

JAN 12 2012

UNIVERSITY of HOUSTON  
MANUAL OF ADMINISTRATIVE POLICIES AND PROCEDURES  
**UCC Certified**

SECTION: Safety and Risk Management  
AREA: Risk Management

Number: 06.05.01

**SUBJECT: Workers' Compensation**

I. PURPOSE AND SCOPE

This document ensures that employees of the University of Houston who suffer work-related ~~occupational~~ injuries and illnesses receive prompt, proper medical care and treatment, and compensation as allowed and provided by Chapter 51 of the Texas Administrative Code, the Texas Workers' Compensation Act, and other state and institutional guidelines covering Workers' Compensation. This document applies to all University of Houston employees paid ~~through by~~ the university payroll system.

II. POLICY STATEMENT

The University of Houston is committed to maintaining a safe working environment that is free of hazardous conditions for all faculty and staff members. However, when unavoidable incidents arise, it is critical that employees suffering from a work-related ~~occupational~~ injury or illness receive proper medical attention and that the proper documentation is ~~reviewed & and processed by Risk Management completed and forwarded and forwarded~~ to the ~~State Office of Risk Management (SORM) who administers the University's Workers' Compensation program.~~ ~~so that~~ ~~C~~ompensation may be paid should the employee be temporarily or permanently disabled. ~~Toward this end,~~ ~~T~~he administration shall develop and maintain policies and procedures for the timely and thorough documentation of all employee work-related ~~occupational~~ injuries and illnesses.

III. DEFINITIONS

- A. ~~Accident Forms packet:~~ ~~Forms are available online or by request from the Packet furnished by the Environmental Health Safety and~~ Risk Management Department. ~~(EHSRRMMD) containing the primary Workers' Compensation forms: the Employers' First Report of Injury, Employee's Report of Injury, Employee's Election Regarding Utilization of Sick Leave, Witness Statement, Authorization for Release of Information, Notification of Additional Information and routing instructions.~~
- B. ~~Authorization for Release of Information (SORM-16 [09/98]):~~ ~~Report Form~~ completed by the employee to authorize SORM to obtain relevant medical information from providers that will assist in the handling of the claim.
- C. ~~Disabling illness or injury:~~ An illness or injury that prevents the employee from returning to regular work or job assignment on the next scheduled workday following the date of the illness/injury.
- D. ~~EHRMSRMD: Environmental Health Safety and~~ ~~RM~~Risk: Risk Management Department.
- E. ~~Employee:~~ A full-time or part-time faculty or staff member ~~Any person~~ employed by and paid through the payroll system of the University of Houston. ~~The neither term "Employee" shall not include students of of the University UH nor contractors.~~

