



Delaware State University

University Area Responsible: Risk and Safety Management; Office of Human Resources

Policy Number and Name: 7-12: Worker's Compensation Policy

Approval Date: 7/28/11

Revisions: _____

Related Policies and Procedures: _____

Purpose

This policy is in place to provide guidance to all employees of Delaware State University by establishing administrative procedures and requirements related to the provision of Worker's Compensation. The University's Workers' Compensation insurance is available in the event of occupational injury or illness.

Policy

Delaware State University is fully committed to providing protection that covers the employee for necessary, medical, surgical, and hospital treatment from the date of an accident or injury in accordance with Title 19, Ch.23 of the Delaware Code.

An injured employee will receive full pay to the extent of accrued sick leave and/or vacation and only the difference between the Worker's Compensation payment and his/her regular salary will be paid after agreement to compensate has been received. After the agreement to compensate has been received, any sick leave or vacation time charged will be reinstated and all overpayments or underpayments to salary will be adjusted. The Worker's Compensation payments will be signed over to the assigned employee.

The University reserves the right to designate Worker's Compensation Leave as Family Medical Leave, when that is appropriate under the applicable statutes.

Scope

In the event of a job-related injury or illness, the supervisor of the affected employee must be notified immediately. The Safety/Risk Manager will ensure that the First Report of Injury and Medical Authorization Form(s) are filled out accurately and submitted to PMA Management Corporation. See DSU Worker's Compensation Guide for All Employees.

Responsibilities

Employee Action

Immediately notify the supervisor of the accidental injury or occupational disease and request medical services. Failure to give notice or to accept medical services may deprive the employee of the right to compensation. Within 24 hours complete and provide to Risk Management a First Report of Injury Form for any on the job injury.

Supervisor Action

Ensure that Risk Management and Human Resources are promptly informed of any on-the-job injury and receive all associated documentation.

Record Keeping

All Workers' Compensation documentation will be kept in a central location within the Office of Risk Management and separate from employee personal files, and other documentation not pertaining to job related injury occurrence.

References Family

Medical Leave Act, Substance Use/Program, American Disability Act, Leave Request, Short Term/Long Term Disability, Clerical (1007) Trades (1267) and Custodial Collective Bargaining Agreement, Security (2888) Collective Bargaining Agreement.

DSU Workers Compensation

Attachments/Appendix A & B:

- *DSU Workers' Compensation Guide For All Employees.*
- *Procedures For Injury/Illness.*

Appendix A: DSU WORKER'S COMPENSATION GUIDE FOR ALL EMPLOYEES

1. REPORT ANY JOB RELATED INJURY/ILLNESS to the supervisor at the time of injury. The supervisor and/or employee MUST report the injury to the Safety/Risk manager at once (302-857-7095), complete an accident report and forward it to Human Resources.
2. Get needed medical attention. For all injuries, an approved network provider must be used. A Directory of Network Providers is available by calling (302-857-6261). Employees are recommended to go to the Christiana Care Occupational Health Services or Bay Health Medical Walk-In Clinic, or immediately to the emergency room in a life threatening case. In event of an accident a Post-Accident screening should be administered.
3. DSU's workers' compensation insurance carrier approves or denies claims. The decision is not made by the supervisor, department or the University.
4. If an employee anticipates being out of work for any period of time due to an on-the-job injury, he/she must notify both his/her supervisor and the Safety/Risk Manager (302-857-7095). This will help avoid processing delays.
5. Medical documentation is necessary for all periods of time loss. I.e. Work Status Report, Doctor's note, Physical Therapy Notices, and Certification of Healthcare Provider and must be provided to Safety/Risk Manager.
6. Accrued time must be used for the first 3 calendar days out. If out 4 to 6 calendar days, the first 3 days remain accrued time and the compensation carrier pays from the 4th day. If out 7 calendar days or more, workers' compensation is paid from the first day out.
7. The injured employee will be provided a Sick Leave Election, Exemption, and other related Workers Compensation forms by Human Resources. He/she may elect to use accrued time while waiting for compensation payment and/or to receive a full paycheck while on worker's compensation. The forms should be completed, signed, and returned to the Safety/Risk manager at once. Please note, failure to complete and return forms immediately may result in a delay in the processing of Workers' Compensation Claims.

