

PRAIRIE VIEW A&M UNIVERSITY ADMINISTRATIVE PROCEDURES

24.01.02 Worker's Compensation

1. PURPOSE

Worker's Compensation insurance provides coverage for the statutory obligation of an employer to provide benefits for employees as required by the Worker's Compensation Division. The Texas A&M System Worker's Compensation Insurance (WCI) Program by the State of Texas to provide reasonable and necessary medical coverage and disability payment to employees who sustain injuries or occupational diseases while in course and scope of their employment. Worker's Compensation is not health insurance, a benefit program, nor does it provide compensation for damage to or loss of personal property.

2. DEFINITION

Benefit - means a payment benefit received based on a compensable injury. The term includes a medical payment, income payment, impairment payment, and a death or burial benefit

Compensable injury - means an injury that arises out of and in the course and scope of employment for which compensation is payable under the Workers' Compensation Act.

Course and scope of employment - means an activity of any kind or character that has to do with and originates in the work, business, trade, or profession of the employer and that is performed by an employee while engaged in or about the furtherance of the affairs or business of the employer.

Employer - means a person who makes a contract of hire, employs one or more employees, and has workers' compensation insurance coverage. The term includes a governmental entity that self-insures, either individually or collectively.

Health Care - includes all reasonable and necessary medical aid, medical examinations, medical treatments, medical diagnoses, medical evaluations, and medical services. The term does not include vocational rehabilitation.

Injury - means damage or harm to the physical structure of the body and those diseases or infections naturally resulting from the damage or harm. The term also includes occupational diseases.

Occupational Disease - means a disease arising out of and in the course of employment that causes damage or harm to the physical structure of the body. The term includes other diseases or infections that naturally result from the work related disease. The term does not include an ordinary disease of life to which the general public is exposed outside of

employment, unless that disease is an incident to a compensable injury or occupational disease. The term includes repetitive trauma injuries.

3. RESPONSIBILITIES

The Employee Benefits Associate (Central Leave Coordinator) is the primary person responsible for processing the paperwork related to the injury. In the absence of the Employee Benefits Associate (Central Leave Coordinator) the Employee Benefits Associate (Benefits Coordinator) will undertake the follow-up actions. System Offices of Risk Management makes the determination of the validity of the claim and also determines if the claim is payable.

4. PROCEDURES

Employees who suffer an injury or illness as a result of and in the course and scope of employment should immediately notify his/her supervisor. Injuries should be reported within the first week of the event. Failure to report the injury within the week of the event of the occurrence (or manifestation of the occupational disease) may result in the denial of the claim. Other responsibilities an employee may have pertaining to the accident may include, but are not limited to:

- Responding to any correspondence delivered by the Texas Department of Insurance, Risk Management, or other agencies or individuals needing information regarding the incident;
- Advising the treating practitioner that s/he believes the illness or injury may be work-related; and
- Informing Risk Management and/or the Texas Department of Insurance advised of any changes of address or phone numbers.
- Providing the Office of Human Resources with a work status report after each doctor visit.
- Completing leave documents in the Leave Traq System
- Completing the "Request for Paid Leave" form if applicable

4.1 General Employer Responsibilities

Department liaisons, supervisors, or designees are required to report any work-related injury or illness to the Office of Human Resources as soon as possible after the incident is reported or has been identified. Other department and employer responsibilities pertaining to an employee's accident in the workplace may include, but are not limited to:

- Providing additional information such as witness statements related to the incident, wage information, or medical information for purposes of determining eligible WCI benefits;
- Investigating the accident to determine cause; and

- Implementing necessary procedures for the prevention of future accidents.

4.2 Eligibility

To be eligible to participate in this program the individual must be a current employee of the University, has been an employee of the System at the time the injury/illness occurred, and be temporarily unable to return to pre-injury/illness duties as a result of an injury/illness. This coverage includes student and wage employees.

4.3 Temporary Work Assignment (TWA)

Temporary Work Assignments - can be the bridge to help employees return to their pre-injury/illness job without restrictions. TWA may be made when employees temporarily cannot perform the duties of their job due to injury/illness and have been released to work with restrictions by their physician. TWA will be monitored by the supervisor/departmental representative and must be consistent with the employee's knowledge, skills, and physical capabilities within the limitations specified by the employee's physician.

4.4 Procedures for Temporary Work Assignment

The following are recommended types of TWA:

Modified Regular Duty - This may include temporary modifications to the employee's position such as schedule changes, reduced hours, reduced capacities, or sharing parts of job responsibilities with co-workers.

Alternate Work Assignments - The supervisor/departmental representative may consider jobs or tasks that need to be done and may accept input from the employee and the employee's co-workers to identify everyday or new tasks that could be done by the employee as a temporary assignment.

