



Berkeley Unified School District

What To Do If You Are Injured At Work (Employee)

If you are injured at work and the bodily harm is life or limb threatening, dial 911.

If your injury is considered an emergency, proceed to the nearest emergency room.

Otherwise, before you leave the work site you must do the following:

Step 1

Supervisor and Injured employee immediately call the Company Nurse at (877) 247-1447, Group Code: BRKLY to report the injury/illness. The Company Nurse is available 24/7.

Step 2

Complete the appropriate forms in Workers Compensation Packet (WCP) provided by your supervisor or print from the BUSD Risk Management website.

Otherwise, upon notification by the Company Nurse Report of Injury the Risk Management Department/Workers' Compensation Office will email the WCP to you and your supervisor.

- **Employee Forms**

What to Do if You are Injured at Work (Employees)

Employee's Acknowledgement of Receipt

Workers' Compensation Claim Form DWC 1 (Questions 1 through 9)

Report of Incident

Witness Statement

BUSD Workers' Compensation Policy

- **Supervisor Forms**

What to Do if Your Employee is Injured at Work

Workers' Compensation Claim Form DWC 1 (Questions 10 through 19)

Supervisor's Report

BUSD Workers' Compensation Policy

Step 3

Seeking Medical Treatment After Injury/illness:

Kaiser Oakland Occupational Center is the Berkeley Unified School District (BUSD) treatment facility for injury/illness. If you seek treatment with any other physician, without having a pre-designated physician on file; Workers' Compensation is **not** obligated to pay for treatment.

After 30 days of treatment with Kaiser Oakland Occupational Center you may change the treating physicians with proper authorization. Contact Risk Management Department/Workers' Compensation Office for information.

Kaiser Oakland Occupational Center

3702 Broadway Avenue, 5th Floor, Suite 501, Oakland, CA 94611 (510) 752-124

Office Hours: Monday through Friday from 8:00 AM to 5:30 PM

Kaiser Oakland Medical Center-After Hours/Urgent Care

275 W. MacArthur Blvd, Oakland, CA 94611 (510) 752-1190

Office Hours: Monday through Friday after 5:30 PM and weekends

Pre-Designated Physician

The Personal Physician Pre-Designation form is valid only if you are in accordance with pre-designation regulations. Contact the Risk Management Department/Workers' Compensation Office for information at (510) 644-2879 or send an email to riskmanagement@berkeley.net.

Step 4

Initiate and Keep contact with all involved parties:

- a. Provide any updates and all work status reports to your supervisor and the Risk Management Department/Workers' Compensation Office, **within 2 business days of an appointment.**
- b. Respond to all correspondence from Intercare, BUSD Workers' Compensation Third Party Administrators, or contact the Risk Management Department/Workers' Compensation Office if you have questions at (510) 644-2879, mail to 2020 Bonar Street, 2nd Floor, Suite 234, Berkeley, CA 94702, or email riskmanagement@berkeley.net

Additional Responsibilities

- Notify your supervisor if you will be absent, the moment you know you will be absent.
- It is absolutely mandatory that for each day(s) you are absent, you enter an absence in Frontline (Frontline Education - Absence Management formerly AESOP). If you are unable to enter an absence in Frontline, arrange for your supervisor to complete it for you.
<https://login.frontlineeducation.com/login?signin=78c9a32258102b10294e74e46cf5ba4c&productId=ABSMGMT&clientId=ABSMGMT#/login>
- Attend all scheduled doctor's appointments. If you can't attend your appointment, it is your responsibility to reschedule.

