

Reporting work related deaths, injuries, occupational illnesses, and communicable disease exposures

All **Employer's First Report of Injury forms** are to be submitted electronically to the TAMHSC Finance and Administration, Risk Management Office. This reporting method will provide a more efficient and secure means of transmitting sensitive employee information regarding work related deaths, injuries and occupational illnesses, diseases and communicable disease exposures.

PROCEDURES

EMPLOYEE/SUPERVISOR RESPONSIBILITY

1. Employer's First Report of Injury (DWC-1)

- 1.1 Any TAMHSC employee who suffers a work related death, injury, occupational illness, or communicable disease exposure must immediately notify his/her supervisor.
- 1.2 Failure to report the work related death, injury, occupational illness, or communicable disease exposure within 30 days of the occurrence of the event may result in a denial of the claim.
- 1.3 Upon notification of a work related death, injury, occupational illness, or communicable disease exposure the employee's supervisor must complete and submit the **Employer's First Report of Injury form** electronically immediately.
- 1.4 The supervisor or designee submitting the **Employer's First Report of Injury form** must provide a completed copy of the **Employer's First Report of Injury form** to the injured employee.
- 1.5 The supervisor or designee submitting the **Employer's First Report of Injury form** must also provide the injured employee a copy of the **Injured Employee's Rights and Responsibilities**.
- 1.6 In the event of a critical injury or death, notify the TAMHSC Risk Management immediately by telephone and email and follow the claims reporting procedure.

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- 1.7 The injured employee is responsible for keeping his/her supervisor informed of the status of their condition on a regular basis and must immediately inform their supervisor of any changes in physical abilities.
- 1.8 The injured employee must follow their treating physician's orders and restrictions both at home and at work.

EMPLOYER RESPONSIBILITY

2. *Filing Employer's First Report of Injury (DWC-1)*

- 2.1 TAMHSC must file any work related death, injury, occupational illness, or communicable disease exposure which results in the absence from work for more than one day to System Risk Management.
- 2.2 Failure to file an **Employer's First Report of Injury form** for any work related death, injury, occupational illness, or communicable disease exposure resulting in the absence of work for more than one day within two days of the employer receiving notice is subject to fines and penalties by the TDI, DWC. (\$25,000 per day per occurrence).

3. *Supplemental Report of Injury (DWC-6)*

- 3.1 The **Supplemental Report of Injury form** is required by System Risk Management to account for any period of time lost from work for which the injured employee might be entitled to compensation payments.
- 3.2 For all injuries that require the filing of an **Employer's First Report of Injury form**, the employing department must file a **Supplemental Report of Injury form** with System Risk Management and the **injured employee** no later than three (3) days after the occurrence of the following:
 - 3.2.1 The employee begins to lose time from work if lost time did not occur immediately following the work related death, injury, occupational illness, or communicable disease exposure.
 - 3.2.2 The employee returns to work after having lost time from work.
 - 3.2.3 The employee, after returning to work, experiences an additional day or days of disability as a result of the work related death, injury, occupational illness, or communicable disease exposure.
 - 3.2.4 The employee has a change in earnings as a result of the work related death, injury, occupational illness, or communicable disease exposure.
 - 3.2.5 The injured employee resigns or is terminated.

4. *Employer's Wage Statement (DWC-3)*

- 4.1 The Texas Worker's Compensation Act provides for payment of weekly income payments in certain instances. The **Employer's Wage Statement form** is required by System Risk Management to verify the rate of compensation to which an injured employee is entitled based upon the "average weekly wage" as defined by law.
- 4.2 The **Employer's Wage Statement form** is required whenever the employing department knows or should have known an employee is disabled, or will be disabled at least 8 calendar days cumulatively for a work related death, injury, occupational illness, or communicable disease exposure.

4.3 The employing department is required to file the ***Employer's Wage Statement form*** within thirty (30) days of the eighth day (8) of disability to HSC Risk Management and provide a copy to the injured employee or the injured employee's legal representative.

4.4 Failure to file an ***Employer's Wage Statement form*** within thirty (30) days of the eighth (8) day of disability may result in fines being levied against the employer by TDI, DWC (\$25,000 per day per occurrence).

