

MIDDLETOWN UNIFIED SCHOOL DISTRICT

Regulation 4257.1: Work-Related Injuries

Original Adopted Date: 1/17/2024

In order to provide medical benefits, temporary or permanent disability benefits, wage replacement, retraining or skill enhancement, and/or death benefits in the event that an employee becomes injured or ill in the course of employment, the district shall provide all employees with insurance and workers' compensation benefits in accordance with law. The Superintendent or designee shall develop an efficient claims handling process that reduces costs and facilitates employee recovery.

The Superintendent or designee shall notify every new employee, at the time of hire or by the end of the first pay period, of the employee's right to receive workers' compensation benefits if injured at work. (Labor Code 3551; 8 CCR 15596)

In addition, a notice regarding workers' compensation benefits shall be posted in a conspicuous location frequented by employees, where the notice may be easily read during the workday. (Labor Code 3550)

In the event that an employee is injured or becomes ill in the course of employment, the employee shall report the work-related injury or illness to the Superintendent or designee as soon as practicable. The employee and appropriate district staff shall also promptly document the date and time of any incident, a description of the incident, and any persons present.

Within one working day of receiving notice or knowledge of any injury to an employee in the course of employment, the Superintendent or designee shall provide a claim form and notice of potential eligibility for workers' compensation benefits to the employee or, in the case of the employee's death, to the employee's dependents. The claim form and notice shall be provided personally or by first class mail. (Labor Code 5401)

The Superintendent or designee shall additionally ensure that any employee who is a victim of a crime that occurred at the place of employment is given written notice personally or by first class mail within one working day of the crime, or when the district reasonably should have known of the crime, that the employee is eligible for workers' compensation benefits for injuries, including psychiatric injuries, that may have resulted from the crime. (Labor Code 3553)

The Superintendent or designee shall ensure that all employee notices described above are in the form prescribed by the Department of Industrial Relations (DIR), Division of Workers Compensation.

Upon learning of a work-related injury or illness, or injury or illness alleged to have arisen out of and in the course of employment, the Superintendent or designee shall report the incident to the district's insurance carrier or DIR, as applicable, within five days after obtaining knowledge of the injury or illness. If a subsequent death arises as a result of the reported injury or illness, an amended report indicating the death shall be filed within five days after being notified of or learning about the death. (Labor Code 6409.1)

In addition, in every case involving death or serious injury or illness, the Superintendent or designee shall immediately make a report to the Division of Occupational Safety and Health (Cal/OSHA) by telephone or through an online mechanism made available by Cal/OSHA. (Labor Code 6409.1)

For the purpose of this report, serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement. (Labor Code 6302)

Claims Related to COVID-19

Until January 1, 2023, an employee is presumed to be entitled to workers' compensation benefits for illness or death resulting from COVID-19 if the diagnosis was made within 14 days after the employee performed labor or services at the place of employment and if the employee contracted COVID-19 during an outbreak at the employee's specific place of employment. (Labor Code 3212.86, 3212.88)

For this purpose, an outbreak means that, within 14 calendar days, one of the following occurs at a specific place of employment: (Labor Code 3212.88)

1. If a specific place of employment has 100 employees or fewer, four employees test positive for COVID-19.
2. If a specific place of employment has more than 100 employees, four percent of the number of employees who reported to the specific place of employment test positive for COVID-19.
3. A specific place of employment is ordered to close by a local public health department, the California Department of Public Health, Cal/OSHA, or the Superintendent due to a risk of infection with COVID-19.

The Superintendent or designee may rebut a presumption that COVID-19 was contracted during the course and scope of employment by offering evidence to the Workers' Compensation Appeals Board, such as the measures that were in place at the employee's specific place of employment to reduce potential transmission of COVID-19 and evidence of an employee's nonoccupational risk of contracting COVID-19. (Labor Code 3212.86, 3212.88)

Policy Reference Disclaimer:

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State	Description
8 CCR 15596	Notice of employee rights to workers' compensation benefits
Ed. Code 44984	Required rules for industrial accident and illness leave
Ed. Code 45192	Industrial accident and illness leave for classified employees
Lab. Code 3200-4856	Workers' compensation
Lab. Code 3212.86	COVID-19: critical workers pre-July 5, 2020
Lab. Code 3212.88	COVID-19: critical workers post-July 5, 2020
Lab. Code 3550-3553	Notifications re: workers' compensation benefits
Lab. Code 3600-3605	Conditions of liability
Lab. Code 3760	Report of injury to insurer
Lab. Code 4600	Provision of medical and hospital treatment by employer

Lab. Code 4906

[Disclosures and statements](#)

Lab. Code 5400-5413

[Notice of injury or death](#)

Lab. Code 6302

[Definition of serious injury or illness](#)

Lab. Code 6409.1

[Reports](#)

Management Resources

Description

CA Department of Industrial Relations
Publication

Workers' Compensation in California: A Guidebook for
Injured Workers, 2016

CA Department of Industrial Relations
Publication

Workers' Compensation Claim Form (DWC 1) & Notice of
Potential Eligibility

CA Department of Industrial Relations
Publication

Notice to Employees - Injuries Caused by Work

CA Department of Industrial Relations
Publication

Time of Hire Pamphlet

Website

[CSBA District and County Office of Education Legal Services](#)

Website

[California Department of Industrial Relations, Division of
Workers Compensation](#)

Website

[California Department of Industrial Relations, Occupational
Safety and Health](#)

Website

[California Department of Public Health](#)

Cross References

Code

Description

1240

[Volunteer Assistance](#)

1240

[Volunteer Assistance](#)

3320

[Claims And Actions Against The District](#)

3320

[Claims And Actions Against The District](#)

3530

[Risk Management/Insurance](#)

3530

[Risk Management/Insurance](#)

4032

[Reasonable Accommodation](#)

4112.9

[Employee Notifications](#)

4112.9-E(1)

[Employee Notifications](#)

4113.4

[Temporary Modified/Light-Duty Assignment](#)

4113.5

[Working Remotely](#)

4154

[Health And Welfare Benefits](#)

4154

[Health And Welfare Benefits](#)

4157

[Employee Safety](#)

4157

[Employee Safety](#)

4157.2	Ergonomics
4161.1	Personal Illness/Injury Leave
4161.11	Industrial Accident/Illness Leave
4161.9	Catastrophic Leave Program
4161.9	Catastrophic Leave Program
4212.9	Employee Notifications
4212.9-E(1)	Employee Notifications
4213.4	Temporary Modified/Light-Duty Assignment
4213.5	Working Remotely
4254	Health And Welfare Benefits
4254	Health And Welfare Benefits
4257	Employee Safety
4257	Employee Safety
4257.2	Ergonomics
4261.11	Industrial Accident/Illness Leave
4261.9	Catastrophic Leave Program
4261.9	Catastrophic Leave Program
4312.9	Employee Notifications
4312.9-E(1)	Employee Notifications
4313.4	Temporary Modified/Light-Duty Assignment
4313.5	Working Remotely
4354	Health And Welfare Benefits
4354	Health And Welfare Benefits
4357	Employee Safety
4357	Employee Safety
4357.2	Ergonomics
4361.1	Personal Illness/Injury Leave
4361.11	Industrial Accident/Illness Leave
4361.9	Catastrophic Leave Program
4361.9	Catastrophic Leave Program