Contacts

**Berkeley Unified School District
Risk Management Department/
Workers Compensation Office
Michelle Payton**

Senior Workers' Compensation Specialist

Direct Phone: (510) 644-2879

Direct Fax; (510) 644-8881

**Mailing Address: 2020 Bonar Street, 2nd Floor,
Suite 234, Berkeley, Ca. 94702**

Email: riskmanagement@berkeley.net

Website: berkeleyschools.net

**Intercare Holdings Insurance Services, Inc.
Luz Amezcua**

Workers' Compensation Senior Claims Examiner

Direct Phone: 916-780-3613

Direct Fax: 916-781-5606

**Mailing Address: P.O. Box 211012, Eagan, MN
55121**

Email: lamezcua@intercareins.com

Website: intercareins.com

STATE OF CALIFORNIA
ACKNOWLEDGMENT OF RECEIPT

TO: Departmental Employee

SUBJECT: Acknowledgement of Receipt of the Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility (e3301)

Attached is a *Workers' Compensation Claim Form & Notice of Potential Eligibility*. Your supervisor or manager is required to provide this form to you within one working day of receiving notification of a potential work-related injury or illness.

When you receive the DWC-1, complete this form and return it to your supervisor or manager.

You must complete the DWC-1 if you want to pursue a claim for a work related injury or illness. The district is self insured. Therefore, BUSD uses a third party administrator; who is responsible for making liability determinations regarding your claim. Intercare HIS (Third Party Administrator) determines liability using the available medical documentation and relevant facts.

Supervisor's Section: The supervisor must complete this section. Enter the date of the DWC-1 was sent to the employee by certified mail.

When the employee returns this form, forward it to:
Office of Risk Management
2020 Bonar Street, 2nd floor, Suite 234
Berkeley, Ca. 94704

EMPLOYEE'S ACKNOWLEDGMENT OF RECEIPT

This is to acknowledge that I have received a *Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility (e 3301)*

I understand that if I want to pursue a claim for a work-related injury or illness, it is my responsibility to complete the form and return it to my employer.

EMPLOYEE NAME	DATE OF INJURY OR ILLNESS
DATE CLAIM FORM RECEIVED	EMPLOYEE SIGNATURE ►

EMPLOYER'S SECTION

Complete this section only if the employee is unavailable or refuses to sign this acknowledgment.

DATE CLAIM FORM PROVIDED TO EMPLOYEE OR SENT FIRST CLASS MAIL	SUPERVISOR'S SIGNATURE ►
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Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (Medical Provider Network- MPN) o una Organización de Cuidado Médico (Health Care Organization- HCO), en la mayoría de los casos, usted será tratado en la MPN o HCO a menos que usted hizo una designación previa de su médico personal o grupo médico. Una MPN es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información.
- Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10,000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su PTP, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su PTP, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- S/JDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (State Disability Insurance- SDI) o beneficios del desempleo (Unemployment Insurance- UI). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (I&A) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de I&A tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de I&A locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (State Bar) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

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.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. _____ Correo electrónico del empleado. _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónica.
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
Intercare Insurance Holdings, Inc. PO BOX 211012 Eagan MN 55121
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado



Berkeley Unified School District

REPORT of INCIDENT

[Form RM-03]

Rev. 7/2010

This report is for a(n):

- ☐ ACCIDENT
☐ INJURY
☐ ILLNESS
☐ Report Only

[check all that apply]

The affected party is a(n):

- ☐ STUDENT
☒ EMPLOYEE
☐ VOLUNTEER
☐ VISITOR
☐ Other:

LOCATION CODE:

INCIDENT NUMBER:

CLAIM NUMBER (if app):

OFFICE USE ONLY

AFFECTED PARTY	FULL NAME:	JOB TITLE (if applicable):
	HOME ADDRESS:	WORK PHONE:
	CITY, STATE and ZIP:	HOME PHONE:

INCIDENT INFORMATION	INCIDENT ADDRESS:	DATE of INCIDENT:
	CITY, STATE and ZIP:	TIME of INCIDENT: AM / PM
	DESCRIBE the ACTIVITY OCCURRING JUST PRIOR to the INCIDENT:	
	<input type="checkbox"/> [#1] CONTINUED on BACK	
	DESCRIBE HOW the INCIDENT OCCURRED:	
	<input type="checkbox"/> [#2] CONTINUED on BACK	
	OBJECT, EQUIPMENT or CHEMICAL THAT DIRECTLY CAUSED HARM:	
MANAGER or SUPERVISOR IN CHARGE at TIME of INCIDENT:		CONTACT PHONE:
WITNESS NAME (if applicable):		WITNESS PHONE:
WITNESS NAME (if applicable):		WITNESS PHONE:

