



# WORKERS' COMPENSATION SUPERVISOR'S GUIDE



***THIS QUICK GUIDE CONTAINS PERTINENT  
INFORMATION FOR SUPERVISORY  
EMPLOYEES ON PROCESSES RELATED TO  
WORKPLACE INJURIES.***

## WORKPLACE INJURIES AND ILLNESSES

Employees injured on the job should make every effort to report injuries and illnesses immediately to their supervisor.

Employees experiencing a medical emergency should seek immediate medical attention by going to an urgent care clinic, going to an emergency room, or calling 911 and should notify their supervisor as soon as possible. *Note: Only in rare circumstances should staff be in the position of driving an injured worker to a clinic or hospital for urgent or emergent care. Doing so may jeopardize the safety of the driver and the injured worker. Whenever possible, call 911 for assistance.*

## WORKERS' COMPENSATION

Employees may be entitled to workers' compensation benefits such as: medical treatment, temporary disability, permanent disability, supplemental job displacement benefit, and death benefits.

Employees may choose to seek medical attention through the workers' compensation system and file a workers' compensation claim after reporting a workplace injury or illness by accepting an On-the-Job Injury (OJI) Packet, including the DWC-1 claim form, provided by the supervisor. This packet will also contain a Medical Treatment Authorization Form listing available clinics, which will be signed by the supervisor. All non-emergency cases should be referred to one of the available clinics listed on the Medical Treatment Authorization form. If an employee has submitted an approved medical pre-designation form prior to the date of the injury or illness, they may use their designated physician.

## SUPERVISOR RESPONSIBILITIES

Supervisors are an employee's first point of contact for incidents at work and should assist the employee in obtaining prompt medical attention when they have a work-related injury or illness. Documentation for the injury, including the Supervisor's Investigation Report (SIR), Employee Fatality and Serious Injury Report (if applicable), and On-the-Job Injury Packet (if applicable) should be completed and submitted prior to the end of the shift the injury was reported whenever possible.



*If you need assistance or guidance on any of the following procedures, refer to your department's personnel unit, workers' compensation department coordinators, and/or Risk Management.*

## CAL/OSHA NOTIFICATION FOR SERIOUS INJURY OR DEATH

A “serious injury/illness” or death requires immediate Cal/OSHA notification to be completed no more than eight (8) hours from the time of injury. A “serious injury or illness” is defined as any injury or illness requiring inpatient hospitalization, a loss of any part of the body, including the loss of an eye, and/or any serious degree of permanent disfigurement. For our reporting purposes, we include injuries where the employee is transported by ambulance.



**Immediately complete the [Employee Fatality and Serious Injury Report](#), and send all reports to Risk Management.**

**Normal Business Hours:** If the incident occurs during normal business hours (8:00 AM to 5:00 PM during the standard work week) a telephone report shall be made *immediately* to Risk Management at (559) 600 – 1850.

Cal/OSHA must be notified by phone at (559) 445 – 5302 (Risk Management will complete this during normal business hours). They allow notification twenty-four (24) hours a day, and you may be able to leave a voicemail.

**Outside of Normal Business Hours:** If the incident occurs outside of normal business hours (8:00 AM to 5:00 PM during the standard work week), the supervisor will be required to call Cal/OSHA at (559) 455 – 5302 to report the incident immediately, no more than eight (8) hours from incident. The complete [Employee Fatality and Serious Injury Report](#) will include the information Cal/OSHA will need.

Cal/OSHA must be notified by phone at (559) 445 – 5302 (the supervisor will complete this outside of normal business hours). They allow notification twenty-four (24) hours a day, and you may be able to leave a voicemail.

**Penalties:** Failing to report serious injuries/illnesses/deaths to Cal/OSHA within eight (8) hours of the incident could result in significant penalties.

## THE SUPERVISOR’S INVESTIGATION REPORT (SIR)

*See Management Directive 1030*

The most current version of the Supervisor’s Investigation Report (SIR) is available in the [e-Services Forms Library](#). Instructions can be found on the form; please read carefully as the content is subject to change.

