

UNIVERSITY of HOUSTON  
MANUAL OF ADMINISTRATIVE POLICIES AND PROCEDURES

**SECTION: Safety and Risk Management**  
**AREA: Risk Management**

**Number: 06.05.01**

<b>SUBJECT: Workers' Compensation</b>
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I. PURPOSE AND SCOPE

This document ensures that employees of the University of Houston who suffer work-related occupational injuries and illnesses receive prompt, proper medical care and treatment, and compensation as allowed and provided by Chapter 51 of the Texas Administrative Code, the Texas Workers' Compensation Act, and other state and institutional guidelines covering Workers' Compensation. This document applies to all University of Houston employees paid through the university payroll system.

II. POLICY STATEMENT

The University of Houston is committed to maintaining a safe working environment that is free of hazardous conditions for all faculty and staff members. However, when unavoidable incidents arise, it is critical that employees suffering from a work-related occupational injury or illness receive proper medical attention and that the proper documentation is completed and forwarded to the State Office of Risk Management (SORM) so that compensation may be paid should the employee be temporarily or permanently disabled. Toward this end, the administration shall develop and maintain policies and procedures for the timely and thorough documentation of all employee work-related occupational injuries and illnesses.

III. DEFINITIONS

- A. Accident packet: Packet furnished by the Safety and Risk Management Department (SRMD) containing the primary Workers' Compensation forms: the Employers' First Report of Injury, Employee's Election Regarding Utilization of Sick Leave, Witness Statement, Authorization for Release of Information, Notification of Additional Information and routing instructions.
- B. Authorization for Release of Information (SORM-16 [09/98]): Report completed by the employee to authorize SORM to obtain relevant medical information from providers that will assist in the handling of the claim.
- C. Disabling illness or injury: An illness or injury that prevents the employee from returning to regular work or job assignment on the next scheduled workday following the date of the illness/injury.
- D. Employee: Any person employed by and paid through the payroll system of the University of Houston.
- E. Employee's Election Regarding Utilization of Sick Leave (SORM-80 [12/00]): Form that allows an injured employee the election of using all accrued sick leave and a portion of accrued annual leave before receiving weekly compensation benefits, or using no sick or annual leave at all.
- F. Employee's Notice of Injury or Occupational Disease and Claim for Compensation (TWCC-41): Report required of an employee or person acting on the employee's behalf in order to file a claim for Workers' Compensation benefits. This form will be sent directly to the injured employee by

the Texas Workers' Compensation Commission after receipt by the Commission of a TWCC-IS indicating that lost time occurred.

- G. Employer's First Report of Injury or Illness (TWCC-IS [11/00]): First report completed by the supervisor or a person designated by the supervisor when an occupational illness or injury is reported. This report must be completed and returned within 24 hours for SRMD to meet mandatory state deadlines. This form must be submitted by the Claim Coordinator to SORM for any injury/illness that necessitates the expenditure of monies for any medical treatment or service or if there is as much as one day's lost time from work.
- H. Lost time: Any work time lost due to occupational injury or illness after the original date of injury or first symptom of illness.
- I. Medical care/expenses: Health care reasonably required by the nature of a compensable injury or illness and intended to cure or relieve the effects naturally resulting from the compensable injury/illness, resulting in reasonable expenses for necessary treatment to cure and relieve the employee from the effects of occupational disease/illness/injury.
- J. Non-disabling illness/injury: An illness or injury that, although possibly requiring first aid and/or medical attention, does not prevent the employee from returning to full performance of his or her regularly assigned duties the next scheduled work day.
- K. Occupational accident: A sudden, unplanned, unintentional event or occurrence that interrupts the efficient completion of a work related activity.
- L. Occupational exposure: An exposure to a condition or conditions that may result in the contraction of an occupational illness.
- M. Occupational illness: Any disease arising out of and in the course of employment with the University of Houston that causes damage or physical harm to the physical structure of the body and such other diseases or infections as naturally result.
- N. Occupational injury: Physical harm or damage occurring to an employee because of an accident or an event compensable under the Texas Workers' Compensation Act and arising out of, or in the course of, the employee's employment with the University of Houston.
- O. Occupational illness/injury leave: Workdays missed by employee due to a disabling occupational illness or injury. It shall begin on the first regularly scheduled workday missed after the date of the illness or injury.
- P. Physician's Release to Work: Statement from employee's treating physician that states that the employee may return to work.
- Q. Report of Employee Wage Information (TWCC-3 [8/96]): Report completed by the Claims Coordinator in SRMD and the Payroll Department which is used to determine the injured worker's weekly wage and will be used to calculate his/her benefits.
- R. SRMD: Safety and Risk Management Department.
- S. Supervisor: Any employee having supervisory responsibilities, either temporary or permanent. For the purposes of this document, in most cases the supervisor acts as the representative of the employer.

