

## CITY OF RICHARDSON INTERDEPARTMENTAL POLICY AND PROCEDURE

### WORKERS' COMPENSATION: CODING AND REPORTING INCIDENTS

#### POLICY

It is the policy of the City of Richardson to provide safe working conditions for its employees, and to comply with the Rules and Regulations of the Texas Workers' Compensation Commission (TWCC). All personnel, equipment, and operating practices, at any and all places the work and services of the City are performed, are required to be consistent with the highest standards of health, productivity, and safety.

#### PROCEDURE

An employee injured on the job and in the line of duty will be eligible for Workers' Compensation according to established state law. Both employees and departmental management teams have responsibilities to uphold in order to assure maintenance of safe work places and practices, and compliance with TWCC Rules and Regulations.

*A Workers' Compensation absence will be double coded as an FMLA leave when the injury is one that meets the criteria for a serious health condition as defined by FMLA. (Refer to Page Two for definition of "serious health condition" under the Family and Medical Leave Act.)*

#### **I. CODING THE PAYROLL**

Employees who miss work time (**more** than one full work day) due to on-job injury will be designated either as "WC" (payment made in accordance with TWCC regulations) or "IJ" (full pay by the City) on the payroll. Coding shall be based upon the following criteria.

A. "IJ" will be used when:

- observable trauma results from performance of risk related job functions, where the employee did not substantially contribute to the cause of the injury through carelessness, negligence, or recklessness; **and**
- witness(es) statement(s) and/or documented circumstances validate the on-job injury occurrence; **and**
- the on-job injury is reported to the supervisor by the employee within twenty-four (24) hours; **or**
- there is on-duty exposure to contagious disease;

**OR**

- facts are not immediately available to make an initial determination as to the cause of the injury. The department may code the payroll "IJ" for an investigative period not to exceed forty work hours while completing investigation of the circumstances contributing to the injury, in order to determine how the subsequent absence should be coded.

**When "IJ" coding is used, the employee shall reimburse the City for any TWCC payments to the employee.** All medical expenses will be paid in accordance with TWCC Rules and Regulations.

B. "WC" will be used in all other instances. This includes, but is not limited to:

- accidents where an employee's own negligence directly contributed to his/her injury; (e.g. failure to adhere to safety regulations/ instructions, recklessness, etc.);
- non-incapacitating visible injuries (e.g. small cuts, slight sprains, etc.);
- accidents with no witnesses; and
- accidents not reported promptly, as indicated in this policy and procedure, and according to departmental policies and procedures.

All medical expenses and payments to the injured employee will be paid in accordance with TWCC Rules and Regulations. TWCC payments begin the first day after an injury.

**NOTE:** The employee may elect to make payments to TMRS in order to obtain credit for periods when no paycheck is issued by the City (see Human Resources to arrange).

***INFORM THE INJURED EMPLOYEE THAT ELIGIBILITY FOR WORKERS COMPENSATION INCOME BENEFIT PAYMENTS DOES NOT BEGIN UNTIL THE EIGHTH CALENDAR DAY OF ABSENCE DUE TO ON-JOB INJURY. THEY MAY SUBSTITUTE ACCRUED PAID LEAVE FOR THEIR UNPAID WORK DAYS DURING THE FIRST SEVEN DAYS. (IF THE W.C. ABSENCE LASTS FOR FOUR (4) CONSECUTIVE WEEKS, A CHECK FOR THE FIRST SEVEN (7) DAYS WILL BE ISSUED RETROACTIVELY; THE EMPLOYEE WILL BE REQUIRED TO ENDORSE THAT CHECK BACK TO C.O.R. IF HE/SHE HAS SUBSTITUTED ACCRUED PAID LEAVE FOR THE FIRST SEVEN (7) DAYS OF ABSENCE.)***

C. **Double code the payroll with "FM" (Family Medical Leave Act) in all instances when a period of incapacity due to a Workers Compensation incident results in:**

- inpatient hospital care;
- a period of incapacity of more than three consecutive days; and/or
- any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - (1) treatment two or more times by a healthcare provider, by someone operating under the orders of, or referral from, the healthcare provider, e.g., a nurse or physician's assistant, physical therapist; or
  - (2) treatment by a healthcare provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the healthcare provider.