INJURY INFORMATION	DESCRIBE any INJURY or ILLNESS (DIAGNOSIS):			
	SOUGHT TREATMENT? Yes / No	TREATED in an EMERGENCY ROOM? Yes / No	HOSPITALIZED OVERNIGHT as an INPATIENT? Yes / No	DATE of DEATH (if applicable):
	HOSPITAL or CLINIC NAME and CITY:			PHYSICIAN NAME:
	FIRST AID GIVEN at the SCENE:			PHYSICIAN PHONE:

TIME	SCHEDULED WORK HOURS	From: To: AM / PM	LOST TIME from WORK? Yes / No	DATES MISSED	From: To:

SIGNING THIS FORM DOES NOT NECESSARILY CONSTITUTE ACCEPTANCE OF A CLAIM.

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the privacy of employees to the fullest extent possible while the information is being used for occupational safety and health purposes. See e.g., 29 C.F.R. § 14300.29(b)(8)-(10).

Within 7 days of knowledge that a "recordable" injury or illness has occurred, supervisors must ensure that this form and the Cal/OSHA Form 301, are completed.

FAX or E-MAIL a COPY of this completed form to RISK MANAGEMENT at (510) 844-8881

FOR INFORMATION THAT WILL NOT FIT ON THIS FORM, PLEASE ATTACH ADDITIONAL SHEETS.

NAME and TITLE of REPORTING PARTY:	SIGNATURE:	DATE:
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WITNESS STATEMENT

[Form RM-04]

Rev. 09/2015

The statement of a(n):

- ☐ STUDENT
☐ EMPLOYEE
☐ VOLUNTEER
☐ VISITOR
☐ Other:

WITNESS INFO	NAME:		DRIVERS LICENSE NUMBER:	D/L ISSUING STATE:
	STREET NUMBER:		WORK PHONE:	
	CITY, STATE and ZIP:		HOME PHONE:	

LOCATION of INCIDENT (i.e. address, particular part of the building, etc. – include as much detail as possible)

WHERE WERE YOU in RELATION to the INCIDENT WHEN it OCCURRED?

DATE: TIME: AM / PM WAS ANYONE INJURED in THIS INCIDENT?: ☐ YES ☐ NO ☐ UNKNOWN

NAME of INJURED PARTY: (if applicable) TYPE of INJURY IF KNOWN:

DO YOU PERSONALLY KNOW the INJURED or any INVOLVED PARTIES? ☐ YES ☐ NO NAME of KNOWN PARTY (if appl.): RELATIONSHIP (if appl.):

DESCRIBE HOW the INCIDENT OCCURRED (include complete names of parties involved and make sketches, if appropriate):

DESCRIBE ANY APPARENT DAMAGE to PROPERTY

IN YOUR OPINION WHAT WERE the ROOT CAUSES of the INCIDENT:

DISTRICT EMPLOYEE MOST FAMILIAR WITH THIS INCIDENT: EMPLOYEE CONTACT PHONE:

FAX or E-MAIL a COPY of this completed form to RISK MANAGEMENT at: (510) 644-8881
FOR INFORMATION THAT WILL NOT FIT ON THIS FORM, PLEASE ATTACH ADDITIONAL SHEETS.

WITNESS NAME:	WITNESS SIGNATURE:	DATE:
INTERVIEWER's NAME (if appl.):	INTERVIEWER's SIGNATURE:	DATE:



GENERAL

Pursuant to Workers' Compensation Law for the State of California, through its Self-Insured Workers' Compensation Program, the Berkeley Unified School District (District) shall provide statutory benefits including medical expenses, temporary compensation and benefits for permanent disability or death as required by the Act to employees who incur an injury or illness arising out of and in the course of their employment. The amount and type of benefits available vary depending upon the specifics of each situation.

