

Sonoma State University

Workers' Compensation

Campus Safety Committee
February 2023
Tiffany Perry

Today's Objective

- An overview of the Workers' Compensation Program at Sonoma State University
- Review the procedure for when an injury or incident occurs
- Review reporting of an injury or incident
- What to expect after a claim is filed
- Returning employees to work
- 2022 Reporting

Workers' Compensation

Purpose: To provide medical care to employees who are injured at work, as well as compensation benefits if an employee is unable to work due to the injury.

The ultimate goal is to provide medical attention as needed to support recovery and to return employees to modified or full duty work as soon as possible.

Who is covered under Workers' Compensation?

- ▶ All CSU employees in which an injury arises out of or occurs during the course and scope of their jobs with the University.
 - Includes full and part time employees
 - Includes student employees
 - Includes volunteers providing a service for the CSU

Workers' Compensation

An injury is considered work related if it arises out of or occurs during the course and scope of their jobs with the University.

Typically, the following is not considered work related:

- ▶ Incident during usual commute
- ▶ Incidents that occur while not on compensable time
- ▶ If it is not within the scope of their job

Workers' Compensation claims will be accepted or denied by Sedgwick CMS, the Third Party Administrator, on a case by case basis following an investigation. Call the Workers' Compensation Specialist at (707) 664-2664 with any questions.

Types of Injuries

There are two types of injuries

- Traumatic Injuries – a result of a physical trauma from a single event (such as a fall, strain, laceration, etc.)
- Repetitive Injuries – a result of a gradual injury that occurs over time to a body part from repetitive activities that occur in the employment.

Workers' Compensation includes first aid treatment, medical treatment and accident reports.

When an Injury Occurs

When an employee is injured, it is important to assess and triage the injury.

- ▶ Is immediate medical care required?
 - Contact 911 or transport employee to the nearest emergency room
 - Recommend transporting employee to the Kaiser Permanente Emergency Room in Santa Rosa

- ▶ Is medical care required, but not of an immediate status?
 - Contact the Workers' Compensation Specialist at (707) 664-2664 for an appointment with SSU's Workers' Compensation Physician, located at Kaiser Permanente in Santa Rosa or Petaluma.
 - If the employee has a **Pre-Designation of Personal Physician** on file *prior to the injury*, the employee may go directly to their designated Physician for treatment.

- ▶ Is medical care not necessary?
 - If no medical care is needed, document the injury as a report only.

Supervisor's Report of an Injury Form

Within 24 hours of a work-related injury/illness, managers are required to:

- Complete the Supervisor's Report of a Work Related Injury/Illness form
- Provide the DWC1 form to the employee
- Return the completed form(s) to hrleaves@sonoma.edu or fax to (707) 664-4049

The Supervisor's Report is available on our website:
https://hr.sonoma.edu/sites/hr/files/supervisors_report.pdf



Supervisor's Report of a Work-Related Injury/Illness

Instructions: This form is to be completed by the supervisor when an employee is injured or becomes ill due to a work-related incident. All sections are to be completed by the supervisor. Be explicit, factual and thorough. Please include all information related to the injury, including any cause that contributed to the claim of injury. If necessary, attach a separate sheet of paper. **Within 24 hours** of a work-related injury/illness, complete and sign this form, have the employee complete the **DWC1** form, and return both forms to hrleaves@sonoma.edu or fax to (707) 664-4049. For additional information, please call (707) 664-2664 (dial 711 for Relay). Additional reporting guidelines can be found at <http://hr.sonoma.edu/payroll/workers-compensation>.

Employee and Supervisor Information

Employee Name: _____ Employee ID: _____

Department where employee works: _____ Campus extension: _____

Home Address: _____ Home/Cell Phone Number: _____
(Number and Street, City, State, and Zip)

Date and time of injury/illness: ___/___/___ _____ a.m. p.m.

Date and time reported to supervisor: ___/___/___ _____ a.m. p.m.

Time employee began work on the day of injury: _____ a.m. p.m.