- T. Supplemental Report of Injury (TWCC-6 [07-93]): Report completed immediately when the employee has:
1. Returned to work (to update or supply information missing in the First Report of Injury);
  2. Returned to work and then has additional days of disability;
  3. A change in weekly earnings after the injury;
  4. Been terminated, resigns, or retires; and/or
  5. Been absent from work for more than 60 days.
- U. Travel Reimbursement (C-81 [12-93]): Form completed by the injured/ill employee for travel expense reimbursement when it becomes reasonably necessary for him or her to travel in order to obtain appropriate and necessary medical care for the compensable injury or illness.
- V. Witness Statement (SORM -74 [09/98]): Form to be completed by a witness to an accident involving personal injury to an employee. The report should be completed as soon as possible to assure important facts are not forgotten by the witness.

#### IV. PROVISIONS

- A. When an employee is injured on the job, suffers an occupational disease, or dies as a result of an occupational disease or job-related injury, the employee (or person acting on the employee's behalf), the supervisor and SRMD each have responsibilities regarding reports and actions to be taken.
- B. To receive Workers' Compensation benefits in a timely manner, the reports and actions defined in this document must be initiated within the time frame prescribed.
- C. No Workers' Compensation benefits can or will be paid until the Employer's First Report of Injury (TWCC-1S) is received by SORM in Austin.

#### V. PROCEDURES FOR REPORTING OCCUPATIONAL ILLNESSES OR INJURY

- A. No benefits can or will be paid until the Employer's First Report of Injury (TWCC-1S) is received by SORM.
- B. Employee responsibilities
1. To expedite the claim process, employees should report any occupational injury or exposure to their immediate supervisor within 24 hours. Notification should include the following information:
    - a. Name, address and telephone number of the injured employee;
    - b. Date, time and place the injury or exposure occurred;
    - c. Description of the circumstances and the nature of the injury or exposure;
    - d. Names of any witnesses; and
    - e. Name and address of the health care provider who has treated the employee, if medical treatment was necessary.