The recommended practice is to complete this report and send to both your department’s Workers’ Compensation Coordinator and Risk Management’s Workers’ Compensation Team before the end of your current shift.

**Supervisor’s Investigation Reports must be sent to both your department’s Workers’ Compensation Coordinator on your personnel team and Risk Management within twenty-four (24) hours of knowledge of the injury.**

**Investigation:** Using the Supervisor's Investigation Report (SIR), the immediate supervisor shall investigate the accident thoroughly by completing all the questions on the report. In the absence of their immediate supervisor, an employee may report their injury to another employee in a supervisory position within their department. In such instances, it is the responsibility of that supervisor to commence and coordinate proper reporting of said injury with the assistance of the department's personnel unit. *Please note in the instance of a claim concerning the employee's supervisor, a different supervisor at or above the current supervisor's level in the organization must complete the investigation.*



Please provide ample detail on the report and include supplemental documentation if necessary. An important question to ask is – “Does the employee want medical attention?”. If medical treatment is not necessary, the Supervisor's Investigation Report should still be completed and sent accordingly.

**Determining Unsafe Condition or Procedure:** Another purpose of the investigation is to determine if an unsafe condition or procedure may have contributed to the injury. After analyzing the incident, list any observations and/or concerns that you may have. Any unsafe condition or procedure must be inspected and corrected by the department as promptly as possible; conducting a thorough investigation and providing a detailed report of the incident will help the department identify and address any issues or trends which can help reduce further injuries.



Detailed reporting may include descriptions of injury location, noting any recent changes to worksite, assignment, or schedule for the employee, noting the current weather conditions, etc. Reporting should be thorough, regardless of whether the employee is choosing to file a workers' compensation claim or not at that time. The more thorough your reporting, the better. You may find it helpful to take photographs to complete your investigation.

Focus on safety and document any preventative or corrective measures communicated to the employee. These measures should be departmental policies that are applicable to the situation.

## ON-THE-JOB INJURY (OJI) PACKET

**The OJI packet must be offered within one (1) business day of knowledge of injury.**

The employee may choose whether to accept the OJI Packet and file a workers' compensation claim for their injury. The employee may initially decline the packet but accept at a later date. In these situations, amend your original Supervisor's Investigation Report with the date of acceptance and provide the employee the OJI packet.

Please ensure the packet is completed as accurately as possible, emphasizing the DWC-1 claim form. Employees should read the instructions on each form carefully to prevent delays to their claim intake process. The upper portion of the DWC-1 must be completed by the employee. In situations where the employee cannot write or complete the item, the supervisor may assist by filling out the form in the words of the injured worker, having the employee initial and sign accordingly.

**Where to Find the OJI Packet:** The most current version of the OJI Packet can always be found in the [e-Services Forms Library](#).

**Offering the OJI Packet:** When you are notified of an injury that may have occurred during the course of employment (while at the worksite, during work hours, etc.) or arising out of employment (the injury was connected to their job duties), you must offer medical treatment and the OJI Packet immediately (within one (1) business day), noting on the SIR whether the employee accepts or declines the packet. The employee may initially decline the packet, and later accept.

\*Note that it is not your responsibility as a supervisor to refuse to offer an OJI Packet or determine if a claim is compensable. Claim acceptance determinations occur as a result of investigation on behalf of the claim's adjuster with our Third-Party Administrator, which includes doctor's opinion.

**Medical Treatment:** If the employee accepts the packet and requests medical treatment, then complete and sign the Medical Treatment Authorization Form, which the employee will take with them to the clinic for their initial appointment. Make a copy to include in the OJI packet and provide the employee with the original form.

Employees have the option to predesignate a doctor as their primary treating physician in case of an OJI/Industrial/workers' compensation injury. However, they must complete the appropriate form (available upon request) and provide the completed form to Risk Management prior to the injury.



