

CHAPTER 1

PHILOSOPHY, GENERAL POLICY, DEFINITIONS, AND POSTING REQUIREMENTS

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CHAPTER 1

PHILOSOPHY, GENERAL POLICY, DEFINITIONS, AND POSTING REQUIREMENTS

1. PHILOSOPHY. The Department is committed to providing a safe and healthy workplace for all employees. Recognizing occupational injuries and illnesses occur, it is imperative that commanders, managers, supervisors, and employees are committed to proper injury and illness case management. This will allow the Department to maximize resources and reduce costs relative to occupational injuries and illnesses. Additionally, commanders must be actively involved from the initial reporting of an injury or illness to final resolution of the case. Policy and procedures outlined in this manual are primarily applied to occupational injuries and illnesses, but may be applied to nonindustrial injuries and illness as deemed appropriate.

2. POLICY. The injury and illness case management program contained in this manual has been developed to reduce the human and fiscal impacts injuries and illnesses have on employees and the Department.

3. PROGRAM OBJECTIVES.
 - a. Benefits. To provide timely and accurate workers' compensation benefits to employees. Workers' compensation benefits include prompt and proper medical care, disability leave, supplemental job displacement benefits, and retirement benefits when appropriate.

 - b. Reporting. To effectively report injuries and illnesses within required time frames.

 - c. Communication. To maintain ongoing communication with employees, treating physicians, and State Fund when employees are unable to work full duty as a result of an occupational injury or illness.

 - d. Return to Work. To return employees to work, at limited or full duty, as soon as medically appropriate.

4. DEFINITIONS.
 - a. Case Management. Active and effective participation in the initial reporting, comprehensive review, processing, and resolution of a reported occupational injury or illness.

- b. Occupational Injury. Any injury, such as a cut, fracture, sprain, amputation, etc., which results from an occupational incident or exposure involving a single causative event in the work environment. Conditions resulting from bites, such as insect or snake bites, or from one-time exposure to chemicals are considered to be injuries.
- c. Occupational Illness. Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. This includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, cumulative trauma, stress, or direct contact.
- d. Record-Only Injury or Illness. Nondisabling injury or illness which does not require first aid or medical treatment. Record-only incidents shall be documented on a CHP 121E, Supervisor's Incident Report-Record Only (refer to Annex A).
- e. First Aid Injury or Illness. Minor nondisabling injury or illness (splinter, scratch, cut, burn, etc.) which does not involve medical treatment. Record-only and first aid incidents shall be documented on a CHP 121E.
- f. Nondisabling Injury or Illness. Injury or illness which requires more than first aid, may require more than one-time medical care, and the employee is able to return to work (full or limited duty) following the date of the injury or illness.

Examples:

- (1) Employee sustains an injury or illness during working hours but completes the assigned work shift.
 - (2) Employee sustains an injury or illness during working hours and is incapable of completing the work shift due to the injury or illness; however, employee reports to work (full or limited duty) for the next scheduled work shift.
 - (3) Employee sustains a work-related injury or illness during nonworking hours; however, employee reports to work (full or limited duty) for the next scheduled work shift.
- g. Disabling Injury or Illness. Injury or illness which results in an employee being unable to return to work following the date of the injury or illness. Examples:
- (1) Employee sustains an injury or illness during working hours and is incapable of reporting to work for the next scheduled work shift or a subsequent work shift due to the injury or illness.
 - (2) Employee sustains a work-related injury or illness during nonworking hours and is incapable of reporting to work for the next scheduled work shift or a subsequent work shift due to the injury or illness.