Employee usually works ___ hours per day, ___ days per week, ___ total hours per week

Employee's usual work schedule Monday to Friday ___ a.m. to ___ p.m. Other _____

Date employee was given Claim for Workers' Compensation Benefits form (DWC 1): ___/___/___ (required)

Did the employee miss any work due to this injury? Please explain:

DWC1 Form

Within 24 hours of a work-related injury/illness, the injured employee is required to:

- Complete the employee section of the DWC1 form
- Return the completed form to hrleaves@sonoma.edu or fax to (707) 664-4049

The DWC1 form is available on our website:

https://hr.sonoma.edu/sites/hr/files/dwc1_form_1.pdf

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

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 as the cover sheet of this form.

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. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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.

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 "felonía".

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. Signature of employee. *Firma del empleado.* _____

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

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

Importance of Timely Reporting

Timely reporting is crucial. Here are a few reasons why:

- Required by law
- Provide timely medical treatment and benefits to injured employees
- Prevent injury exacerbation
- Address and mitigate hazards
- Return employees to modified or full duty as soon as possible
- Improves morale

Following a Workers' Compensation Claim

Following a claim, the employee and manager will be contacted by the Workers' Compensation Specialist and/or Sedgwick CMS, the Third Party Administrator.

If the employee is placed off work, the manager will be notified of the anticipated time off work, return to work date and any medical restrictions upon returning to work.

- ▶ When placed off work, the employee will be contacted by the Workers' Compensation Specialist to discuss potential leave benefits.
- ▶ If the employee is placed on modified work activity with medical restrictions, the Workers' Compensation Specialist will reach out to the manager for further discussion.

When an Employee has Work Restrictions

The Workers' Compensation Specialist will engage managers in an interactive discussion regarding employee's work restrictions.

The manager will need to consider:

- ▶ Can the medical restrictions be reasonably accommodated by the department?
- ▶ Is there temporary work available within the department that would comply with the medical restrictions?
- ▶ Can the medical restrictions be accommodated at a part-time basis?

Managers are responsible for evaluating accommodations, providing support and aide in returning their employees to work as soon as possible.

Examples of reasonable accommodations include:

- ▶ Limiting work tasks to only those that are safe for the employee (job restructuring)
- ▶ Physically adjusting the workstation, providing new equipment or training
- ▶ Establishing a part-time work schedule
- ▶ Offering temporary work performing alternate job duties within the department

Returning Employees to Work

If work restrictions can be accommodated, the manager and Workers' Compensation Specialist will work together to notify the employee.

Managers and employees must work together to ensure work activities stay within prescribed work restrictions.

Questions or concerns regarding an employee's medical restrictions can be directed to the Workers' Compensation Specialist at (707) 664-2664.

Returning Employees to Work

Returning employees to work is important as it improves employee morale and productivity, reduces workers' compensation costs and supports an injured employee's recovery.

Employees may return to work at full duty if cleared by the physician and written consent is provided to the Workers' Compensation Specialist.

2022 in Review

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light to dark, creating a modern and dynamic visual effect.

Monthly Scorecard - Fiscal Year 2021-2022



California State University - Workers' Compensation Total New Reports (TNRs) and Timeliness of Reporting Work Related Injuries WC Scorecard - FY 2021.2022 - FY FINAL

