



## WORKERS' COMPENSATION PROCEDURES TOWN OF COLMA

An injured employee must immediately notify his/her supervisor. If the injury is a

**LIFE THREATENING EMERGENCY, DIAL 911.**

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### Who is the Town's Workers' Compensation Administrator and What Does it Do

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Intercare Holding Insurance Services administers is the Town's workers' compensation administrators for injured employees. Intercare can be reached at 1-800-771-5454 and partners with the Town of Colma to administer all workers' compensation claims and benefits. First, Intercare determines whether the injury or illness is work-related. By law, this decision must be made within 90 days of the filing of a claim form. If additional information is necessary to make this decision, Intercare will notify the employee and provide the date by which a final decision shall be made. Once a decision is made to accept or deny the workers' compensation claim, the employee shall receive a notice explaining the reason(s) and further information on the employee's rights.

Workers' compensation benefits can include: medical care, temporary disability, permanent disability, supplemental job displacements benefits, death benefits, and a return to work program.

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### For Non-Emergency, Non-Life-Threatening Injuries

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The employee is to report the injury to his/her supervisor as soon as possible. If the employee chooses **NOT** to go to the doctor at the time of the injury, the employee needs to complete and submit a **Short Form – Accident or Injury** to Human Resources. Signatures from both the supervisor and manager/director are required on the form. Information is retained in employee's workers' compensation file at Human Resources in the event the employee decides to seek medical attention at a later date. Once notified of the injury, the supervisor must provide the employee with the State of California's **Workers' Compensation Claim Form (DWC-1), Accident/Incident Investigation Report, and Form 5020. However, these forms are only to be completed if the employee decides to seek medical attention.**

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### If Employee Needs to Seek Medical Treatment

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The employee is to report the injury to his/her supervisor as soon as possible. If the employee has a pre-designated primary care physician on file in Human Resources, treatment is directed to that physician. If medical treatment is necessary, employee will be referred to:

**Kaiser Occupational Health  
801 Traeger Avenue, 2<sup>nd</sup> floor, Suite 212  
San Bruno, CA 94066  
650-742-7110**

**FOR TREATMENT AFTER HOURS  
Kaiser Permanente Emergency Room  
1200 El Camino Real  
South San Francisco, CA 94066**

Otherwise, the employee may select a treating physician from PRISM MPN by calling 1-800-544-8150 or accessing the network at <http://prismmpn.prismrisk.gov>.

Employee is treated and continues treatment with Kaiser Occupational Health. Kaiser makes referrals to consulting physicians if necessary. **IMPORTANT:** Employee needs to be sure to have a *Work Status Report* from the *doctor after every appointment* to bring back to work. The *Work Status Report* needs to be submitted to Human Resources for processing, with a copy to the supervisor for his/her information. Human Resources works with the supervisor/director in the event modified duty is available.

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### Paperwork and How the Process Works

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Here is how the process works.

**Step 1:** The employee reports the injury to the supervisor. The supervisor obtains a workers' compensation packet (packets provided to you by Human Resources) to guide him/her through the process. If the injury is not a medical emergency (a 911 call), is only requiring first aid, and the employee chooses not to go to the doctor at the time of injury, then the employee only needs to complete and submit a **Short Form – Accident or Injury** to Human Resources.

If the supervisor is not available at the time of injury, the employee must contact Human Resources- at 650-997-8306 or 415-860-3440, and leave a voicemail message, if necessary, including the following information:

- Who: Employee's Name
- What: Injured body part(s) or what illness has been contracted
- Where: Location of accident or injury
- When: Date and time of accident or injury
- Why: What was the employee doing?
- How: What caused the accident or injury?

Also, the supervisor must provide the employee with the complete workers' compensation packet. However, **Workers' Compensation Claim Form (DWC-1), Accident/Incident Investigation Report, and Form 5020** only need to be completed **if treatment is sought**. If the employee requires treatment, refer the employee to Kaiser Occupational Health in San Bruno (801 Traeger Avenue, 2<sup>nd</sup> floor, Suite 201, 650-742- 7110 or the employee may select a treating physician from the PRISM MPN by calling 1-800-544-8150 or accessing the network at <http://prismmpn.prismrisk.gov/>.

**Step 2:** The supervisor must complete the **Accident/Incident Investigation Report**, in compliance with CALOSHA's *Illness and Injury Prevention Program* requirements, **if treatment is sought**. The **Accident/Incident Investigation Report** is one of the forms that Intercare needs as soon as possible.

**Step 3:** The employee must complete the State of California's **Workers' Compensation Claim Form (DWC-1)**, available electronically in pdf format) **if treatment is sought**. If the employee is treated by a physician, be sure to obtain a **Work Status Report** from the employee upon their return to work. The employee cannot return to work without the **Work Status Report**.

**Step 4:** The supervisor must complete the **Employer's Report of Occupational Injury or Illness (Form 5020)**, available electronically in pdf format) **if treatment is sought**.

**Step 5:** Return all the documentation to Human Resources within twenty-four (24) hours from the time of injury, even if you do not have the doctor's note. If a **Short Form – Accident or Injury** was completed on another date, for example, be sure to include the short form with your documentation or note that one had been submitted earlier.

**Step 6:** If the employee will be seeing a treating physician from PRISM MPN, then the employee must complete the Temporary Prescription ID Card form and bring it to one of the listed participating pharmacies.

**Step 7:** Human Resources will forward all completed forms to Intercare, including the *Work Status Report*.

## **The Workers' Compensation Packet**

The workers' compensation packet contains the following:

- Flowchart & WC Procedures for Processing Claims
- Employee Workers' Compensation Procedures
- Short Form – Accident or Injury
- State of California Workers' Compensation Claim Form (DWC-1)
- Accident/Incident Investigation Report
- State of California Employer's Report of Occupational Injury or Illness, Form 5020
- State of California Notice to Employees (DWC-7)
- PRISM MPN Employee Notification
- Workers' Compensation Temporary Prescription ID Card
- Intercare Team Organizational Chart

# FLOWCHART FOR INJURY REPORTING

