



5130 Riverside Drive, Chino, CA 91710

**RISK MANAGEMENT
WORKERS' COMPENSATION
INJURED WORKER INFORMATION SHEET**

WHAT TO DO WHEN AN INJURY OCCURS

A safe working environment is our number one priority. However, should an accident or injury occur we want to ensure that our employees receive prompt effective medical treatment.

What should I do if I am injured on the Job?

- Immediately notify your supervisor/site secretary and report the injury. (Report the injury even if you are not seeking treatment at the time) (**When necessary call 911**)
- If medical care is needed and your supervisor/site secretary is not available, report your injury immediately to Risk Management at the District Office at (909) 628-1201, 1303, or to laurie_griego@chino.k12.ca.us.
- **Contact Company Nurse on Call at (888) 375-0280 (to begin claim process)**
Nurse on call will triage injured employee and determine whether the employee will be sent to a medical provider

WHAT DOCTORS DO I GO TO?

If your injury requires medical attention and you are not pre-designated (you may verify with Risk Management if you have pre-designated a personal physician) the Company Nurse will refer you to either medical provider location:

Concentra
15302 El Prado Road
Chino, CA 91710

Kaiser On-The Job
2295 S Vineyard Ave Ste A,
Ontario, CA 91761



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PROCESS

When initiating a workers' compensation claim, not always does the employee have to seek treatment. The nurse that the employee speaks from the Nurse on Call company will obtain the detailed information of the incident will triage the injury and at times will provide home care, this report is labeled as **Notice Only** claim. The nurse will advise the employee to call back if symptoms worsen at that time the nurse will designate employee to a physician.

Once the employee has been seen by the physician, a PR2 (physician's report) is generated and sent to Risk Management, stating the employee's injury status. Risk Management will contact the site secretary to inform them of the employee's status.

FIRST AID

The California labor code, section 5401(a) defines first-aid as 'any one- time treatment, and any follow-up visit for the purpose of the observation of minor scratches, cuts, burns, splinters or other minor industrial injury, which do not ordinarily require medical care. This one-time treatment, and follow-up visit for the purpose of observation, is considered a first-aid.

Therefore, **FIRST AID** statuses are non-compensable claims and **do not require a workers' compensation packet.**

COMPENSABLE CLAIMS

The injury physician's report (PR2) received by Risk Management from the medical provider will state various scenarios of treatment, for example: if the employee is taken off work, released to work with restriction or treats without restrictions Risk Management will inform the employees status to the site secretary and direct the secretary to provide the employee with a workers' compensation injury packet.

COVERAGE ELIGIBILITY & WHAT YOU ARE COVERED FOR

The Workers' Compensation coverage begins the first minute you are on the job and continues any time you are working. You do not have to be employed for a certain length of time, nor do you have to earn a certain amount of wages before you are protected.

All reasonable and necessary medical care to cure or relieve the effects of a job-related injury or illness is covered under Workers' Compensation.



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COMPONENTS OF WORKERS' COMPENSATION

Temporary Modified/Alternate Duty

Chino Valley Unified School District has established a Return to Work program for employees who have been released by their treating physician with temporary work restrictions. An employee will either be accommodated with temporary modification in their normal and customary position or placed in alternate work. Participation is mandatory for those employees who meet the program criteria. Employees who refuse transitional work may not be eligible for worker's compensation disability benefits (per California Labor Code). The employee may remain in the program for a maximum of 90 calendar days.

If the employee does not transition back to full duty to their normal and customary position or reach MMI (maximum medical improvement) by the 90th calendar day, the employee will be taken off work and placed on TTD (temporary total disability) and receive industrial leave pay.

Workers' Compensation Leave

- **Industrial Leave:**

Education Code Section 44984/87787 (certificated) and 45192/88192 (classified) provide that an employee who is injured on the job or is sick as a result of working conditions, will receive 60 days of salary continuation (work days) with full pay for each accident or illness

- **Docked Sick Leave:**

Once you exhaust the 60 days of salary continuation, your sick time is docked by 1/3rd and 2/3rd of your pay falls under Workers' Compensation.

