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| Workers' Compensation/ Return to Work Office (WC/RTW): | Email: wctech@oside.us Tel: (760) 966-4035 Fax: (760) 967-7178 |
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Workers' compensation benefits are designed to provide employees with the medical treatment needed to recover from a work-related injury or illness, partially replace the wages lost while recovering, and help employees return to work. The following information does not claim to be exhaustive, but may assist employees with understanding specific State laws and District processes.

1. Workers' Compensation Reporting and Return to Work Instructions

- When a work-related incident occurs, the employee will:
 - Notify an Employer Representative (secretary, health clerk, supervisor, or the WC/RTW Office) immediately but no later than 24 hours after the incident.
 - Receive, read, and understand the contents of the workers' compensation packet, which contains reporting forms, instruction sheets, and informational materials.
 - **If accepting medical treatment:**
 - Follow instructions to call the Company Nurse injury hotline to receive immediate treatment evaluation by a medical professional (RN) specializing in occupational injuries:
Injury Hotline: 1-877-518-6702 Oceanside Unified Search Code: QS444
 - An employee who has a valid Predesignation of Personal Physician form on file prior to the injury/illness may be treated by that physician.
- For life threatening injuries or illnesses, emergency transport to Tri-City Medical Center must be immediately arranged. Follow-up appointments and medical visits will be scheduled with the District's frontline provider as directed by the WC/RTW office.
- Employees must provide return to work documentation to the WC/RTW Office within 24 hours either in person, e-mailing, or faxing a copy of the report **AFTER EACH MEDICAL VISIT**, which may include specialty care, physical therapy, chiropractic, acupuncture, diagnostic testing such as MRI, etc.
- **Employees are responsible for entering absences for all medical appointments. Failure to provide the appropriate return to work documentation within 24 hours may result in hours deducted from personal time or recorded as leave without pay.**
- Once medically cleared, employees are required and expected to return to work immediately following an appointment. The District's Return-to-Work Program describes the process of assisting all eligible employees to return to a productive and rewarding position at the earliest appropriate time as determined by their physician.

2. Workers' Compensation Benefits

- "Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony." (DWC-1)
- Workers' Compensation Law provides for benefits, which include but may not be limited to necessary medical care, wage replacement or financial entitlements, and death benefits. These benefits are set by law including the amount of entitlements, when, and how they are paid.
- The District utilizes a Medical Provider Network, which is a group of healthcare providers designated to provide treatment to workers injured on the job. Any requests to change a Primary Treating Physician should be directed to the claims administrator, Keenan and Associates.
- Temporary disability (TD) benefits are paid for lost wages if an injury prevents an employee from working while recovering. As a general rule, this benefit is calculated as two-thirds of an employee's average (pre-tax) wages, but not more than a maximum weekly amount, as set by law.

- TD benefits are paid if the treating doctor states that an employee is unable to return to work for more than three (3) days or hospitalized overnight.
- Injured employees may be eligible to receive additional benefits if the treating doctor says they will never recover completely or will be permanently limited in the work they can do.
- Claims submitted to the District are administered by: **Keenan & Associates**
P. O. Box 2707, Torrance, CA 90509
(800) 654-8347
- Authorized medical treatments are billed and should be sent directly to the claims administrator, Keenan & Associates.

3. District Leaves

- Industrial/Sick Leave is used for reasonable travel time to and from medical appointments and the time necessary for the actual appointments. Any additional or unauthorized time off work will be charged to either sick leave (if eligible and with authorization), vacation leave (with prior authorization), or leave without pay.
- During industrial leaves of absence, Workers' Compensation payments are issued to the District by Keenan & Associates. The District will then issue appropriate warrants for payment of an employee's salary including deductions and authorized contributions.
- Workers' Compensation financial benefits **are not in addition to regular pay.**
- Industrial Leave will be allowed for up to sixty (60) days for the same illness or accident. After exhausting industrial-paid leaves, employees will use any available sick leave and may use other entitlements on the condition that, when combined with any temporary disability benefits, they do not exceed 100% of regular compensation.
- For Classified Employees: The Industrial Accident and Illness Leave, Article 12.5.3.6 of the contract states, "Employees receiving benefits as a result of this Section will, during periods of injury or illness, remain within the State of California unless the Board authorizes travel outside of the state."
- Further information related to Industrial Accident and Illness Leave is available in the Certificated Master Contract and in the Classified Master Contract.

4. Additional Resources

- Questions regarding the District's Workers' Compensation and Return to Work procedures should be directed to the District Workers' Compensation/Return-to-Work Office.
- Further information regarding the Workers' Compensation process is available by contacting Keenan & Associates (800) 654-8347, an Information and Assistance Officer (619) 767-2082, or consulting an attorney.

My signature below acknowledges my receipt of the Workers' Compensation Benefits and Procedures document. I understand that I am responsible for reviewing and following the processes described above.

Employee's Name: _____ **Date:** _____

Employee's Signature: _____