- h. Serious Injury or Illness. Disabling injury or illness which requires overnight hospital care other than for observation, a lengthy disability status, or disability retirement.
- i. Hazardous Exposure. Exposure to any chemical, biological, or physical agent which does not result in injury or illness.
- j. Injury or Illness Designation. Reported severity of injury or illness (record only, first aid, nondisabling, disabling).
- k. Recurrence of Injury or Illness. A recurrence of an injury or illness which does not have a new, clearly defined incident to cause injury or illness. It is a spontaneous reappearance of a prior condition.
- l. Aggravation of Injury or Illness. An aggravation of an injury or illness has an identifiable new incident of injury or illness and shall be processed as a new injury or illness.
- m. Questionable Injury or Illness. An injury or illness claim for which there is reason to question whether the injury or illness is work-related. Injury and illness claims should not be deemed questionable simply because they are not witnessed or are a result of cumulative trauma. If, based on facts and information obtained during preparation of the employee's CHP 121, Employer's Report of Occupational Injury or Illness, there is reason to question whether the injury or illness is work-related, the claim should be deemed questionable pending State Fund's decision of acceptance or denial. Reasons for questioning the claim shall be documented in detail on the employee's CHP 121. Any additional supporting documentation shall be attached to the CHP 121.

NOTE: A CHP 121 filed by an employee who is currently under an internal investigation shall be marked "questionable." The definition of "investigation" can be found in Highway Patrol Manual 10.2, Internal Investigations Manual, Chapter 3, Progressive Discipline. As previously stated, the reason for questioning the claim shall be documented in detail on the CHP 121. It is recommended that this information be placed in Section 35 of the CHP 121. Specifics of the investigation or the subject matter of the investigation shall not be noted on the CHP 121.

(1) Examples of potentially questionable claims are as follows:

- (a) Employee reported experiencing lower back pain when exiting the patrol car during a work shift. The employee had not been involved in any work-related physical exertion, bending, or other identifiable work-related causative event. However, when attempting to identify a causative event, the employee stated they'd been landscaping the front yard of a residence.

(b) Employee reported experiencing headaches, anxiety, loss of appetite, and sleeplessness due to work-related stress. The employee had never previously expressed feelings of work-related stress. However, it is known the employee is in the process of a divorce-related child custody and property dispute that is admittedly causing emotional stress.

(c) An employee reported they sustained Carpal Tunnel Syndrome as a result of work-related data entry. The employee intermittently performs data entry duties totaling approximately two hours per work shift. However, the employee stated use of a personal computer keyboard and mouse approximately three hours per day at home.

n. Status Change of Injury or Illness. An injury or illness designation which changes from that of the first reported designation. Example:

(1) Employee originally reported a record-only complaint-of-pain injury and this incident was documented on a CHP 121E. However, the employee later required medical treatment and was assigned limited duty. The original record-only injury designation status changed to a nondisabling injury designation.

o. Occupational Skin Diseases or Disorders. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

p. Dust Diseases of the Lungs (Pneumoconiosis). Examples: Silicosis, asbestosis and other asbestos-related diseases, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconiosis.

q. Respiratory Conditions Due to Toxic Agents. Examples: Pneumonitis, pharyngitis, bronchitis rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

r. Poisoning (Systemic Effect of Toxic Materials). Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by parathion, lead arsenate, or other insecticide sprays; poisoning by formaldehyde, plastics, resins, and other chemicals.

s. Disorders Associated with Cumulative Trauma. Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; heart attack; hemorrhoids; and other conditions due to repeated motion, vibration, or pressure.

t. Other Occupational Illnesses. Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis,

coccidioidomycosis, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), conjunctivitis, tuberculosis, pneumonia, and emotional stress.

u. Chemical Agent. Chemical substance.

v. Biological Agent. Agents causing occupational disease or infection (other than chemical substance). Examples: Viral and rickettsial, bacterial, fungal, and parasitic.

w. Physical Agent (Other than Toxic Materials). Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); and effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn).

x. State Fund (Formally Known as the State Compensation Insurance Fund). Adjusting agency for occupational injuries and illnesses sustained by state employees.

y. Disability and Retirement Unit. Unit within the Office of Risk Management organized into three programs which specialize in different aspects of injury and illness case management, workers' compensation, return-to-work, retirement, and reinstatements. Programs are as follows:

- (1) Disability and Retirement.
- (2) Return-to-Work.
- (3) Uniformed Reinstatement.

z. Workers' Compensation Appeals Board. Semijudicial organization within the Department of Industrial Relations. The Workers' Compensation Appeals Board is empowered to issue binding decisions relevant to occupational injury and illness cases.

