



# ADMINISTRATIVE REGULATION

## Office of the City Manager

<b>Number</b>	916
<b>Responsible Department</b>	Human Resources
<b>Established/Effective Date</b>	11/16/1984
<b>Latest Revision Date</b>	6/30/23
<b>Next Review &amp; Reauthorization Date</b>	6/30/25

### **SUBJECT: Workers' Compensation Claims Reporting**

- 1. Purpose:** To ensure proper handling of workers' compensation claims filed by City employees and to provide all departments with guidelines for the processing of workers' compensation claims following a work-related injury.
- 2. Authority:** Section 401 of the Huntington Beach City Charter
- 3. Policy:** All Workers' Compensation claims shall be reported to Risk Management or the City's Workers' Compensation Third Party Administrator (TPA) immediately or as soon as practical.
- 4. Responsibilities:** All employees shall immediately report any on the job accident or illness, if able to do so, to their immediate supervisor and/or Department Head.
- 5. Procedures:** The following steps shall be followed for all workers' compensation claims.
  - 5.1 The injured employee shall complete and forward the Report of Personal Injury form (Attachment 1) and a [DWC-1 \(Division of Workers' Compensation-1\) form](#), within 24 hours of occurrence, to their supervisor. If the employee is physically unable to complete the forms, the supervisor shall complete the forms on behalf of the employee.
  - 5.2 The supervisor shall review the Report of Personal Injury form and complete an investigation of the incident to determine cause and future preventability. The investigation will be documented with the Supervisor's Incident Investigation Report (Attachment 3).
  - 5.3 All forms shall be forwarded within 24 hours to the current Third Party Administrator (TPA) and Risk Management by the supervisor.
  - 5.4 The TPA shall contact the employee and coordinate appropriate medical treatment. The TPA will establish a claim file for all reported injuries/ illnesses that require medical treatment other than first aid.
  - 5.5 All benefits in accordance with the California Labor Code will be provided by the TPA to the injured employee. Said benefits will include all medical treatment and mileage reimbursement and may include temporary disability, permanent disability benefits and any



## ADMINISTRATIVE REGULATION

### Office of the City Manager

other appropriate benefits in accordance with regulations promulgated by the CA Division of Occupational Safety.

5.6 In the event an injured employee is unable to return to work following the accident, the TPA and Risk Management will communicate with the employee's physician and supervisor to ensure their return to work in either a transitional duty assignment or a full duty release as appropriate. Prior to an employee beginning a transitional duty assignment, the City and employee will engage in an interactive process as required under the Americans with Disabilities Act (ADA) and the California Fair Employment Housing Act (FEHA).

5.7 The nearest Division of Occupational Safety and Health will be notified by Risk Management within 8 hours of City knowledge of any incident in which death results or if the injury or illness meets the following criteria:

5.7.1 Requires inpatient hospitalization of more than 24 hours unless for medical observation, and/or

5.7.2 Results in loss of any member of the body, and/or

5.7.3 Produces any serious degree of disfigurement.


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


#### Attachments:

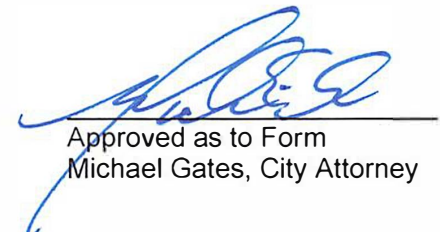
1. [Report of Personal Injury Form](#)
2. [Supervisor's Report of Incident Investigation](#)

#### Distribution:

All employees may access the Administrative Regulations via the Intranet at:  
<https://huntingtonbeachca.sharepoint.com/SitePages/Administrative-Regulations.aspx>

  
\_\_\_\_\_  
Thomas St. Peter  
Director of Human Resources  
Initiating Department

  
\_\_\_\_\_  
Al Zelinka  
City Manager

  
\_\_\_\_\_  
Approved as to Form  
Michael Gates, City Attorney



# ADMINISTRATIVE REGULATION

Office of the City Manager

## Review Schedule

REVIEW DATE	DEPT. HEAD INITIAL	CITY MANAGER SIGNATURE