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## PROCEDURE STATEMENT

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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 section 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 (A&M System), Texas A&M AgriLife, and Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL).

This procedure will be used in conjunction with the applicable A&M System regulations including their additional requirements, and the A&M System Office of Risk Management [Workers' Compensation Administration Procedure and Management Standard Guide](#) which provides information concerning workers' compensation which is not duplicated in this procedure.

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## REASON FOR PROCEDURE

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This procedure establishes the responsibilities for injured employees, TVMDL, and the TVMDL Worker's Compensation Insurance (WCI) liaison to ensure work-related injuries receive proper treatment and that TVMDL complies with applicable state statutes, A&M System regulations and guidelines.

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## PROCEDURES AND RESPONSIBILITIES

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### 1.0 INJURED EMPLOYEE RESPONSIBILITIES

- 1.1 Notify your supervisor or a TVMDL 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. Failure to report the injury within 30 days may result in the denial of the claim.
- 1.2 When seeking medical attention, tell your treating doctor how you were injured and if you believe the injury was work-related.
- 1.3 Keep your supervisor informed of any changes in status following an injury which may affect your ability to fully perform the job.
- 1.4 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, 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 SECTION RESPONSIBILITIES

- 2.1 Ensure that appropriate care is given or medical treatment is obtained for the injured employee.
- 2.2 Complete a Texas Department of Insurance, Division of Workers' Compensation (DWC) [DWC-1 Form, First Report of Injury or Illness](#), immediately following the report of an employee's on-the-job injury or

allegation of injury/occupational disease. This is a PDF form which may be completed on screen and then printed via Snapshot or scanned into the Laserfiche Document Management System (Laserfiche) Work in Progress - WCI folder. (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.)

2.3 Forward the DWC-1 as follows:

- A. For injuries where there is no lost time or no medical attention is required from a provider, place the document image (created in 2.2 above) into Laserfiche in the Work-in-Progress - WCI folder **within 48 hours of the injury**. Send an email to the TVMDL laboratory safety officer and to the appropriate TVMDL WCI liaison notifying them that a DWC-1 has been placed into Laserfiche.
- B. For injuries which result in lost time (an employee misses **more than** one day of work) or for which medical assistance is required or obtained, place the document image (created in 2.2 above) into Laserfiche in the Work-in-Progress - WCI folder, then fax a copy to the A&M System Office of Risk Management (979-458-6247) **within 48 hours of the injury**. Send an email to the TVMDL laboratory safety officer and to the TVMDL WCI liaison 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 TVMDL.

2.4 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 the TVMDL WCI liaison in individual section folders accessible by the section, AgriLife Human Resources, and the TVMDL laboratory safety officer. In addition, TVMDL will maintain a master log which records all injuries that have occurred during the fiscal year. AgriLife Form [AG-413](#), *Workers' Compensation Injury Report Log*, or a comparable computerized log system, will be used and will be maintained on a fiscal year basis. At the beginning of the fiscal year, the previous year's log will be sent to the TVMDL WCI liaison via Laserfiche by placing it in the Work-in-Progress - WCI folder. These will then be placed in the section folders by the TVMDL WCI liaison. Records will be managed internally by the TVMDL WCI liaison since all workers' compensation documentation must be retained until the death of the claimant.

2.5 Complete a [DWC-3](#), *Employer's 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. AgriLife Payroll (979-845-3636) can assist in the completion of the form, if needed. Scan the form into Laserfiche Work-in-Progress - WCI and email ([wci@tamus.edu](mailto:wci@tamus.edu)) or fax (979-458-6247) a copy to the A&M System Office of Risk Management.

2.6 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 Work-in-Progress – WCI and email ([wci@tamus.edu](mailto:wci@tamus.edu)) or fax (979-458-6247) a copy to the A&M System Office of Risk Management within three working days after the employee returns to work or if the employee, after returning to work, experiences an additional day or days of lost time as a result of the injury.

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

2.8 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 email or fax it to the A&M System Office of Risk Management as soon as the employee begins to lose time from the injury. In addition, scan a copy into Laserfiche Work-in-Progress - WCI. 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 A&M System Regulation [31.03.05](#), *Family and Medical Leave*, and TVMDL Procedure [31.03.05.V1.01](#), *Family and Medical Leave*.

- 2.9 When an employee is off work due to an injury, periodically notify the TVMDL WCI liaison of the employee's status. When the employee returns to work, notify the A&M System Office of Risk Management and the TVMDL WCI liaison of the total amount of time lost.

### 3.0 TVMDL WCI LIASON RESPONSIBILITIES

- 3.1 Coordinate with the A&M System Office of Risk Management to obtain any required forms which have not been received from a section.
- 3.2 Ensure proper notifications in the event of a death or serious injury if the TVMDL WCI liaison 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.
- 3.3 Maintain copies of all *First Report of Injury* forms by fiscal year for all sections in Laserfiche in accordance with the A&M System Records Retention Schedule.
- 3.4 Coordinate with the TVMDL laboratory safety officer to ensure that he/she has received and reviewed copies of all the *First Report of Injury* forms. 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

- 4.1. 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.
- 4.2 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.
- 4.3 If TVMDL can accommodate an injured employee's release to limited duties, coordinate these duties and the intended duration of these modifications with AgriLife Human Resources.

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### **RELATED STATUTES, POLICIES, OR REQUIREMENTS**

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[A&M System Policy 24.01, Risk Management](#)

[A&M System Regulation 24.01.01, Supplemental Risk Management Standards](#) and its associated standards

[Workers' Compensation Administration Procedure and Management Standard Guide](#)

[A&M System Early Return to Work Program](#)

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### **CONTACT OFFICE**

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For questions, contact AgriLife Risk and Compliance at 979-862-6307 or the A&M System Office of Risk Management at 979-458-6330.

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**REVISION HISTORY**

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