5. POSTING REQUIREMENTS.

a. DWC-7, Notice to Employees—Injuries Caused by Work. Labor Code Section 3550 requires every employer to post, in a conspicuous location, a notice that states the name of the current compensation carrier or adjusting agent responsible for adjustment of occupational injury and illness claims. Additionally, this notice shall include information on the injured employee's right to receive medical care

(refer to Annex B). Forms can be located and printed at the State Fund website, www.statefundca.com/statecontracts/Forms.asp.

b. Safety and Health Protection on the Job. The California Occupational Safety and Health Act (Cal/OSHA) directs every employer to post a Safety and Health Protection on the Job notice in a conspicuous location. The notice is available in English and Spanish and may be printed from the Department of Industrial Relations (DIR) Workplace Postings Web site, <http://www.dir.ca.gov/wpnodb.html> (refer to Annex C).

c. Access to Medical and Exposure Records. The Cal/OSHA directs every employer to post an Access to Medical and Exposure Records notice in a conspicuous location. The notice may be printed from the DIR Workplace Postings Web site, <http://www.dir.ca.gov/wpnodb.html> (refer to Annex D).

d. Cal/OSHA Form 300A, Appendix B, Annual Summary of Work-Related Injuries and Illnesses. The Cal-OSHA directs every employer to post a Cal/OSHA Form 300A for the previous calendar year from February 1 through April 30. The Cal/OSHA Form 300A may be printed from the California Highway Patrol Intranet site, home.chp.ca.gov/forms/index.html (refer to Annex E).

ANNEX A

CHP 121E, SUPERVISOR'S INCIDENT REPORT - RECORD ONLY

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SUPERVISOR'S INCIDENT REPORT - RECORD ONLY CHP 121E (New 7-18) OPI 033					Distribution: Copy - ICU Copy - File
AREA/LOCATION CODE 033-Office of Risk Management	NATURE OF INCIDENT Lifting	PART OF BODY Lower Back	DATE OF OCCURRENCE 05/21/2018	TIME OF OCCURRENCE 0945 hours	
EMPLOYEE NAME Sean A. Merkel	I.D. NUMBER 2024	AGE 49	SEX Male <input type="checkbox"/>		
ASSIGNMENT Risk Management Unit-Analysis		POSITION State Traffic Officer	DATE OF HIRE 02/15/1993		
WHERE DID INCIDENT OCCUR? Incident occurred in Office of Risk Management (ORM) copy room.					
WHAT WAS EMPLOYEE DOING WHEN INCIDENT OCCURRED? Employee was moving boxes of printer paper and felt a pull in the lower back.					
DESCRIBE THE INCIDENT/HOW DID THE INCIDENT OCCUR? Employee was assisting ORM staff in moving printer paper boxes. After bringing down 3 boxes, using our ORM dolly, the employee had to physically remove the boxes from the dolly and stack them on the floor. After stacking the boxes, the employee noticed slight pain and stated he felt something "pull" in his back.					
MY SUPERVISOR AND I HAVE DISCUSSED THE ACCIDENT/INCIDENT AND MY INPUT IS REFLECTED IN THE ANALYSIS AND CORRECTIVE ACTION. I FEEL THAT THE FOLLOWING SHOULD BE DONE TO PREVENT RECCURENCE OF THIS ACCIDENT/INCIDENT. <input type="checkbox"/> I AM TAKING THE FOLLOWING ACTION TO PREVENT RECCURENCE <input checked="" type="checkbox"/> I RECOMMEND THAT THE FOLLOWING STEPS BE TAKEN TO PREVENT RECCURENCE Discussed proper lifting techniques with all ORM staff during staff meeting.					
DATE ACTION/STEPS TO BE TAKEN Staff meeting was held 05/28,2018					
SUPERVISOR'S NAME		SUPERVISOR'S SIGNATURE		DATE	
MANAGER'S REVIEW					
DO YOU CONCUR WITH SUPERVISOR'S REVIEW? Yes. Incident was unavoidable and the employee was using all available equipment to lift and move the boxes safely.					
MANAGER'S NAME		MANAGER'S SIGNATURE		DATE	
TO BE COMPLETED BY EMPLOYEE INVOLVED IN ACCIDENT/INCIDENT					
I WILL ALSO IMMEDIATELY NOTIFY MY SUPERVISOR IF THIS INCIDENT RESULTS IN A LOSS OF TIME OR THE NEED FOR MEDICAL TREATMENT. BY SIGNING THIS FORM, I DECLARE THAT THIS INCIDENT DOES NOT CURRENTLY RISE TO THE LEVEL REQUIRING MEDICAL TREATMENT OR A 3301, COMPLETION OF A WORKERS' COMPENSATION CLAIM FORM (DWC-1) (SCIF 3301).					
EMPLOYEE'S NAME		EMPLOYEE'S SIGNATURE		DATE	

