PROCEDURE STATEMENT

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 and unit head 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, and Texas AgriLife Extension Service (Extension).

This procedure will be used in conjunction with the applicable System regulations including their additional standards, and the System Office of Risk Management and Safety Workers’ Compensation Administrative Procedure and Management Standard Guide (located on the Internet at: 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.

REASON FOR PROCEDURE

This procedure establishes the responsibilities for employees, units and AgriLife Human Resources (AgriLife HR) to ensure work-related injuries receive proper treatment and that Extension complies with applicable System regulations, guidelines, and state statutes.

PROCEDURES

1.0 EMPLOYEE RESPONSIBILITIES:

A. Notify your supervisor or an Extension administrator 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.
B. Keep your supervisor informed of any changes in status following an injury which may affect your ability to fully perform the job.

C. 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 which you will lose, then notify your supervisor and sign a Request for Paid Leave form. 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.

2.0 UNIT RESPONSIBILITIES:

A. Ensure that appropriate care is given or medical treatment is obtained for the injured employee.

B. Complete a Texas Department of Insurance, Division of Workers’ Compensation Commission (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 is available on the Internet at http://agservices.tamu.edu/forms/DWC1.pdf. This is a PDF form which may be completed on screen and then printed then scanned into the Laserfiche Document Management System (Laserfiche), printed into the Laserfiche via Snapshot, or printed and completed by hand, then scanned into Laserfiche. (Note: The injured individual may not complete nor sign the DWC-1. This is to be done by the administrative support person or the supervisor.)

C. Forward the DWC-1 as follows:

1. For injuries where there is no lost time or no medical attention is required from a provider, place the document image (created in B above) into Laserfiche in the Work-in-Progress - WCI folder within 48 hours of the injury. Send an e-mail to the AgriLife Research/Extension Safety coordinator and to the appropriate AgriLife HR WCI monitor notifying them that a DWC-1 has been placed into Laserfiche.

2. 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 (created in B above) into Laserfiche in the Work-in-Progress Unit folder, then e-mail a copy as a PDF to the Office of Risk Management and Safety at wci@tamu.edu within 48 hours of the injury. Subsequently, move the document into the Work-in-Progress - WCI folder in Laserfiche and send an e-mail to the AgriLife Research/Extension Safety Coordinator and to the appropriate AgriLife Human Resources WCI monitor notifying them that a DWC-1 has been placed into Laserfiche. This procedure will allow for 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 the unit.

D. Maintain a record of all workers’ compensation injuries. To fully comply with the requirements for recording work-related injuries, the DWC-1 and all related documents will be maintained in Laserfiche by AgriLife HR in individual unit folders accessible by the unit, AgriLife HR and the Safety coordinator. In addition, each unit will maintain a master log which records all injuries. AgriLife Form AG-413, Workers’ Compensation Injury Report Log, or a comparable computerized log system will be used. This log will be maintained on a fiscal year basis. At the beginning of the fiscal
year, the previous year's log will be sent to AgriLife HR via Laserfiche by placing it in the Work-in-progress WCI folder. These will then be placed in the unit folders by the AgriLife HR WCI Monitor. The logs and 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.

E. Complete a DWC-3, *Employers Wage Statement* ([http://agservices.tamu.edu/forms/DWC3.pdf](http://agservices.tamu.edu/forms/DWC3.pdf)), 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. The AgriLife Payroll Office at 979-845-4758 can assist in the completion of the form. Scan the form into Laserfiche and e-mail a copy to Risk Management at wci@tamu.edu. Subsequently, place the form into the Work-in-Progress WCI and e-mail a notification to the AgriLife Research/Extension Safety Coordinator and the AgriLife HR WCI Monitor.

F. Complete a DWC-6, *Employer's Supplemental Report of Injury* ([http://agservices.tamu.edu/forms/DWC6.pdf](http://agservices.tamu.edu/forms/DWC6.pdf)), 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 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 immediately. Subsequently, place the form in the Work-in-Progress WCI folder and e-mail a notification to the AgriLife Research/Extension Safety Coordinator and the AgriLife HR WCI Monitor.

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

H. 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. In addition, forward a copy to the individual who is responsible for maintaining the unit's leave records. 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.

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 letter indicating the start of the FMLA in accordance with System Regulation 31.03.05, *Family and Medical Leave*, and Extension Procedure 31.03.05.X1.01, *Family and Medical Leave*.

I. When an employee is off work due to an injury, notify AgriLife HR in writing or by e-mail 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 unit and the employee when needed.

3.0 AGRILIFE HR’S RESPONSIBILITIES:

A. Coordinate with the System Office of Risk Management and Safety to obtain any required forms which have not been received from a unit.

B. Ensure proper notifications in the event of a death or serious injury if 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.

C. Maintain copies of all First Report of Injury forms by fiscal year for all units according to the Records Retention Schedule.

D. Coordinate with the AgriLife Research/Extension Safety Coordinator to ensure that he/she has received and reviewed copies of all the First Reports of Injury. In addition, assist in the efforts to identify injury patterns, possible fraudulent activities, and training possibilities which may reduce the severity or number of injuries.

4.0 EARLY RETURN TO WORK

A. If the injured employee’s medical practitioner, in writing, releases the employee to limited or "light" duty, it is advantageous to Extension and to the employee for the unit 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.

B. 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. Also, request a listing if any other types of duties that the employee can perform.

C. 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.

D. If a unit can accommodate an injured employee’s release to limited duties, coordinate these duties and the intended duration of these modifications with the Human Resources Office.

RELATED STATUTES, POLICIES, OR REQUIREMENTS

System Policy 24.01, Risk Management

System Regulation 24.01.01, Supplemental Risk Management Standards and its associated standards.

Workers’ Compensation Administrative Procedure and Management Standard Guide

System Early Return to Work Program
CONTACT OFFICE

For questions, contact AgriLife HR at 979-845-2423 or the Office of Risk Management and Safety at 979-458-6330.