

Worker's Compensation Resource Packet For Supervisors

October 2016

Table of Contents

Reporting an Injury.....	1
Medical Care and Transportation	
First Report of Injury Form	
Restrictions and Return to Work	
Physical Demand Levels	
Time Recording	2-3
Medical Provider Listing.....	4
Medical Transportation Flowchart.....	5
Example: First Report of Injury Form	6
Example: Worker's Compensation Witness Report Form	7
Restriction Slip Requirements.....	8
Additional Resources.....	9

Reporting an Injury:

- Instruct employees to report injuries immediately even if they do not require medical care. Be sure your employees know how and to whom they should report.
- If you observe an obvious impairment in an employee, let them know that you have seen that they are having problems. Ask them if the injury occurred at work. If the answer is yes, ask them to explain to you how it happened.

Medical Care and Transportation

- Ask the employee if they need medical care.
- Inform the employee which medical facilities they can use for their work related injury.
- If medical care is needed, work with employee to arrange transportation to an approved work comp medical facility for that first visit.

First Report of Injury Form

- The supervisor should complete the First Report of Injury form electronically and submit it. (Immediately if possible, but no later than 24 hours after the employee reports it.)
- If it is a serious injury, complete a Witness Report Form.

Restrictions and Return to Work

- The employee will return from their medical visit with a restriction/return to work slip. This will tell you if the employee is temporarily prohibited from certain movements or physical demands until their next appointment. It is up to the supervisor to determine if there is work available for the employee within those restrictions, or if the employee will need to be off work.
 - *Can the employee return to their regular job?
 - *Can they return to their regular job with some modifications?
 - *Is other work available somewhere in the department?
 - *Are you aware of another department that has work available?

Physical Demand Levels -- Per the Department of Labor

Occasional	0-33% of the workday (0 – 2.5hrs/day)
	0 – 100 reps/day
	Up to 12.5 times per hour
	1 time every 5 minutes
Frequent or Repetitive	34 -66% of the workday (2.5 – 5.5 hrs/day)
	101 – 499 reps/day
	12 – 62 times per hour
	1 time every 5 minutes to 1 time per minute

Constant 67 – 100% of the workday (more than 5.5 hrs/day)
 500 reps or more per day
 More than 62 times per hour
 1 time or more per minute

- If you have questions about whether or not the work available is appropriate with the employee's restrictions, feel free to contact the work comp administrators to discuss.
- Let JWF know if you will be able to work with the restrictions.

Time Recording

Medical Appointments: Use of "WC" Code for MD and P.T. Appointments

- The "WC" code is used to pay an employee when they attend a Work Comp MD or PT appointment during scheduled work time.
- On the day of injury the employee might have three codes on their timecard – Reg worked time, "WC" time for the time they spent at the clinic or hospital, and sick time if they are required to, or choose to go home for the rest of the day.

Follow-up appointments:

- Except for the day of injury, there are limits on the amount of time used as "WC" time.
 - o The employee may use a maximum of **2 hours** "WC" time for a local appt.
 - o The employee may use a maximum of **4 hours** "WC" time for an Indianapolis or Kokomo appt
- This provides transportation time to and from the appointment and at least an hour for the appointment. If the appointment takes longer due to x-rays or other procedures, please contact the Worker's Compensation Administrator so that the additional time can be verified and approved.
- If the employee is scheduled to work, they may be paid "WC" time for their appointment.
- If an employee is scheduled to work, has a follow-up appointment, and chooses to go home before or after the appointment when the department has work for them within their restrictions, it is up to the employee's department to determine if the employee is allowed to take vacation time or other paid time for the time outside of the appointment.
- If an employee has an appointment scheduled for a day off or when a vacation day is scheduled, the "WC" code cannot be used.
- "WC" code is not used to cover an absence from work due to a restriction or MD order.

- **Time Recording – Off Work -- Summary of Work Comp Pay Procedures for Hourly Employees**
- **Day of Injury** -- reg time worked, WC code for time at medical provider, Sick time if sent home for remainder of day
- **Day 1 - 7 -- Waiting period** -- Employees use sick time
- If the employee is off work under a doctor's order due to the injury, the first 7 calendar days of absence is counted as the Waiting Period for Work Comp. If the employee is injured on 1/1, their WP would be 1/2 thru 1/8. Work Comp benefits would start on 1/9.
- By default, the employee will use sick leave during the waiting period.
- If it is an FMLA leave, the employee has the option to not use their sick leave.
- On the FMLA paperwork, in the section under "Pay Direction," it states: "The University will automatically use sick leave for the seven (7) day waiting period."
If sick leave has been used, and the employee did not want it used, the employee will have 30 days from the first day of the waiting period to submit a request that their sick leave be reinstated. The employee should make the request to their supervisor or the business office that handles their payroll.
- **Day 8 - 21** -- Work Comp pays and employee can supplement with Sick time or Vac time.
- On Day 8 of absence, Work Comp benefits start. For hourly staff their timecard would indicate 5.3 hrs/day of unpaid time (FMUP or ABUP). The employee has the OPTION to supplement their benefit with 2.7 hours of sick leave, vac, or personal business days.
- OR they may choose not to supplement and would have 8 hrs of unpaid time. It is unpaid by the University Payroll because the employee receives their check from JWF, the company that handles our Work Comp.
- **Day 22 - 89** -- If covered by Short Term Disability, employee is unpaid by the University. They get a check from JWF and one from Cigna.
- After 21 days, if eligible, Short Term Disability should begin. Then the timecard should indicate 8 hrs/day of FMUP. The employee will receive 5.3 hrs/day from JWF as work comp benefits and 2.7 hrs/day from Cigna as STD. The work comp and STD checks come from the insurance companies, not from Purdue. That is why the hours are listed as UP on the timecard.

