



1

### Overview

- What is Workers' Compensation?
- Company Nurse, Forms, and Compliance
- Benefits
- Questions/Answers/Discussion

2

A photograph of a man in a brown jacket and plaid shirt lying on his back on a light-colored floor. He is looking up at the camera with his right arm raised. Next to him is a yellow plastic caution sign that reads "CAUTION" and "WET FLOOR" with a black silhouette of a person slipping.

## Types of injuries

**Specific Injuries**  
Struck by object, slip & fall, cuts, back strain while lifting, etc.

**Cumulative Trauma**  
Condition caused by repetitive activities developing over time.

**Aggravation Injuries**  
A pre-existing condition worsened by some aspect of employment--prior injury and medical records needed to determine apportionment.  
Back, psyche, heart, etc.

*Exacerbation is same injury. Aggravation is a new injury.*

3

3

## What is not work related

- Off-duty activities
- Injury caused by drugs/alcohol
- Intentionally self-inflicted
- Initial physical aggressor
- Suicide
- Injured during regular commute to/from work – coming and going rule
- Commission of a felony or misdemeanor in/during an accident

A photograph of a red ping pong paddle with a wooden handle and a white ping pong ball resting on its surface.

4

4

**How** to report a work injury/illness

## **CALL COMPANY NURSE**

24 hours/7 days a week

Call **1-877-310-1491**

to report a work-related injury or incident

Please provide your Search Code: XXXXXX

In case of a life or limb threatening injury dial 9-1-1

**Report ALL injuries within 24 hours!!!**



5

5

## **Advantages**

of prompt **Company Nurse** claim reporting



- “Invite the call” philosophy
- Keep minor injuries from becoming major
- Supervisors not making medical decisions
- Comprehensive data gathered on the day of injury = better claims decisions on compensability
- Quick and effective medical channeling to occupational providers
- All stakeholders notified within minutes

6

6

## Coordination of **care**

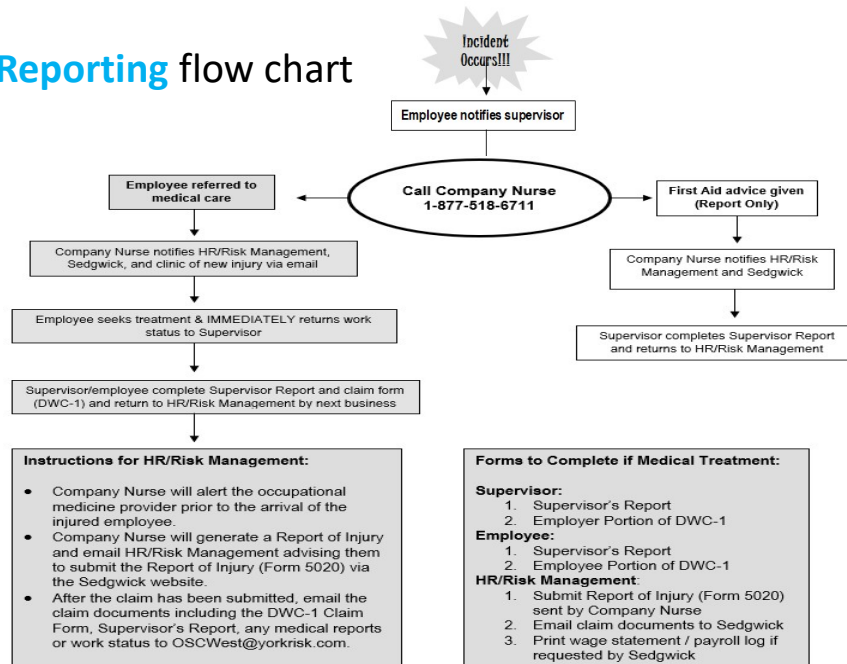
- If medical emergency, go to the nearest emergency or call 911
- Company Nurse provides immediate access to Registered Nurses 365/24/7 to assist in identifying the necessary level of care and referral for medical treatment as appropriate
- For non-emergency medical care and follow-up treatment, the employee will be directed to the designated Occupational Medical Clinic unless pre-designation form completed.
- Referral report to provider issued within minutes of call completion



7

7

## Reporting flow chart



8

## Reporting a claim

### Workers' Compensation Claim Form (DWC-1)

Employee completes Nos. 1-9/Supervisor completes Nos. 10-19

**MUST PROVIDE WITHIN 24 HOURS OF KNOWLEDGE**

Department of Industrial Relations  
DIVISION DE COMPENSACIÓN AL TRABAJADOR  
WORKERS' COMPENSATION CLAIM FORM (DWC-1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the original copy from your employer. You may call the Division of Workers' Compensation and have recorded information at (800) 541-5411. An explanation of medical compensation benefits is included on the Notice of Potential Benefits, which is the cover sheet of this form. Check and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to claim them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive those notices only by email, please provide your email address below and attach the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Antes que envíe esta notificación a su empleador, debe conservar una copia de esta notificación y marcarla como "Recibo Temporal del Empleado". Usted recibirá la copia original de esta notificación de su empleador. Usted puede llamar a la División de Compensación al Trabajador al (800) 541-5411 para una información general. Una explicación de los beneficios de compensación al trabajador está incluida en la Hoja de Aviso de Posibles Beneficios, que es la hoja de portada de esta forma. Guarde y guarde esta notificación como referencia para el futuro.

