

Workers' Compensation and Return to Work Plan Fully Revised

i. REVIEW & SIGNATURE PAGE

This Workers' Compensation and Return to Work Plan has been reviewed for regulatory compliance and best management practices by the undersigned individuals and is hereby adopted for use and compliance by all employees at The University of Texas at San Antonio.

| PRINTED NAME | SIGNATURE | TITLE | DATE |
|------------------|-------------------|---------------------------------|-----------|
| J. Brian Moroney | Signature on File | Director, EHSRM | 3/20/2014 |
| John DeLaHunt | Signature on File | Risk and Life Safety Manager | 3/20/2014 |

Reviewed: 11/01/2007 Fully revised: 3/20/2014

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iii EMERGENCY PROCEDURES & CONTACT INFORMATION

I. Actions in response to an On-The-Job-Injury

a. Serious Injury

i. Get the injured employee to nearest medical facility as quickly as possible. If necessary, call an ambulance.

b. Minor Injury

- i. The employee who lives in network service areas may contact a network physician of his/her choice, or may go to one of several network occupational clinics in the area.
- ii. The physician must be an approved provider of the Texas Department of Insurance, Workers' Compensation Division.

II. Transportation to Medical Facility

- a. In emergency situations, UTSA PD will coordinate medical transportation via ambulance
- b. In most non-emergency situations, the employee will provide their own transportation for the initial doctor's visits and for any follow-up doctor's appointments.
- c. In certain non-emergency situations, the treating clinic or a co-worker may provide transportation for initial doctor's visits and for any follow-up doctor's appointments.

Emergency Contact Personnel include:

| UTSA Police Department Dispatch | 458-4911 |
|--|----------|
| Brian Moroney, Director, EHSRM | 458-5250 |
| John DeLaHunt, Risk & Life Safety Manager, EHSRM | 458-4420 |
| Randy Spencer, Risk & Claims Analyst, EHSRM | 458-8178 |

Overview/Purpose

A. WHAT IS WORKER'S COMPENSAFETION INSURANCE (WCI)?

Workers' compensation is a state-regulated insurance program that provides covered employees with income and medical benefits if they sustain a work-related injury or illness.

Workers' compensation pays medical bills and replaces a portion of lost wages when employees are injured at work or have a work-related illness.

Workers' Compensation Insurance is not health insurance, nor does it provide compensation for damage to or loss of personal property.

B. WHAT MEDICAL BENEFITS DOES WCI PROVIDE?

WCI will pay for reasonable medical expenses incurred as a direct result of injuries sustained by an employee while within the course and scope of employment.

An injured employee is specifically entitled to reasonable and necessary healthcare that treats or relieves the effects naturally resulting from the compensable injury; promotes recovery; and/or, enhances the ability of the employee to retain employment. Medical benefits for compensable injuries are payable from the date of injury. Income Benefits / Disability:

- WCI provides weekly compensation for an employee losing time from work as a result of a compensable injury within the course and scope of employment.
- The Workers Compensation Act establishes the amount of weekly compensation.

C. WORKERS' COMPENSATION INSURANCE AT UTSA

The University of Texas at San Antonio participates in a self-insured Workers' Compensation Insurance program administered by the University of Texas System in accordance with Chapter 503 of the Texas Labor Code. All costs associated with the program, including benefits to employees and administrative expenses, are paid from these funds.

The UTSA Workers' Compensation Insurance Office is located in the Office of Environmental Health, Safety and Risk Management (EHSRM), Main Campus, Support Facility B, Room 1.104C.

D. RETURN TO WORK

The University of Texas at San Antonio uses a Return to Work (RTW) Program to bring injured employees back to the workforce as quickly as possible, considering the medical facts of the injury and the business needs of the University.

The Return to Work program is mandatory, subject to medical restrictions on the injured employee and the University's capacity for accommodating those restrictions.