- EF. Employee's Election Regarding Utilization of Sick Leave (SORM-80) [9/1/03]12/00): Form that allows an injured employee the election of using all accrued sick leave and all annual leave, or ~~and~~ a portion of accrued annual leave, or no annual leave or no sick or annual leave before receiving weekly compensation benefits, ~~or using no sick or annual leave at all.~~
- FG. Employee's Claim for Compensation for a Work-Related Injury or Notice of Injury or Occupational Disease and Claim for Compensation (DTWCC-041): Report required of an employee or person acting on the employee's behalf in order to file a claim for Workers' Compensation benefits. This form will be sent directly to the injured employee by the Texas Department of Insurance – Division of Workers' Compensation, ~~Commission after receipt by the Commission of a DTWCC-1S indicating that lost time occurred.~~
- H. Employee's Report of Injury (SORM-29): The injured employee completes this form to provide SORM with information pertaining to the circumstances surrounding the injury and what has happened since the date of injury.
- GHI. Employer's Supervisor's First Report of Injury or Illness (DTWCC-1S [101/050]): ~~First report~~ The form Form that ~~should~~ must be completed by the injured employee's supervisor or a person designated by the supervisor when an occupational work-related illness or injury ~~is reported~~ occurs. This report must be completed and returned within 24 hours for EH-RMSRMD to meet mandatory state deadlines. ~~This form must be submitted by the Claim Coordinator to SORM for any injury/illness that necessitates the expenditure of monies for any medical treatment or service or if there is as much as one day's lost time from work.~~
- J. Employer's First Report of Injury or Illness (DWC-1S): ~~This form~~ Form that must be completed electronically by the Claims Coordinator to SORM for any injury/illness in which an employee incurs medical expenses or loses time from work due to a work-related incident or injury.
- HIK. Lost time: Any work time lost due to occupational work-related injury or illness after the original date of injury or first symptom of illness.
- IJL. Medical care/expenses: Health care reasonably required by the nature of a compensable injury or illness and intended to cure or relieve the effects naturally resulting from the compensable injury/illness, resulting in reasonable expenses for necessary treatment to cure and relieve the employee from the effects of occupational disease/illness/injury.
- KJM. Non-disabling illness/injury: An illness or injury that, although possibly requiring first aid and/or medical attention, does not prevent the employee from returning to full performance of his or her regularly assigned duties the next scheduled work day.
- KLN. Occupational accident: A sudden, unplanned, unintentional event or occurrence that interrupts the efficient completion of a work-work-related activity.
- LMO. Occupational exposure: An exposure to a condition or conditions that may result in the contraction of an occupational illness.
- MNP. Occupational illness: Any disease arising out of and in the course of employment with the University of Houston that causes damage or physical harm to the physical structure of the body and such other diseases or infections as naturally result.

- NOQ.** Occupational injury: Physical harm or damage occurring to an employee because of an accident or an event compensable under the Texas Workers' Compensation Act and arising out of, or in the course of, the employee's employment with the University of Houston.
- OPR.** Occupational illness/injury leave: Workdays missed by employee due to a disabling occupational illness or injury. It shall begin on the first regularly scheduled workday missed after the date of the illness or injury.
- PQS.** Texas Workers' Compensation Work Status Report/Physician's Release to Work (DWC-73): ~~Form completed by the employees treating Pphysician~~ The form that a doctor fills out explaining an injured employee's medical restrictions or ability to work. ~~Statement from employee's treating physician that states that the employee may return to work.~~ Form DWC-73
- QRT.** Report of Employee's Wage Information Statement (DTWCC-3 [Online Report 8/96]): Report obtained from Payroll used to determine the injured worker's weekly wage and submitted to SORM ~~completed~~ by the Claims Coordinator in EH-RM, SRMD, and the Payroll Department which is used to determine the injured worker's weekly wage and will be used to calculate his/her benefits.
- R.** ~~SRMD: Safety and Risk Management Department.~~
- SU.** Supervisor: Any employee or designated representative having supervisory responsibilities, either temporary or permanent. For the purposes of this document, in most cases the supervisor acts as the representative of the employer.
- TV.** Supplemental Report of Injury (DTWCC-6 [Online Report 07-93]): Report ~~completed~~ submitted electronically to SORM by the Claims Coordinator each time any of the following events occur: ~~immediately when the employee has:~~
1. The employee is unable to work due to the work-related injury; ~~Returned to work (to update or supply information missing in the First Report of Injury);~~
  2. The injured employee returns to work in any capacity; ~~Returned to work and then has additional days of disability;~~
  3. The employee earns less than the pre-injury wage because of the injury; or ~~A change in weekly earnings after the injury;~~
  4. The injured employee is terminated, resigns, or dies. ~~Been terminated, resigns, or retires; and/or~~
  5. ~~Been absent from work for more than 60 days.~~
- UW.** Travel Reimbursement (DWC-48C-81 [6/0612-93]): Form completed by the injured/ill employee for travel expense reimbursement when it becomes reasonably necessary for him or her to travel in order to obtain appropriate and necessary medical care for the compensable injury or illness.
- VX.** Witness Statement (SORM-74 [09/98]): Form to be completed by anyone who witnessed or has information to provide regarding the ~~a witness to an~~ accident, involving personal injury to an employee. The report should be completed as soon as possible to assure important facts are not forgotten by the witness.

