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| **Policy Title:** Worker's Compensation | |
| **Policy Author:** Director of Human Resources | |
| ***Replaces HR.06 6/1/15 version*** |  |
| **Director Signature:** | **Date:** |
| **CEO Signature:** | **Date:** |

**I.** **Policy:**

This policy is intended to establish guidelines for employees following a work-related injury or exposure to include intervention, investigation, and prevention of re-occurrence. It is the goal of XXXXX Health to provide a safe and injury-free environment for our employees. To that end, any injury or exposure must be investigated completely to make every effort to prevent re-occurrence. All staff are encouraged to report any potential unsafe conditions in an effort to promote a safe workplace.

**II.** **Procedure:**

In the event of an injury or exposure, the following steps must be adhered to:

1. Employee reports workplace injury, repetitive motion complaints or Blood Borne Pathogen exposures to their supervisor and/or Human Resources as soon as possible.
2. Employee completes the First Report of Injury in its entirety and submits immediately to Human Resources. If the employee experiences a Blood Borne Pathogen or Bodily Fluid exposure, they must **also** complete the Health Care Worker (HCW) Blood/Bodily Fluid Exposure Checklist.

* **The First Report of Injury Form** is used to file the worker's injury with the organization's worker's compensation carrier.
* The **Blood/Bodily Fluid Exposure Checklist** form is forwarded to the Infection Prevention Practitioner. The Infection Prevention Practitioner then works closely with the Regional Occupational Medicine Clinic (ROMP) to ensure the necessary steps to address this exposure are completed. It is important to note that the HCW Checklist does *not* replace the First Report of Injury.

1. If **emergent/urgent care is needed**, employee should go immediately to the Emergency Room. **For purposes of this policy, a needlestick and/or Blood Borne Pathogen exposure is considered an emergency.** Unless hospitalized,after receiving the necessary treatment, the employee must report back to their supervisor and then follow-up with Human Resources to ensure all paperwork has been submitted and discuss follow-up treatment to be scheduled with ROMP.
2. If **no immediate treatment is needed**, HR provides the employee with a **"Designated Provider Notice"** providing the list of medical providers at ROMP to treat the injured employee. With this communication, the employee is directed to contact ROMP to schedule an appointment and to follow up with HR with any concerns or questions.
3. Following their initial treatment at ROMP, the employee must immediately report back to their supervisor and advise of their ability to return to work. Human Resources receives a copy of the employee’s treatment report from ROMP and will reach out to supervisors if/when there are any concerns or work restrictions noted.
4. A drug and alcohol test will be performed by the RMC or CCH Laboratory or ROMP if the worker’s injury results in:

* a safety violation while operating equipment which might reasonably be suspected to relate to drug or alcohol use
* an intentional act which causes or is likely to cause harm to a patient, employee or other individual is under investigation
* the accident results in the employee being put off work
* a person dies;
* property damage is estimated at greater than $1000; or
* an accident with a SLV Health vehicle.

1. When applicable, the drug and alcohol screenings should occur immediately when possible. Otherwise, the drug screen should occur no later than 24 hours after the employee's injury. The alcohol screening should occur within 2 hours of injury but no later than 8 hours after the employee's injury. If either of the tests are not performed within these timeframes, the Director/Manager shall prepare and forward to Human Resources a record stating the reasons the test(s) were not promptly administered.
2. Injured employees who test positive for drugs or alcohol following a First Report of Injury will be subject to the actions as defined in policy and procedure HR.02 Workforce Drug & Alcohol Testing. Human Resources will be in close contact with our Workers’ Compensation insurance carrier whenever a safety rule violation has been identified.
3. HR may assist the employee with follow-up medical care with ROMP as needed or requested. An employee's refusal to seek medical treatment following a reported workplace injury will be documented.
4. The Human Resource Department files a report of an employee’s injury with the organization’s insurance carrier as soon as it is received. Any reports made to the carrier that exceed 2 business days from the date of the employee’s injury are flagged as late reporting.
5. Wage compensation for the first 3 days of work missed due to an on-the-job injury may be drawn immediately from an employee’s Sick Leave (SL) balance. PTO shall be used if the employee does not have enough accrued SL.
6. If an employee’s post-injury treatment extends past the employee’s normal working hours, or if an employee leaves their shift early because of the injury, that time will be moved from regular hours to SL or PTO hours.
7. The employee may be eligible for compensation by the insurance carrier for any lost time (work hours lost) after first using 3 full days of SL and/or PTO. If the employee does not have any accrued SL or PTO, the lost time will be reported as of the date the employee lost work time. Human Resources provides the insurance carrier the last 12 months of the employee's wages and corresponds closely with them to insure proper lost wage reimbursement is provided to the injured employee.
8. Committee members from the Employee Safety Committee will be trained to perform investigations of workplace incidents. The Infection Prevention Practitioner will investigate and follow-up on all reports involving a blood borne or bodily fluid exposures. A good faith attempt to promptly investigate all other incidents will be made by Human Resources and an assigned Safety Committee member, along with assistance by the injured employee’s supervisor.
9. The investigator analyzes the scene of the incident, preferably immediately after the injured employee has been treated, before the scene can be changed and important evidence can be destroyed.