Work Comp is always FMLA if the absence is over 3 days unless the employee does not qualify for FMLA.

Medical Provider Listing		
Non-Emergency Follow-Up Care/Treatment		
<p>IU Health Arnett Occupational Health (765) 448-8708 2600 Greenbush St. Dr. C. Griffin & Dr. D. Greeson Hours: 8am – 5pm</p>	OR	<p>Regional Occupational Care Center (765) 446-2450 (ROCC) 1321 Unity Pl., Suite A Dr. Libby Riggs & Dr. Jamie Kondelis Hours: 8am – 6pm M-F</p>
Use the Urgent Care and Immediate Care Center if the facilities above are closed:		
<p>IU Health Arnett Urgent Care 253 Sagamore Pkwy West Ph: (765) 448-8000 Hours: 7am - 9pm 7 days/wk 8am - 8pm holidays</p> <p>IU Health Arnett Urgent Care 1 Walter Scholer Drive (off Old US 231) Ph: (765) 448-8000 Hours: 8am - 8pm 7 days/wk Closed on major holidays</p>	OR	<p>Unity Immediate Care Center 1321 Unity Pl., Suite B Ph: (765) 446-1362 Hours: 8am - 8pm 7 days/wk Except Christmas</p> <p>Franciscan Express Care 1501 Hartford St. (old St. Elizabeth Central Emergency Rm) Ph: (765) 423-6850 Hours: Noon – 10pm 7 days/wk</p> <p>Franciscan Express Care 915 Sagamore Pkwy West Ph: (765) 463-6262 Hours: 8am – 8pm 7 days/wk</p>
Use the hospital emergency rooms if it is a true emergency or if the above facilities are not open.		
Emergency Care		
<p>St. Elizabeth East 1701 S. Creasy Lane (765) 502-4000</p>	OR	<p>IU Health Arnett 5165 McCarty Lane (765) 838-5100</p>
Worker's Compensation Administrator for Purdue		
JWF Specialty		
Claim rep: Christie Nygaard		
Phone: (800) 359-6659 or (317) 706-9591 Fax: (317) 706-9791		

Medical Transportation Flowchart	
Examples of Injuries	
If:	Then:
Abrasions, bruises, minor lacerations	<ol style="list-style-type: none"> 1. OK to be driven by supervisor or a designated employee in a University vehicle. 2. Transport to designated medical facility
Punctures, splinters	
Minor burns	
Dirt or dust in the eye	
Sprains, strains	
Repetitive motion injuries	
Rashes	
Examples of More Severe Injuries	
If:	Then:
Chest Pain	<ol style="list-style-type: none"> 1. Call 911 from any phone and tell the operator that the injury is on the Purdue University campus. 2. In Lafayette/West Lafayette they will transfer you to the Purdue dispatcher. 3. Transport to local hospital ER
Shortness of breath or difficulty breathing	
Diabetic emergencies	
Loss of consciousness, combative, or confused	
Head injury or serious blow to the head	
Uncontrolled bleeding	
Fractures and dislocations	
Falls from height or down stairs	
Injuries of the spine -- neck or back, severe back pain	
Eye injuries / chemicals in the eye	
Chemical burns	
Any injury that causes severe pain	
<p>Some of the above may not be conditions that qualify under Worker's Compensation but are emergency events that require prompt action.</p> <p>Whenever there is doubt about the severity of an injury, err on the side of caution and call for an ambulance.</p>	

Example: First Report of Injury Form



FIRST REPORT OF INJURY

EMPLOYEE INFORMATION

Employee Name: Janet Doe	Department Number: 00000446	Date of Hire: July 1, 2015	Does employee work in Physical Facilities Zones? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Supervisor Name: Eleanor Smith	Supervisor Telephone: (765) 494-6666	Person Completing Form: Eleanor Smith	

INCIDENT INFORMATION

Date of Injury or Illness: March 16, 2016 <input type="checkbox"/> Date is Approximate	Time of Event: 12:05 PM <input type="checkbox"/> Cannot be Determined	Time Employee Began Work: 11:00 PM
What was the employee doing just before the incident occurred? Pouring stripper solution on floor		
How did the injury occur? Turned to get mop bucket and feet went out from under her		
What part of the body was affected? Hand	How was it affected? Sprain/Strain	
What object or substance directly harmed the employee? The floor		
In what building did the incident occur? (If Applicable) HAAS		
What is the exact location of the incident? 1st floor stairway, south side		
Do you expect the employee to lose work beyond the date of injury? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, what was the last day worked?	If employee died, when did death occur?
Were there any witnesses? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list witnesses: John Argos	

