Managing Workers' Compensation

Preventing and Responding to Workplace Injuries

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INTRODUCTION

It is every employee's responsibility to work safely.

Unfortunately, situations do arise where employees are injured while in the performance of their duties.

As a manager or supervisor, you play an important role in both preventing injuries and dealing with accidents and injuries when they occur.

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LEARNING OBJECTIVES

1. Understand workers' compensation law
2. Promote a safe workplace
3. Take action when an injury occurs
4. Conduct an accident investigation
5. Maintain contact with the injured employee
6. Facilitate the return to work process

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Understanding Workers’ Compensation

WHAT IS WORKERS' COMPENSATION?

The State of Connecticut Workers' Compensation Act provides for compensation and medical care if an employee is injured or becomes ill due to a work related circumstance.

- The program is centrally administered by the CT Department of Administrative Services (DAS).
- DAS contracts with Gallagher Bassett Services, a Third Party Administrator (TPA).
- The role of the TPA is to process claims, manage treatment and assist in the return-to-work process.

Workers' Compensation is a "no fault system".

Employees may be eligible for benefits, regardless of who is at fault.

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Promote a Safe Workplace

SAFE WORKPLACE

Your responsibilities in promoting a safe workplace include:

- Know and understand the safety rules
- Encourage and enforce safe work habits, safe working conditions, and safety regulations.
- Conduct periodic workplace inspections and use findings to guide improvements.
- Provide multiple opportunities for employees to report unsafe conditions.
- Advise employees to immediately notify you of any work related injury.

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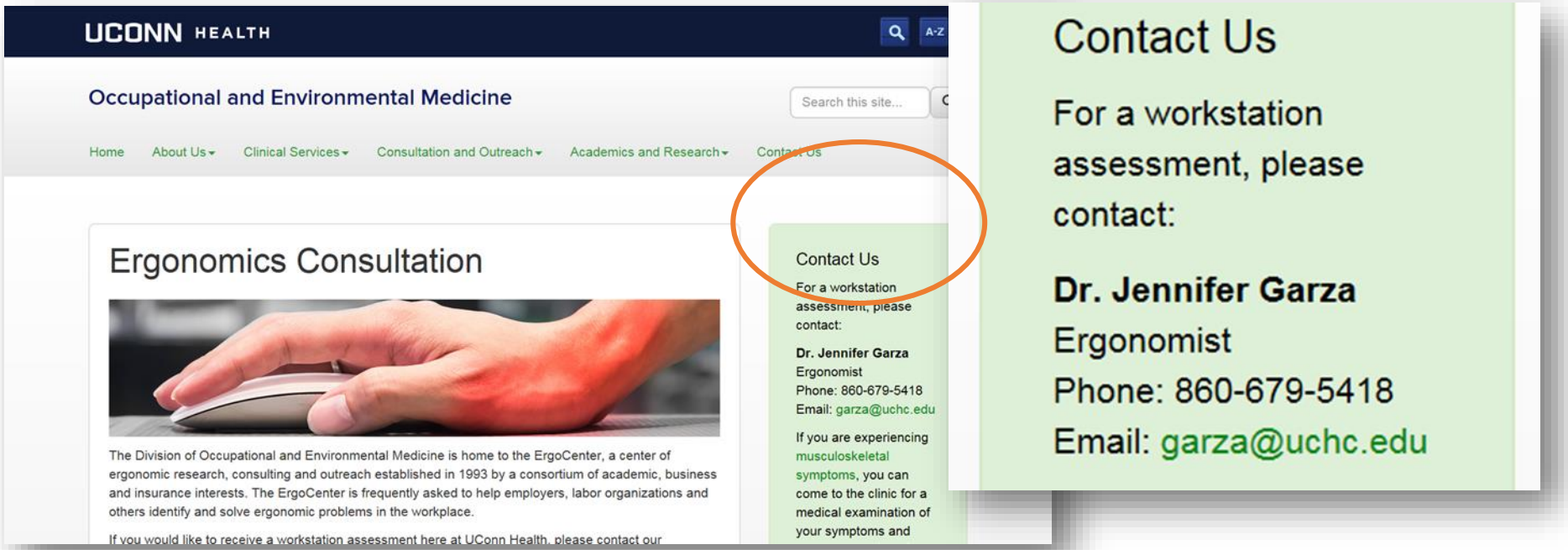
SAFETY RESOURCES

Safety and Health Committee

General workplace safety, accident prevention and review

UConn Health Ergonomist

Work station and work process assessments



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Take Action
When an Injury Occurs

TAKE ACTION

WHEN AN INJURY OCCURS

When a work-related injury occurs, you must immediately take action to assist the employee:

- Obtain first aid or other necessary medical attention.
- Correct any immediate hazards.