Chp121E_0718.pdf

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ANNEX B

DWC-7, NOTICE TO EMPLOYEES-INJURIES CAUSED BY WORK

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: _____

MPN Effective Date: _____ MPN Identification number: _____

If you need help locating an MPN physician, call your MPN access assistant at: _____

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator: _____ Phone: _____

Workers' compensation insurer: _____ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

DWC 7 (10/2024)

ANNEX B

DWC-7, NOTICE TO STATE EMPLOYEES-INJURIES CAUSED BY WORK (continued)

ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES
División de Compensación de Trabajadores



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TI):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TI no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PI):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si es elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoría de los casos, los honorarios del abogado se pagarán a partir de su recuperación.
5. Red de Proveedores Médicos (MPN): Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

Página web de la MPN: _____

Fecha de vigencia de la MPN: _____ Número de identificación de la MPN: _____

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: _____

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: _____

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos _____ Teléfono _____

Asegurador del Seguro de Compensación de trabajador _____ (Anote "autoasegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: _____

o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwc.ca.gov y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

DWC7 (10/2024)

ANNEX C

SAFETY AND HEALTH PROTECTION ON THE JOB (CAL/OSHA)

SAFETY AND HEALTH PROTECTION ON THE JOB

State of California
Department of Industrial Relations



California law provides workplace safety and health protections for workers through regulations enforced by the Division of Occupational Safety and Health (Cal/OSHA). This poster explains some basic requirements and procedures to comply with the state's workplace safety and health standards and orders. The law requires that this poster be displayed. Failure to do so could result in a substantial penalty. Cal/OSHA standards can be found at www.dir.ca.gov/samples/searchquery.htm.

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so could result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster in a conspicuous place where notices to employees are customarily posted so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective Injury and Illness Prevention Program (IIPP) meeting the requirements of California Code of Regulations, title 8, section 3203 (www.dir.ca.gov/title8/3203.html) and provide access to employees and their designated representatives.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify a local Cal/OSHA district office of any serious injury or illness, or death, occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or illness, or death, within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA workplace safety and health regulations.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN WORKPLACE SAFETY & HEALTH RIGHTS:

As an employee, you (or someone acting for you) have the right to file a confidential complaint and request an inspection of your workplace if you believe conditions there are unsafe or unhealthful. This is done by contacting the local Cal/OSHA district office (see below). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator inspecting your workplace.

You and your designated representative have the right to access the employer's IIPP. Any employee has the right to refuse to perform work that would violate an occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or for otherwise exercising your rights to a safe and healthful workplace. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the California Department of Industrial Relations, Division of Labor Standards Enforcement (Labor Commissioner's Office) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the California Labor Commissioner's Office.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to an employee. While working, you must always obey state workplace safety and health laws.

HELP IS AVAILABLE:

To learn more about workplace safety rules, you may contact Cal/OSHA Consultation Services for free information, required forms, and publications. You can also contact a local district office of Cal/OSHA. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY FOR WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance that is listed as a hazardous substance in California Code of Regulations, title 8, section 339 (www.dir.ca.gov/title8/339.html), or is covered by the Hazard Communication standard (www.dir.ca.gov/title8/6194.html) must provide employees information on the hazardous chemicals in their work areas, access to safety data sheets, and training on how to use hazardous chemicals safely.