TREATMENT INFORMATION

Did the employee require treatment from a medical provider? <input type="checkbox"/> YES <input type="checkbox"/> NO												
If so, where was the treatment given? <i>(If the facility is not in the campus dropdown list select "Other" and enter the facility in the field that appears.)</i>												
<table border="1"> <tr> <th>West Lafayette</th> <th>Calumet</th> <th>IPFW</th> <th>North Central</th> </tr> <tr> <td>Regional Occupational Care Center (ROCC)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	West Lafayette	Calumet	IPFW	North Central	Regional Occupational Care Center (ROCC)							
West Lafayette	Calumet	IPFW	North Central									
Regional Occupational Care Center (ROCC)												

RESOURCES

Supervisor's Accident/Near-Miss Investigation Form	Worker's Compensation Website
Worker's Compensation Witness Report Form	

SUPERVISOR ONLY

The preferred way to submit this form is via email by using a "Submit by Email" button on this page. The email submission method is the gold-standard. Faxing and phone calls should only be used when a computer is not available.

If a computer is not available, print and fax this form to JWF Specialty Company at (317) 706-9791 or call (317) 706-9591.

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Revised: January 21, 2016

Example: Worker's Compensation Witness Report Form



Worker's Compensation Witness Report Form

- Name of injured employee: Janet Doe
- Name of witness: John Argos
- Location where incident occurred: HAAS, 1st floor stairway, south side
- Date of incident: March 16, 2016 • Time of incident: Around noon

1. What were you (the witness) doing at the time of the incident?

Stripping floors

2. How and when did you become aware of the incident?

Was working in same room with Janet when she fell.

3. What did you hear at the time of the incident?

Heard her gasp and heard her hit the floor.

4. Describe what you saw at the time of the incident:

I was working on the other side of the room from Janet and had my back to her. I heard her gasp and heard something hit the floor.
When I turned around, Janet was lying face first on the floor.
I asked her if she was ok and she said she hurt her hand.

5. Who else was present?

No one except Janet and I

6. Please relate any additional information you have pertaining to the incident:

I helped clean the stripper off of Janet's hands so she wouldn't get burned. Then called my supervisor to come and help.

• Witness's signature: *John Argos* • Date signed: 3/16/16

*Please use the back of this form if you need more space to provide complete information.
Fax the completed form to the Worker's Compensation Administrator at 765-496-1657. Thank you.*

Restriction Slip Requirements
A well-written restriction slip contains the following:
1. Is written on letterhead paper (something that identifies the provider)
2. Is dated when it is written
3. Is signed by the provider (preferably the MD. If it is a permanent restriction it is best to insist that it is signed by the MD).
4. It indicates the duration of the restriction.
5. The restriction is written indicating what physical activities the MD is limiting for the employee, not what job they can or cannot do. (Bending, squatting, standing, walking, lifting.)
Defining Questions
Are they being limited in frequency, weight, or ability to work in temperatures below 35 degrees or above 90 degrees?
May the activity be performed continuously, intermittently, seldom, or not at all?
Examples of unacceptable descriptions:
"No snow shoveling,"
"No lifting tables,"
"No floor scrubbing,"
Examples of acceptable descriptions
<ul style="list-style-type: none"> • May lift up to 20 pounds. • May lift up to 20 pounds less than 5 times per shift. • May lift up to 15 pounds 33 times per shift. • May lift up to 10 pounds 200 times per shift. • May not physically exert himself at ambient temperatures of less than 35 degrees for greater than 15 min at a time or greater than twice per shift. • A break of a minimum of one-half hour between the episodes of outside work should be allowed.
It is up to the employer to review the restrictions and determine what work is available for the employee within the restrictions.

Additional Resources	
Websites	
Vice President for Human Resources Worker's compensation	
https://www.purdue.edu/hr/Benefits/currentEmployees/workersComp/wc.html	
REM Home Page	
https://www.purdue.edu/ehps/rem/index.htm	
Contacts	
At Purdue:	
Worker's Compensation/Return to Work Administrators	
Deborah Popa, RN, BSN, COHN-S E-mail: dpopa@purdue.edu Ph: (765) 494-0306 Fax: (765) 496-1657	Cindy Guy, RN, BSN E-mail: guy3@purdue.edu Ph: (765) 494-7388 Fax: (765) 496-1657
JWF Specialty	
WC Claim Specialist	
E-mail: christie.nygaard@jwfspecialty.com Ph: (317) 706-9591 -- direct line Toll free: (800) 359-6659 Fax: (317) 706-9791	
Supervisor and back-up for Christie:	
Mike Ramsey Michael.ramsey@jwfspecialty.com Ph: (317) 706-9566	