Next steps include:

- Report the injury to the TPA.
- File a workers' compensation claim.
- Provide additional claim forms to the injured worker.

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TAKE ACTION

MEDICAL ATTENTION

Determine if the employee needs first-aid or medical treatment.

In a Medical Emergency

Dial 7777 on a Farmington campus phone

Call 911 on a cell phone or off-campus

Call for emergency response if the employee isn't able to drive safely.

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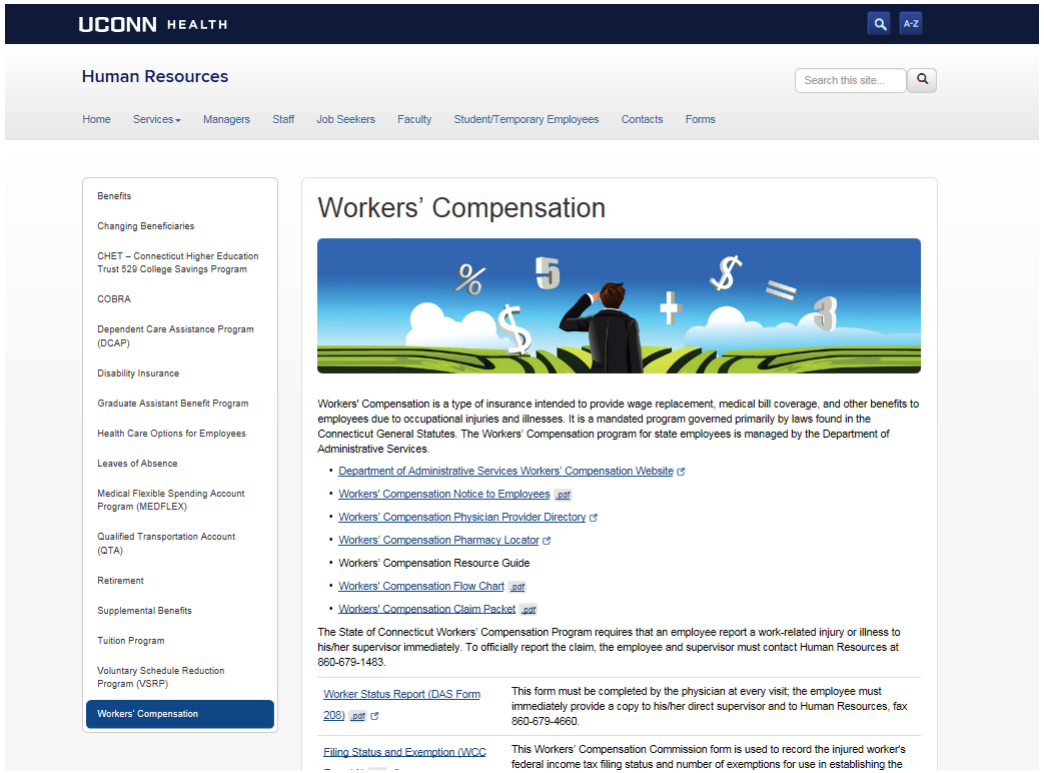
TAKE ACTION

MEDICAL ATTENTION

When emergency response is **not** needed:

Direct the employee to the authorized Provider Directory

Instruct the employee to submit a Worker Status Report from the treating provider.



For these resources, visit the Human Resources website.

