Angelo State University
Operating Policy and Procedure

OP 52.58: Workers’ Compensation Insurance

DATE: October 14, 2019

PURPOSE: The purpose of this Operating Policy/Procedure (OP) is to establish policy and procedure for administration of the Workers’ Compensation Insurance in coordination with the investigation and analysis programs that are needed to promote prevention of work-related accidents, injuries, and illnesses. This OP and its implementation will be in conformance with the policies and guidelines of the State Office of Risk Management, the Texas Department of Insurance/Division of Workers’ Compensation (TDI/DWC), and collaborating policies of Angelo State University.

REVIEW: This OP will be reviewed in September every five years, or as needed, by the director of human resources with recommended revisions forwarded through the vice president for finance and administration to the president by October 15 of the same year.

POLICY/PROCEDURE

1. General

Workers’ Compensation is a form of insurance that provides income benefits, medical treatment, and other benefits to workers who are injured or acquire an occupational disease on the job. University employees with compensable injuries (injuries arising out of and in the course and scope of employment for which compensation is payable) are entitled to compensation by the State Office of Risk Management (SORM).

a. Workers’ Compensation Insurance (WCI) is regulated by the state of Texas and provides medical benefits and income indemnity for injuries and occupational illnesses that arise within the course and scope of employment. This program covers all university employees whose names appear on the payroll, including student employees. SORM is the agency directly responsible for administering the program for state employees. The Texas Department of Insurance, and the Division of Workers’ Compensation (TDI/DWC) promulgates rules and regulations governing WCI.

b. The incident investigation program provides for investigation and analysis of all reported accidents that arise within the course and scope of employment that resulted or could have resulted in an injury or illness and includes accidents involving employees that occur in or on Angelo State University facilities. All employees are included in the incident investigation program.
Personnel in the Office of Human Resources will inform all employees of this program, of their responsibilities in connection with it, and about accessing benefits properly. This subject will be covered during new employee orientations.

2. Administrator’s/Supervisor’s Responsibilities

All administrators/supervisors with managerial authority over employees’ job duties shall provide the following assistance, as appropriate, when work-related accidents, injuries, or occupational illnesses occur.

a. Assist injured employees in obtaining medical care, if necessary.

b. Call the Office of Human Resources and verbally report the injury or incident as soon as possible. **Human Resources must be notified before the close of business the next working day following the injury or illness.**

c. If applicable, assist the Office of Human Resources in obtaining the **Witness Statement form (SORM-74)** (Attachment D).

All related forms and attachments are available online on the Office of Human Resources website at [http://www.angelo.edu/dept/human_resources/](http://www.angelo.edu/dept/human_resources/)

3. Employee Responsibilities

Employees are required to report immediately to a departmental administrator/supervisor all on-the-job accidents, injuries, or occupational illnesses, regardless of whether medical expenses were incurred or time away from work was involved.

a. Employees should call the Office of Human Resources and verbally report the injury or incident as soon as possible.

b. Employees must complete the following forms and submit them to the Office of Human Resources:

   1. **Employee’s Report of Injury** (SORM-29) (Attachment B)

   2. **Authorization for Release of Information** (SORM-16) (Attachment C)

   3. **Workers’ Compensation Network Acknowledgement** (Attachment G)

   4. Employee’s **Election Regarding Utilization of Sick or Annual Leave** (SORM-80) (Attachment E).

   **NOTE:** Failure to complete this form is deemed an election for UNPAID leave (Texas Labor Code, Section 501.044). The employee’s departmental administrator will need to submit appropriate Personnel forms in accordance with **OP 52.59 Miscellaneous Time Away From Work**, to place the employee immediately on leave without pay.

   (5) If an attending physician reports that an employee is unable to return to work following the occupational injury, the employee must choose one of the elections
on the Employee’s Election Regarding Utilization of Sick and Annual Leave form (SORM-80) (Attachment E).

c. Notify the Office of Human Resources of any sick leave, vacation leave, or leave without pay used due to a workers’ compensation injury or illness. This includes leave time used for doctor’s appointments associated with the reported injury or illness.

d. Submit a Workers Compensation Network Acknowledgement form (Attachment G) to the Office of Human Resources.

