



TEXAS TECH UNIVERSITY™

Operating Policy and Procedure

OP 70.13: Workers' Compensation Insurance

DATE: March 23, 2012

PURPOSE: The purpose of this Operating Policy/Procedure (OP) is to establish policy and procedure for administration of the Workers' Compensation Insurance in coordination with the investigation and analysis programs that are needed to promote prevention of work-related accidents, injuries, and illnesses. This OP and its implementation will be in conformance with the policies and guidelines of the State Office of Risk Management, the Texas Department of Insurance/Division of Workers' Compensation (TDI/DWC), and collaborating policies of Texas Tech University.

REVIEW: This OP will be reviewed in March of even-numbered years by the managing director of the Texas Tech University System Office of Risk Management (TTUSORM) with recommended revisions forwarded to the senior vice chancellor/chief financial officer.

POLICY/PROCEDURE

1. General

- a. Workers' Compensation Insurance (WCI) is regulated by the state of Texas and provides medical benefits and income indemnity for injuries and occupational illnesses that arise out of the course and scope of employment. This program covers all employees whose names appear on the payroll. The State Office of Risk Management (SORM) is the agency directly responsible for administering the program for state employees. The TDI/DWC promulgates rules and regulations governing WCI.
- b. The incident investigation program provides for investigation and analysis of all reported accidents that arise out of the course and scope of employment that resulted or could have resulted in an injury or illness and includes accidents involving employees that occur in or on Texas Tech University facilities. All employees are included in the incident investigation program.

2. Program Administration

- a. Orientation – Workers' Compensation Insurance

The managing director of the TTUSORM is available to inform all employees of this program, of their responsibilities in connection with it, and about accessing benefits properly. This subject will be included in the briefing given to all new employees.

b. Orientation – Incident Investigation

The director of Environmental Health and Safety is available to inform all employees of this program, of their responsibilities in connection with it, and about obtaining assistance in meeting these responsibilities. This subject will be included in the briefing given to all new employees.

c. Administrator's/Supervisor's Responsibilities

All administrators/supervisors with managerial authority over employees' job duties shall provide the following assistance, as appropriate, when work-related accidents, injuries, or occupational illnesses occur.

Note: With the exception of emergency medical care, the employee must be treated by an approved CompKey+HCN provider. If the employee is uncertain whether his/her provider is in the network, he/she may search at www.fortereview.com/texas.php. The employee must complete the *Workers Compensation Network Acknowledgement* form (attachment H).

- (1) Assist injured employees in obtaining medical care, if necessary.

NOTE: To qualify for Workers' Compensation if the incident involves a bloodborne pathogen exposure and the employee claims a possible work-related exposure to HIV infection, the employee must:

- Have a test performed within 10 days of the exposure to HIV that indicates the absence of HIV infection; and
- Provide the employer with a written statement of the date and circumstances of the exposure to HIV and a copy of the results of the test. (28 TAC, Part 2, Chapter 122, Rule 122.4, and Texas Health and Safety Code 85.116)

- (2) Call the TTUSORM and verbally report the injury or incident as soon as possible.
- (3) Submit a fully completed *First Report of Injury/Illness/Accident* form (Attachment A) to the TTUSORM. This *First Report of Injury/Illness/Accident* must be in the TTUSORM before the close of business the next working day following the accident. **This form must be completed and signed by the administrator/supervisor, not the employee.**
- (4) Ensure that the employee completes and submits an *Employee's Report of Injury* (SORM-29) (Attachment B), which is the employee's perspective of the injury, to the TTUSORM.
- (5) Submit a completed *Authorization for Release of Information* form (SORM-16) (Attachment C) to the TTUSORM.
- (6) If there were witnesses to the accident, submit *Witness Statement* form(s) (SORM-74) (Attachment D) to the TTUSORM.
- (7) If lost time is involved (more than one workday), assist the employee in completing an *Employee's Election Regarding Utilization of Sick and Annual Leave* form (SORM-80) (Attachment E). Submit the completed SORM-80 form to the TTUSORM.

NOTE: Failure to complete this form is deemed an election for UNPAID leave (Texas

Labor Code, Section 501.044). The employee's departmental administrator will need to submit appropriate Personnel forms in accordance with TTU OP 70.01 to place the employee immediately on leave without pay.

- (8) Submit *Supervisor's Investigation of Employee's Accident/Incident* (Attachment F) to the TTUSORM after review and signature of the unit safety officer and the area/department chair/director. **This form must be completed and signed by the administrator/supervisor, not the employee.**
- (9) Submit a *Supplemental Report of Injury* form (TWCC-6) (Attachment G) to the TTUSORM when the employee returns, has additional day(s) of disability, has a change in weekly earnings after the injury, is terminated, or resigns.
- (10) Review TTU OP 70.39, the early return-to-work, alternate, and light duty assignments policy and take appropriate action. Note that this operating policy prescribes specific procedures that **MUST** be followed.
- (11) Submit to Human Resource Services the appropriate forms, in accordance with TTU OP 70.01, if the employee uses accrued sick leave or is placed on leave without pay.
- (12) Submit a *Workers Compensation Network Acknowledgement* form (attachment H) to the TTUSORM.