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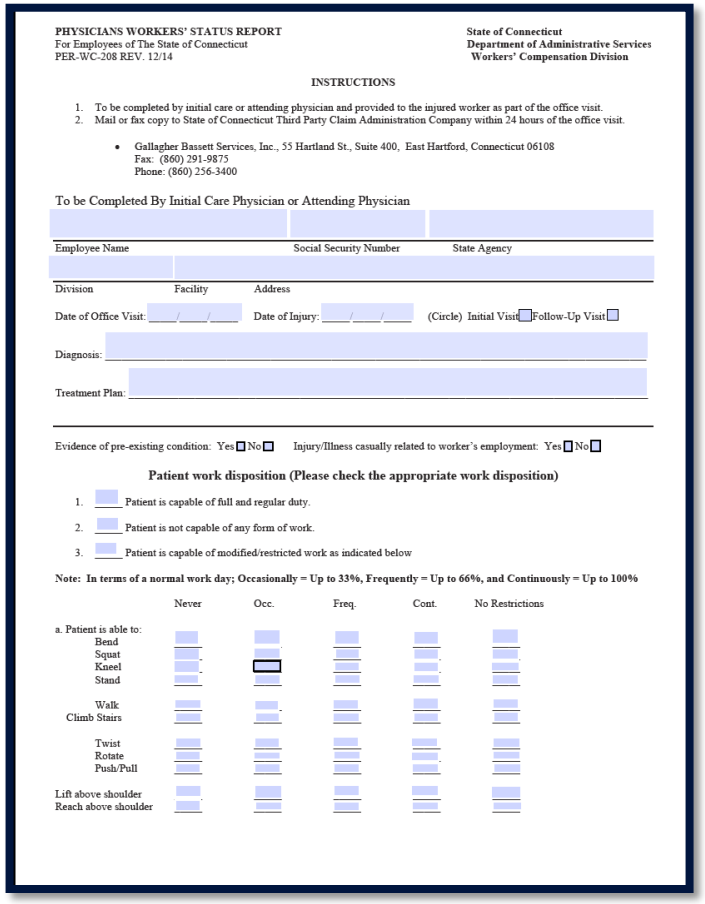
MEDICAL ATTENTION

A LOOK AT THE FORMS



PHYSICIANS WORKERS' STATUS REPORT
For Employees of The State of Connecticut
PER-WC-208 REV. 12/14

State of Connecticut
Department of Administrative Services
Workers' Compensation Division

INSTRUCTIONS

1. To be completed by initial care or attending physician and provided to the injured worker as part of the office visit.
2. Mail or fax copy to State of Connecticut Third Party Claim Administration Company within 24 hours of the office visit.

- Gallagher Bassett Services, Inc., 55 Hartland St., Suite 400, East Hartford, Connecticut 06108
  Fax: (860) 291-9875
  Phone: (860) 256-3400

To be Completed By Initial Care Physician or Attending Physician

Employee Name | Social Security Number | State Agency

Division | Facility | Address

Date of Office Visit: ____/____/____ Date of Injury: ____/____/____ (Circle) Initial Visit ☐ Follow-Up Visit ☐

Diagnosis:

Treatment Plan:

Evidence of pre-existing condition: Yes ☐ No ☐ Injury/Illness casually related to worker's employment: Yes ☐ No ☐

Patient work disposition (Please check the appropriate work disposition)

1. ____ Patient is capable of full and regular duty.
2. ____ Patient is not capable of any form of work.
3. ____ Patient is capable of modified/restricted work as indicated below

Note: In terms of a normal work day; Occasionally = Up to 33%, Frequently = Up to 66%, and Continuously = Up to 100%

	Never	Occ.	Freq.	Cont.	No Restrictions
a. Patient is able to:					
Bend					
Squat					
Kneel					
Stand					
Walk					
Climb Stairs					
Twist					
Rotate					
Push/Pull					
Lift above shoulder					
Reach above shoulder					

Worker Status Report

The provider completes this report at each appointment and indicates the employee's **work capacity**:

- Full Duty
- Light Duty
- Total Disability - Out of Work

You must collect all worker status documents from the employee and submit to HR.

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THE CLAIM PROCESS

TAKE ACTION

Next, you must report the injury and begin the claim process. Together with the employee if possible:

Call Gallagher Bassett (the TPA)
1.800.828.2717

Complete the required forms:

- DAS WC-207 First Report of Injury
- DAS 207-1 Accident Investigation

Submit completed forms to Human Resources by the end of the shift.
Fax to: 860.679.4660.

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THE CLAIM PROCESS

TAKE ACTION

An employee has a right to file a claim. The TPA determines if a claim will be initially accepted.