II. Scope

UTSA provides workers compensation insurance for all employees on the UTSA payroll who sustain a compensable injury or acquire a bona fide occupational disease while performing assigned job duties for UTSA. The Return to Work Program applies to all injured employees.

III. Definitions

A. WORKERS' COMPENSATION INSURANCE DEFINITIONS

The <u>Provider Network</u> consists of pre-approved treating physicians, who provide follow-up care for Work Related Injuries with an emphasis on evidence-based medicine and return to work.

A <u>Treating Physician</u> in this program means a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice as defined in the Texas Workers' Compensation Rules (Texas Labor Code, Title 5, Subtitle A).

A <u>Work-Related Injury</u> is an injury or occupational disease which arises out of the course and scope of employment and is compensable under the Texas Workers' Compensation Act.

B. RETURN TO WORK DEFINITIONS

A <u>Bona Fide Offer of Employment</u> (BFOE) is a temporary work agreement for a Modified Duty Position between supervisor and employee. The BFOE outlines the job duties, medical restrictions, and other details of the Modified Duty Position. The Texas Department of Insurance mandates the BFOE as part of an assignment to a Modified Duty Position.

A <u>Modified Duty Position</u> is a temporary position to which an employee is assigned when they are unable to return to their regular position following a work-related injury or illness. The RTW position temporarily addresses the restrictions placed on an employee by their treating physician.

IV. Periodic Review

This plan shall be reviewed two years after initial issuance and every three years thereafter. This plan shall be reviewed, as necessary, as part of any after-action report or events review which occurs following workers compensation injuries. This plan shall be reviewed when requested by the Associate Vice President for Administration, the Vice President for Business Affairs, and/or any member of the President's senior staff.

Review participation and leadership

UTSA Environmental Health, Safety and Risk Management shall lead the review process. Some campus and system agencies and departments shall have the option of participating in the review, though they do not have operational responsibilities under the plan. These agencies include:

- 1) UTSA department of Internal Audit, Compliance, and Risk Management
- 2) UTSA Human Resources
- 3) UTSA Office of Legal Affairs
- 4) UTSA Staff Council
- 5) UT System Office of Risk Management

V. Nondiscrimination against Claimants

he University of Texas at San Antonio shall not discharge or in any other manner discriminate against any employee because the employee has filed a claim,

instituted, or caused to be instituted, any proceeding under the Texas Workers' Compensation Act; or has testified or is about to testify in any such proceeding.

An employee discharged in violation of this policy shall be entitled to be reinstated to his former position, upon appropriate adjudication.

Nothing contained in this policy shall prevent discipline or discharge of any employee for just cause, in accordance with established discipline and discharge policy. Discipline and discharge actions must be pursuant to established policy and may be due to repeated violation of established safety regulations.

Nothing in this policy is intended to be a waiver of any of the legal rights of The University of Texas at San Antonio.

This policy does not prohibit discipline and discharge for reasons other than retaliation.

The University shall cooperate with the Texas Department of Insurance, Workers' Compensation Division in seeking to provide rehabilitation to disabled employees.

VI. Responsibilities

A. INJURED EMPLOYEE

Employees must report all injuries, no matter how small, to their supervisors, using current UTSA form "Employee's First Report of Injury."

If a work-related injury requires medical attention, the employee shall immediately choose one treating physician from the Provider Network to coordinate the care.

B. INJURED EMPLOYEE'S SUPERVISOR

The injured employee's supervisor must complete all required report forms, and ensure that injured employees complete First Reports of Injuries, for all injuries, illnesses, or occupational exposures

The injured employee's supervisor must ensure accurate case reporting, regardless of cause or apparent fault.

The injured employee's supervisor must coordinate leave and return to work with the UTSA EHSRM Workers' Compensation Insurance Office.

C. UTSA WCI OFFICE

The UTSA WCI Office coordinates notification and forms with WCI Claims Adjuster The UTSA WCI Office coordinates leave and return to work with the injured employee's supervisor.