Y. Notification of Additional Information (SORM-90): Report submitted electronically to SORM by the Claims Coordinator after any changes in Employee Information occurs.

#### IV. PROVISIONS

- A. When an employee is injured on the job, suffers an occupational disease, or dies as a result of an occupational disease or job-related injury, the employee (or person acting on the employee's behalf), the supervisor and ~~EH-RMSRMD~~ each ~~have~~ has responsibilities regarding reports and actions to be taken.
- B. To receive Workers' Compensation benefits in a timely manner, the reports and actions defined in this document must be initiated within in the time frame prescribed.
- C. No Workers' Compensation benefits can or will be paid until the Employer's First Report of Injury (~~DTWCC-1S~~) is received by SORM ~~in Austin~~.

#### V. PROCEDURES FOR REPORTING OCCUPATIONAL ILLNESSES OR INJURY

~~A. No benefits can or will be paid until the Employer's First Report of Injury (DTWCC-1S) is received by SORM.~~

##### BA. Employee responsibilities

1. ~~To expedite the claim process, employees should report any occupational All work-related injuries or illnesses or exposure should be reported to their immediate supervisor within 24 hours immediately, even if there is no medical treatment or lost time anticipated. The following forms should be completed within 48 hours. Notification should include the following information:~~

a. ~~Name, address and telephone number of the injured employee~~ Employee's Report of Injury;

b. ~~Date, time and place the injury or exposure occurred~~ Employee's election Regarding Utilization of Sick and Annual ; Leave;

c. ~~Description of the circumstances and the nature of the injury or exposure~~ Authorization for Release of Information.;

d. ~~Names of any witnesses; and~~

e. ~~Name and address of the health care provider who has treated the employee, if medical treatment was necessary.~~

~~2. Should an employee need to seek medical treatment or lose time as a result of a previously reported injury or occupational exposure, the employee, or a person acting on the employee's behalf if the employee is incapacitated, should immediately notify the employee's supervisor (or, if applicable, the supervisor on duty).~~

~~3.2~~ In order to receive compensation for an occupational injury or disease, a claim must be filed with the Texas Department of Insurance – Division of Workers' Compensation (TDI DWC) Commission no later than one year after the date of injury, or within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related if the injury is an occupational disease, no later than one year after the

~~employee knew or should have known that the disease was related to the employment ((Form D TWCC-41)). This form is sent to the employee directly from TDI-DWC.~~

43. For the purposes of qualifying for Workers' Compensation benefits, the law requires that an employee who claims a possible work-related exposure to HIV infection must provide a written statement of the date and circumstances of the exposure. **The law also requires the employee to document that within 10 days after the date of the exposure, the employee had a test result that indicated an absence of HIV infection – or the claim will be denied.**
54. If ~~immediate~~ medical treatment is required:
- a. ~~All employees requiring~~ If emergency medical treatment is required: The employee can seek treatment at any hospital emergency room. for a work-related occupational injury or illness are entitled to such treatment as authorized by the Texas Workers' Compensation Act. When necessary, emergency response (ambulance and hospital emergency room treatment) is paid by workers compensation.
  - b. ~~Except for~~ Non-emergency medical treatment: The employee can see any medical provider that accepts Workers' Compensation Insurance. ~~injured employees are required to use a physician who is enrolled as a Workers Compensation doctor. The employee may search for a workers compensation doctor or contact EHRM as they maintain. A list of some clinics is available on the RM web site: <http://www.uh.edu/af/riskmanagement/workerscomp.htm> names of workers compensation doctors near the University. The encouraged to use the University Student Health Center does not accept workers' compensation patients for initial care. However, they are permitted to select their own medical doctor(s) and hospital service(s) to render reasonable care for the injury or illness.~~
  - c. ~~Employees should notify their supervisor, if possible, prior to seeking initial non-emergency treatment for an injury or illness.~~
  - d. ~~Employees should, after receiving treatment, notify their supervisor of the name and address of the health care provider who has treated them.~~
65. If lost time is anticipated:
- a. The Employee's Election Regarding Utilization of Sick Leave form (SORM-80 ~~[912/1/0300]~~) must be completed. ~~Completion of this form, which is contained in the accident packet, allows the employee the election of using all accrued sick and/or annual leave before receiving weekly compensation benefits or using no sick or annual leave at all.~~
  - b. If an employee ~~remains at work after an injury/illness but~~ is absent ~~at a later date because of~~ due to a work-related injury/illness, he or she shall notify their immediate supervisor and the Claims Coordinator at the beginning of the first day's absence.
  - c. b Upon returning to work, an employee shall provide his/her supervisor and the Claims Coordinator with a copy of the Physician's Release to Work prior to resumption of normal duties.

