

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 8:	Management of Human Resources
PROCEDURE 8.35:	Workers' Compensation
Governing Body Approval:	April 29, 2018
REVISED:	

PURPOSE: To inform Whiting Forensic Hospital (WFH) employees of the policy and procedures to follow in the event of work-related illness or injury and procedures to follow to return to light/selective duty.

SCOPE: All WFH staff

POLICY:

It is the policy of WFH that all injured employees receive the best possible treatment of their work related injury through a timely and high quality, initial evaluation. To this end, WFH provides injured employees with comprehensive information necessary to accurately guide the employee in submitting a workers' compensation claim.

PROCEDURE:

1. *Initial Report of Injury*

- A. In an emergency, dial 999 from a Hospital phone, for immediate medical attention.

- B. As soon as possible the employee notifies his/her supervisor.
- C. The supervisor directs the employee to the Middlesex Hospital Outpatient Center/Occupational Medicine for initial evaluation and medical treatment for injuries that occur Monday through Friday 8:00 a.m. to 4:30 p.m. Employees injured before 8:00 a.m. or after 4:00 p.m. Monday through Friday or on the weekend will be directed to the Middlesex Hospital Emergency Department. Supervisor and employee will assess transportation needs. The Middlesex Hospital Outpatient Center/Occupational Medicine will follow up on these employees the next business day.
- D. In a non-emergency situation, the employee completes the following forms and submits them to his/her supervisor:
 - 1. WFH Incident Report-Sections 1-4 and 6;
 - 2. DAS First Report of Injury Form (DAS-207);
 - 3. DMHAS Supervisor's Accident Investigation Form (WC-207-1);
 - 4. 1A Filing Status and Exemption; and
 - 5. Request for Use of Accrued Time with Workers Compensation (CO-715)
- F. The supervisor completes Sections 5 and 8 of the WFH Incident Report (WFH-494); Section III of the DMHAS Supervisors' Accident Investigation Form (WC-207-1).
- G. The supervisor reviews forms for completeness and accuracy.
- H. The supervisor sends all completed forms to the DMHAS Workers' Compensation (WC) Unit by the end of the next business day, including a copy of the WFH Incident Report. (The original Incident Report is sent to the CEO or designee.

ALL FORMS MAY ALSO BE FOUND ON THE DMHAS WEBSITE:

<http://www.ct.gov/dmhas/cwp/view.asp?q=583694>

- I. *After the initial visit, to the Middlesex Hospital Outpatient Center/Occupational Medicine or Emergency Department, the employee may continue to receive treatment from Middlesex Hospital Outpatient Center or choose a treatment provider from the State Preferred Participating Provider Directory. (The employee can obtain the State Preferred Participating Provider Directory by contacting his/her supervisor, the DMHAS WC Unit, or the Human Resources Office). Workers' Compensation benefits are paid only when treatment is provided by an in-network provider.*
- J. The supervisor reminds the employee to contact his/her supervisor (and Hospital Support, if applicable) after each medical appointment to communicate his/her work

status, next medical appointment and return to work date.

- K. The supervisor calls the Third Party Administrator (TPA) within 24 hours of the injury/illness to report the injury/illness at 1-800-828-2717 and completes Section V of the DMHAS Work Related Illness and Injury Report. (The information the supervisor report is on the DMHAS Work Related Illness and Injury Report).
- L. The DMHAS WC Unit receives the evaluating physician's completed Worker Status Reports/Medical Reports.

NOTE: The TPA of the Worker's Compensation Program for the State of Connecticut investigates claims of injury, evaluates eligibility of worker's compensation and determines benefits.

2. Medical Care During Work Hours

- A. When an employee is released to return to duty but requires follow-up medical appointments, the employee completes a Leave Request form for each medical appointment giving the supervisor as much notice as possible.
- B. The supervisor allows an employee who has incurred a job-related injury to leave work, if necessary, to receive medical attention for the injury.
- C. The supervisor provides the Verification of Medical Appointment form to the employee.
- D. The employee takes the verification form to the scheduled medical appointment.
- E. The medical provider completes the verification form.
- F. The employee brings this form to his/her supervisor. Supervisors within the hospital forward a copy of the form to Hospital Support to code time sheets accordingly. The form must be faxed to the DMHAS WC Unit upon receipt. All other employees must submit the form to the DMHAS WC Unit. Such time away from work and reasonable travel time to and from shall be coded as WSPC.

3. Medical Care While Absent from Work

- A. The absent employee seeks medical attention from a physician listed in the State Preferred Participating Provider Directory.

