

UNIVERSITY of HOUSTON
MANUAL OF ADMINISTRATIVE POLICIES AND PROCEDURES

SECTION: Human Resources
AREA: Benefits

Number: 02.02.06

SUBJECT: Workers' Compensation

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 the Texas Workers' Compensation Act, and other state and institutional guidelines (example: [System Administration Memorandum \[SAM\] 01.C.03](#)) 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 reviewed and processed by Risk Management and forwarded to the [State Office of Risk Management \(SORM\)](#) who administers the University's Workers' Compensation program. Compensation may be paid should the employee be temporarily or permanently disabled. 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 Forms: [Forms](#) that are filled out in order to record details of an unavoidable event that occurs while on the job.
- B. Authorization for Release of Information (SORM-16): Form 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 through the payroll system of the University of Houston. The term "Employee" shall not include students of the University nor contractors.
- E. Employee's Election Regarding Utilization of Sick and Annual Leave (SORM-80): Form that allows an injured employee the election of using all accrued sick leave and all annual leave, or a portion of accrued annual leave, or no annual leave or no sick or annual leave before receiving weekly compensation benefits.
- F. Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC-041): 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 Department of Insurance – Division of Workers' Compensation.

- G. Employee's Report of Injury (SORM-29): The injured employee completes this form to provide SORM with information pertaining to the circumstances surrounding the injury and what has happened since the date of injury.
- H. Employer's First Report of Injury or Illness (DWC-1S): Form that must be completed electronically by the claims coordinator to the SORM for any occupational injury/illness in which an employee incurs medical expenses or loses time from work due to a work-related accident or incident.
- I. Employer's Wage Statement (DWC-3): Report obtained from Payroll used to determine the injured worker's weekly wage and submitted to SORM by the claims coordinator in RM.
- J. Health Care Network: SORM has contracted with CompKey+ workers' compensation Health Care Network (HCN) to provide state employees, who live in network service areas, the opportunity for improved quality of care and help in returning to work as soon as medically appropriate.
- K. Lost time: Any work time lost due to occupational work-related injury or illness after the original date of injury or first symptom of illness.
- L. 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 illness or injury.
- M. 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 regular work or job assignment following the illness/injury.
- N. Notification of Additional Information (SORM-90): Report submitted electronically to SORM by the claims coordinator after changes in Employee Information occurs.
- O. Occupational accident: A sudden, unplanned, unintentional event or occurrence that interrupts the efficient completion of a work-related activity.
- P. Occupational Disease: 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 a disease or infection that naturally results 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 incident to a compensable injury or occupational disease. The term includes repetitive trauma injuries.
- Q. Occupational exposure: An exposure to a condition or conditions that may result in the contraction of an occupational illness.
- R. Occupational injury or illness: Damage or harm to the physical structure of the body and a disease or infection naturally resulting from the damage or harm. The term also includes occupational diseases. 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.
- S. RM: Risk Management Department.

- T. Supervisor: Any employee or designated representative 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.
- U. Supervisor's First Report of Injury or Illness: UH form that must be completed by the injured employee's supervisor or a person designated by the supervisor when an occupational illness or injury occurs. This report must be completed and returned within 24 business hours for RM to meet mandatory state deadlines.
- V. Supplemental Report of Injury (DWC-6): Report submitted electronically to SORM by the claims coordinator each time any of the following events occur:
1. The employee returned to work after the initial report, then later had additional lost time or reduced wages due to the occupational injury or illness;
 2. The injured employee returns to work in any capacity;
 3. The employee earns more or less than the pre-injury wage because of the injury; or
 4. The injured employee is terminated, resigns, or dies.
- W. Texas Workers' Compensation Work Status Report/Physician's Release to Work (DWC-73): Form completed by the employees treating physician explaining an injured employee's medical restrictions or ability to work.
- X. Travel Reimbursement (DWC-48 [6/06]): 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.
- Y. Witness Statement (SORM-74): Form to be completed by anyone who witnessed or has information to provide regarding the occupational accident. The report should be completed as soon as possible to assure important facts are not forgotten by the witness.
- Z. Workers' Compensation Network Acknowledgement Form: Form to be filled out by the employee immediately after sustaining an occupational injury or illness. The form requires the employee to acknowledge that they have received information on how to obtain health care services under workers' compensation.
- 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 RM each has 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 in the time frame prescribed. Time lines or responses are expected during business hours.
- C. No Workers' Compensation benefits can or will be paid until the Employer's First Report of Injury (DWC-1S) is received by SORM.