8. If treatment for an injury is needed after the employee returns to work, the employee's supervisor must be informed of the date and time of the appointment and be prepared to show evidence the appointment was kept. Appointments should be scheduled as close to the end of the shift as possible. The employee is entitled to sufficient time to go for medical treatment. Please contact Human Resources for additional information. Time for work-related medical appointments is shown as worked with notation in the "Remarks" section of the time card. If the employee takes additional time off, over that needed to receive treatment, accrued time must be used. Time for workers' compensation hearings is handled the same way.
9. The injured employee should tell his/her doctor and other providers of service that it is a work injury, that he/she a State of Delaware employee, and give the date of injury. **ALL TIME LOST MUST BE SUBSTANTIATED BY PROPER MEDICAL DOCUMENTATION.**
10. The employee may not change doctors without permission from the compensation carrier and will not be covered for any treatment not recommended by the primary physician. If the doctor releases the employee for work, contact the Human Resources department and Al Tunnell at Safety/Risk Management, 302-857-7095 at once.
11. While the employee is out due to a work-related injury, he/she will be contacted periodically by his/her Department supervisor and/or Safety/Risk Manager on how he/she is doing and his/her current Medical status.
12. If the employee is enrolled in the group life insurance and/or has dependents on your medical and/or Dental insurance, please contact the Human Resources/Payroll department if he/she has any questions.
13. In cases where the injury or disease results in disability of seven or more days and is not the result of the employee's misconduct, the employee shall receive the difference between regular compensation and any payments for Workmen's Compensation or related disability benefits for a period of up to three months from the date such payments begin. During this three-month period of time, the employee shall not be charged sick leave for absences due to the injury or disease. After the three months, the employee may elect to use accumulated leave to justify continuing to receive the difference between Workmen's Compensation payments and regular compensation. In this case, the leave should be charged at the proportional rate that the University supplements the Workmen's Compensation payments. The employee may also elect at this point to request a medical leave of absence without pay.

CALL the Safety/ Risk Manager (302-857-7095) with any questions regarding workers' compensation.

Appendix B: PROCEDURES FOR INJURY/ILLNESS

Dover Campus: Whenever injuries or illnesses occur that require medical assistance, the Department of Public Safety shall be contacted by dialing **911** or 857-6290. If you use a cell phone on campus, dial 857-6290. If it is a serious injury, request the ambulance immediately; otherwise simply request an officer to transport the injured person to the appropriate medical office as listed below:

- Students:

DSU Student Health Services
857-6393

- Employees:

Christiana Care
Occupational Health Services
100 South Main Street
Smyrna, DE 19977

302-659-4550

- Bay Health Medical Center

1275 S. State Street

Dover, DE 19901

302-736-4332

Wilmington Campus:

- Christiana Care
Occupational Health Services
Wilmington Hospital
501 W. 14th Street
Wilmington, DE 19801
428-4250

Southern Campus:

Nanticoke Occupational & Health Services
300 Health Services Drive

Seaford, DE 19973
(302)934-0611

*Under Delaware law, employees have the option to seek medical services from the provider of his or her choice for occupationally incurred injuries or illnesses.

An **employee** as defined by Worker's Compensation Insurance is an individual who is compensated for their activities at the University. Compensation may include payment or other forms of compensation, e.g. housing. Examples of student employees include: Resident Assistants, Teaching Assistants, Funded Graduate Students, Miscellaneous Wage Student Employees, etc.

□ Employees/students must notify their supervisor/instructor of all injuries/illnesses. Supervisors of injured employees will complete a State of Delaware First Report of Occupational Injury or Disease and Incident Report Statement form obtained from Al Tunnell in Risk Management at 857-7095. The completed form will be submitted to Al Tunnell in Risk Management. Injuries/illnesses for students and visitors will be reported using a First Report of Injury/ Illness and Loss Investigation Report form obtained from the Department of Environmental Health & Safety and/or Department of Public Safety.

- Injury/illness Investigation will be performed and documented along with the report form. Follow-up on corrective actions listed on these forms shall be the responsibility of the supervisor/instructor. Environmental Health & Safety will review the injury/illness report and investigation and conduct additional follow up as needed. Copies shall be submitted to Risk Management for workers' compensation activities and the department safety committee.
- It is very important that all forms be submitted and the injury/illness investigation be conducted as soon as possible after an injury or illness occurs.
- Employees and Student Workers shall not return to regular activities prior to receiving a release from their physician or the physician at Occupational Health Services following an injury/illness.
- Contract employees, such as Thompson Hospitality, Canon Copier or bookstore/Hub employees, will complete their own injury/illness report forms. However, since they are considered part of the University community they are required to provide copies of these forms to the Department of Environmental Health & Safety or submit a "First Report of Injury and Illness/Injury Loss Investigation Report" form.

For additional information regarding injury/illness reporting/investigation activities, please e-mail atunnell@desu.edu or call 857-7095.