This policy sets forth the District's commitment to the prevention of on-the-job accidents; treatment, care and rehabilitation of an employee; and the employee's rights and responsibilities when an on-the-job injury occurs; while protecting the financial integrity of the District. Please note that the provisions within this document are subject to change based on the laws governing Workers' Compensation.

EXCLUSIVE / NO FAULT STANDARD

Workers' Compensation is the exclusive remedy for employees injured on-the-job. It establishes, under most circumstances, a no fault system that focuses on health recovery with an emphasis on getting employees back to work.

INSURANCE COVERAGE AND CLAIMS ADMINISTRATION

Self-Insurance

On January 1, 2004, the District became self-insured for its workers' compensation insurance. As a self-insured entity, the District pays claims directly from District funds rather than paying premiums to an outside insurance agency. As a result, the number and magnitude of claims has a direct effect on the monetary resources of the District. To the extent we reduce claims, both in number and size; we can reallocate those monetary resources to other District priorities, including employee compensation and/or the educational program.

Claims Administration - Third Party Administrator (TPA)

The District utilizes a Third-Party Administrator (TPA) to administer and manage its Workers Compensation Program benefits and processes, to include claim and benefit dispute matters. The District's Workers Compensation TPA is Intercare.

SAFE WORK ENVIRONMENT

The District strives to make the workplace a safe and healthy environment for all persons including students, faculty, staff and visitors. The key to a safe environment is the prevention of on-the-job accidents before an injury occurs. This responsibility is shared by all, and everyone is encouraged to bring work-related health and safety concerns to their supervisor/designee and/or the District's Risk Management Department as soon as possible. Supervisors must conduct periodic safety inspections of all work areas under their control. Employees will perform jobs in a safe manner with concern and care for their safety and the safety of others. Assistance is available from the Risk Management Department.

REPORTING PROCEDURES

The procedures within this section are to be followed when an employee sustains a work-related injury or illness. These procedures conform to existing California Workers' Compensation laws and facilitate the delivery of appropriate benefits. Upon notification of the accident, the immediate supervisor or designee shall provide the employee with the District's Worker's Compensation Claim Packet. The immediate supervisor or designee will ensure all applicable forms are received **within one working day** of receipt from the employee and submitted to the Risk Management Department. Regardless of the severity, or the need for medical treatment, employees must immediately report on-the-job accidents, injuries or illnesses to their supervisor.

CAL/OSHA requires fatalities and serious injury/ illnesses; including hospitalization, be reported to OSHA within the first 8 hours of the injury. Therefore, the immediate supervisor or designee shall report all accidents **within 6 hours** of the injury to the Risk Management Department, by phone and/or facsimile (FAX). In relation to this subject matter, only the Risk Manager or designee shall speak on behalf of the District to Cal/OSHA.

Accident Reporting - Employee Electing Treatment

Employees electing to seek medical treatment, along with the supervisor shall complete the Workers' Compensation Packet. The Workers' Compensation Packet includes the Employee's Acknowledgement of Receipt, Workers' Compensation Claim Form DWC 1, Incident Report, Witness Report and Supervisor's Report. The employee's supervisor shall sign the "Employer" section of all applicable forms. If there are any witnesses to the accident they may also complete the Witness Report and submit with other relevant forms. All documents are to be forwarded to the Risk Management Department **within one (1) work day** of receipt of the form from the employee. A copy of each form should be retained at the site or department for record. *By law, a claim is opened (not accepted) when the employer receives the DWC-1.* Employees should not submit the DWC-1 form if it is not their intention to file a claim.

Accident Report - Employee not Electing Treatment

When an employee elects not to receive medical treatment, the employee and the immediate supervisor, shall complete the Report of Incident form. Completion of the form preserves the employee's rights under Workers' Compensation. The form should be completed as soon as possible, but **no later than 2 work days** after the injury occurs.

