1.00 GENERAL

When employees are injured on the job, it is imperative that proper treatment be obtained for the injured person. It is also important that the employee’s supervisor, section head, and Laboratory Safety Officer are notified.

Additionally, it is important to complete the applicable forms described herein to ensure documentation is available to provide medical benefits for the injured employee and to comply with applicable reporting requirements of the state, The Texas A&M University System, Texas AgriLife, and TVMDL.

This procedure will be used in conjunction with the applicable System regulations including their additional requirements, and the System Office of Risk Management and Safety Workers’ Compensation Administrative Procedure and Management Standard Guide (http://www.tamus.edu/assets/files/safety/pdf/New-WCI-Guide-2006.pdf) which provides information concerning workers’ compensation which is not duplicated in this procedure.

2.00 PROCEDURES

2.01 Employee Responsibilities:

2.01.01 Notify your supervisor or a TVMDL administrator and the Laboratory Safety Officer as soon as possible following an injury sustained on the job. Injuries not reported in a timely manner may be contested or rejected as it may become impossible to ascertain if the injury was sustained on the job.

2.01.02 Keep your supervisor informed of any changes in status following an injury which may affect your ability to fully perform the job.

2.01.03 If the injury will result in a loss of time from work of more than one day and if you are eligible for leave benefits and want to use paid leave for the work time that you will lose, then notify your supervisor and submit a leave request via Leave Traq. If you are not eligible for paid leave, or if you choose not to use paid leave, you will be placed in a leave without pay status.

2.02 Section Responsibilities:

2.02.01 Ensure that appropriate care is given or medical treatment is obtained for the injured employee.
2.02.02 Complete a Texas Department of Insurance, Division of Workers’ Compensation (DWC) DWC-1, First Report of Injury or Illness form, immediately following the report of an employee’s on-the-job injury or allegation of injury/occupational disease. This form may be completed on screen and printed or printed and completed by hand. (Note: The DWC-1 form must be completed by the injured employee’s supervisor or designee. The injured employee may not complete or sign the DWC-1.).

2.02.03 The Witness Statement form (DWC-565) should be completed by a willing witness who personally witnessed a work-related injury. It may be submitted with the First Report of Injury, if possible, or in a timely manner after the First Report has been submitted.

2.02.04 Completed forms shall be forwarded to the Laboratory Safety Officer within 24 hours of the injury.

2.03 TVMDL Laboratory Safety Officer Responsibilities

2.03.01 All forms shall be sent to TVMDL’s HR WCI monitor. The TVMDL HR WCI Monitor can assist in the completion of forms.

2.03.02 Every accident shall be investigated to determine cause and to implement necessary procedures for the prevention of future accidents as outlined in the most current version of the TVMDL Safety Manual.

2.03.03 Maintain a record of all injuries, accidents, and reported near-misses.

2.04 TVMDL HR WCI Monitor’s Responsibilities

2.04.01 For injuries where there is no lost time or no medical attention is required from a provider, place the document image into Laserfiche in the Work-in-Progress - WCI folder within 48 hours of the injury.

2.04.02 For injuries which result in lost time (an employee misses more than one day of work) or for which medical assistance is required, place the document image into Laserfiche in the Work-in-Progress Unit folder, then email a copy as a PDF to the Office of Risk Management and Safety at wci@tamu.edu within 48 hours of the injury. This procedure will allow the form to be sent to the State of Texas Workers’ Compensation Commission by the eighth (8th) calendar day in accordance with the state law. Failure to send the DWC-1 promptly could result in the State DWC levying fines on TVMDL.

2.04.03 To fully comply with the requirements for recording work-related injuries, the DWC-1 and all related documents will be maintained in Laserfiche by TVMDL HR in individual unit folders accessible by HR and the TVMDL Laboratory Safety Officer. Copies of the DWC-1s (and all associated
information) must be kept for a period of five years from the last day of the year in which the injury occurred.