76.

a. Employees may apply for FMLA if the employee is taken off of work due to ~~an on~~ the a work-related job injury for more than 3 business or normally scheduled work days. ~~are automatically enrolled in the Family and Medical Leave if they qualify, by the desiring to use FMLA must first use all paid leave available which includes sick leave, vacation and compensatory time before being eligible for FMLA.~~ Employees should contact the Benefits Office ~~of in~~ in the Human Resources Department. ~~To~~ to determine eligibility and obtain more details on this leave. ~~The employees should also advise their supervisor of their intent to use FMLA.~~ contact the to obtain more details regarding FMLA.

b. ~~The Claim Coordinator must notify SORM must be notified immediately when the employee has been granted FMLA of the employee's enrollment in election of FMLA for computation of benefits payment amounts.~~

(

1) ~~Employees on FMLA will not have premium sharing included in their benefit payment for the period that their leave without pay is FMLA, since the university will continue to provide premium sharing directly with the Employees Retirement System of Texas.~~

(2) ~~If the leave without pay is not covered by FMLA, the amount of benefit payments includes premium sharing compensation.~~

(3) ~~Failure to report this election will result in a loss of premium sharing compensation amounts to the employee for any period prior to the date SORM is notified of this election.~~

GB. Supervisor's responsibilities: ~~The supervisor has the responsibility of acting as an agent of the University of Houston for the Workers' Compensation system. This responsibility includes:~~

1. Aiding the Injured Party - if the injury is serious/life threatening, assist the employee in getting medical help as quickly as possible. If the injury is not serious/life threatening, the injured employee should comply with 4b of this section. All blood and airborne pathogen precautions should be taken when aiding an individual secreting blood or other body fluids. ~~Becoming familiar with university policies and procedures related to Workers' Compensation, including those forms for which the supervisor has responsibility in the case of a Workers' Compensation claim.~~
2. ~~Assuring that prompt, proper medical attention is provided for the employee if it is required.~~
32. Reporting of Injury - Immediately reporting to EHRMSRMD by phone at extension 713-743-585865, (followed by confirmation in writing) Any All serious/life threatening injuries to an employees, incidents involving more than three employees, or work-related illness or injury resulting in the death of an employee must be reported to Risk Management immediately. For non-serious/life threatening injuries, the Supervisor's First Report of Injury must be submitted to RM within 24 hours.
43. Accident Prevention-Supervisor/Manager shall evaluate the incident and take the appropriate actions(s) to reduce or prevent recurrence. Upon notification of injury

