

# ADMINISTRATIVE REGULATIONS

Number: 216  
Sections: 1-5  
Effective Date: 11/16/84  
Revision: 11/13/90

**SUBJECT: WORKERS' COMPENSATION CLAIMS PROCESSING**

1. Purpose. To insure proper handling of workers' compensation claims filed by City employees and to provide all departments with guidelines for the processing of workers' compensation claims.

2. Authority. Huntington Beach City Charter, Section 401, Huntington Beach Personnel Rule 18-17, California Labor Code Section 5401.

3. Policy. To provide all City departments with guidelines for processing workers' compensation claims.

4. Responsibilities:

4.1 All employees shall report any on the job accident or illness, if able to do so, to their immediate supervisor or department head within 24 hours of occurrence. Said reporting shall be accomplished by completing a Report of Personal Injury (Exhibit A) and an Employee's Claim form (Exhibit B). If the employee is physically unable to complete these forms the supervisor shall complete the forms on behalf of the employee.

4.2 Both forms shall immediately be forwarded to the Risk Management Division.

4.3 The Risk Management Division will complete the Employer's Report of Occupational Injury and forward it to the Division of Workers' Compensation.

4.4 In the event an injured employee is unable to return to work following the accident, the Risk Management Division will communicate with the employee's physician and supervisor to ensure his/her return to work as soon as possible.

5. Procedure. The following steps shall be followed for all workers' compensation claims.

5.1 The injured employee shall immediately (following first aid or medical treatment) complete the Report of Personal Injury and the upper portion of the Employee's Claim form. Upon completion of the Employee's Claim form, the employee will detach the green copy (Employee's Temporary Receipt), for his/her records.

5.2 The supervisor shall review the Report of Personal Injury and shall complete the back section entitled Supervisor's Report of Accident Investigation. The supervisor must also complete the lower portion of the Employee's Claim form. Upon completion, the supervisor must give the employee the pink copy (Employee's copy), and retain the yellow copy (Insured's copy) for their records. The originals of these forms must be forwarded to Risk Management immediately.



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5.3 The Risk Management Division will establish a claim file for all reported injuries/illnesses that:

5.3.1 Result in lost time beyond the day of injury, or

5.3.2 Require medical treatment other than first aid.

5.4 All benefits in accordance with the California Labor Code will be provided by the Risk Management Division to the injured employee. Said benefits will include all medical treatment and mileage reimbursement and may include temporary disability, vocational rehabilitation and permanent disability benefits.

5.5 The nearest Division of Occupational Safety and Health will be notified by the Risk Management Division of any incident in which death results or if the injury or illness:

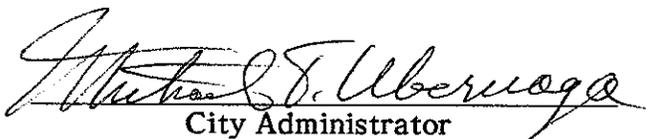
5.5.1 Requires inpatient hospitalization of more than 24 hours for other than medical observation, or.

5.5.2 Results in loss of any member of the body, or

5.5.3 Produces any serious degree of disfigurement.

This notification is not required if the incident resulted from an accident on a public street or highway.

5.6 If a permanent employee is temporarily disabled in excess of 40 hours during a pay period, his/her paycheck will be forwarded to the Risk Management Division (not applicable to Fire Association members). A brief status report will be completed by the injured employee upon receipt of his/her paycheck. Temporary employees who are disabled will receive compensation by mail in accordance with statutory benefits.

  
City Administrator

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City Of Huntington Beach