Location	Prior FY		Jul		Aug		Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		FY FINAL	
	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely
Cal Poly Pomona	37	100%	5	100%	3	100%	5	100%	6	100%	4	100%	4	100%	4	100%	2	100%	2	100%	2	100%	2	100%	3	100%	42	100%
Cal Poly San Luis Obispo	51	92%	6	67%	10	100%	11	91%	7	86%	5	100%	7	86%	6	100%	2	100%	3	100%	6	100%	6	83%	4	100%	73	92%
California Maritime Academy	7	86%	0	N/A	2	100%	1	100%	2	100%	0	N/A	1	100%	4	100%	1	100%	0	N/A	1	100%	1	100%	0	N/A	13	100%
Chancellors Office	8	100%	1	100%	1	100%	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	100%	0	N/A	2	100%	0	N/A	0	N/A	5	100%
CSU, Bakersfield	13	100%	3	100%	1	100%	1	100%	3	100%	2	100%	0	N/A	3	100%	0	N/A	2	100%	2	100%	1	100%	3	100%	21	100%
CSU, Channel Islands	9	100%	0	N/A	1	100%	0	N/A	0	N/A	2	100%	0	N/A	0	N/A	1	100%	2	100%	3	67%	0	N/A	0	N/A	9	89%
CSU, Chico	19	58%	0	N/A	3	67%	1	0%	3	100%	1	100%	4	50%	0	N/A	6	83%	5	80%	2	100%	5	100%	2	100%	32	81%
CSU, Dominguez Hills	26	96%	3	100%	4	100%	1	100%	6	100%	2	100%	1	100%	3	33%	4	100%	9	100%	2	100%	7	100%	1	100%	43	95%
CSU, East Bay	20	100%	0	N/A	1	100%	3	100%	3	100%	2	100%	0	N/A	1	100%	5	80%	4	100%	4	100%	3	67%	3	100%	29	93%
CSU, Fresno	29	100%	4	100%	4	100%	2	100%	5	100%	2	100%	1	100%	7	86%	4	75%	7	86%	2	100%	8	100%	6	100%	52	94%
CSU, Fullerton	31	94%	1	100%	6	67%	7	86%	3	100%	7	100%	3	100%	3	67%	10	80%	4	100%	4	100%	5	100%	5	100%	58	90%
CSU, Long Beach	59	97%	10	100%	8	100%	9	100%	4	100%	7	100%	3	100%	7	100%	7	100%	9	100%	7	100%	9	100%	8	100%	88	100%
CSU, Los Angeles	15	87%	1	100%	9	100%	6	67%	10	100%	2	50%	7	57%	4	75%	5	100%	6	100%	1	100%	9	67%	4	75%	64	83%
CSU, Monterey Bay	12	83%	4	100%	4	100%	2	100%	2	100%	2	100%	2	100%	1	100%	2	50%	2	100%	1	100%	3	100%	4	25%	29	86%
CSU, Northridge	53	100%	9	100%	3	67%	4	100%	9	100%	7	100%	3	100%	4	75%	8	100%	10	100%	5	100%	4	100%	1	100%	67	97%
CSU, Sacramento	29	97%	2	50%	3	100%	0	N/A	6	100%	3	100%	2	100%	4	75%	3	33%	3	100%	8	100%	5	100%	3	100%	42	90%
CSU, San Bernardino	30	67%	1	100%	2	100%	5	100%	4	100%	2	50%	2	50%	2	100%	4	50%	4	100%	3	33%	3	100%	2	100%	34	82%
CSU, San Marcos	18	83%	2	100%	2	100%	4	100%	1	100%	1	100%	1	100%	2	50%	1	100%	1	0%	2	100%	3	100%	2	100%	22	91%
CSU, Stanislaus	12	67%	0	N/A	4	100%	1	0%	1	100%	2	50%	2	100%	1	100%	5	60%	5	80%	2	100%	4	100%	0	N/A	27	81%
Humboldt State University	16	88%	2	100%	1	100%	3	100%	0	N/A	6	67%	1	100%	1	100%	3	67%	4	100%	1	100%	3	100%	1	100%	26	88%
San Diego State University	48	100%	1	100%	5	100%	4	100%	4	100%	5	80%	7	100%	9	100%	5	100%	7	100%	6	100%	5	100%	7	100%	65	98%
San Francisco State University	28	86%	2	100%	3	100%	5	100%	2	100%	1	100%	1	100%	0	N/A	1	100%	7	100%	7	100%	4	100%	4	100%	37	100%
San Jose State University	32	88%	0	N/A	1	0%	7	29%	3	100%	3	100%	1	100%	3	100%	3	33%	5	60%	1	0%	2	100%	7	86%	36	67%
Sonoma State University	23	100%	2	100%	3	100%	0	N/A	2	100%	2	50%	3	67%	3	100%	0	N/A	2	50%	0	N/A	3	33%	5	60%	25	72%
TOTALS	625	92%	59	95%	84	94%	82	87%	86	99%	70	90%	56	86%	72	89%	83	82%	103	93%	74	95%	95	93%	75	91%	939	91%

Monthly Scorecard - Fiscal Year 2022-2023



California State University - Workers' Compensation Total New Reports (TNRs) and Timeliness of Reporting Work Related Injuries WC Scorecard - FY 2022.2023