- or occupational exposure by the employee or representative, notifying EHRMSRMD, and requesting an accident packet.
54. Completing Forms – Supervisors should ensure that all appropriate forms are completed ~~ing the accident packet~~ and returning it ~~returned to EHRMSRMD~~ within 24 hours in person or by e-mail, facsimile (713-743-8035), with original or via university interoffice mail (Mail code 1005) ~~or fax at 713-743-8035~~. All forms & instruction sheets ~~can be found at~~ <http://www.uh.edu/af/riskmanagement/workerscomp.htm> ~~. If the supervisor is uncertain whether the employee will miss the next working day, the packet may be held until the start of the next workday before forwarding it to EHRMSRMD. If any other delay of any form is anticipated, EHRMSRMD must be notified.~~
- 6.5 Reporting of Absences – If an employee loses time from work due to a work-related injury ~~related injury~~, notify RM:
- a. The day the injured employee loses time;
  - b. Within 24 hours when the employee, after returning to work, has an additional day or days of temporary disability because of the injury;
  - c. Within one (1) day after the employee resigns or is terminated; ~~Upon notification that the employee is seeking medical attention and/or losing time for a previously reported injury or occupational exposure, immediately notifying EHRMSRMD so that the packet can be retrieved from the holding file and forwarded to SORM.~~
  - d. Accident-related lost time should be documented on a leave request, with copies sent to RM.
7. ~~If the employee loses time other than what is shown on the original Employer's First Report of Injury, immediately notifying EHRMSRMD in order that a Supplemental Report of Injury may be completed and filed with SORM.~~
8. ~~Verbally notifying EHRMSRMD when an employee returns to work, sending EHRMSRMD a copy of the Physician's Release, and providing information for the completion of an Employer's Supplemental Report of Injury showing the employee's return to work.~~
9. ~~Immediately notifying EHRMSRMD if an employee resigns, retires, or is terminated while on Workers' Compensation Leave.~~
106. FMLA Notifying: Notifying the employee of their/his rights under the Family and Medical Leave Act and providing information on the university's policy related to FMLA and notifying RM if the employee is granted FMLA.
117. ~~Notifying RM of any changes to the employee's information such as name, phone number, address, has child support deductions, granted additional sick leave and FMLA. Providing notice of granting of FMLA to EHRMSRMD for reporting to SORM. The supervisor must also obtain the written application for FMLA from the employee and submit it to Human Resources.~~
- DC. EHRMSRMD responsibilities: EHRMSRMD is responsible for the following services regarding Workers' Compensation regulations and procedures:

1. Providing information and training ~~classes to~~for the university community concerning the filing of Workers' Compensation claims.
2. Furnishing copies of accident ~~packets forms~~ to supervisors upon notification of an employee's work-related injury, illness or occupational exposure, and to other members of the university community who may require it and do not have access to the materials through the web site.
- ~~3. Providing a Workers' Compensation Manual to all departmental business offices complete with detailed instructions for all forms.~~
- ~~34. Upon receipt of the accident packet forms, checking for completeness, entering electronically filing the Employer's First Report of Injury or the claim incident into the illness form -SORM with SORM, database if or applicable, or and (depending upon the appropriate action) placing the packet forms in a RM holding file if no treatment or lost time has occurred, or forwarding it to SORM.~~
- ~~45. Maintaining computer and/or hard copy files of all Workers' Compensation claims filed by University of Houston employees for at least two five years after the claim was reported to SORM becomes inactive.~~
- ~~56. Completing all Supplemental Reports of Injury based on information provided by the supervisor or departmental representative.~~
- ~~67. Conducting follow-up investigations as necessary to ensure safe work practices and safe working conditions.~~
- ~~78. Serving as the liaison between the University of Houston, the employee, the supervisor and SORM.~~
- ~~8. Notifying Human Resources when claimants employees are off work for more than 3 days due to a work-ers' compensation related injury incident to assist with the coordination of -so that they can coordinate other benefits as may be appropriate.~~

## VI. REVIEW AND RESPONSIBILITY

Responsible Party: ~~Associate Vice President for~~ Associate Vice President for Finance Plant Operations Administration