Start the claim process *even if no medical treatment is needed.*

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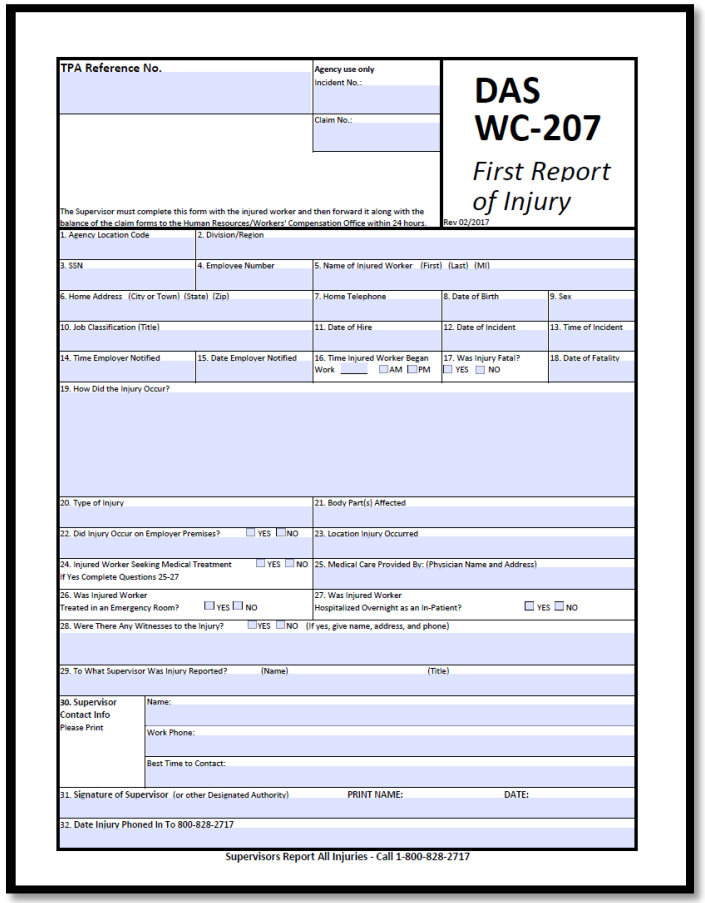
THE CLAIM PROCESS

A LOOK AT THE FORMS



TPA Reference No.

Agency use only
Incident No.:
Claim No.:

DAS WC-207
First Report of Injury

The Supervisor must complete this form with the injured worker and then forward it along with the balance of the claim forms to the Human Resources/Workers' Compensation Office within 24 hours.

Rev 02/2017

1. Agency Location Code | 2. Division/Region

3. SSN | 4. Employee Number | 5. Name of Injured Worker (First) (Last) (MI)

6. Home Address (City or Town) (State) (Zip) | 7. Home Telephone | 8. Date of Birth | 9. Sex

10. Job Classification (Title) | 11. Date of Hire | 12. Date of Incident | 13. Time of Incident

14. Time Employer Notified | 15. Date Employer Notified | 16. Time Injured Worker Began Work ____ AM PM | 17. Was Injury Fatal? YES NO | 18. Date of Fatality

19. How Did the Injury Occur?

20. Type of Injury | 21. Body Part(s) Affected

22. Did Injury Occur on Employer Premises? YES NO | 23. Location Injury Occurred

24. Injured Worker Seeking Medical Treatment YES NO
If Yes Complete Questions 25-27 | 25. Medical Care Provided By: (Physician Name and Address)

26. Was Injured Worker Treated in an Emergency Room? YES NO | 27. Was Injured Worker Hospitalized Overnight as an In-Patient? YES NO

28. Were There Any Witnesses to the Injury? YES NO (If yes, give name, address, and phone)

29. To What Supervisor Was Injury Reported? (Name) (Title)

30. Supervisor Contact Info Please Print
Name:
Work Phone:
Best Time to Contact:

31. Signature of Supervisor (or other Designated Authority) PRINT NAME: DATE:

32. Date Injury Phoned In To 800-828-2717

Supervisors Report All Injuries - Call 1-800-828-2717

First Report of Injury

You will use this form to record and report information to the TPA.

Be sure to capture detailed and accurate information.

Your report is critical; it sets the foundation for the claim.