The UTSA WCI Office administers the RTW Program, as it relates to work-related injuries, in conjunction with the employee's department.

D. UTSA HUMAN RESOURCES

The Office of Human Resources (458-4250) answers specific questions regarding employee FMLA status or benefits eligibility, when the RTW program affects those benefits

The Office of Human Resources will provide employee information as necessary to facilitate claims filing.

E. WCI CLAIMS ADJUSTER

The Claims Adjuster facilitates claims resolution services, including access to medical services.

VII. Procedures

A. REPORTING AN INJURY TO THE UTSA WCI OFFICE

Employees who are injured while performing work on behalf of UTSA, or who acquire an occupational disease as a direct result of employment, should immediately inform their supervisor of the injury or disease.

The injured employee's supervisor will coordinate with the University of Texas at San Antonio Workers' Compensation Insurance (WCI) Office to ensure all proper reports and forms are completed and filed.

Failure to report a work-related injury within 30 days of the occurrence of the injury (or the manifestation of the occupational disease) may result in the denial of a claim. http://utsystem.edu/orm/wci/wcifaq.htm

B. SEEKING MEDICAL ATTENTION

Employees with a work-related injury must use treating physicians selected from the provider network.

When seeking medical treatment, provide the physician with a copy of the WCI Notification of Injury Form.

Except in an emergency, if the employee receives medical care for a work related injury that is not by or at the direction of the treating doctor, payment of any changes associated with that care may become the responsibility of the employee.

Employees shall not guarantee payment for services.

C. CHANGING PHYSICIANS

If circumstances require a change to the treating doctors for treatment of a work-related injury, the injured employee must contact the UTSA WCI Office at 458-8178 for further instructions.

Under state law, the employee must get written approval from the Texas Department of Insurance, Workers' Compensation Division before making the change. A DWC customer service representative can assist with this process.

VIII. Early Return to Work (RTW)

A. ELIGIBILITY

To be eligible for participation in the RTW Program, an employee must provide a written statement (Work Status Report, form DWC 73) from their treating physician that they are:

- 1) Temporarily unable to perform their essential duties following a workrelated injury or illness, and
- 2) Capable of carrying out work of a lighter or modified nature from their regular duties.

B. PROCEDURES

Injured Employee's treating physician forwards a Work Status Report (DWC-73), requiring work restrictions, to UTSA WCI Office.

UTSA WCI Office coordinates with injured employee's supervisor to confirm:

- 1) Whether the restrictions are relevant to the employee's job duties, and
- 2) Whether the department can put the employee back to work with the restrictions in a modified duty assignment

UTSA WCI Office evaluates whether out-of-department placement is practical

C. MODIFIED DUTY ASSIGNMENT

UTSA WCI Office prepares Bona Fide Offer of Employment (BFOE) Under state regulation, the BFOE includes:

- 1) The position offered
- 2) The location and duties of the position offered.
- 3) The wages and schedule of the position offered.
- 4) The duration of the temporary work assignment.
- 5) A statement that the department will only assign a position/duties consistent with the employee's knowledge and skills, and will provide training if necessary.
- 6) A statement acknowledging that the employer is knowledgeable about and will abide by the limitations under which the treating physician has authorized the return to work.
- 7) Eligibility of the Family and Medical Leave Act (FMLA), should apply.

D. REFUSAL OF MODIFIED DUTY ASSIGNMENT

The employee is allowed 7 days to accept the Bona Fide Offer of Employment. If the employee has not responded by the seventh day, the employee will be considered to have declined the offer.

Rejection of the job offer may result in cancellation of income benefits under WCI. Upon rejection of the Bona Fide Offer of Employment, the WCI Office will contact Human Resources to verify their rights under FMLA.

E. NO MODIFIED DUTY AVAILABLE

Employee remains on WCI leave until a follow-up doctor's visit produces another Work Status Report (DWC-73).