Location	Prior FY		Jul		Aug		Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		FY FINAL	
	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely	TNRs	% Timely
Cal Poly Pomona	42	100%	5	100%	8	100%	6	100%	6	100%	5	100%	3	100%													33	100%
Cal Poly San Luis Obispo	73	92%	7	71%	12	100%	6	100%	6	100%	5	100%	3	100%													39	95%
California Maritime Academy	13	100%	2	50%	1	100%	2	100%	0	N/A	1	100%	1	100%													7	86%
Chancellors Office	5	100%	0	N/A	2	50%	0	N/A	0	N/A	0	N/A	0	N/A													2	50%
CSU, Bakersfield	21	100%	1	100%	0	N/A	5	60%	4	100%	1	100%	3	67%													14	79%
CSU, Channel Islands	9	89%	2	100%	2	100%	0	N/A	2	50%	3	67%	1	100%													10	80%
CSU, Chico	32	81%	4	75%	4	100%	2	100%	2	100%	5	100%	2	100%													19	95%
CSU, Dominguez Hills	43	95%	2	100%	1	100%	3	100%	1	100%	3	100%	2	100%													12	100%
CSU, East Bay	29	93%	2	100%	1	100%	1	0%	1	100%	0	N/A	2	50%													7	71%
CSU, Fresno	52	94%	3	100%	8	100%	3	100%	3	100%	11	73%	9	67%													37	84%
CSU, Fullerton	58	90%	7	100%	4	100%	3	100%	5	100%	6	83%	4	50%													29	90%
CSU, Long Beach	88	100%	8	88%	10	90%	7	100%	8	100%	5	60%	4	100%													42	90%
CSU, Los Angeles	64	83%	1	100%	4	100%	2	100%	4	100%	5	100%	4	100%													20	100%
CSU, Monterey Bay	29	86%	3	100%	4	100%	0	N/A	5	100%	0	N/A	4	75%													16	94%
CSU, Northridge	67	97%	5	100%	4	100%	5	80%	2	100%	6	83%	3	100%													25	92%
CSU, Sacramento	42	90%	0	N/A	6	100%	2	100%	5	100%	3	100%	3	100%													19	100%
CSU, San Bernardino	34	82%	3	100%	1	100%	1	100%	3	67%	1	100%	3	100%													12	92%
CSU, San Marcos	22	91%	1	100%	1	100%	4	100%	3	67%	5	100%	2	100%													16	94%
CSU, Stanislaus	27	81%	2	100%	5	100%	4	75%	0	N/A	0	N/A	2	100%													13	92%
Humboldt State University	26	88%	0	N/A	1	100%	2	100%	0	N/A	2	100%	4	100%													9	100%
San Diego State University	65	98%	4	100%	12	100%	11	100%	2	50%	4	100%	4	100%													37	97%
San Francisco State University	37	100%	6	100%	4	75%	4	100%	3	100%	2	100%	0	N/A													19	95%
San Jose State University	36	67%	3	33%	4	100%	2	0%	6	100%	3	100%	2	50%													20	75%
Sonoma State University	25	72%	1	100%	5	100%	3	100%	5	100%	5	100%	1	100%													20	100%
TOTALS	939	91%	72	90%	104	97%	78	91%	76	95%	81	90%	66	86%													477	92%

OSHA 300A - Tax Year 2022

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 22



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>6</u>	<u>12</u>	<u>8</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>125</u>	<u>446</u>
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injuries	<u>19</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>7</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment SONOMA STATE UNIVERSITY

Street 1801 EAST COTATI AVE

City ROHNERT PARK State CA Zip 94928

Industry description (e.g., Manufacture of motor truck trailers)

COLLEGES UNIVERSITIES AND PROFESSIONAL SCHOOLS

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

6 1 1 3 1 0

Employment Information (If you don't have these figures, see the Worksheet on back of this page to continue)

Annual average number of employees 1,886.68

Total hours worked by all employees last year 2,351,704.6

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

J. Ramos Managing Dir Payroll
Benefits and Workers Comp
Company executive Title

7107 664-2178
Phone

1/31/2023
Date

OSHA 300A - A Closer Look

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
$\frac{0}{(G)}$	$\frac{6}{(H)}$	$\frac{12}{(I)}$	$\frac{8}{(J)}$