Review: \_\_\_\_\_ Every two years, on or before June 1

## VII. APPROVAL

\_\_\_\_\_  
Executive Vice Chancellor/Vice President for Administration and Finance

\_\_\_\_\_  
President

Date of President's Approval: \_\_\_\_\_



## VII. REFERENCES

UH System Administrative Memorandum 01.C.03  
 State of Texas Risk Management for State Agencies, Volume III - Workers'  
 Compensation Exposures, Section Three, Workers' Compensation Loss Reporting  
 Texas Administrative Code, Title 28, Part 4 - State Employees - Workers' Compensation

~~Index Terms: Reporting work-related illness or injury~~  
~~Workers' compensation~~  
~~Work-related illness~~  
~~Work-related injury~~

**REVISION LOG**

<u>Revision Number</u>	<u>Approved Date</u>	<u>Description of Changes</u>
<u>1</u>	<u>05/01/1995</u>	<u>Initial version (Original Document Number was MAPP 06.01.03; Documentation was split into a Policy and a Procedure)</u>
<u>2</u>	<u>12/07/2001</u>	<u>Changed document number to MAPP 06.05.01; combined Policy and Procedure into one document. Applied revised MAPP template to meet current documentation standards. This MAPP was revised to correspond with current university policies and procedures regarding workers' compensation. This document was also modified to reflect name changes in the department managing workers' compensation. Where necessary, information from the SAM has been removed from this document. Removed Addendums B through D. Changed responsible party. Removed three references from Section VII</u>
<u>3</u>	<u>TBD</u>	<u>Applied revised MAPP template and added new revision log. Revised procedure to reflect current operating practices. Removed Addendum A and Index terms. Changed responsible party</u>

**Addendum A****Accident Packet****Employee Accident Report Forms  
Instructions**ALL FORMS MUST BE TYPED LEGIBLE

~~This report packet supplies forms for the mandatory documenting of an injury or illness potentially subject to a coverage claim through Workers' Compensation. Mandatory forms from this packet should be completed and returned by the supervisor according to the instructions below. The typed forms should be returned within 24 hours in order to meet state stipulated deadlines. Failure to properly complete and submit necessary forms on a timely basis may delay medical and salary benefits to the injured employee.~~

There are five forms included in this packet. The first form described is mandatory. Depending on the specific circumstances of the accident being reported, three other forms may also be required. The forms included with this packet are:

1. The "Employer's First Report of Injury or Illness," (DTWC-1S). This mandatory form must have lines 1-40 and line 52 completed. The information requested on lines 13 and 14 should be provided only if a physician was seen as a result of the accident; if no physician was seen type "NONE" on line 13 and leave line 14 blank. If the supervisor suspects that the employee will not return to work on the next working day (line 26), he/she may hold the forms one additional day to confirm the employee's absence. Do not mail this form to the address printed at its top; it should be sent to Safety Environmental Health and Risk Management at the mail code shown below.
2. If lost time is anticipated as a result of the incident, then the "Employee Election Form," (SORM-80), must be completed by the employee.
3. If there were witnesses to the accident, a "Witness Report" SORM-74, should be completed by each witness.
4. The "Authorization for Release of Information" (SORMWCD-16) must be completed by the employee if medical treatment has or most likely will be rendered. This form allows the Workers' Compensation Division of the State Office of Risk Management to request and receive medical information concerning the injured employee.
5. The "Notification of Additional Information" (SORM-90) ONLINE should be completed by the supervisor/Claim coordinator. This form is required on all **Lost Time Accidents**.

If you have any questions or would like a complete copy of this packet, contact Safety Environmental Health and Risk Management at (713) 743-585865.

QUESTIONS? CALL 713-743-585865  
RETURN ALL FORMS TO UH MAILCODE 1005

The complete Accident Packet is available for viewing or downloading at the following websites:  
<http://www.sorm.state.tx.us/Training/Handbook1200/Forms.htm>  
<http://www.uh.edu/admin/srmd/rmwe/wc.html>