



**COMMUNICATIONS PERSONNEL
POLICY/PROCEDURE**

Policy No. 2010 Date Issued: April 26, 1996
Section: 2000 – Personnel Procedures Date Revised: August 2, 2017
Accreditation Standards:

**SUBJECT: PROCESSING WORKER’S COMPENSATION AND INJURED
WORKER’S CLAIMS**

APPROVED: _____
Dennis Kidd, General Manager

1.0 Policy

To establish a written process to deal with all workplace injuries or illnesses.

2.0 Employer’s Initial Responsibility

- 2.1 A supervisor/manager (or Dispatcher III, in the absence of the supervisor) may receive notice of a workplace injury from many sources, i.e. the injured employee, a co-worker, treating physician, or family member. When notified of a workplace injury, the following procedure must be followed within one working day. The SDRMA Workers Compensation Claims Manual should be referred to for appropriate forms and checklists to be completed by employee, supervisor, and Safety Coordinator.
- 2.2 The on duty/on call supervisor shall assist any injured employee who needs immediate medical treatment and will call Company Nurse at 877-518-6711 for assistance in accessing appropriate medical treatment
 - 2.2.1 The supervisor shall refer to the Medical Provider Network (WellComp) to select a medical provider and provide the Wellcomp information pamphlet to the employee.
 - 2.2.2 The supervisor shall arrange for transportation if necessary.

- 2.2.3 The supervisor shall call ahead, or assign another to call ahead, to notify the medical provider that an employee is coming in with an "on the job" workers compensation injury, and they should make whatever arrangements necessary to see the employee when he/she arrives.
- 2.2.4 The supervisor shall notify the Safety Coordinator as soon as possible following the initial discovery of a workplace injury.
- 2.2.5 The supervisor (or their designee) shall complete the Supervisor's Report of Employee Injury Form immediately following the reported injury. This form shall be provided to the Safety Coordinator as soon as possible.

3.0 Worker's Compensation Claim Form (DWC 1)

- 3.1 The Workers' Compensation Claim Form (DWC 1) must be completed within one working day.
- 3.2 The supervisor may assist the employee in completing numbers 1 to 8 of the DWC 1.
NOTE: If the employee is unavailable to complete the form, the supervisor or Safety Coordinator shall gather as much information as possible from the employee by phone or other employees who witnessed the accident and complete the Employee Incident Report form.

4.0 Safety Coordinator Responsibilities

- 4.1 Complete numbers 9 to 18 of the DWC 1
- 4.2 Provide the employee with one copy of DWC 1 and the cover sheet which explains the Workers Comp program.
- 4.3 The Safety Coordinator shall provide a copy of the Supervisor's Report of Employee Injury Form to the initial medical provider, via fax, or given to the employee to give to the medical provider.
- 4.4 The Safety Coordinator shall be responsible for monitoring the day to day progress of the injury/recovery and in coordinating the early return to work program for the employee.
- 4.5 In order to implement an early return to work program, the Safety Coordinator, working with the employee's medical provider, shall prepare a "LIMITED DUTY" description of appropriate activity that will allow the employee to return to work.
- 4.6 All "LIMITED DUTY" or modified work activity shall be:
 - 1) in writing;
 - 2) approved by the RISK OFFICER or the GENERAL MANAGER; and
 - 3) signed off by the treating medical provider, before being implemented.

5.0 Accident Investigation Report Form 5

- 5.1 Based on the Supervisor's Report of Employee Injury, the Safety Coordinator must complete this form immediately upon notification of a work related injury.
- 5.2 The Safety Coordinator should get as much information as possible when completing this form, considering the extent and severity of the injury, including the name of the treating doctor, facility, or hospital, the exact time of injury or time of notification, list days off work due directly to the injury (including regularly scheduled days off), when the employee is expected back at work, names and phone numbers of who to call for follow up and injury status.
- 5.3 The Safety Coordinator will forward the completed Accident Investigation Report Form to the appropriate departments.

6.0 Employer's Report of Occupational Injury or Illness (Form 5020)

- 6.1 This form will be completed by the Office Supervisor and is a compilation of the information previously obtained on the Accident Investigation Report form and the "Employees Claim for Worker's Compensation Benefit" form.
- 6.2 The form is completed and submitted online through <https://yorkrsg.com>
- 6.3 A copy of form 5020 will be printed and signed and mailed to York Risk Services, Inc.

7.0 Safety Coordinator Responsibilities Following Reported Injury

- 7.1 Review the "Employees Claim for Worker's Compensation Benefit" form.
- 7.2 Prepare the "Accident Investigation Report" form.
- 7.3 Review the "Supervisor's Report of Occupational Injury or Illness" form.
- 7.4 Follow up with any necessary or prudent hazard mitigation.
- 7.5 Wherever the reporting system or management responsibility needs correction or improvement; adjust accordingly and document all changes in the various manuals or advise General Manager of appropriate recommendations.
- 7.6 Distribute the above forms to the General Manager, Risk Officer (SDRMA), and Safety Committee.