I. Purpose
This is the campus procedure for handling a work-incurred injury or illness. It applies to all campus employees, unless modified by a collective bargaining agreement. The UCDHS procedure, which covers all UCDHS employees including School of Medicine faculty and staff, is UCDHS Hospital Policies & Procedures Section 2942. School of Medicine employees who work on the Davis campus may get medical treatment as described below.

II. Definition
First Aid—one-time treatment for the observation of minor scratches, cuts, burns, splinters, etc., which do not normally require medical care.

III. Policy
A. The University maintains a place of employment that is safe and healthful, adopting methods and processes reasonably adequate to assure work performed and place of employment are safe, and taking reasonable precautions to protect the life and safety of employees.

B. Through the Workers’ Compensation program, the University assures that employees who suffer injury or illness in the course and scope of employment are provided benefits in accordance with provisions in the California Labor Code and returned to work as soon as they are medically able.

1. The Workers’ Compensation program covers all employees.

2. The Workers’ Compensation program covers volunteers for campus programs as defined in Section 380-08, who have been recorded on a Volunteer Appointment form.

3. A covered individual who has an injury or illness arising out of and in the course of employment can receive medical treatment, disability payments, and other benefits as described by the California Labor Code.

IV. Procedures
A. Medical treatment

1. An employee who has a work-related injury or illness must immediately notify her or his supervisor.

2. If medical treatment is needed or if an employee requests initial treatment for a work-related injury or illness, the department sends the employee to Occupational Health Services located in the Cowell Building.

   a. If immediate treatment is needed and Occupational Health Services is closed, the employee may be sent to the Sutter-Davis Hospital or any other provider.

   b. Outside of Davis, the employee may be sent to any health care provider.

   c. An employee may use his or her personal physician, instead of the above providers, if he or she has filed a Designation of Physician form prior to the date of injury.

      1) The employee fills out the form and gives it to the department.

      2) The department sends a copy to Workers’ Compensation and files the form in
the personnel file.

3. After each treatment, the employee shall give the supervisor a medical work status update listing work restrictions and the expected date of return to work.

B. Claims

1. The University must file a Workers’ Compensation claim within 24 hours of learning that any of the following happens to an employee with a work-related injury or illness:
   a. Absent from work on any day after the injury or illness occurred;
   b. Returns to work with medical restrictions;
   c. Requires medical treatment beyond first aid (see II above);
   d. Obtains care from a personal physician (see IV.A.3, above); or
   e. Asks that a claim be filed.

2. Completing the Report
   a. The “Employer’s Report of Occupational Injury or Illness” may be initiated by Occupational Health Services (if the employee receives treatment there), the department (if the employee receives treatment from an outside physician), or by the employee.
      1) The employee shall complete the Employee Data and Employee Statement sections of the Report. If the employee receives treatment at Occupational Health Services, he or she will complete these sections of the form during the initial visit for treatment and Workers’ Compensation will forward the partially completed form to the department.
      2) The Employee and middle Employer sections of the Report must be completed and faxed to Workers’ Compensation (530-752-3439) within 24 hours.
      3) The employee will receive a claim form from Occupational Health Services if treated there or via mail from Workers’ Compensation after the initial Report has been filed.
   b. The department conducts an accident investigation, completes the remaining section of the Report, and sends or faxes it to Workers’ Compensation within 72 hours.
   c. The department keeps a copy of the Report. The Report must be kept separate from the employee’s personnel file.
   d. Workers’ Compensation keeps the claim form and the original Report.
   e. If the employee is treated with only first aid, a Workers’ Compensation claim is not required.
      1) The department completes the Employer’s Report and keeps it on file.
      2) Contact Workers’ Compensation for help determining if treatment falls within the limits of first aid.

C. FMLA Notice

If eligible, the supervisor designates the absence as family and medical leave. (See “Leave of Absence” in the applicable policy or union contract.)

D. Return to work

1. An employee must return to work promptly after he or she is medically released.
a. Upon return, the employee shows the medical release to his or her supervisor.
b. If the release is not from Employee Health Services, the supervisor mails a copy to Workers' Compensation.

2. An employee who cannot perform his or her regular duties due to a medically determined functional limitation shall be assigned to temporary modified duty that is consistent with the limitation.
   a. The employee’s department shall provide modified duty for up to 60 calendar days. For an employee whose regular shift is more than 8 hours, the limit is 360 hours.
   b. The department is not required to provide more than three periods of modified duty per injury.
   c. If the department cannot provide work compatible with the limitations, Workers’ Compensation will locate a modified duty assignment in another department. The home department pays the employee’s salary.
   d. If an employee declines a modified duty assignment, the department contacts Workers' Compensation for further instructions.

V. Further Information
   A. For medical treatment, contact Occupational Health Services, Cowell Building (530)752-6051.
   B. For forms and information on the Workers' Compensation program, contact Workers' Compensation, 276 Hoagland Hall, (530)752-7243.

VI. References
   A. Business and Finance Bulletin BUS 81, Insurance Programs.
   C. Accounting Manual Section P-196-86, Workers' Compensation Insurance (http://www.ucop.edu/ucophome/policies/acctman/).