2. Should an employee need to seek medical treatment or lose time as a result of a previously reported injury or occupational exposure, the employee, or a person acting on the employee's behalf if the employee is incapacitated, should immediately notify the employee's supervisor (or, if applicable, the supervisor on duty).
3. In order to receive compensation for an occupational injury or disease, a claim must be filed with the Texas Workers' Compensation Commission no later than one year after the date of injury, or if the injury is an occupational disease, no later than one year after the employee knew or should have known that the disease was related to the employment (Form TWCC-41).
4. For the purposes of qualifying for Workers' Compensation benefits, the law requires that an employee who claims a possible work-related exposure to HIV infection must provide a written statement of the date and circumstances of the exposure. **The law also requires the employee to document that within 10 days after the date of the exposure, the employee had a test result that indicated an absence of HIV infection – or the claim will be denied.**
5. If immediate medical treatment is required:
  - a. All employees requiring emergency medical treatment for a work-related occupational injury or illness are entitled to such treatment as authorized by the Texas Workers' Compensation Act.
  - b. Injured employees are encouraged to use the University Student Health Center for initial care. However, they are permitted to select their own medical doctor(s) and hospital service(s) to render reasonable care for the injury or illness.
  - c. Employees should notify their supervisor, if possible, prior to seeking initial non-emergency treatment for an injury or illness.
  - d. Employees should, after receiving treatment, notify their supervisor of the name and address of the health care provider who has treated them.
6. If lost time is anticipated:
  - a. The Employee's Election Regarding Utilization of Sick Leave form (SORM-80 [12/00]) must be completed. Completion of this form, which is contained in the accident packet, allows the employee the election of using all accrued sick and/or annual leave before receiving weekly compensation benefits or using no sick or annual leave at all.
  - b. If an employee remains at work after an injury/illness but is absent at a later date because of that injury/illness, he or she shall notify the immediate supervisor at the beginning of the first day's absence.
  - c. Upon returning to work, an employee shall provide his/her supervisor with a copy of the Physician's Release to Work prior to resumption of normal duties.
7. Family and Medical Leave (FML) is an additional option available to eligible employees for continuing insurance benefits (except disability insurance plans) and receiving the premium sharing from the state or the university toward the cost of health insurance.

- a. Employees desiring to use FML must first use all paid leave available--which includes sick leave, vacation and compensatory time--before being eligible for FML. Employees should contact the Benefits Office of the Human Resources Department to determine eligibility and obtain more details on this leave. Employees should also advise their supervisor of their intent to use FML.
  - b. SORM must be notified immediately of the employee's election of FML for computation of benefits payment amounts.
    - (1) Employees on FML will not have premium sharing included in their benefit payment for the period that their leave without pay is FML, since the university will continue to provide premium sharing directly with the Employees Retirement System of Texas.
    - (2) If the leave without pay is not covered by FML, the amount of benefit payments includes premium-sharing compensation.
    - (3) Failure to report this election will result in a loss of premium-sharing compensation amounts to the employee for any period prior to the date SORM is notified of this election.
- C. Supervisor's responsibilities: The supervisor has the responsibility of acting as an agent of the University of Houston for the Workers' Compensation system. This responsibility includes:
1. Becoming familiar with university policies and procedures related to Workers' Compensation, including those forms for which the supervisor has responsibility in the case of a Workers' Compensation claim.
  2. Assuring that prompt, proper medical attention is provided for the employee if it is required.
  3. Immediately reporting to SRMD by phone at extension 713-743-5865, (followed by confirmation in writing) any serious injury to an employee, incidents involving more than three employees or work-related illness or injury resulting in death of an employee.
  4. Upon notification of injury or occupational exposure by the employee or representative, notifying SRMD, and requesting an accident packet.
  5. Completing the accident packet and returning it to SRMD within 24 hours in person or by facsimile with original via university interoffice mail (1005). If the supervisor is uncertain whether the employee will miss the next working day, the packet may be held until the start of the next workday before forwarding it to SRMD. If any other delay of any form is anticipated, SRMD must be notified.
  6. Upon notification that the employee is seeking medical attention and/or losing time for a previously reported injury or occupational exposure, immediately notifying SRMD so that the packet can be retrieved from the holding file and forwarded to SORM.
  7. If the employee loses time other than what is shown on the original Employer's First Report of Injury, immediately notifying SRMD in order that a Supplemental Report of Injury may be completed and filed with SORM.
  8. Verbally notifying SRMD when an employee returns to work, sending SRMD a copy of the Physician's Release, and providing information for the completion of an Employer's Supplemental Report of Injury showing the employee's return to work.