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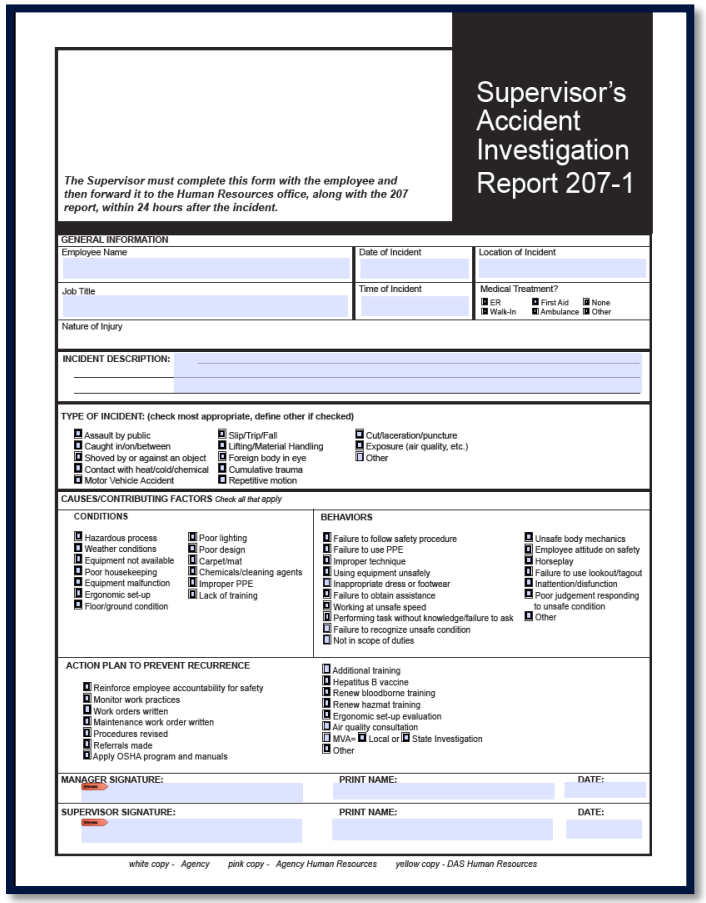
THE CLAIM PROCESS

A LOOK AT THE FORMS



Supervisor's Accident Investigation Report 207-1

The Supervisor must complete this form with the employee and then forward it to the Human Resources office, along with the 207 report, within 24 hours after the incident.

GENERAL INFORMATION

Employee Name | Date of Incident | Location of Incident

Job Title | Time of Incident | Medical Treatment? ☐ ER ☐ First Aid ☐ None ☐ Walk-In ☐ Ambulance ☐ Other

Nature of Injury

INCIDENT DESCRIPTION:

TYPE OF INCIDENT: (check most appropriate, define other if checked)

☐ Assault by public ☐ Caught in/on/between ☐ Shoved by or against an object ☐ Contact with heat/cold/chemical ☐ Motor Vehicle Accident
☐ Slip/Trip/Fall ☐ Lifting/Material Handling ☐ Foreign body in eye ☐ Cumulative trauma ☐ Repetitive motion
☐ Cut/laceration/puncture ☐ Exposure (air quality, etc.) ☐ Other

CAUSES/CONTRIBUTING FACTORS *Check all that apply*

CONDITIONS

☐ Hazardous process ☐ Weather conditions ☐ Equipment not available ☐ Poor housekeeping ☐ Equipment malfunction ☐ Ergonomic set-up ☐ Floor/ground condition
☐ Poor lighting ☐ Poor design ☐ Carpet/mat ☐ Chemicals/cleaning agents ☐ Improper PPE ☐ Lack of training

BEHAVIORS

☐ Failure to follow safety procedure ☐ Failure to use PPE ☐ Improper technique ☐ Using equipment unsafely ☐ Inappropriate dress or footwear ☐ Failure to obtain assistance ☐ Working at unsafe speed ☐ Performing task without knowledge/failure to ask ☐ Failure to recognize unsafe condition ☐ Not in scope of duties
☐ Unsafe body mechanics ☐ Employee attitude on safety ☐ Horseplay ☐ Failure to use lookout/tagout ☐ Inattention/disfunction ☐ Poor judgement responding to unsafe condition ☐ Other

ACTION PLAN TO PREVENT RECURRENCE

☐ Reinforce employee accountability for safety ☐ Monitor work practices ☐ Work orders written ☐ Maintenance work order written ☐ Procedures revised ☐ Referrals made ☐ Apply OSHA program and manuals
☐ Additional training ☐ Hepatitus B vaccine ☐ Renew bloodborne training ☐ Renew hazmat training ☐ Ergonomic set-up evaluation ☐ Air quality consultation ☐ MVA= ☐ Local or ☐ State Investigation ☐ Other

MANAGER SIGNATURE: | PRINT NAME: | DATE:

SUPERVISOR SIGNATURE: | PRINT NAME: | DATE:

white copy - Agency pink copy - Agency Human Resources yellow copy - DAS Human Resources

Supervisor's Accident Investigation Report

You will use this form to identify and record suspected causes of the incident.

