Workers’ Compensation Program

Workers’ compensation provides benefits to employees who are injured or become ill during the course of or due to employment. The basis for the type and level of benefits available to an injured employee are the complex workers’ compensation laws of the State of California.

The following information and guidelines will assist the campus community in understanding their rights and responsibilities under workers’ compensation laws.

- **Responsibilities**
- **Benefits**
- **Workers’ Compensation Claim Form (claim form)**
- **Privacy Log Election Form**
- **Predesignation of Personal Physician**
- **Personal Chiropractor or Acupuncturist**
- **Workers’ Compensation Guide for Managers and Supervisors**
- **Coverage**
- **Return to Work Program**
- **Workers’ Compensation documents and non-NCR forms**

**Responsibilities**

Sedgwick CMS (formerly Octagon Risk Services) – provides all California State University (CSU) campuses with employee workers’ compensation claims administration services.

CSULB Human Resources Management (HRM) – oversees and manages all workers’ compensation claims made by CSULB employees.

CSULB Managers and Supervisors – assists in the management of workers’ compensation claims filed by their employees. CSULB Safety, Risk Management and Information Security developed the **CSULB Workers’ Compensation Guide for Managers and Supervisors** to assist managers and supervisors in meeting their responsibilities.

CSULB Employees and Volunteers – responsible for the timely reporting of work related injuries or illnesses and participating in their recovery process.

**Benefits**

Workers’ compensation provides medical benefits if an employee experiences a work-related injury or illness. In addition, if you are medically determined unable to work because of the injury or illness, the CSU provides financial compensation to help replace lost salary or wages. The **CSU Questions and Answers on Workers’ Compensation and Industrial Disability Leave** pamphlet provides an overview of these benefits.

**Workers’ Compensation Claim Form (Claim Form)**

This Claim Form is a multiple page NCR form designed and distributed by the State of California. Employees must use an original form when submitting a claim. Claim forms are available from campus managers or supervisors, or from the office of Human Resources Management. Unless physically unable to do so, the employee must fill out the “Employee” section of the claim form. Anyone assisting an employee with completing the Claim Form is to attach a brief, signed statement explaining why the employee required assistance.

Please see our **directions for completing the Workers’ Compensation Claim Form**.

**Privacy Log Election Form**
When an employee receives a Claim Form, he/she must also receive a Privacy Log Election Form. California law requires Human Resources Management to maintain a log (Cal OSHA 300 log) of all work-related injuries and illnesses. However, due to privacy concerns for the injured employee the law provides recording of certain types of injuries on a separate privacy log. The privacy log contains the following:

1. An injury or illness to an intimate body part or to the reproductive system
2. An injury or illness resulting from a sexual assault
3. A mental illness
4. A suspected or known infection of HIV, hepatitis, or tuberculosis
5. A needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material.

Any injured/ill employee may request the recording of his or her information be on the privacy log. The University does not release employee information recorded on the privacy log to other employees, former employees, or authorized employee representatives.

**Predesignation of Personal Physician**

California law allows employees to predesignate a personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) to treat them in the event of a work-related injury or illness if:

1. your employer offers group health coverage;
2. the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
3. prior to the injury your doctor agrees to treat you for work injuries or illnesses; and
4. prior to the injury, you provided your employer the following in writing: (a) notice that you want your personal doctor to treat you for a work-related injury or illness, and (b) your personal doctor’s name and business address.

To predesignate a personal physician, you must submit a completed predesignation form to the Office of Safety, Risk Management and Information Security prior to the date of injury or illness.

**Personal Chiropractor or Acupuncturist**

You may be able to change the treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness if prior to the injury or illness you provided your employer written notice of your personal chiropractor’s or acupuncturist’s name and business address.

The claims administrator for the campus generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. You may complete and submit a Notice of Personal Chiropractor or Personal Acupuncturist form to Human Resources Management Workers Compensation Office to document your request.

**Coverage**

CSULB provides workers’ compensation coverage to employees while they are working in the course and scope of employment. Coverage begins on the first day of employment.

CSULB Volunteers are covered by workers' compensation when they are injured during the course of providing a service to CSULB. A CSULB Volunteer Identification form must be on file.

CSULB Students may be covered if they are participating in allied health or teaching clinical training programs in hospitals or with school districts.

The University does not typically extend workers' compensation coverage for any other clinical training programs or experience based learning programs including internships, practicums, fieldwork or service learning. Workers' compensation coverage for these students should be the responsibility of the third party (facility) who receives the benefit of the student's service as the facility has control over the risks of the work environment.

The University does not extend workers' compensation coverage to students participating in university-sponsored community service programs.

**Return to Work Program**

Lost work time resulting from industrial or non-industrial injuries and illnesses is costly to the University and our employees. The CSULB Return-To-Work Program provides the structure to enable the campus to quickly and safely return employees to the workplace while reducing the costs associated with industrial and non-industrial leave programs.
The objectives of the Return to Work Program are:

- to expedite an employee’s successful return to the workplace through meaningful work and support;
- to meet the ongoing goals and objectives of the University by reducing the loss of time by employees;
- to model good citizenry by complying fully with federal and state regulations concerning the continued employment of individuals with disabling injuries or illnesses;
- to protect financial resources by reducing disability insurance costs to the University.

Definition of Temporary Disability

A disability arising out of an injury or illness which prevents an employee from performing the full scope of his/her duties and responsibilities on a temporary period.

Definition of Permanent Disability

A disability arising out of an injury or illness which permanently prevents an employee from performing the full scope of his/her duties and responsibilities. A disability is considered to be permanent after the employee has reached maximum medical improvement or his/her condition has been stationary for a reasonable amount of time.

Return-to-Work Procedures Temporary Short Term Disability (less than 22 working days)

To expedite the return to work of an employee who has sustained an injury which has temporarily prohibited him/her from performing the full scope of his/her duties and responsibilities, the University shall make every attempt to provide modified work. Job modification may include the temporary removal or modification of parts of the job the injured employee cannot perform.

The appropriate administrator shall make every attempt to provide limited or modified work for the employee within the limitations prescribed by the treating physician. In the event that clarification or additional information is needed, the appropriate administrator shall request assistance from the University's Return to Work Coordinator.

If a modified or alternate work assignment cannot be identified, the employee shall be so notified by the appropriate administrator. In this case, the employee shall receive appropriate disability benefits, utilize sick leave, or be placed in a leave without pay status.

Return-to-Work Procedures Temporary Long Term Disability (greater than 22 working days)

In the event an employee has been provided with modified work for 22 working days (one working month) or more, the work restrictions and job modifications will be reviewed by the University Return to Work Committee. The committee will review an employee's work restrictions at an earlier point in time if requested to do so.

The purpose of the Return to Work Committee is to evaluate the impact of modified work upon the department's continuing business necessities, to assist the department in a determination of how long the department can provide modified work, to assist in identifying a temporary alternate work position, and to assist the manager/supervisor in the interactive process with the employee. The continuing members of the Return to Work Committee shall consist of, but are not limited to, the University Return to Work Coordinator, Human Resources Director, Americans with Disabilities Act (ADA) Coordinator, and the Appropriate Manager.

FORMS: Workers Compensation Forms