- **100 Days/5 Month Differential Leave:**

Once you exhaust your sick leave you will begin your entitled 100 days/5 months of differential pay. For Certificated differential pay is calculated as your daily rate minus the cost of a sub. For Classified differential pay is the difference between the employee salary and that of a substitute.

- **39 Month Re-Hire List:**

Once all leave has been exhausted you will be placed on a re-hire list for up to 39 months.

QUESTIONS: Contact Risk Management at (909) 628-1202, extension 1303



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Please call the Risk Management Department any time you have questions, concerns, or problems regarding your industrial injury at (909) 628-1202, extension 1303

Chino Valley Unified School District is committed to providing legitimately injured workers with excellent medical treatment, support with temporary modified duty during the course of treatment, and assistance from Risk Management

You are expected to fully cooperate with the Risk Management Department, the treating doctor and therapist to ensure your swift recovery and return to work.

Contact your supervisor to notify the need for medical care for your industrial injury **prior** to seeking medical treatment. The district will not be responsible for any self-procured medical treatment. **Contact the Risk Management Department at (909) 628-1202, ex: 1303 immediately following your medical treatment.** Note: your personal health insurance will not cover treatment for industrial injury or illness. **IT IS EXPECTED THAT YOU WILL COMPLY WITH ALL REASONABLE DIRECTIONS AND RECOMMENDATIONS OF THE TREATING PHYSICIAN AT ALL TIMES.**

Notify Risk Management of any cancellations or rescheduling of appointments

It is important to maintain continuity of care in order to ensure the best medical treatment, timely recovery, and return to work. **It is expected that you will keep and attend all appointments as scheduled by the treating physician, therapists, and other diagnostic facilities until you are completely discharged from the treating doctor's care.**

Appointments: You are expected to go to work first (time permitting), be on time, and return back to work in a timely manner after any appointment that occurs during regular work time that is related to your industrial injury, even if a substitute has been dispatched.

In order to respect the doctor's/physical therapist's time and other patients' appointment times, if you arrive late you may be rescheduled for another day or time. Industrial disability compensation is given in lieu of sick leave when an injured worker is declared temporarily totally disabled by the authorized treating physician. The district understands that it is sometimes difficult for full time employees to schedule industrial injury related appointments outside of their work hours. The district allows these employees to use industrial disability leave for these appointments and for reasonable travel time to the appointments. If the employee opts not to return back to work, then he/she is to obtain authorization from their supervisor for the remainder of time missed. The time will then be appropriately docked from personal time rather than industrial disability time. Any use of sick leave is subject to all district policies, procedures and rules as stated in your union contract, and it is your responsibility to ensure compliance.

Doctor progress reports **except those from Concentra must be submitted to the Risk Management Department at the District Office before you return to work after each visit. Risk Management will notify your site administrator of your status.**

This enables us to ensure any needed restrictions or job modifications are initiated or updated; preventing unnecessary delays or misunderstandings about what you can and cannot do.

It is important that you be truthful about your accident and injury/illness at all times. Misrepresentations made to the doctor, employer or others that result in a continuation of or additional benefits may constitute fraud. It is the district's intention to prosecute violators to the fullest extent permitted by law.

Any evidence of misrepresentation, suspicion of fraud, or abuse of workers' compensation benefits will be thoroughly investigated and prosecuted.



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If you are declared temporary totally disabled (TTD) or given work restrictions by the treating doctor it is imperative and expected that you will comply at all times at work and away from work. Temporary totally disabled (TTD) means the doctor has determined you are totally disabled and unable to perform *any* work including modified duty. This means you are essentially bedridden and you should limit your activity to attending your doctor and physical therapy appointments until the doctor lifts your temporary total disability (TTD) status. If you have physical restrictions, in order to gain maximum medical benefit, it is expected that you will comply 24 hours a day, not just at work.

My signature below verifies that I have received a copy of all workers' compensation documents. I further understand that it is my responsibility to make myself familiar and to comply with the district's procedures outlined in this Injured Worker Information Sheet. I understand that I will comply with the procedures as per the statutes of the Workers' Compensation process.

Employee Name (Please Print)

Employee Signature

Date