

City of Richmond

Administrative Manual

SUBJECT: Industrial Injuries

SECTION: Risk Management

POLICY NUMBER: AP 400

INITIAL DATE PREPARED: April 24, 2000

LAST DATE REVISED:

I. Purpose

This policy describes the City's procedures to address industrial injuries or illnesses, and state the provision of Worker Compensation benefits for full and part-time regular employees who have sustained an industrial injury or illness.

II. Policy

A. Non-Emergency Medical Treatment

In the event of an industrial injury or illness, the City shall provide medical treatment to all City employees at the primary treatment center:

Concentra
2970 Hilltop Mall Road, #101
Richmond, CA
(510) 222-8000
Hours: 8am - 5pm
Monday through Friday

Greater Richmond Industrial Medical Center
2600 MacDonald Avenue
Richmond, CA
(510) 236-7243
Hours: 8am - 5pm
Monday through Friday

Both clinics are closed Saturdays, Sunday and holidays.

Should an industrial injury or illness occur when the primary treatment center is closed or inaccessible, the nearest medical facility should be used:

Nearest facilities:

Doctor's Medical Center
San Pablo Campus
2000 Vale Road
San Pablo, CA 94806
(510) 970-5000

Doctor's Medical Center
Pinole Campus
2151 Appian Way
Pinole, CA 94564
(510) 724-5000

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B. Emergency Medical Treatment

In the event of an emergency, an ambulance should be called, or the injured employee should be taken by City personnel to the nearest medical facility (Doctor's Medical Center - San Pablo Campus).

C. Identification of Employee's Treating Physician

1. City employees have the option to identify their own personal physician to treat them on the first day of industrial injury or illness under the following conditions:
 - a. Prior to that injury/illness they have provided a written notification of the name, address and telephone number of their personal physician to the Human Resources Management Department using form AP 400-1; and
 - b. Prior to that injury/illness they received medical treatment and have a medical history on file with the aforementioned physician.
2. Employees who have not notified the Human Resources Management Department of a treating physician prior to the injury/illness shall be treated by the physician at the primary treatment center or the nearest medical facility.
3. If medical treatment is still required after thirty (30) calendar days from the date of the industrial injury or illness, the employee may choose his or her own treating physician or the employee may request, one-time only, that the City provide an alternate physician. In any case, the City shall have the right to require that the employee be examined by medical consultants of the City's choosing.

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D. State Worker's Compensation Benefits

Any City employee who has a work-related injury or illness arising out of employment is eligible to receive Workers' Compensation benefits in accordance with applicable provisions of the Labor Code. These benefits include medical care, temporary disability, vocational rehabilitation, permanent disability, transportation reimbursement, and death benefits to survivors.

E. City On-the Job Injury Benefits

In conjunction with but not in addition to the Workers' Compensation benefits in section "D" of this policy, the City provides on-the-job injury leave benefits per occurrence which permits regular full time employees to receive their full salary for up to 52 weeks, if disabled due to an industrial injury or illness.

F. Responsibilities

1. The Risk Manager is responsible for investigating each industrial injury/illness, monitoring medical treatment, arranging medical consultations, determining compensability, authorizing payment of related Workers' Compensation benefits, providing such benefit information to City employees, and communicating with City management on employee's return to work status.
2. The Human Resources Management Department is responsible for the administration of applicable City on-the-job injury leave benefits.
3. Injured employees are responsible for attending all medical appointments on the dates and at the time arranged, and shall report the status of their industrial injury/illness to their immediate supervisors until final clearance for return to work. Failure to follow medical direction may lead to suspension of benefits.

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III. Procedure

When an industrial injury or illness occurs, no matter how insignificant it may seem, the employee shall notify his or her supervisor immediately. The supervisor shall determine the emergency nature of the injury/illness. If there is any doubt about the condition of the employee, the supervisor should call for a paramedic or arrange for emergency transportation to a medical facility.

A. **Reporting Form**

1. Employee's Report of Injury (AP 400-2)

The supervisor provides this form to the injured employee for immediate completion (on the same day of the industrial injury/illness occurrence, if possible). This form is then returned to the supervisor for completion and submission to the Risk Manager.

2. Employee's Claim for Workers' Compensation DWC's Form-1 (AP 400-3)

The supervisor provides this form to the injured employee for immediate completion (on the same day of the industrial injury/illness occurrence, if possible). This form is then returned to the supervisor for completion and submission to the Risk Manager.

3. Telephone Authorization for Treatment Form (AP 400-4)

City employees shall notify the treating physician at the treatment center to telephone Risk Management at the following telephone numbers to obtain telephone authorization for treatment.

General 510-620-6711

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Police & Fire 510-620-6974

Senior Claims Examiners and the Risk Manager are responsible to provide telephone authorization for treatment and they will complete the Telephone Authorization for Treatment Form AP 400-4 to memorialize the authorization.

4. Supervisor's Occupational Injury Report (AP 400-5)

The supervisor completes this form on the same day the injury/illness occurred and submits it to the respective Division Director/Department Director for review and signature. The form is then forwarded to the Risk Manager for further processing. It should be forwarded no later than five (5) working days following the occurrence.

5. Employer's Report of Occupational Injury or Illness Form 5020 (AP 400-6)

The supervisor completes this form on the same day the injury/illness occurred and submits it to the respective Division Director/Department Director for review and signature. The form is then forwarded to the Risk Manager for further processing. It should be forwarded no later than five (5) working days following the occurrence.

B. Employee's Return to Work

The full duty, return to work clearance for employees shall be approved by the Risk Manager. Risk Management will notify the employee's respective supervisor so that a return to work plan can be completed. When the employee returns to work, all City On-the-Job Injury Benefits will cease.