V. PROCEDURES FOR REPORTING OCCUPATIONAL ILLNESSES OR INJURY

A. Employee responsibilities

1. All occupational injuries or illnesses should be reported to their immediate supervisor immediately, even if there is no medical treatment or lost time anticipated. The following forms should be completed within 48 business hours:
 - a. Employee's Report of Injury;
 - b. Employee's election Regarding Utilization of Sick and Annual Leave;
 - c. Authorization for Release of Information;
 - d. Workers' Compensation Network Acknowledgement Form.
2. In order to receive compensation for an occupational injury or disease, a claim must be filed with the [Texas Department of Insurance – Division of Workers' Compensation](#) (TDI DWC) within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related. The form (Form DWC-41) is sent to the employee directly from TDI-DWC.
3. For the purposes of qualifying for Workers' Compensation benefits, the law requires that an employee who claims a possible work-related exposure to Human Immunodeficiency Virus (HIV) must provide to the employee's supervisor or to RM:
 - a. A written statement of the date and circumstances of the exposure; and
 - b. A copy of the test results showing that the employee has a test performed within 10 days of the exposure to HIV which indicates the absence of the HIV infection. The testing protocol must conform to Texas Department of Health requirements.
4. If medical treatment is required:
 - a. If emergency medical treatment is required: The employee can seek treatment at any hospital emergency room.
 - b. Non-emergency medical treatment: The employee should seek treatment with a health care provider within the Health Care Network. A link to locating a Health Care Network provider can be found on the RM web site: <https://uh.edu/risk-management/workers-compensation/find-a-health-care-provider/>. The University Health Center does not accept workers' compensation patients.
5. If lost time is anticipated:
 - a. The [Employee's Election Regarding Utilization of Sick Leave form \(SORM-80\)](#) must be completed. If an employee is absent due to a work-related injury/illness, he or she shall notify their immediate supervisor and the claims coordinator at the beginning of the first day's absence. SORM must receive the completed form from the claims coordinator no later than the fifth (5th) calendar day after the first full day of lost time has occurred.

- b. Upon returning to work, an employee shall provide his/her supervisor and the claims coordinator with a copy of the Physician's Release to Work prior to resumption of normal duties.
 6. Employees may apply for [Family and Medical Leave Act \(FMLA\)](#) if the employee is taken off of work due to a work-related job injury for more than 3 business or normally scheduled work days. Employees should contact the Benefits Office in the Human Resources Department to determine eligibility and obtain more details on this leave.
- B. Supervisor's Responsibilities
1. Aiding the Injured Party - If the injury is serious/life threatening, assist the employee in getting medical help as quickly as possible. If the injury is not serious/life threatening, the injured employee should comply with Section 4b. All blood and airborne pathogen precautions should be taken when aiding an individual secreting blood or other body fluids.
 2. Reporting of Injury - All serious/life threatening injuries to employees, incidents involving more than three employees, or work-related illness or injury resulting in the death of an employee must be reported to RM immediately. For non-serious/life threatening injuries, the Supervisor's First Report of Injury must be submitted to RM within 24 business hours.
 3. Accident Prevention-Supervisor/Manager shall evaluate the incident and take the appropriate actions(s) to reduce or prevent recurrence.
 4. Completing Forms – Supervisors should ensure that all appropriate forms are completed and returned to RM in person, facsimile (713-743-8035), or via university interoffice mail (Mail code 1005). All forms and instruction sheets can be found at <http://www.uh.edu/af/riskmanagement/workerscomp.htm>.
 5. Reporting of Absences – If an employee loses time from work due to an occupational work-related injury, notify RM:
 - a. The day the injured employee loses time;
 - b. Within 24 business hours when the employee, after returning to work, has an additional day or days of temporary disability because of the injury;
 - c. Within one (1) business day after the employee resigns or is terminated;
 - d. Accident-related lost time should be documented by the supervisor by coding either sick time, vacation, or leave without pay in PeopleSoft, depending on the employee's election regarding utilization of sick and annual leave. Accident-related lost time during which an employee has elected to receive workers' compensation income benefits should be documented as leave without pay.
 6. FMLA - Notifying the employee of their rights under the Family and Medical Leave Act and providing information on the university's policy related to [FMLA](#) and notifying RM if the employee is granted FMLA.

- 7. Notifying RM of any changes to the employee's information such as name, phone number, address, child support deductions, granted additional sick leave and FMLA.

C. RM Responsibilities

- 1. Providing information and training for the university community concerning the filing of Workers' Compensation claims.
- 2. Furnishing copies of accident forms 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. Upon receipt of the accident forms, checking for completeness, electronically filing the Employer's First Report of Injury or Illness form with SORM, or placing the forms in a RM holding file if no treatment or lost time has occurred.
- 4. Maintaining computer and/or hard copy files of all Workers' Compensation claims filed by University of Houston employees for at least five years after the claim was reported to SORM.
- 5. Completing all Supplemental Reports of Injury based on information provided by the supervisor or departmental representative.
- 6. Conducting follow-up investigations as necessary to ensure safe work practices and safe working conditions.
- 7. Serving as the liaison between the University of Houston, the employee, the supervisor and SORM.
- 8. Notifying Human Resources when employees are off work for more than 3 days due to a work-related injury to assist with the coordination of other benefits as may be appropriate.

VI. REVIEW AND RESPONSIBILITY

Responsible Party: Associate Vice President for Finance

Review: Every five years

VII. APPROVAL

/Raymond Bartlett/
Senior Vice President for Administration and Finance

/Renu Khator/
President

Date of President's Approval: March 20, 2024

VIII. REFERENCES

[UH System Administrative Memorandum \(SAM\) 01.C.03](#)

[MAPP 02.02.07 – Return-To-Work Program](#)

[State of Texas Risk Management for State Agencies, Volume III](#) - Workers' Compensation Exposures, Section Three, Workers' Compensation Loss Reporting

[Texas Workers' Compensation Act, Texas Labor Code, Title 5](#)

[Texas Administrative Code, Title 28, Insurance, Part 2, Texas Department of Insurance, Division of Workers' Compensation](#)

[UH Risk Management Workers Compensation Web Site](#)

[State Office of Risk Management \(SORM\) Web Site](#)