Usted también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicas, y usted acepta recibir esas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informarle a su empleador por escrito.

Any notice which reaches or comes to the reader's attention shall be deemed to be received by the employee.

Toda notificación que llegue a la atención de un lector o que sea recibida por el empleado, se considerará haber sido recibida por el empleado.

Employee—complete this section and give your employer. Today's Date: Fecha de Hoy

1. Name: Nombre

2. Home Address: Dirección Residencial

3. City: Ciudad

4. Date of Injury: Fecha de la lesión (ocurrencia)

5. Address and description of where injury happened: Dirección/lugar donde ocurrió el accidente

6. Describe injury and part of body affected: Describa la lesión y parte del cuerpo afectada

7. Social Security Number: Número de Seguro Social del Empleado

8. Check if you agree to receive notices about your claim by email only: ☐ Check if you agree to receive notices about your claim by email only. You will receive benefit notices by regular mail if you do not check, or your claims administrator does not offer an electronic service option. Usted recibirá notificaciones de beneficios por correo electrónico si marca esta opción o si su administrador de reclamos no le ofrece una opción de servicio electrónico.

Employee—complete this section and save your notice. Employer—complete this section and note the notation above.

10. Name of employer: Nombre del empleador

11. Address: Dirección

12. Date employer first knew of injury: Fecha en que el empleador supo por primera vez de la lesión u accidente

13. Date claim form was provided to employee: Fecha en que se le entregó al empleado la peticion

14. Date employer received claim form: Fecha en que el empleador recibió la peticion al empleado

15. Name and address of insurance carrier or adjusting agency: Nombre y dirección de la compañía de seguro o agencia administradora de seguros

16. Insurance Policy Number: Al número de la póliza de seguro

17. Signature of employer representative: Firma del representante del empleador

18. Title: Título

19. Telephone: Teléfono: (800) 932-6020

Employee: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within [www.dir.ca.gov](http://www.dir.ca.gov) of receipt of the form from the employee. EMPLEADO: Usted deberá fechar esta notificación y entregar copias de esta notificación al asegurador, al administrador de reclamos o al representante de la familia o del empleado que presentó esta peticion dentro del plazo de 30 días desde el momento de haber sido recibida la forma del empleado.

EMPLOYEE'S TEMPORARY RECEIPT

Employee's Temporary Receipt

9

## DWC-1 Form – key points



- Give form to employee within 24 hours of knowledge
- Give to employee anytime it is requested – do not deny the form!
- Keep a log of DWC-1 forms given to employees and note when/if returned
- Employee completes numbers 1-9 - Do not complete for them. Family member or spouse may complete if employee is unable.
- Employer/Supervisor completes numbers 10-19
- Provide a copy of the completed DWC-1 to employee
- DWC-1 is not required for employee to complete or return. It will not be necessary if it is an incident only claim. Employees should complete the form any time medical treatment is sought to protect their right to benefits.

10



## Incident and investigations

- Gather facts and information at the onset of an injury including witness statements as soon as possible
- Details matter!
- More information is better than not enough
- If a case involves faulty equipment/external contribution, it is important to preserve the evidence

### Benefits:

- Helps to determine the cause of accidents –trending and mitigation
- Identifies unsafe/overlooked work practices and conditions
- Increases opportunity to subrogate or recover costs from negligent third parties

11

11

## Employee benefits under workers' compensation

- Medical Treatment to cure or relieve from effects of injury. Mandatory application of Utilization Review. Delayed claims covered up to \$10,000.
- Temporary Disability benefits provided when unable to perform work.
- Permanent Disability to compensate for inability to compete in the labor market.
- Supplemental Job Displacement Benefit (SJDB).
- Death benefits.

Note: A "claim" may be accepted, though there may be a denial on a specific benefit issue.



12

12

# Transitional Work

Transitional work allows an employee with temporary work restrictions to work in a modified, alternative, or reduced hour capacity on a temporary basis while recovering from an illness or injury.

## Did you know?

- If off work for more than 6 months, only 50% chance of returning to regular job
- At 12 months, only 10% chance of returning
- 60% of workers off work for more than 14 days are already in financial trouble



- 50% faster recovery rate
- Gradual return to full duties to reduce re-injury
- Reduces potential for litigation
- Promotes employee morale/security
- Avoids financial stress

13

13

## Workers' Compensation 101

### Questions

- 1) We have an employee who was injured on 1/1/2021, but did not report the injury until 2/1/2021. What date do we put for the date of knowledge?
- 2) Can the employer fill out the top portion of the DWC-1 claim form for the employee? What do we do if the employee is not available to sign the form?
- 3) What do we use as the date of injury if the employee is not sure of the injury date?
- 4) Who is responsible to report an employee's updated work status?
- 5) We have an employee who is working modified duty, but they say they cannot do the work. What do we do?
- 6) The modified duty restrictions from the doctor are not clear. What do we do?
- 7) Who do we notify if we receive information that an employee is working or performing activities that exceed their work limitations?



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14



## Questions

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15



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16