All related forms and attachments are available online on the Office of Human Resources website at http://www.angelo.edu/dept/human_resources/

4. The Workers’ Compensation Claims Coordinator’s Responsibilities:

The Workers’ Compensation claims coordinator is the point of contact for all workers’ compensation claims and is the interface between the employee, supervisor, administrator, and the SORM. The claims coordinator assists employees in properly applying for benefits and coordinates reporting to the SORM as outlined below.

a. Within one working day following notification, complete and submit the Employer’s First Report of Injury of Illness (DWC-1S), if necessary, to the SORM. If the injury sustained by the employee is severe or fatal, the university will notify SORM by telephone before the completion of other documents.

b. Meet with the employee and ensure that all necessary forms have been completed and signed.

c. Submit to the SORM the various forms required to complete the WCI claim as described in the SORM Workers’ Compensation Claims Coordinator Handbook.

d. If the report involves blood borne pathogen:

   (1) Have a test performed within ten (10) days of the exposure to HIV that indicates the absence of HIV infection.

   (2) Provide the employer with a written statement of the date and circumstances of the exposure to HIV and a copy of the results of the test. (28 TAC, Part 2, Chapter 122, Rule 122.4, and Texas Health Safety Code 85.116); and

   (3) Complete the Blood borne Pathogens Exposure Incident Report and send it to the Office of Environmental Health, Safety, and Risk Management (EHSRM).

   NOTE: To qualify for Workers’ Compensation if the accident involves a blood borne pathogen exposure and the employee claims a possible work-related exposure to HIV infection the employee must see OP 34.22 Blood borne Pathogens Protection Program for more information.
e. Assist and ensure that the employee completes the Employee’s Report of Injury (SORM-29) (Attachment B), which is the employee’s perspective of the injury, and submits the form to the Office of Human Resources.

f. Submit a completed Authorization for Release of Information form (Sorm-16) (Attachment C) to the Office of Human Resources. This form must be completed by the employee.

g. If necessary, assist the Office of Human Resources in obtaining the Witness Statement form (SORM-74) (Attachment D).

h. Review OP 52.57 Early Return-to-Work, Alternate, and Light Duty Assignments; and take appropriate action. Note that this operating policy prescribes specific procedures that MUST be followed.

i. Submit to the Office of Human Resources the appropriate forms, in accordance with OP 52.42 Staff Sick Leave, if the employee uses accrued sick leave or is placed on leave without pay.

j. If lost time is involved (more than one work day), assist the employee in completing an Employee’s Election Regarding Utilization of Sick and Annual Leave form (SORM-80) (Attachment E). Submit the completed form to the Office of Human Resources.

k. Complete the Employee Accident/Incident Report and/or Student Accident/Incident Report, as appropriate, and submit them to EHSRM.

l. Submit a Workers’ Compensation Network Acknowledgment form (Attachment G) to the Office of Human Resources. This form must be completed by the employee.

The Workers’ Compensation Claims Coordinator must comply with all rules enacted by SORM, as well as those of the Division of Workers’ Compensation. The Workers’ Compensation Claims Coordinator will establish and maintain an incident or injury file on each case.

5. Out of State Assignments or Positions

A university employee who performs services outside of Texas is entitled to workers’ compensation benefits from the State of Texas, even if the person:

a. Is hired or not hired in Texas;

b. Does not work in Texas;

c. Works both in Texas and out of Texas;

d. Is injured in Texas and out of Texas; or

e. Has been outside of Texas for more than one year
Employees who are temporarily working outside of Texas will continue to be covered under the university’s workers’ compensation program. If an employee elects to pursue remedies provided by the state which the injury occurred, the employee is not entitled to workers’ compensation benefits through SORM.

6. Return to Work

Refer to OP 52.57 Early Return-to-Work, Alternate, and Light Duty Assignments for more information on returning to work.