This information will guide corrective actions for reducing the potential for future accidents or injuries.

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THE CLAIM PROCESS

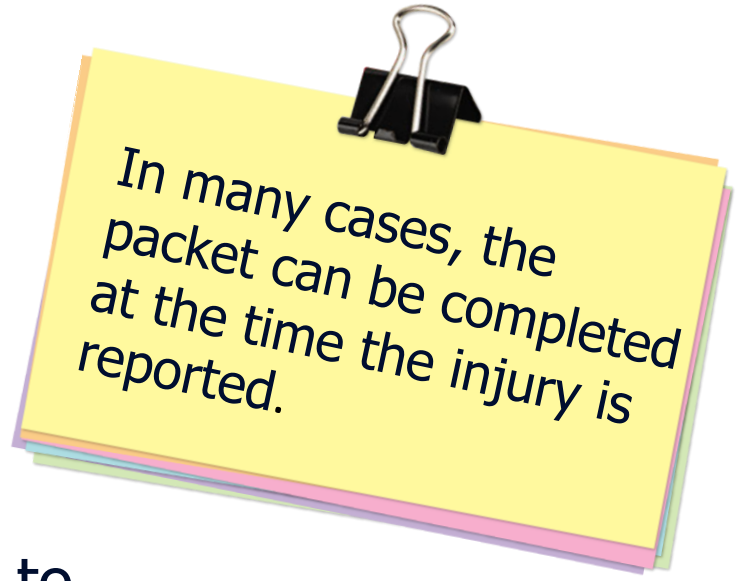
TAKE ACTION

After the injury has been reported, additional claim forms must be completed. You are responsible for the following:

Locate the packet of claim forms on the **HR Benefits website**.

Provide the injured employee with the packet and instruct him/her to complete the additional forms.

Collect completed forms and submit to HR via fax at 860.679.4660 by end of shift.



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Conduct Accident Investigation

ACCIDENT INVESTIGATION

After the initial injury, you must conduct a thorough investigation.

Take corrective actions to remove immediate hazards.

Visit the accident scene if possible and document observations.

- Take multiple photographs if possible.
- Interview witnesses and obtain written statements.
- Request and obtain any available video footage.
- Review procedures and training guides.

Send findings to HR as information becomes available.

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Maintain Contact

MAINTAIN CONTACT

If an injured employee is out of work, contact him/her on a regular basis to:

Offer support and encouragement.

Check on his/her status, including any changes in work restrictions.

Collect a Worker Status Report following each provider appointment.

Identify and **arrange** light duty assignments, as appropriate.

Report all updates to HR as soon as possible.

Maintain confidentiality at all times.

Facilitate Return to Work

RETURN TO WORK PROCESS

The medical provider will determine the work capacity of an injured employee and indicate one of the following on the Worker Status Report:

- **Full duty**
- **Light duty**
- **No duty**

Full Duty

If the report indicates a **full duty** release, you must return the employee to her/his regular position for the next scheduled shift.

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RETURN TO WORK PROCESS

Light Duty

If the report indicates the employee **is capable of modified duty**, you must:

- Make every reasonable effort to provide suitable work within the employee's department.
- Contact HR for assistance identifying options within other departments, as needed.

No Duty

If the report indicates the employee **is not able to perform any work duties** contact HR for guidance.