Employers shall make available on a timely and reasonable basis a safety data sheet on each hazardous substance in the workplace upon request of an employee, an employee's collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee or their representative has the right to observe monitoring or measuring of employee exposure to hazards conducted to comply with Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may visit the workplace to make sure your company is obeying workplace safety and health laws.

Inspections are also conducted when an employee files a valid complaint with Cal/OSHA.

Cal/OSHA also goes on-site to the workplace to investigate a serious injury or illness, or fatality. When an inspection begins, the Cal/OSHA investigator will show official identification.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. An authorized representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS, AND PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, Cal/OSHA may issue a citation. Each citation carries a monetary penalty and specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Penalty amounts depend in part on the classification of the violation as regulatory, general, serious, repeat, or willful, and whether the employer failed to abate a previous violation involving the same hazardous condition. Base penalty amounts, penalty adjustment factors, and minimum and maximum penalty amounts are set forth in California Code of Regulations, title 8, section 336 (www.dir.ca.gov/title8/336.html). In addition, a willful violation that causes death or permanent impairment of the body of any employee can result, upon conviction, in a fine of up to \$250,000 or imprisonment up to three years, or both, and if the employer is a corporation or limited liability company, the fine may be up to \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it or a copy, including the enclosed multi-language employee notification, prominently at or near the place of the violation or unsafe condition for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

Call the FREE Worker Information Helpline – (833) 579-0927

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (CAL/OSHA)

HEADQUARTERS: 1515 Clay Street, Ste. 1103, Oakland, CA 94612 – Telephone (510) 286-7000

District Offices		Cal/OSHA Consultation Services	
American Canyon	3419 Broadway St., Ste. H8, American Canyon 94503 (707) 649-3700	Field / Area Offices	
Bakersfield	7718 Meany Ave., Bakersfield 93308 (661) 588-6400	Fresno / Central Valley	2550 Mariposa Mall, Rm. 2005 (559) 445-6800
Foster City	1065 East Hillsdale Bl., Ste. 110, Foster City 94404 (650) 573-3812	Fresno 93721	
Fremont	3914 Civic Center Dr., Ste. 310, Fremont 94538 (510) 794-2521	La Palma / Los Angeles/ Orange County	(714) 562-5625
Fresno	2550 Mariposa Street, Rm. 4000, Fresno 93721 (559) 445-5302	1 Centerpointe Dr., Ste. 150	
Long Beach	1500 Hughes Way, Suite C-201, Long Beach 90810 (424) 450-2630	La Palma 90623	
Los Angeles	320 West 4th Street, Suite 820, Los Angeles 90013 (213) 576-7451	Oakland / Bay Area	1515 Clay Street, Ste. 1103 (510) 622-2891
Modesto	4206 Technology Drive, Ste. 3, Modesto 95356 (209) 545-7310	Oakland 94612	
Monrovia	800 Royal Oaks Drive, Suite 105, Monrovia 91016 (626) 239-0369	Sacramento / Northern CA	1750 Howe Ave., Ste. 490 (916) 263-0704
Oakland	1515 Clay Street, Ste. 1303, Oakland 94612 (510) 622-2916	Sacramento 95825	
Redding	381 Hemsted Drive, Redding 96002 (530) 224-4743	San Bernardino	464 West Fourth St. Ste. 339 (909) 383-4567
Riverside	3737 Main Street, Suite 201, Riverside 92501 (951) 410-4250	San Bernardino 92401	
Sacramento	1750 Howe Ave., Suite 430, Sacramento 95825 (916) 263-2800	San Diego / Imperial Co.	7575 Metropolitan Dr., Ste. 204 (619) 767-2060
San Bernardino	464 W. 4th Street, Ste. 332, San Bernardino 92401 (909) 383-4321	San Diego 92108	
San Diego	7575 Metropolitan Dr., Ste. 207, San Diego 92108 (619) 767-2280	San Fernando Valley	6150 Van Nuys Blvd., Ste. 307 (818) 901-5754
San Francisco	455 Golden Gate Ave., Rm. 9516, San Francisco 94102 (415) 557-0100	Van Nuys 91401	
Santa Ana	2 MacArthur Place, Suite 720, Santa Ana 92707 (714) 558-4451		
Santa Barbara	411 E. Canon Perdido St., Santa Barbara 93103 (805) 485-1048	Consultation Regional Office	
Van Nuys	6150 Van Nuys Blvd., Ste. 405, Van Nuys 91401 (818) 901-5403	Fresno	2550 Mariposa Mall, Rm. 3014 (559) 445-6800
		Fresno 93721	
Regional Offices			
San Francisco	455 Golden Gate Ave., Rm. 9516, San Francisco 94102 (415) 557-0300		
Sacramento	1750 Howe Avenue, Suite 440, Sacramento 95825 (916) 263-2803		
Santa Ana	2 MacArthur Place, Suite 720, Santa Ana 92707 (714) 558-4300		
Monrovia	800 Royal Oaks Drive, Suite 105, Monrovia 91016 (626) 471-9122		
Fresno	2550 Mariposa St. Rm. 4000, Fresno 93721 (559) 445-5302		