When subsequent supervisory investigation reveals the payroll code "IJ" is appropriate, and the code "WC" has been used, the department will amend its payroll accordingly. If the payroll was coded "IJ" for the initial investigative period, and it is subsequently determined that the code "WC" was appropriate, the department will amend its payroll to begin coding "WC" for lost time beyond the initial investigative period. If, based on the investigation, circumstances dictate that "WC" was appropriate from the beginning of the lost time incident, the department may amend its payroll to code "WC" from the first day missed.

## **II. EMPLOYEE RESPONSIBILITIES**

- A. All employees shall be responsible for performing job functions in a safe manner, and in accordance with departmental safety rules, regulations, and practices. This includes all types of jobs.
- B. Employees shall refrain from on-job horseplay or any practice that could cause harm to self or others.
- C. All on-job injuries shall be reported immediately to the employee's immediate supervisor. The employee shall cooperate with investigations of on-job injuries, including giving a written statement detailing the circumstances leading to the injury, when requested to do so by a supervisor.
- D. Employees shall not fraudulently claim on-job injury or accident, or mis-state the details of such incident during an investigation.

Employees who violate these responsibilities will be subject to disciplinary action.

### III. DEPARTMENTAL MANAGEMENT RESPONSIBILITIES

- A. The supervisor shall obtain any necessary medical attention for the injured employee as soon as possible.
- B. **As soon as possible – the same day if at all possible, and no later than early on the next work day - notify Human Resources of the incident, by telephone or by e-mail.** Include the name of the injured employee(s), date and time of injury, type of injury, and the name of the facility where medical treatment is sought (if any).
- C. As soon as practical, the injured employee's supervisor will initiate an investigation into any injury incurred on duty, to:
  - 1. verify the circumstances;
  - 2. correct any unsafe working condition and/or remove any obvious hazard; and
  - 3. obtain statements from any witnesses (may require in writing, if appropriate).
- D. All reports of on-job injury are to be documented in writing by the supervisor and maintained for reference for five (5) years.
- E. **Notify Human Resources by telephone immediately (or early on the next work day, if after 5:00 p.m. or on a weekend) if the employee seeks medical attention,** so that correct information can be given to any treatment provider that calls Human Resources for verification of employment details.
- F. Required TWCC forms shall be completed promptly. Any injury which results in lost work time, requires treatment by medical personnel, or is a claim for occupational related disease requires completion of an Employer's First Report of Injury or Illness (Form TWCC-1 - see Attachment 1), whether or not the validity of the report is doubted, and regardless of how the time is coded (IJ, WC, SK or VA). Advise Human Resources of any questionable circumstances, however.

The TWCC-1 Form shall be completed and the original six-part form (not a copy) submitted to Human Resources within twenty-four (24) hours of the incident, or the next business day. (Human Resources will complete Items 36 - 38 on the TWCC-1.)

A completed copy of TWCC-1 will be returned to the Department Head of the injured employee. If an injured employee is unable to return to work (except for the duration of the first working day of injury), the supervisor shall also supply to Human Resources a copy of a supporting statement from the medical treatment provider.

**If the absence is to be coded as "WC",** the supervisor shall advise the employee of the unpaid status of the first seven days, and advise that the employee may substitute accrued paid leave for the missed work days during that period. Also advise the employee that if the option to substitute accrued paid leave is chosen, any subsequent payment for that period from Workers' Compensation must be repaid to the City.

If the employee cannot return to work within two weeks, the supervisor shall complete an Employee Extended Absence Form - Initial Report, and submit it to Human Resources. An Extended Absence - Supplemental Report shall be submitted to Human Resources weekly until the employee is released to return to work.

**NOTE:** Human Resources may request that a Physical Capabilities Form be completed by the treatment provider, prior to the employee returning to work.

- G. **During an employee's extended absence, the supervisor will maintain weekly contact with the employee, in person and/or by telephone.** Random contacts may be informative. And history shows that maintaining contact and showing concern results in shorter absences.
- H. When an injured employee returns to work after missing work time (first day of injury is not counted), the supervisor shall complete a Supplemental Report of Injury. This Form, along with a copy of the supporting treatment provider's statement which supports the return to work, shall be submitted to Human Resources within twenty-four (24) hours of the employee's return to work.
- I. After an injured employee has returned to work, any recurrence of absence due to the initial injury shall be reported to Human Resources immediately. Supervisors shall be guided by Human Resources regarding additional documentation that may be required.

original signed by Bill Keffler

6-6-95 (rev.7-01)

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Bill Keffler  
City Manager

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Date