PROCEDURE SUMMARY

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 is 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 (System), and Texas A&M AgriLife Extension Service (AgriLife Extension).

This procedure will be used in conjunction with the applicable System regulations including their additional requirements, and the System Office of Risk Management.

This procedure establishes the responsibilities for injured employees, units, and the AgriLife Extension Workers’ Compensation Insurance (WCI) Liaison, in the AgriLife Human Resources Office, to ensure work-related injuries receive proper treatment and that AgriLife Extension complies with applicable state statutes, System regulations and guidelines.

PROCEDURES AND RESPONSIBILITIES

1.0 INJURED EMPLOYEE RESPONSIBILITIES

1.1 Notify your supervisor or an AgriLife 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. 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, provide the Workers Compensation Healthcare Notification that you received via email from incidententry@origamirisk.com.

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 (with or without FMLA): (1) if it is anticipated that you will be out for more than 30 day you will be placed on an unpaid Leave of Absence or (2) if you will be out for less than 30 days, Unpaid Time Off will need to be submitted in Workday.

2.0 UNIT RESPONSIBILITIES

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

2.2 Complete the DWC-1, Employer’s First Report of Injury or Illness form online through the Origami Portal, within 24 hours of any report to an employing department or unit for an injury or illness sustained by an employee in conjunction with the employee's work assignment. The DWC-1 Employer's First Report of Injury or Illness form is required by AgriLife Extension in all cases when employees who are on the payroll suffer an injury or acquire a work-related illness in the course and scope of their employment.
Notice to the employee’s supervisor is automatically made through Origami. If an incident is serious, the Unit Contact should ensure that notification is made to the supervisor’s leadership team.

2.3 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, the employee experiences additional day(s) 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 or email the form to the WCI Liaison within three working days after the employee returns to work or if the employee, after returning to work, experiences an additional day(s) of lost time as a result of the injury.

2.4 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 their accumulated leave, have the employee complete a Request for Paid Leave form and scan the form into Laserfiche Work-in-Progress - WCI or email the form to the WCI Liaison 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 submit Unpaid Time Off for the employee in Workday. If the employee is in a LWOP status and expected to miss more than 30 days, place the employee on a Leave of Absence in Workday.

Notify the employee of his/her rights and eligibility status under the Family and Medical Leave Act (FMLA) if the employee could lose more than one day of work. FMLA and the use of leave, paid or unpaid, will run concurrently. Provide the employee with a letter (AG-523) indicating the employee’s FMLA eligibility status in accordance with System Regulation 31.03.05, Family and Medical Leave, and AgriLife Extension Procedure 31.03.05.X1.01, Family and Medical Leave. The Work Status Report (DWC-73) will serve as documentation to support the leave and FMLA coverage.

2.5 Complete a DWC-3, Employer’s Wage Statement, whenever an employee is disabled or if it appears that person will be disabled/incapacitated 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 the form to the WCI Liaison.

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

2.7 When an employee is off work due to an injury, periodically notify the AgriLife Extension WCI Liaison of the employee’s status. When the employee returns to work, notify the System Office of Risk Management (wci@tamus.edu) and the AgriLife Extension WCI Liaison of the total amount of time lost.

2.8 All First Reports of Injury and related incident documentation will be maintained in Origami.

3.0 AGRILIFE EXTENSION WCI LIAISON RESPONSIBILITIES

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

3.2 Ensure proper notifications in the event of a death or serious injury if the AgriLife Extension 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 Assist in the efforts to identify injury patterns, possible fraudulent activities, and training possibilities which may reduce the severity or number of injuries.

3.4 In accordance with the requirements for recording work-related injuries, all related documents will be maintained in Laserfiche by the AgriLife WCI Liaison in individual unit folders, organized by fiscal year, accessible by the unit. Records will be managed internally by the AgriLife WCI Liaison.
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 AgriLife 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.

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 a unit can accommodate an injured employee’s release to limited duties, these duties and the intended duration of these modifications will be coordinated by the AgriLife WCI Liaison, Unit HR Contact, and the supervisor.

RELATED STATUTES, POLICIES, OR REQUIREMENTS

System Policy 24.01, Risk Management

System Regulation 24.01.01, Health and Safety and its associated standards

System Regulation 34.01 Environment, Safety and Security and its associated standards

System Early Return to Work Program

CONTACT OFFICE

Questions regarding this procedure should be referred to AgriLife Human Resources at 979-845-2423 or the System Office of Risk Management at 979-458-6330.

REVISION HISTORY

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