2.04.04 Complete a DWC-3, Employers Wage Statement whenever an employee is disabled or if it appears that person will be disabled for more than eight days cumulatively due to a work-related injury. Scan the form into Laserfiche and e-mail a copy to Risk Management and Safety at wci@tamu.edu.

2.04.05 Complete a DWC-6, Employer’s Supplemental Report of Injury when an employee begins to miss time that was not reported on the DWC-1; when the employee has a change in earnings as a result of the injury; when the employee returns to work after having lost time; when, after returning to work, experiences additional day or days of lost time; when the employee resigns or is terminated; or when the employee returns to work in a different department.

Scan the form into Laserfiche and e-mail a copy to Risk Management and Safety at wci@tamu.edu within three working days, or, if the employee begins losing time that was not reported on the DWC-1, complete the form and e-mail to Risk Management and Safety immediately.

2.04.06 Whenever the DWC-1, DWC-3, or DWC-6 forms are completed, provide a copy to the injured employee.

2.04.07 If the employee will lose more than one day of work, notify the employee of his/her right to use paid leave (leave benefit eligible employees) for the time lost from work. If the employee chooses to use his/her accumulated leave, have the employee complete a Request for Paid Leave form and forward it to the Office of Risk Management and Safety as soon as the employee begins to lose time from the injury. If the employee is not eligible for paid leave or chooses not to use paid leave for lost time (more than one day), then place the employee in a leave without pay status. Scan the form into LaserFiche.

Notify the employee of his/her rights under the Family and Medical Leave Act (FMLA) if eligible for FMLA and if the employee could lose more than two days of work. FMLA and the use of leave, paid or unpaid, will run concurrently. Provide the employee with a FMLA memo containing WCI information indicating the start of the FMLA in accordance with System Regulation 31.03.05, Family and Medical Leave, and TVMDL Procedure 31.03.05.V1.01, Family and Medical Leave.

2.04.08 When an employee is off work due to an injury, notify Texas A&M AgriLife HR in writing or by email periodically (at least monthly) of the current status. When the employee returns to work, notify AgriLife HR of the total amount of time lost. This will facilitate coordination with the System Office of Risk Management and Safety and AgriLife HR’s efforts to provide assistance to the section head and the employee when needed.
2.05 AgriLife HR Office Responsibilities:

2.05.01 Coordinate with the System Office of Risk Management and Safety to obtain any required forms which have not been received from the TVMDL Laboratory Safety Officer.

2.05.02 Ensure proper notifications in the event of a death or serious injury if Texas A&M AgriLife HR is the first to be notified. If not the first to be notified, ensure that the notifications have been made in accordance with applicable laws and regulations.

2.05.03 Maintain copies of all First Report of Injury forms by fiscal year for all laboratory sections in accordance with the Records Retention Schedule.

2.05.04 Assist in the efforts to identify injury patterns, possible fraudulent activities, and training possibilities which may reduce the severity or number of injuries.

2.06 Early Return to Work

2.06.01 If the injured employee’s medical practitioner, in writing, releases the employee to limited or “light” duty, it is advantageous to TVMDL and to the employee for TVMDL to temporarily return the employee to work and assign duties which will meet restrictions identified by the medical practitioner. If no productive duties are available, the employee will remain in their leave without pay or paid leave status.

2.06.02 If it appears that the employee will be off work for an extended period of time due to a work related injury, send a copy of the injured employee’s job description and a request to notify you of any of those duties the employee can perform to the injured employee’s medical practitioner. Also, request a listing if any other types of duties that the employee can perform.

2.06.03 Accommodations for work related injuries for an individual released to limited duties may include modifications to the individual’s normal duties, altering schedules, assigning new duties for which the individual is qualified, or combinations thereof.

2.06.04 If TVMDL can accommodate an injured employee’s release to limited duties, coordinate these duties and the intended duration of these modifications with the Director’s Office.
Questions concerning this procedure should be referred to AgriLife Human Resources at 979-845-2423.

Approved 10/28/2011
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