Suspected Reoccurrence or Aggravation of a Prior Injury

When an employee suspects and/or experiences a re-occurrence/aggravation of the original injury, the employee and immediate supervisor are to complete the process as a new claim above and contact the physician for the original injury. The employee shall also contact the claim examiner at the TPA who processed the original claim for additional instruction. Until the physician certifies that the employee has experienced an aggravation of a prior injury/illness or if the employee has sustained a new injury, the claim will be handled as new and benefits will be placed on delay.

MEDICAL TREATMENT

The Workers' Compensation Program will pay for appropriate medical treatment of a compensable claim. Medication prescribed by the treating physician may also be provided under Workers' Compensation. If an employee has a prescription filled by a non-participating pharmacy, then the employee will pay out of pocket and request reimbursement from the TPA. An employee experiencing a work-related injury or illness electing to seek medical care shall do so in accordance with the District's policy and the medical treatment guidelines used under California's Workers' Compensation Act.

Medical Treatment Authorization

District medical treatment authorization to its designated Occupational Health Center is done on a District referral form. An injured employee is to contact the Company Nurse at the time of injury, or as soon as possible by calling (877) 247-1447, Group Code: BRKLY. The Company Nurse will make the referral and advise the injured employee to schedule an appointment at Kaiser Oakland Occupational Health Center, by calling (510) 752-1244. If necessary, the employee's supervisor may contact Company Nurse on behalf of the employee. All medical treatment referrals for employees must be reported to Risk Management Department via phone and/or email, by contacting:

Risk Management Department/Workers Compensation Office Telephone: (510)-644-2879
Fax: (510) 644-8881 or email: riskmanagement@berkeley.net

Treatment Facility

Kaiser Occupational Health Center

Normal Business Hours: Monday-Friday, 8:00 AM - 5:30 PM
3701 Broadway Avenue, 5th Floor, Suite 501 Oakland, CA. 94611
(510) 752-1244

Kaiser Oakland Medical Center - After Hours / Urgent Care Hours:

Monday-Friday, after 5:30 PM and open on weekends
275 W. MacArthur Blvd. Oakland, CA. 94611
(510) 752-1190

Please be advised that all employees are to be seen at the Occupational Health Clinic named above unless the following exceptions apply: (1) The employee is away from the District on District authorized business and requires immediate care, (2) The injury requires emergency hospital care, (3) A written Physician Pre-Designation form authorizing the employee treatment by their own primary treating physician is on file in the Risk Management Department prior to the injury, and (4) After 30 days from the date of reported injury, an employee may change from the District's approved medical provider and choose their own primary physician. However, the employee must notify the District/Risk Management Department and the TPA in writing of this change. The TPA will review the request and process accordingly.

Failure to comply can jeopardize coverage under the Workers' Compensation Act.

EMERGENCIES

Life Threatening in Nature

When an injury or illness is life threatening in nature, such as loss of limb or a severe burn, call 911 to be seen at the nearest emergency facility. Any follow up treatment must be with the Kaiser Oakland Occupational Health Center listed in the above section. An employee's supervisor must contact the Risk Management Department in the time frame noted under section ***"Reporting Procedures."***

Urgent, but not Life Threatening in Nature

If there is an urgent work-related injury and it is necessary for the employee to visit a doctor immediately assist the employee to:

Kaiser Oakland Medical Center, Emergency Care
275 W. MacArthur Blvd.
Oakland, CA. 94611
(510) 752-1190

MISSED WORK

Physician Certified Leave of Absence

The employee is required to attach the physician's statement or work status report to the Frontline System (formerly Aesop) for all missed days due to an injury or illness upon the return to work. The employee's immediate supervisor will enter the absence on behalf of the employee in the event the employee has not returned to work. In order to return to work, the employee is **required** to have a physician's statement or work status report that certifies the employee is released to full duty or modified duty and to provide a copy to the immediate supervisor and the Risk Management Department before starting work.

Time missed on the day of the injury

An employee's sick, annual or personal leave is not charged for time lost to seek medical treatment the day of the injury.