- B. The absent employee communicates with his/her supervisor, Human Resources and Hospital Support, if applicable, regarding his/her progress of treatment, future medical appointments and expected return to work date.
- C. The supervisor calls the employee periodically to ask how he/she is doing and if necessary, inquire about medical appointments and a possible return to work date.

The employee is taken off the payroll unless he/she opts to use his/her accrued time by signing Form CO-715. The employee's time sheet is coded accordingly. All time sheets completed within the CORE-CT Self Service Payroll System that require any WC time codes must be submitted on a paper time sheet, with signatures from the employee, if available, and the supervisor.

4. Change in Medical Provider

A.

- B. ***An employee who wishes to change medical providers during the course of treatment obtains a referral from his/her current medical provider or requests permission from the TPA of worker's compensation prior to receiving treatment from another medical provider within the State Preferred Participating Provider Directory, or at an informal hearing before the workers' compensation commissioner The list of participating providers can be obtained from the employees' supervisors, Human Resource Office or the DMHAS WC Unit.***

5. Absence from Work Due to Relapse or Recurrence:

- A. The employee notifies his/her supervisor that he/she is absent from work due to a work related injury that occurred at an earlier date.
- B. The supervisor ensures that the employee contacts and provides medical documentation to the DMHAS WC Unit (Fax 860-262-5011) that states the employee is temporarily totally disabled, the period of disability and the date of the injury.
- C. The supervisor provides the employee with form CO-715 for completion and submission of the form to the DMHAS WC Unit.
- D. The supervisor or hospital support ensures the employee's time and attendance coding is accurate. (The employee is taken off the payroll unless he/she completes form CO-715 to elect to use his/her accrued time while a determination of workers' compensation is made). Failure to contact the DMHAS WC Unit may delay the processing of the claim and receipt of workers' compensation benefits.

6. Return to Duty

A. Return to Regular (Full) Duty:

1. The employee obtains medical documentation that states the date the employee can return to full duty in his/her regular assignment; and
2. The employee submits this documentation to the DMHAS WC Unit and Human Resources PRIOR to the return to work date.

C.

B. Return to Light/Selective Duty/Schedules

1. The employee obtains medical documentation that states the date the employee can return to light/selective duty, the specific physical work restrictions, the date of the next medical appointment, and/or the anticipated date the employee can return to full duty.
2. The employee submits this medical documentation to Human Resources on the same day or next business day he/she obtains that medical documentation.
3. The employee confers with the appropriate Human Resources Officer and the responsible manager, to determine if an appropriate light/selective duty assignment is available based on the physical restrictions and availability of light/selective duty assignments.

The Human Resources Officer completes the DAS Workers' Compensation Selective Duty Form.

Based on the determination of the availability of a light/selective duty assignment, the Human Resources Officer approves or denies a light duty assignment.

4. Schedules for individuals approved for a light/selective duty assignment are on day shift, Monday through Friday. Holidays are taken on the day the State observes the holiday. Employees approved for light/selective duty assignment cannot work any overtime. Requests for scheduling accommodations while on light duty will be considered on a case by case basis. Light/selective duty assignments may not exceed 90 calendar days.
5. The approval of light/selective duty requires that the Human Resources Officer specify the start and end dates of the assignment; and the exact work restrictions that are being imposed.
6. The form is signed by the Human Resources Officer and the employee.
7. The Human Resources Officer returns signed copies of the form to the supervisor,

employee, and the DMHAS WC Unit.

8. The DMHAS WC Unit processes the necessary forms if the employee is eligible for the DAS 1199 Workers' Compensation Selective Duty Program.
9. The responsible supervisor monitors the light/selective duty assignment, assuring proper/timely completion of timesheets.
10. The employee submits medical documentation to the Human Resources Officer following each follow-up medical appointment, for reconsideration of the light/selective duty assignment.
11. The Human Resources Officer notifies the supervisor and DMHAS WC Unit when the employee's work status changes (e.g., return to full/regular duty or becomes totally disabled).
12. The Human Resources Officer refers the employee to the DMHAS WC Unit if the employee is not capable of returning to full/regular duty within 90 days, or if no light/selective duty assignment is available.
13. While an employee is serving in a light/selective duty assignment, the employee's timesheet may be coded as follows:

RLDY = Employee Working Light Duty

VLDY = Employee Using Vacation Time While on Light Duty

SLDY = Employee Using Sick Time While on Light Duty

There is no specific coding when an employee uses an earned holiday or personal leave while on light duty.

7. Medical Bills and Reports

Human Resources, employees and supervisors submit copies of all medical reports relative to workers' compensation injuries/illnesses to: DMHAS WC Unit, DMHAS HRSB, P.O. Box 1508, 460 Silver Street, Middletown, CT 06457.