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
$\frac{125}{(K)}$	$\frac{446}{(L)}$

Injury and Illness Types

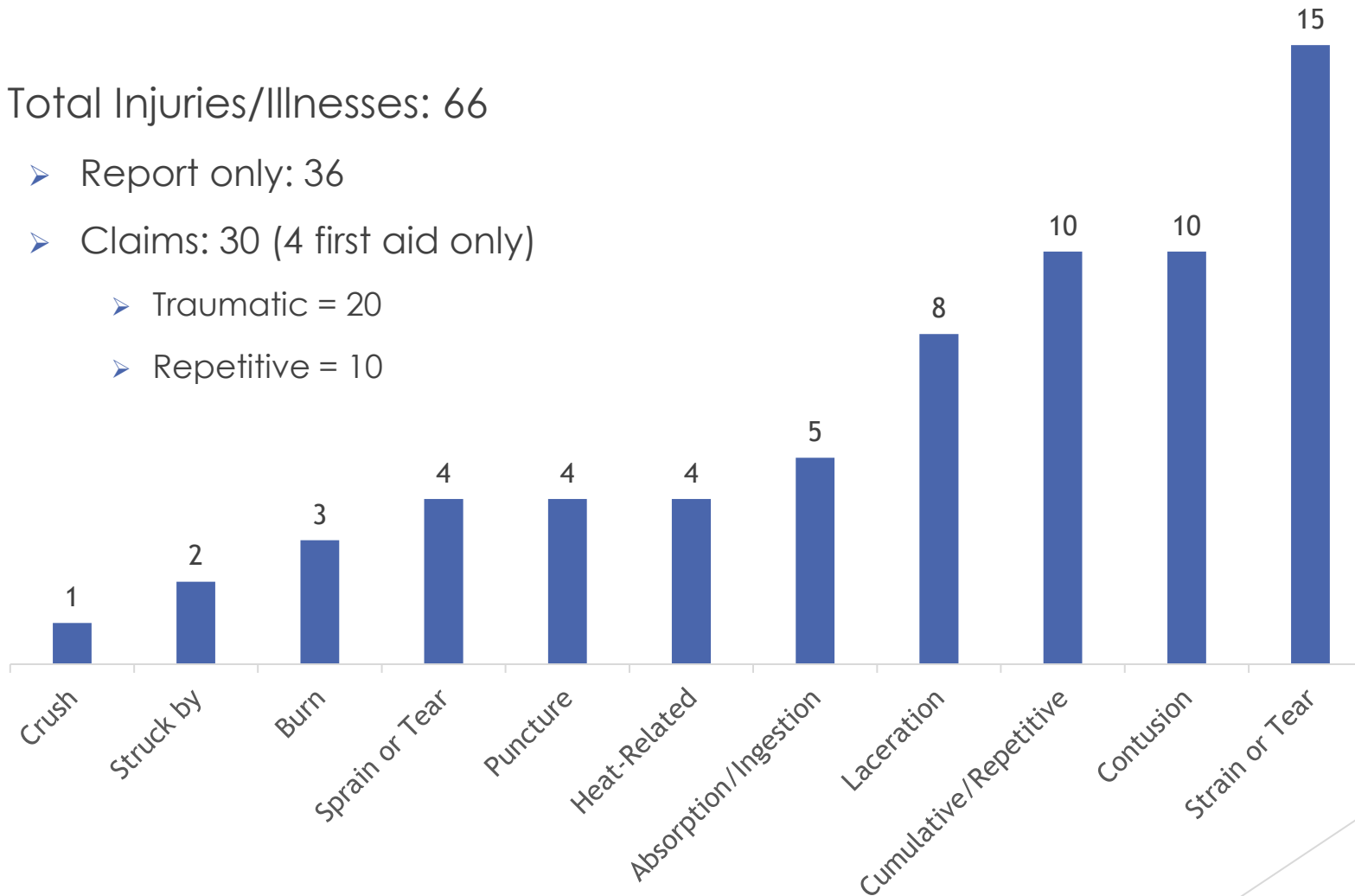
Total number of... (M)			
(1) Injuries	$\frac{19}{}$	(4) Poisonings	$\frac{0}{}$
(2) Skin disorders	$\frac{0}{}$	(5) Hearing Loss	$\frac{0}{}$
(3) Respiratory conditions	$\frac{0}{}$	(6) All other illnesses	$\frac{7}{}$