Employees are expected to return to work after the injury, unless the treating physician provides a statement certifying that the employee is not medically fit to return to work and is either off work or on modified duty/restrictions. **Prior** to returning to work, the employee must submit the physician's note/work status report to the supervisor and the Risk Management Department certifying the employee is able to return to work at full capacity.

Medical Appointments

If the physician determines that additional appointments are needed (i.e. physician and/or physical therapy), the employee should schedule the appointments outside of work hours. Under Workers' Compensation law, the employer is **not required** to provide compensation for time taken off during the work day to attend medical appointments. If medical appointments are scheduled during work hours, the employee will use sick, vacation, or any other paid leave. *Reference: BCCE Union Contract, 11.2.2. (a), page 40 and BFT Union Contract, 12.2.7, page 53.*

Non-Medical Appointments

When an appointment is set on behalf of the injured employee by the TPA's assigned claim examiner, compensation for that day is paid by Intercare. The injured employee is not required to use sick, vacation or any other paid leave. Examples of non-medical appointments could include QME appointments, second opinions, court appearances and/or depositions.

WAGE COMPENSATION

60 Days of Industrial Leave

Per Education Code 45192, each employee with an **accepted** workers' compensation claim is entitled to 60 days of Industrial Leave. Industrial Leave is governed by a physician's note. The deduction of Industrial Leave will begin the first day an injured employee is off of work by the treating physician. The deduction will end once the employee has returned to work. The injured employee is entitled to no more than 60 days per claim. Industrial Leave will not accumulate from year to year. However, if the 60 days overlap into the next consecutive fiscal year, the injured employee is entitled to the remaining balance of days. Industrial Leave is reduced by one day for each day of authorized absence, partial days cannot be deducted from Industrial Leave. Total wage compensation cannot exceed 100% of employee normal daily wage or salary. The Risk Management Department is responsible for tracking an employee's 60 days of Industrial Leave.

Temporary Disability (TD)

Workers' Compensation law states that each employee with an **accepted** workers' compensation claim is entitled to temporary disability payments for each authorized absence supported by a physician's note. Once an employee has exhausted 60 Days of Industrial Leave, Intercare will compensate wages for loss time. Intercare will pay two-thirds (2/3) of the injured employee's daily wages or salary, for each day of an authorized absence.

Integration of Paid Leave with Temporary Disability (TD)

Each employee with an **accepted** workers compensation claim is entitled to integration of paid leave with temporary disability for each authorized absence supported by a physician's note. Examples of paid leave included sick leave and vacation leave. The District will automatically integrate the 2/3 of temporary disability with sick leave in 1/3 increments, to insure full wages. Once sick leave has been exhausted, the employee has the option to integrate vacation leave in 1/3 increments. Once the injured employee has exhausted sick leave and vacation leave, the employee is entitled to Extended Sick Leave per the employee's collective bargaining agreement. Temporary Disability cannot be integrated with Extended Sick Leave as the total wage compensation cannot exceed normal daily wage or salary.

Permanent Disability

An injured employee who has been deemed Permanent & Stationary (P&S), has reached Medical Maximum Improvement level (MMI). Once deemed P&S, the injured employee is no longer entitled to temporary disability (TD). Instead the employee will be paid Permanent Disability (PD). The PD advances are separate and distinct from work loss time. It is meant to pay the injured employee for loss of earning capacity. It is not meant to replace wages while off work. Permanent disability is calculated by Workers Compensation law and payments are sent directly to the employee from Intercare. If an injured employee takes time off work due to the injury or for medical appointments; it is treated like normal loss time. The injured employee's sick, vacation or other available paid leave will be utilized for the time missed.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

If an employee experiences a job-related injury or illness that meets the definition of an FMLA qualifying event, Human Resources shall notify the employee of being placed on FMLA leave. The number of unpaid leave days under FMLA an employee is eligible to receive is reduced by the time off covered under Workers' Compensation. Employees must contact Human Resources to acquire additional information regarding FMLA.