Photographs should be taken if necessary. The investigator should talk privately with witnesses and others who may have relevant information and obtain written, signed statements as appropriate.

The goal of the incident investigation team is to gather additional input, establish root cause of incident and discuss recommendations for prevention of reoccurrence. If a Safety Rule was violated, this should be clearly specified with supporting details documented.

All findings and recommendations of the incident investigation will be reviewed with the Employee Safety Committee.

1. Work restrictions are coordinated with the supervisor and injured worker with input from Human Resources. A Rule 6 letter and Certificate of Service letter may beconsidered for all injured employees with work restrictions that require work in a position outside their normal position.

Once an appropriate modified duty task has been identified, Human Resources sends the proposed tasks to the treating physician for approval along with a copy to the employee. The notification to both the treating physician and injured employee will be facilitated in the same manner on the same day (i.e., both hand-delivered, mailed, faxed, etc.).

Human Resources will facilitate discussions with the supervisor regarding accommodating work restrictions.

Injured workers with an open worker’s comp claim may not work overtime without administrative approval!

1. During the modified duty period, Human Resources will provide the insurance carrier records of wages paid to the injured worker. If the injured worker is receiving full wages during the modified duty period, Human Resources will provide the carrier a statement to that effect and no additional pay record notification is required.
2. Modified duty assignments are designed to be temporary and transitional in nature. Such assignments will be allowed as long as it is realistic for the job to continue or until the injured worker receives a release to full duty or reaches maximum medical improvement (MMI).
3. While on modified duty, the injured worker will be held to all existing personnel policies and will be responsible for maintaining acceptable performance standards as a condition of continued employment.
4. In an effort to expedite recovery, when the injured worker attends appointments at ROMP related to their injury on scheduled work days, they are allowed to stay on the clock. However, the employee must coordinate the time of their appointment with their supervisor to help ensure the necessary coverage is available.
5. When an employee is required to see a physician out-of-town for treatment, the time spent traveling to and attending the appointment is not considered paid time. The employee may use SL and/or PTO or may report the work time missed to the insurance carrier as lost time. The employee is also responsible for tracking and reporting their mileage to the insurance carrier for reimbursement.
6. If applicable, Human Resources will run FMLA concurrent with an injured worker’s lost time from work. An employee’s use of PTO or SL is optional, but employees will be required to ensure their payroll deductions are covered.
7. Human Resources will maintain regular contact with the injured worker and the medical provider. It is the responsibility of the injured worker and/or medical provider to provide Human Resources recovery status information and work restriction updates within 24 hours of an appointment.
8. Once employee is released from worker's compensation care, a M164 noting MMI-maximum medical improvement is provided. The employee's case file is closed if there are no restrictions noted. If there are permanent restrictions, a determination must be made if the employee can perform the necessary job duties in their job description with reasonable accommodation. A FCE-functional capacity evaluation may be necessary. This will be coordinated by Human Resource with input from the supervisor and others as necessary.
9. All correspondence and documentation related to an employee's worker's compensation case will be maintained confidentially in a file separate from their main personnel file.

**III. Attachments/References:**

* First Report of Injury
* Accident Report
* Designated Provider Notice
* HCW BBF Exposure Checklist
* Workforce Drug & Alcohol Testing Policy and Procedure
* FMLA Policy and Procedure