

SOP

Workers Compensation

Office Manager

(at beginning of year)

- Post *State Disability Info for Emps.*
- Post information on where to get emergency care
- Post information on hazardous materials
- Design/review Injury & Illness Prevention Program and distribute to employees
- Design/review Return to Work Program
- Designate/review a Third Party Worker's Comp Healthcare Provider
- Schedule all safety inspections and training classes for employees, in accordance with written *Injury & Illness Prevention Program* (retain training documentation for 3 years)
- Prepare State and Federal OSHA reporting forms (*CAL OSHA Logs`300`All*) form 300A and post (02/01 - 04/30)

Office Manager

(at time of hire)

- Provide *Injured Worker Rights* form to new hire in New Hire Package
- Provide *Physician Designation* for to new hire in New Hire Package - file in Personnel File upon return from employee

WHEN AN INJURY OCCURS

Injured Worker

(at time of injury)

- Reports injury to Supervisor or co-worker
- If emergency, Supervisor/co-worker immediately contacts 911 or transports employee to emergency facility and notifies Office Manager. If not an emergency, Supervisor/co-worker notifies Office Manager. Employee may go to designated physician or company designated Third Party Worker's Comp Healthcare Provider



Office Manager

- Provide employee with *Emp Worker's Comp Claim* form - employee keeps one copy and one copy is returned to Office Manager (if unable to give directly to injured worker, send via certified mail to their home - must be given or mailed to injured worker within 1 day of injury.)
- Also provide employee with *Injured Worker Rights* pamphlet, *State Disability Fact Sheet* (optional) and *Workers Comp`Employee Guide* (optional)
- Discuss incident with employee and complete *CA OSHA Injury`Illness Form*, send to workers comp insurance provider and/or directly to OSHA (this may be the workers comp insurance provider's claim form, in that case send directly to insurance provider). **Note: if the incident is a serious injury or illness*, CA OSHA Injury`Illness Form must be immediately sent (within 8 hours of incident), to the nearest district office of OSHA.**
- Review employee's file for Physician Designation form - if none on file, send employee to Third Party Worker's Comp Healthcare Provider
- Call Third Party Worker's Comp Healthcare Provider (or designated physician) and authorize medical treatment. Also notify them that company has a Return To Work Policy and request verbal and written outline of work restrictions and abilities, immediately at completion of initial examination. NOTE: The treating physician is not to discuss the diagnosis or any other confidential medical information; but they must give a clear idea of both the employee's work restrictions and specific abilities (use *Medical Provider Report Form*, optional).
- Fax injured worker's current, detailed, job description to treating physician, so he/she may determine what (if any) tasks the injured worker is qualified to perform
- Complete *CAL OSHA Logs`300`All* forms 300 and 301 (must be completed within 5 days of company's knowledge of injury or illness; however it is suggested this form is completed and filed immediately)
- Review *State Disability Info for Emps* pamphlet and *Workers Comp`Employer Guide*



Treating Physician

- At conclusion of initial examination, explains and documents all work restrictions, full or temporary, to both injured worker and Office Manager. NOTE: The treating physician is not to discuss the diagnosis or any other confidential medical information; but they must give a clear idea of both the employee's work restrictions and specific abilities.
- Provides Office Manager with written documentation of injured worker's temporary restriction of work activities or full disability



Employee

- Returns *Emp Worker's Comp Claim*



Office Manager

(if full disability)

- Complete employer portion of *Emp Worker's Comp Claim*, and send fully executed form to employee
- Coordinate case with insurer until Injured Worker's return to work or other disposition of case



Office Manager

(if temporary restriction of work activities)

- Complete employer portion of *Emp Worker's Comp Claim*, and send fully executed form to employee
- Discuss work restrictions with injured worker's supervisor to design Temporary Work Assignment - initially for 1 week (note: establish clear performance expectations for participating worker)
- Design detailed job description of Temporary Work Assignment, and fax to treating physician for approval
- Prepare *Temporary Work Assignment Offer Package*.
 - Cover Letter
 - Assignment Offer Letter
 - Assignment Job Description
 - Return To Work Policy
- Meet with injured worker to discuss Temporary Work Assignment and provide *Temporary Work Assignment Offer Package*
- Notify insurance company of injured worker's Temporary Work Assignment



Employee

- Sign Temporary Work Assignment offer letter and return to Office Manager



Office Manager

- Provide copy of fully executed Temporary Work Assignment offer letter to employee
- Contact injured worker and supervisor daily to monitor Transitional Work Assignment and ensure compliance with work limitations and restrictions and address any problems that may occur
- Monitor bi-weekly (minimum) doctor's visits, and obtain written updates on injured worker's duty status (May extend Temporary Work Assignment for additional 30 day periods - not to exceed 90 days total). NOTE: The treating physician is not to discuss the diagnosis or any other confidential medical information
- Upon injured worker's release to full duty, provide *Resumption of Duties* letter to employee