**Unsure If You Need to Offer the Packet:** If you are unsure of whether you need to offer the OJI Packet, you can reach out to your department's Workers' Compensation Coordinator or Risk Management for assistance. A good rule of thumb is, if you are unsure, you should offer the packet as a precaution.

**Employee Is Not Available to Offer the Packet:** If the employee is unavailable (hospitalized, etc.) the requirement to offer medical treatment and the DWC-1 claim form remains. Contact your department's workers' compensation coordinator or Risk Management for assistance. **The OJI packet must be offered within one (1) business day of knowledge of injury.**

**Completing the OJI packet:** The employee may choose to accept the OJI Packet and file a workers' compensation claim for their injury. Communicate to the employee that the OJI packet is to be completed as promptly and accurately as possible, emphasizing the top portion of the DWC-1 claim form. Employees and supervisors should read the instructions on each form carefully to prevent delays to their claim intake process.

*The packet includes the following forms: Filing a Workers' Compensation Claim, Workers' Compensation Claim Form (DWC-1), Medical Treatment Authorization Form, Integration Program Form, First Fill Prescription Form, Medical Provider Network and Medical Access Assistant Notice, and the optional Voluntary Medical Release Forms.*

**Date of Knowledge:** The date of knowledge is the date on which the employee reports a workplace injury to their employer. If the employee declines packet initially but later accepts the packet, the date of knowledge on the DWC-1 and 5020 should be listed as the date on which the packet was accepted. In these situations, amend original Supervisor's Investigation Report with the date of acceptance and provide the employee the OJI packet.

## WORK STATUS REPORTS

After the employee has seen a physician regarding their injury, they will receive a Work Status Report. Employees have the responsibility of making sure their supervisors have their most recent work status report after every physician's visit. This note might clear the employee to return to work at full duty, place the employee off work, or the treater may provide work restrictions. Employees who receive work restrictions may return to work if the restrictions they received can be reasonably accommodated.

You may be responsible for determining if an injured worker's work restrictions can be accommodated either in the employee's usual and customary position or in a modified assignment. Prepare yourself to make these determinations by having a strong understanding of the essential functions of the positions of those you supervise, as well as any sort of physical necessities of the position (heavy doors, stairs, typing needs, etc.). Here are some common types of restrictions you can consider when thinking about what each position requires:

- General Restrictions
  - Lift/carry/push/pull no more than X pounds.
  - Allow X minute break every hour.
- Arm Restrictions
  - Overhead work should not be performed.
  - Repetitive right/left hand motions: (not at all, up to 3 hours per day, etc.)
  - Keyboard/mouse use no more than X cumulative minutes per hour.
- Leg Restrictions
  - No running/jumping/squatting/kneeling.
  - Stand/walk no more than X cumulative minutes per hour.
  - Climb stairs/ladders: (not at all, up to 3 hours per day, etc.)
- Back and Torso Restrictions
  - Bend at waist: (not at all, up to 3 hours per day, etc.)
  - Torso/spine twist: (not at all, up to 3 hours per day, etc.)



## TIMESHEET GUIDANCE

For timesheet guidance, including specific timesheet coding, contact your department's personnel unit. Appointments are considered County time (paid as salary continuation/regular time) only on the date of injury, with the exception that if they were turned away from the clinic that day and couldn't be seen, then the appointment the next day is covered as County time (paid as salary continuation/regular time). There are additional exceptions pursuant to the corresponding MOU for the employee's unit – these can be found on [e-Services on the Memoranda of Understanding page](#).

## USEFUL RESOURCES

Visit the [California Department of Industrial Relations injured workers' section](#) and review the [Guidebook for Injured Employees](#) for additional information.

You can also reach out to your department personnel unit or email Risk Management's Workers' Compensation Team with questions or concerns.

## CONTACT INFORMATION

**HR - Risk Management Main Number**

(559) 600-1850

**Risk Management's Workers' Compensation Team**

HRRISKWORKERSCOMP@FRESNOCOUNTYCA.GOV