7. Benefits

WCI benefits are legislated by the Texas Workers’ Compensation Act. The TDI/DWC promulgates rules and regulations governing WCI, and the SORM adjudicates claims for benefits made by state employees, including employees of Angelo State University.

Specific information about WCI benefits and eligibility can be found on the State Office of Risk Management Web site at https://www.sorm.state.tx.us/claims-operations.

More information on the types of workers’ compensation benefits can be found here https://www.tdi.texas.gov/wc/employee/benefits.html/

8. Recovery of Workers’ Compensation Benefits

Recovery of workers’ compensation benefits is the exclusive remedy of an employee covered by the workers’ compensation insurance coverage. For the death of an employee as a result of a work related injury, the employee’s surviving legal beneficiary may be eligible for these remedies. The Texas Labor Code does not authorize a cause of action or damages against the State, a state agency, or the university beyond the actions and damages authorized by Chapter 101 of the Texas Civil Practice and Remedies Code.

9. Leave Without Pay

Refer to OP 52.59 Miscellaneous Time Away from Work for specific information concerning the proper reporting and administration of leave without pay.

10. Workers’ Compensation and Emergency Leave

The university may authorize emergency leave with pay to an employee receiving workers’ compensation benefits. The emergency leave payment may not exceed an amount equal to the difference between the basic monthly wage of the employee and the amount of income benefits that the employee received for the month. Emergency leave payments may not extend beyond six months. If emergency is authorized for the employee, the university must attach a statement of the reasons for the authorization to its payroll voucher for the first payroll period affected for this leave.

Refer to OP 52.59 Miscellaneous Time Away From Work for more information on Emergency Leave.

11. Employer’s Rights and Responsibilities
The university, under Texas Labor Code, Chapter 501, must report to SORM an injury that results in medical expenses or the absence of an employee of the university for one day. In addition, the university must notify SORM of an occupational disease reported by an employee. The initial report must not be made later than the eighth day after the employee’s absence from work for more than one day due to the injury; or the day on which the employer received notice that the employee has contracted an occupational disease.

The university is entitled to certain rights under the Texas Workers’ Compensation Act. These rights include the following:

a. The right to be present at all administrative proceedings relating to an employee’s claim;

b. The right to present relevant evidence relating to an employee’s claim at any proceeding;

c. The right to report suspected fraud;

d. The right to contest the compensability of an injury if the insurance carrier accepts liability for the payment of benefits;

e. The right to receive notice, after making a written request to the insurance carrier of:

   (1) A proposal to settle a claim; or

   (2) An administrative or judicial proceeding relating to the resolution of a claim; and

f. The right to contest the failure of the insurance carrier to provide accident prevention services.

12. Funding of WCI Costs

Fines of up to $500 may be levied for the late reporting to the SORM. If a department fails to furnish documents to the Office of Human Resources within the time specified in 2(b)(3) above, any resulting fines will be charged back to the department.

Leaves without pay shall be reported on a Personnel Action form through normal administrative channels. They shall be dated from the first workday through the last workday the employee is absent without pay and should indicate the number of work hours missed. Failure to submit a Personnel Action Form in a timely manner may result in large additional Workers’ Compensation claim expenses to the institution for terminated employees or employees on leave without pay.

13. Forms and Additional Information

All related forms and procedures are available on the Office of Human Resources website at http://www.angelo.edu/dept/human_resources/

For additional information on workers’ compensation health care networks, please refer to the Texas Department of Insurance’s web site at https://www.tdi.texas.gov/pubs/consumer/cb084.html
Environmental Health Safety and Risk Management (EHRSM) has additional information regarding employee accidents on its Accident and Incidents page and forms are available on its Resource page at http://www.angelo.edu/services/risk_management/accidents-and-incidents.php

Attachment A: Workers Compensation Employee Information Sheet

Attachment B: Employee’s Report of Injury (SORM-29)

Attachment C: Authorization of Release of Information (SORM-16)

Attachment D: Witness Statement (SORM-74)

Attachment E: Election Regarding Utilization of Sick and Annual Leave (SORM-80)

Attachment F: Return to Work Letter

Attachment G: Workers Compensation Network Acknowledgement form