9. Immediately notifying SRMD if an employee resigns, retires, or is terminated while on Workers' Compensation Leave.
  10. Notifying the employee of his rights under the Family and Medical Leave Act and provide information on the university's policy related to FML.
  11. Providing notice of granting of FML to SRMD for reporting to SORM. The supervisor must also obtain written application for FML from the employee and submit it to Human Resources.
- D. SRMD responsibilities: SRMD is responsible for the following services regarding Workers' Compensation regulations and procedures:
1. Providing information and training classes to the university community concerning the filing of Workers' Compensation claims.
  2. Furnishing copies of accident packets to supervisors upon notification of an employee's work-related injury, illness or occupational exposure, and to other members of the university community who may require it and do not have access to the materials through the web site.
  3. Providing a Workers' Compensation Manual to all departmental business offices complete with detailed instructions for all forms.
  4. Upon receipt of the accident packet forms, checking for completeness, entering the incident into the database, and (depending upon the appropriate action) placing the packet in a holding file or forwarding it to SORM.
  5. Maintaining computer and/or hard copy files of all Workers' Compensation claims filed by University of Houston employees for at least two years after the claim becomes inactive.
  6. Completing all Supplemental Reports of Injury based on information provided by the supervisor or departmental representative.
  7. Conducting follow-up investigations as necessary to ensure safe work practices and safe working conditions
  8. Serving as the liaison between the University of Houston, the employee, the supervisor and SORM.
- VI. REVIEW AND RESPONSIBILITY
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|--------------------|---|
| Responsible Party: | Associate Vice President for Administration |
| Review:            | Every two years, on or before June 1        |

VII. APPROVAL

Randy J. Harris  
Vice President for Administration and Finance

Arthur K. Smith  
President

Date of President's Approval: 12/07/01

VII. REFERENCES

UH System Administrative Memorandum 01.C.03  
State of Texas Risk Management for State Agencies, Volume III - Workers'  
Compensation Exposures, Section Three, Workers' Compensation Loss Reporting  
Texas Administrative Code, Title 28, Part 4 - State Employees - Workers' Compensation

Index Terms:     Reporting work-related illness or injury  
                      Workers' compensation  
                      Work-related illness  
                      Work-related injury

**Addendum A**  
**Accident Packet**  
**Employee Accident Report Forms**  
**Instructions**

ALL FORMS MUST BE TYPED

This report packet supplies forms for the mandatory documenting of an injury or illness potentially subject to a coverage claim through Workers' Compensation. Mandatory forms from this packet should be completed and returned by the supervisor according to the instructions below. The typed forms should be returned within 24 hours in order to meet state stipulated deadlines. Failure to properly complete and submit necessary forms on a timely basis may delay medical and salary benefits to the injured employee.

There are five forms included in this packet. The first form described is mandatory. Depending on the specific circumstances of the accident being reported, three other forms may also be required. The forms included with this packet are:

1. The "Employer's First Report of Injury or Illness," (TWC-1S). This mandatory form must have lines 1-40 and line 52 completed. The information requested on lines 13 and 14 should be provided only if a physician was seen as a result of the accident; if no physician was seen type "NONE" on line 13 and leave line 14 blank. If the supervisor suspects that the employee will not return to work on the next working day (line 26), he/she may hold the forms one additional day to confirm the employee's absence. Do not mail this form to the address printed at its top; it should be sent to Safety and Risk Management at the mail code shown below.
2. If lost time is anticipated as a result of the incident, then the "Employee Election Form," (SORM-80), must be completed by the employee.
3. If there were witnesses to the accident, a "Witness Report" should be completed by each witness.
4. The "Authorization for Release of Information" (WCD-16) must be completed by the employee if medical treatment has or most likely will be rendered. This form allows the Workers' Compensation Division of the State Office of Risk Management to request and receive medical information concerning the injured employee.
5. The "Notification of Additional Information" (SORM-90) should be completed by the supervisor. This form is required on all **Lost Time Accidents**.

If you have any questions or would like a complete copy of this packet, contact Safety and Risk Management at (713) 743-5865.

**QUESTIONS? CALL 713-743-5865**  
**RETURN ALL FORMS TO UH MAILCODE 1005**

*The complete Accident Packet is available for viewing or downloading at the following websites:*  
<http://www.sorm.state.tx.us/Training/Handbook1200/Forms.htm>  
<http://www.uh.edu/admin/srmd/rmwc/wc.html>