Enforcement of Cal/OSHA workplace safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor Tel. (415) 625-2547. OSHA monitors the operation of state plans to assure that continued approval is merited.

July 2025

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ANNEX D

ACCESS TO MEDICAL AND EXPOSURE RECORDS

**ACCESS TO MEDICAL
AND EXPOSURE RECORDS**



BY CAL/OSHA REGULATION
- GENERAL INDUSTRY SAFETY ORDER [3204](#) -
YOU HAVE THE RIGHT TO SEE AND COPY:

- Your medical records and records of exposure to toxic substances or harmful physical agents.
- Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.
- Safety Data Sheets (SDS) or other information that exists for chemicals or substances used in the workplace, or which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT: _____
(Location)

FROM: _____
(Person Responsible)

A COPY OF THE GENERAL INDUSTRY SAFETY ORDER [3204](#)
IS AVAILABLE FROM: _____

The above information satisfies the requirements of GISO [3204](#) (g), which may be fulfilled by posting this placard in the workplace, or by any similar method the employer chooses.




January 2015

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
1515 Clay Street, Suite 1901
Oakland, CA 94612
Phone: (510) 286-7000
Fax: (510) 286-7037

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ANNEX E

CAL/OSHA FORM 300A, APPENDIX B, ANNUAL SUMMARY OF WORK-RELATED INJURIES AND ILLNESS



Year _____

Department of Industrial Relations
Division of Occupational Safety & Health

Appendix B

Annual Summary of Work-Related Injuries and Illnesses

All establishments covered by CCR Title 8, Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write in the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employers, former employees, and their representatives have the right to review the CAL/OSHA Form 300 in its entirety. They also have limited access to the CAL/OSHA Form 300 or its equivalent. See CCR Title 8, Section 14300.35, in CAL/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases		
Total number of deaths	Total number of cases with job transfer or restriction	Total number of cases with recordable or lost workdays
0	2	5
(0)	(0)	(1)

Number of Days		
Total number of days away from work	Total number of days of job transfer or restriction	
63	153	
(0)	(0)	

Injury and Illness Types		
Total number of...	(4) Poisonings	
(1) Injuries	8	
(2) Skin disorders	(5) Hearing loss	
(3) Respiratory conditions	2	
	(6) All other illnesses	2

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Establishment Information

Your establishment name: CHP - Oceanview Area

Street: 1526 Greener Grass Dr.

City: Paradise City State: CA ZIP: 95555

Industry description (e.g., Manufacturer of new machines): Law Enforcement

Standard Industrial Classification (SIC), if known (4-, 5-, 8- digits): 9 2 2 1

Employment Information (If you do not have these items, use the optional Worksheet in separate)

Annual average number of employees: 38

Total hours worked by all employees last year: 81,976

Sign here: _____

No entry if falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

L. Avrales
Company executive
(831) 555-5555
Phone

Captain
Title
01/31/14
Date

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