEST

Workers' Compensation codes are assigned when a new position is created. *Refer to Workers' Compensation Codes Exhibit for valid codes*

To correct a discrepancy to a Workers' Compensation code in EMACS, a Change Request must be completed and forwarded to Risk Management with a completed Position Characteristics Inventory.

PAYROLL CLERK RESPONSIBILITIES

- ◆ Complete Change Request
- ◆ Forward original to Risk Management
- ◆ Retain copy for department file
- ◆ Verify that EMACS has been updated to reflect the requested action

FIRST AID RECORD

The First Aid Record is used to record an injury when an employee does not wish to file a Workers' Compensation claim. Minor scratches, cuts, bruises, burns, splinters, or other minor industrial injuries for which no medical treatment is sought can be considered first aid.

The First Aid Record should be posted in a conspicuous place and employees should be notified of its location. If a minor injury later develops into something that requires medical treatment or causes an employee to lose time (a full day or more), the employee should be offered an Employee's Claim for Workers' Compensation Benefits and follow instructions in that section.