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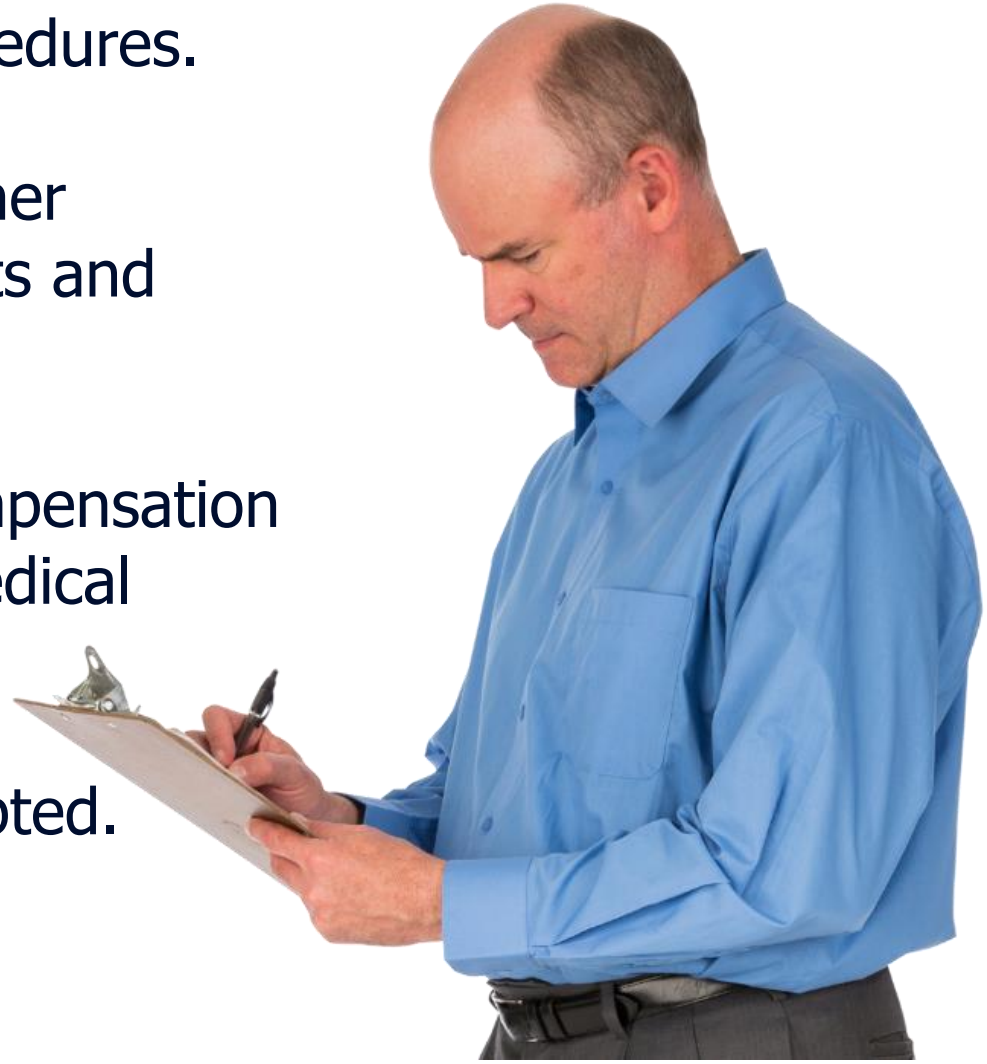
Managing Complex Issues

ABSENCE REPORTING

Employees who file a workers' compensation claim must still follow your department's established call out procedures.

- All absences must be reported in a timely manner consistent with collective bargaining agreements and institutional policies.
- An employee cannot call out for a workers' compensation related reason without providing supporting medical documentation.
- Backdated Worker Status Reports are not accepted.



PERFORMANCE CONCERNS

While workers' compensation offers an injured employee certain protections, it does **not**:

- excuse poor performance; or
- exempt the employee from complying with policies, procedures and work rules.

As a manager, you must continue to set expectations and address any performance concerns.

For assistance, contact your designated HR Consultant.

DISPUTE RESOLUTION

The injured worker may request a hearing with the Workers' Compensation Commission. The purpose of these hearings may include:

- Appealing a denial
- Requesting transfer to light duty work
- Addressing the need for additional medical treatments
- Obtaining additional benefits

UConn Health is represented at these hearings by Gallagher Bassett and/or the Office of the Attorney General.

You and any witnesses may need to participate and/or testify.

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FRAUD

Workers' Compensation fraud is a widespread concern that can happen in many forms. Some examples include:

- Staging accidents
- Misrepresenting physical capabilities to the treating provider
- Collecting temporary total benefits while working a second job
- Forging medical documentation

If you suspect fraud, notify HR and provide all available information or evidence.

Concerns may also be anonymously reported to the Workers' Compensation Fraud Hotline at 1.800.927.0456.

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ADDITIONAL RESOURCES

Visit:

UConn Health Workers' Compensation Website

DAS Workers' Compensation Website

Workers' Compensation Commission Information Packet

Workers' Compensation Physician Provider Directory

Workers' Compensation Pharmacy Locator

Flow Chart

Call:

UConn Health Human Resources
860.679.2426

Gallagher Bassett
860.256.3400

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