RETURN TO WORK

To assist injured employees in their recovery the District provides temporary duty in the form of modified or alternative work whenever possible. A copy of the physician's note, or work status report that places the employee on modified duty is provided to the supervisor and Risk Management Department.

The District utilizes a Third-Party Administrator (TPA) to administer and manage the Return-to-Work Program. The District's Return-to-Work TPA is **Norm Peterson & Associates (NPA)**. If an employee is returned to work with restrictions NPA will coordinate with the employee's supervisor, host locations, physicians, and the Risk Management Department. If modified duty cannot be accommodated by the work site or host location the employee may be placed on temporary disability in accordance with Section 8.2 and applicable Workers' Compensation laws. Notification of this decision will be provided to the employee by Intercare.

Temporary modified duty is generally offered for ninety (90) work days, excluding weekends and District paid holidays. Employees requiring modified duty beyond this period of time, by the physician, may be placed on temporary disability in accordance with applicable Workers' Compensation laws. Notification of this decision will be

provided to the employee by Intercare. A temporary modified duty assignment at the employee's worksite or host location is limited to their school term, 10-11-12 months.

Employees electing not to participate in the District's Return to Work Program will not be allowed to utilize vacation leave to cover days missed from work and will be subject to leave policies associated with applicable collective bargaining unit agreements. The District's Workers' Compensation Program will not pay for these related absences.

Employees who are released from modified duty and returned to work at full capacity **are required** to provide a physician's note, or work status report certifying such to the supervisor and Risk Management Department **prior** to commencing work.

PHYSICIAN PRE-DESIGNATION

In compliance with Workers' Compensation laws, District employees can elect to pre-designate a physician for medical treatment. Pre-designation requests are to be submitted utilizing the forms provided by the Risk Management Department. Employees are responsible for the submission of this form, as well as the authorization from the designated physician. Employees can elect to pre-designate any time prior to an injury occurring.

Employees who DO NOT pre-designate a treating physician are to seek treatment at Kaiser Oakland Occupational Center for the first 30 days of an injury. After the 31th day an employee may elect to utilize their own primary treating physician, meeting requirements under Workers Compensation Law. Employees must notify in writing the intention to seek medical treatment from a medical provider outside of the Kaiser Oakland Occupational Center.

Contacts

Berkeley Unified School District	Intercare Holdings Insurance Services, Inc.
Risk Management Department/Workers Compensation Office	Intercare Workers Compensation Claims Office
Michelle Payton	Luz Amezcua
Senior Workers' Compensation Specialist	Workers' Compensation Senior Claims Examiner
Direct Phone: (510) 644-2879	Direct Phone: 916-780-3613
Direct Fax: (510) 644-8881	Direct Fax: 916-781-5606
Mailing Address: 2020 Bonar Street, 2nd Floor, Suite 234, Berkeley, Ca. 94702	Mailing Address: P.O. Box 211012, Eagan, MN 55121
Email: riskmanagement@berkeley.net	Email: lamezcua@intercareins.com
Website: berkeleyschools.net	Website: intercareins.com

**California Department of Industrial Relations
California Department of Workers' Compensation**

Workers' Compensation in California: A Guidebook for Injured Workers.
<https://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

This guidebook gives an overview of the California workers' compensation system. It is meant to help workers with job injuries understand their basic legal rights, steps to take to request workers' compensation benefits, and where to seek further information and help is necessary.

Information and assistance - Locations
<https://www.dir.ca.gov/dwc/dir2.htm>

The Information and Assistance Office provides information and assistance to employees concerning rights, benefits and obligations under California Workers' Compensation Law and for those who do not have an attorney to navigate the workers' compensation system.

Workers' Compensation Injured Employee Workshop
https://www.dir.ca.gov/dwc/workshop/workshop_english.htm
https://www.dir.ca.gov/dwc/workshop/Workshop_Spanish.htm

Injured on the Job? Need to know your rights? (DWC-CA.GOV)

Attend a free one-hour online presentation on workers' compensation available in English and Spanish.