

## **Diocese of Sacramento - Human Resources Services Workers' Compensation Checklist**

If you are injured on the job you are to immediately report it to your supervisor. The following checklist outlines steps to help you get proper medical care and timely pay, as well as assisting to document work related injury or illness for purposes of workers' compensation.

Please note:

- In the event of an emergency or serious injury, call 911.
- If you are reporting an event that requires no treatment or minimal medical treatment, please only complete step 1.
- Refer to "What to do when a workplace injury occurs" as a guide on the diocesan website ([https://www.scd.org/sites/default/files/2017-06/WhattoDoWhenaWorkplaceInjuryOccurs\\_006.pdf](https://www.scd.org/sites/default/files/2017-06/WhattoDoWhenaWorkplaceInjuryOccurs_006.pdf))
- All forms and information are available online at: <https://www.scd.org/lay-personnel/workers-compensation-forms>

### **IMMEDIATE ACTION:**

\_\_\_\_ 1. Notify your supervisor as soon as possible after you suffer an on-the-job injury. If there is no treatment or minimal medical treatment, your supervisor will fill out the **First Aid Report** (link provided below) and send the report to LWP Claims Solution.

First Aid Report:

<https://www.scd.org/sites/default/files/2017-06/first-aid-report.pdf>

\_\_\_\_ 2. **If medical treatment is needed**, you will be directed to a designated medical facility *or to the nearest emergency room in case of emergency*. Use the Clinics Location booklet to identify industrial or other medical facilities near your location (link provided below).

Clinics by Location:

[https://www.scd.org/sites/default/files/2017-06/ClinicsbyLocation\\_000.pdf](https://www.scd.org/sites/default/files/2017-06/ClinicsbyLocation_000.pdf)

\_\_\_\_ 3. You must complete **Form DWC1** (link provided below) – "Worker's Compensation Claim Form" with your supervisor. You will provide one copy to the medical facility and one copy will remain with your supervisor. This must be done within 24 hours of knowledge of an injury.

Workers' Compensation Claim Form DWC1:

[https://www.scd.org/sites/default/files/2017-06/WorkersCompensationClaimFormDWC1\\_V2016.pdf](https://www.scd.org/sites/default/files/2017-06/WorkersCompensationClaimFormDWC1_V2016.pdf)

Occupational Disability Leave Policy:

<https://www.scd.org/sites/default/files/2017-06/OccupationalDisabilityLeavePolicy.pdf>

\_\_\_\_ 4. Your supervisor will complete **Form 5020** (link provided below) – "Employer's First Report of Injury" and submit it to LWP Claims Solutions within 24 hours of receiving notice that an injury has occurred.

Workers' Compensation: Employee Report 5020:

<https://www.scd.org/sites/default/files/2017-06/employers-report-5020.pdf>

**ONGOING ACTIONS UNTIL EMPLOYEE HAS FULLY RETURNED TO WORK:**

5. Follow up with your supervisor on the results of your medical evaluation. Please note a medical release from is required in order to return to work.

- If fully released – provide your supervisor a medical release form before you resume work.
- If released for modified duty – contact your supervisor as soon as possible to determine if the work restrictions can be accommodated.

***Supervisors: If the written notice contains temporary work restrictions or permanent work restrictions, please consult with Anna Schiele at 916-733-0240 or [aschiele@scd.org](mailto:aschiele@scd.org).***

- If completely incapacitated – you must remain off work until medically released by the physician.

6. If unable to perform your usual job while recovering from your injury or illness, Temporary Disability (TD) benefits are available to you. As a general rule, you are paid two-thirds of your gross (pre-tax) wages at the time of injury, with minimum and maximum rates set by the law. TD payments begin when your doctor states that you are no longer able to perform your usual duties for more than three days or you are placed in the hospital overnight. Please note, no compensation is paid for the first 3 days after an injury or illness. Please review the Division of Workers' Compensation Fact Sheet (link provided below) for further information.

Workers' Compensation Fact Sheet:

[https://www.scd.org/sites/default/files/2017-10/FactSheet\\_c\\_0.pdf](https://www.scd.org/sites/default/files/2017-10/FactSheet_c_0.pdf)

**For any additional questions or concerns please contact one of the following:**

Diocese of Sacramento  
Anna Schiele, Director of Lay Personnel  
916-733-0240  
[aschiele@scd.org](mailto:aschiele@scd.org)

Diocese of Sacramento  
Rosa Miramontes, Benefit & Pension Mgr. of Lay Personnel  
916-733-0282  
[rmiramontes@scd.org](mailto:rmiramontes@scd.org)

LWP Claims Solutions  
Stacey Bean  
916-609-3611  
[s\\_bean@lwplclaims.com](mailto:s_bean@lwplclaims.com)

LWP Claims Solutions  
Robin Mays, Senior Claims Adjuster  
916-609-3665  
[r\\_mays@lwplclaims.com](mailto:r_mays@lwplclaims.com)

**Workers Compensation Claim Forms and Employer Reports should be faxed or emailed to:**

LWP Claims Solutions, Inc.  
Attention: Robin Mays  
P.O. Box 349016  
Sacramento, CA 95834-9016

Fax: (408) 725-0395

Phone: (916) 609-3600

Email: [r\\_mays@lwplclaims.com](mailto:r_mays@lwplclaims.com)