5. **Request for Paid Leave (RFPL)**

5.1 The ***Request for Paid Leave (RFPL)*** form allows an employee who has been injured on the job and is unable to work as a result of the work related death, injury, occupational illness, or communicable disease exposure to elect to remain on the payroll and some or all of the accrued leave in lieu of receiving weekly worker's compensation payments.

5.2 This form should be filed with TAMHSC Risk Management as soon as the department becomes aware that the injured employee is losing time from work. The form may be completed by the HR Liaison or designee if the employee is consulted first regarding the choice of leave to use.

6. **Contaminated Sharps Injury Reporting Form**

6.1 All injuries resulting from the use of sharps instrument, including but not limited to, needles, scalpels, drills, burs, and other dental and medical equipment, should be documented in accordance with the Texas Department of State Health Services Infectious Disease Control protocol by completing the ***Contaminated Sharp's Injury form***.

7. **Early Return to Work Program (RTW)**

7.1 The RTW program provides opportunities to employees to perform regular job duties with modifications or, when available, to perform alternate temporary work that meets the injured worker's physical capabilities. The program is designed to encourage and actively assist injured workers in the successful return to work.

7.2 If an employee has a temporary work restriction assigned by a physician, the supervisor/department representative will review and determine if there is a Temporary Work Assignment (TWA) the employee may perform.

- If able to identify a TWA, the supervisor/department representative will prepare a Bona Fide Offer of Employment (BOE).
- If unable to identify a TWA, the supervisor/department representative will give the employee a Notice of Inability to Identify a TWA form.

Note: An employee's participation in the RTW program is limited to 45 calendar days for each injury. Employees may decline to participate in RTW program, however, employees who decline a TWA while receiving wage replacement benefits from a WC injury may be subject to discontinuance of those benefits.

8. Work Related Communicable Diseases

8.1 Pursuant to Rule 110.108 of the Texas Worker’s Compensation Act employers are required to post notice concerning exposure to certain communicable diseases. This notice must be posted in the personnel office, and in the workplace where employees are likely to read the notice on a regular basis. This notice will inform employees of exposure reporting and disease testing requirements which may affect qualifying for worker’s compensation benefits.

8.2 The following list only applies to employees employed as a law enforcement officer, a fire fighter, an emergency medical service employee, a paramedic, or a correctional officer. **All State employees who claim a possible work related exposure to HIV are subject to the communicable disease rulings regardless of their employment classification.**

8.3 The cost of the testing within the first 10 days will be paid for by System Risk Management Office.

8.4 Claims for compensability of communicable diseases must be reported to the employer within 10 days of the exposure. The employer must provide the following documents to System Risk Management:

1. First Report of Injury
2. Documentation of testing (name and address of provider)
3. Sworn affidavit of the date and circumstances of the exposure

8.5 Reportable communicable diseases include the following:

Table 1

Acquired immune deficiency	Amebiasis	Anthrax	Botulism-adult & infant
Brucellosis	Campylobacteriosis	Chancroid	Chickenpox
Chlamydia	Trachomatis infection	Cholera	Dengue
Diphtheria	Encephalitis	Escherichia coli 0157:h7	Gonorrhea
Hansen’s disease (leprosy)	Hemophilus influenzae infections invasive	Hantavirus infection	Hemolytic uremic syndrome(HUS)
Hepatitis, acute viral	Human immunodeficiency virus (HIV) infection	Legionellosis	Listeriosis
Lyme disease	Malaria	Measles (Rubeola)	Meningitis
Meningococcal infection invasive	Mumps	Pertussis	Plague
Poliomyelitis acute paralytic	Rabies in man	Relapsing fever	Rocky mountain spotted fever

Rubella including congenital	Salmonellosis including typhoid fever	Shigellosis	Streptococcal disease invasive group A
Syphilis	Tetanus	Trichinosis	Tuberculosis
Tuberculosis infection in persons less than 15 years of age	Typhus	Vibrio infection	Viral hemorrhagic fever Yellow fever

NOTE: This list is subject to change

NEED HELP?

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