Attachments A through H are available from the TTUSORM (TTU Mail Stop 2003) and may be reproduced and used, or they may be downloaded and printed from the TTU OP Manual website at the following address: <http://www.depts.ttu.edu/opmanual>.

d. Employee Responsibilities

- (1) Employees are required to report immediately to a departmental administrator/supervisor all on-the-job accidents, injuries, or occupational illnesses, regardless of whether medical expenses were incurred or time away from work was involved.
- (2) Employees are responsible for obtaining and completing an *Employee's Report of Injury* (SORM-29) (Attachment B). The completed form must be sent to the TTUSORM.
- (3) Submit a complete *Authorization for Release of Information* (SORM-16) (Attachment C) to the TTUSORM.
- (4) If an attending physician reports that an employee is unable to return to work following an occupational injury, the employee must choose one of the elections on the *Employee's Election Regarding Utilization of Sick and Annual Leave* form (SORM-80) (Attachment E).

NOTE: Failure to complete this form is deemed an election for UNPAID leave (Texas Labor Code, Section 501.044). The employee's departmental administrator will need to submit appropriate Personnel forms in accordance with TTU OP 70.01 to place the employee immediately on leave without pay.

- (5) Submit a *Workers Compensation Network Acknowledgement* form (attachment H) to the TTUSORM.

e. Workers' Compensation Claims Coordinator's Responsibilities:

The Workers' Compensation claims coordinator is the point of contact for all Workers' Compensation claims and is the interface between the employee, supervisor, administrator, and the SORM. This individual assists employees in properly applying for benefits and coordinates reporting to the SORM as outlined below.

- (1) Within one working day following notification:
 - Review the information on the *First Report of Injury/Illness/Incident* with other available information;
 - Contact the supervisor or department to acknowledge receipt of the report and to verify (or complete missing) information to enable accurate reporting of the injury; and
 - Complete and submit the *Employer's First Report of Injury of Illness (TWCC 1S)*, if necessary, to the SORM.
- (2) May conduct a fact-finding interview to discover, to the extent possible, all applicable direct and indirect causes that contributed to the accident;
- (3) Maintain records on incident reports and investigations, and provide trend analysis as requested;
- (4) Establish and maintain an incident or injury file on each case;
- (5) Submit to the SORM the various forms required to complete the WCI claim as described in the SORM Workers' Compensation Claims Coordinator Handbook; and
- (6) May request from the SORM the services of a case manager, upon approval from the managing director of the TTUSORM.

f. Office of Human Resources Responsibilities

Send copies of *Personnel Action Forms (PAFs)* to the TTUSORM placing injured employees on leave without pay, returning them to work status, changing the employee pay status, and reporting termination or resignation dates.

3. **Benefits**

WCI benefits are legislated by the Texas Workers' Compensation Act. The TDI/DWC promulgates rules and regulations governing WCI, and the SORM adjudicates claims for benefits made by state employees, including employees of the Texas Tech University System, Texas Tech University, and Texas Tech University Health Sciences Center.

Specific information about WCI benefits and eligibility can be found on the TDI/DWC website: <http://www.tdi.state.tx.us/wc/indexwc.html>.

4. **Leave Without Pay**

Refer to TTU OP 70.01 for specific information concerning the proper reporting and administration of leave without pay.

5. Funding of WCI Costs

- (a) Fines of up to \$500 may be levied for the late reporting to the SORM. If a department fails to furnish documents to the TTUSORM within the time specified in 2(c)(3) above, any resulting fines will be charged back to the department.
- (b) Leaves without pay shall be reported on a *Personnel Action Form* through normal administrative channels. They shall be dated from the first workday through the last workday the employee is absent without pay and should indicate the number of work hours missed. It is important to report all leaves without pay, even on hourly employees. Failure to submit a *Personnel Action Form* in a timely manner may result in large additional Workers' Compensation claim expenses to the institution for terminated employees or employees on leave without pay.

6. Right to Change Policy

Texas Tech University System reserves the right to interpret, change, modify, amend, or rescind this policy, in whole or in part, at any time without the consent of employees.

Attachment A: First Report of Injury/Illness/Accident

Attachment B: Employee's Report of Injury

Attachment C: Authorization for Release of Information

Attachment D: Witness Statement

Attachment E: Employee's Election Regarding Utilization of Sick and Annual Leave

Attachment F: Supervisor's Investigation of Employee's Accident/Incident

Attachment G: Supplemental Report of Injury

Attachment H: Workers Compensation Network Acknowledgement form