Alternate Work Location - The employee may request the opportunity to temporarily work at an alternate work location. The supervisor/departmental representative will consider whether or not the employee meets the eligibility criteria and will determine if the alternate work location assignment will be beneficial to the department.

5. EARLY RETURN TO WORK PROGRAM

The objective of the program is to return employees to safe and productive employment as soon as medically possible following an injury/illness in either their pre-injury/illness job without restrictions or in a temporary work arrangement if available. Departments are obligated to attempt, in good faith, to provide meaningful temporary work to those employees who are required to work under a practitioner's restrictions or limitations.

Supervisors are not required to create work or to return an employee who has had an injury/illness if there is no appropriate work available.

5.1 RESPONSIBILITIES

The department is responsible for reviewing the “Work Status Report” submitted by the employee to ensure the employee can return to work with the restrictions set by the treating physician. The Employee Benefits Associate will review the restrictions and then inform the immediate supervisor that the BOE must be provided in writing and must include a Work Status Report that the offer is based upon. The Employee Benefits Associate is responsible for reviewing the “Bona Fide Offer Letter” along with the “Work Status Report” and forwarding the information to the Office of Risk Management and Safety.

5.2 PROCEDURES

5.2.1 If the employee is able to return to work with restrictions, the employer may allow the employee to return to work under the “Early Return to Work Program”. If the employee returns to work under the Early Return to Work Program the following steps will need to be followed: The Central Leave Administrator will review the restrictions and then inform the immediate supervisor that the following information must be completed:

A Bona Fide Offer must be completed by the immediate supervisor to include the following:

- a. The job title
- b. The job duties
- c. The duration of the arrangement (may not exceed 45 days per injury/illness)
- d. Copy of Work Status Report the offer is based upon
- e. Location where the employee will be working
- f. Days the employee will be working
- g. Wages the employee will be paid
- h. Description of the physical & time requirements of the position
- i. Statement that the employer will only assign tasks consistent with the employees physical abilities, knowledge and skill, and will provide training if necessary
- j. acceptance of agreement by employee and his/her signature

5.2.2 After the employee accepts or declines the BOE, or if the employee fails to respond to the BOE, the supervisor/departamental representative will provide the employee with a copy of the BOE with the employee's signature or a statement indicating the employee failed to respond, and a copy of the medical documentation that the BOE is based upon.

5.2.3 If the injury/illness is work-related, the supervisor/departmental representative will fax to the Workers' Compensation representative for their respective component the BOE with the employee's signature or a statement indicating the employee failed to respond, and the medical documentation that the BOE is based upon.

5.2.4 While working under a BOE, the employee is expected to follow all employer policies, regulations and rules, maintain satisfactory performance of the job duties outlined in the BOE, and comply with all of the terms and conditions of the BOE. Failure to do so may result in termination of the BOE and other disciplinary action up to and including termination. Contact the employer's Office of Human Resources for guidance.

6. NOTICE OF INABILITY TO IDENTIFY A TEMPORARY WORK ASSIGNMENT

If the supervisor/departmental representative are unable to identify a TWA, the employee will be provided a copy of the completed *Notice of Inability to Identify a Temporary Work Assignment* and a copy of the medical documentation that the *Notice* is based upon.

If the injury/illness is work-related, the supervisor/departmental representative will fax to the Employee Benefits Associate the *Notice of Inability to Identify a Temporary Work Assignment* and the medical documentation that the *Notice* is based upon.

If the department receives updated medical documentation, the supervisor/departmental representative will attempt to identify a TWA as explained above

Continuation of Participation in the Early Return to Work Program

The TWA described on the BOE is subject to regular re-evaluation.

If the treating physician changes the physical work restrictions, the employee will provide the updated medical information to the supervisor/departmental representative by the next scheduled workday.

Upon receiving updated medical information, the supervisor/departmental representative will re-evaluate the ability to provide a TWA based on the restrictions outlined by the physician.

The opportunity to participate in the program is a temporary measure to facilitate early return to work and will not exceed 45 calendar days in duration per injury/illness, commencing upon the date the department offered the first BOE for the injury/illness. If the employee is unable to return to unrestricted pre-injury/illness job duties by the end of the 45 days, the employee's opportunity to participate in the program will end. To determine

the employee's employment status at that time, the department should consult with the Office of Human Resources.

In no case is the employer obligated to extend participation in the program past the expected duration of the position the employee occupied prior to the injury/illness.

Additional Information:

- [System Regulation 24.01 – Risk Management](#)
- Texas A&M System Worker's Compensation Insurance Guide
- Email: hrteam@pvamu.edu