

# SCOTTS VALLEY FIRE PROTECTION DISTRICT



## STANDARD OPERATING PROCEDURES

ARTICLE: I

SOP: 1105

SECTION: 1100 PERSONNEL

SUBJECT: REPORTING WORK RELATED  
INJURIES

DATE APPROVED:

8/9/2021

APPROVED:

A handwritten signature in blue ink, likely of the approving official, written over the signature line.

**Purpose:** To provide Scotts Valley Fire Protection District (SVFPD) personnel with the procedure to report a work related injury and establish guidelines for completing the appropriate forms.

**Scope:** All SVFPD personnel shall adhere to the following procedure for reporting a work related injury and completing Workers' Compensation (WC) forms.

### Procedure:

1. In the event an employee sustains an on-the-job injury, the employee shall notify their supervisor as soon as possible. For all injuries regardless if the employee elects to complete the WC forms, the **Work Related Injury Report** (Form 1105-1) must be completed, signed by the employee and supervisor as follows.
  - a. The supervisor logs the injury in the Work Related Injury Log (M:\Workers Comp\1105 Work Related Injury Log.doc) and assigns the SVFPD Claim number, which is included on the **Work Related Injury Report** (Form 1105-1) and **DWC 1** (Form 1105-5).
  - b. The supervisor completes the **Workers Comp Claim Form DWC 1** (Form 1105-5) Employer Section, makes a copy to return to the Administrative Office and provides the original to the employee. For all injuries, regardless if the employee elects to complete the WC forms, the **DWC 1** (Form 1105-5) will be provided to the employee within 24 hours of notification of the injury.
2. Based on the nature of the injury and when it occurs, the supervisor will make arrangements for the employee to have a medical evaluation, if needed.
3. The SVFPD designates the following medical providers:
  - a. For injuries that do not require immediate medical attention, the SVFPD designates the following medical provider during business hours:

Provider: Santa Cruz Occupational Medical Center (SCOMC)  
Address: 3601 Caldwell Drive, Santa Cruz
  - b. For injuries that require immediate medical attention after business hours or anytime in the event of an emergency, the SVFPD designates the following medical provider:

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Provider: Dominican Hospital Emergency Room (Dominican ER)

Address: 1555 Soquel Drive, Santa Cruz

If possible, bring a copy of the *Workers' Compensation Information* to Dominican ER. (Form 1105-2)

- c. To designate a personal medical provider, the employee must complete *The Facts About Workers' Compensation Pre-designation Of Personal Physician* (Form 1105-3), which requires the physician to complete and must be returned to the Administrative Office prior to the injury.

### 4. Labor Code Section 4850


- a. To qualify for 4850 leave time, an employee must:
  - a. Receive a medical evaluation as outlined above.
  - b. Be unable to return to work.
  - c. Have an approved WC claim.
  - d. For injuries with less than 14 days of missed work, a 3 day waiting period will apply before 4850 time begins.
- b. If an employee does not complete the WC forms and have a medical evaluation at the time of the injury, approval of the WC claim may be delayed and sick leave will be used. Due to the delay, an employee will be eligible for 4850 leave time when the WC claim is approved and not necessarily when the injury occurred.
- c. Based on the medical evaluation work status, the Fire Chief will authorize modified work based on the employee's medical limitations, allowable work hours and the work assignments the SVFPD has available at the time. Modified work hours will be coordinated with 4850 leave time based on the employee's work schedule.

### 5. Submitting Completed Forms:

- a. Submit completed forms to the Administrative Office within twenty-four (24) hours.
- b. If the employee declines WC, the Worked Related Injury Report will be filed in the employee's WC File.
- c. If WC forms are submitted, the number assigned in the Work Related Injury Log will be assigned to all WC forms, recorded in the WC log, emailed to the WC claims adjuster and filed in the employee's WC file.

### Workers' Compensation Forms

The following WC forms will be provided to the employee at the time the injury is reported to the supervisor (fillable forms on F:\Workers Comp):

<div style="text-align: center;"> <b>SCOTTS VALLEY FIRE PROTECTION DISTRICT</b>  </div>		
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**Form 1105-1 Work Related Injury Report** – Completed by the supervisor with as much detail as possible.

**Form 1105-2 Workers' Compensation Information** – Provide a copy if treatment is provided by Dominican Hospital Emergency Room.

**Form 1105-3 The Facts About Workers' Compensation** – For Pre-designation of Personal Physician, the employee must submit the completed form to the Administrative Office prior to the injury.

**Form 1105-4 Authorization to Release Medical Information** – Completed by the employee.

**Form 1105-5 Workers' Compensation Claim Form (DWC I)** – The employee completes the top Employee Section and the supervisor completes the bottom Employer Section.

**Form 1105-6 Employer's Report of Occupational Injury or Illness (5020)** – Completed by the supervisor.

**Form 1105-7 OSHA's Form 301 Injury and Illness Incident Report** – Completed by the supervisor.

#### Notification Procedure

It is essential that certain individuals are notified when an employee is seriously injured, especially the employee's emergency contact.

#### *Notification for Serious Injury*

1. The Duty Chief shall notify the Fire Chief, the Administrative Office and the Safety Officer.
2. A Chief Officer will notify the employee's emergency contact and assist with transportation or other arrangements as needed.
3. Report to Cal OSHA pursuant to SOP 2122.

#### *Notification for Death*

1. The Duty Chief shall notify the Fire Chief, the Administrative Office and the Safety Officer.
2. The Fire Chief or their designee will make personal contact with the employee's emergency contact.
3. Should the deceased employee have an affiliation with a church or religion, it may be appropriate to have a Pastor from their church accompany the Fire Chief or their designee to notify the employee's emergency contact.
4. A death must be reported to Cal OSHA within twenty-four (24) hours after a Chief Officer knows of the death pursuant to SOP 2122.