Employment Information *(If you don't have these figures, see the Worksheet on back of this page to continue)*

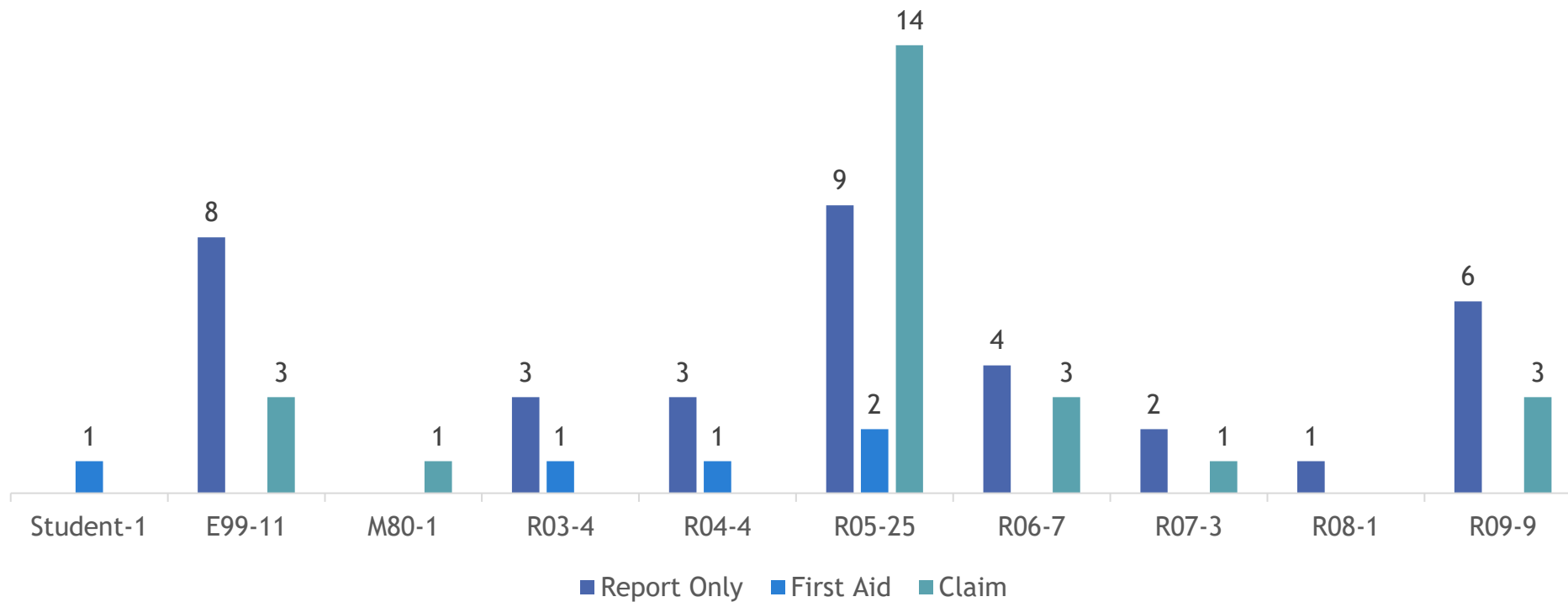
Annual average number of employees	$\frac{1,886.58}{}$
Total hours worked by all employees last year	$\frac{2,351,704.6}{}$

2022 in Review

- Total Injuries/Illnesses: 66
 - Report only: 36
 - Claims: 30 (4 first aid only)
 - Traumatic = 20
 - Repetitive = 10



2022 Injuries by Bargaining Unit



Questions?

For additional questions regarding Workers' Compensation, please contact the Workers' Compensation Specialist at (707) 664-2664 or visit

<https://hr.sonoma.edu/payroll/workers-compensation>