

**CITY OF BEAUMONT  
POLICIES AND PROCEDURES MANUAL**

Policy Number: 3.6

Subject: Workers' Compensation/  
Accident Reporting

Effective Date: April 3, 2014

Approved by: Kyle Hayes | 05/01/2021  
City Manager | Date

Chris Catalina | 05/01/2021  
Personnel Director | Date

I. PURPOSE

The purpose of this policy is to establish uniform guidelines and procedures, consistent with the Texas Department of Insurance, Division of Workers' Compensation, for injury/illness reports, claims, and records for management and employees to follow. In addition, this policy establishes associated responsibilities for the injured employee and managers.

II. DEFINITIONS

- A. Workers' Compensation - A form of compensation provided to an individual/employee as a result of an injury or illness arising out of and in the course and scope of employment.
- B. Treating Doctor - The doctor having overall responsibility for the treatment of the employee's work injury or illness. This doctor writes medical reports that may affect an employee's benefits.
- C. No Duty - Determination by a doctor that an employee is not physically capable of performing regular job duties for a specified period of time.
- D. Modified Duty - Determination by a doctor that an employee is physically able to return to work and perform job duties within certain restrictions or limitations for a specified period of time.
- E. Full Duty - Determination by a doctor that an employee is physically able and has been released to return to work and perform all regular job duties.
- F. Third Party Administrator (TPA) - A firm contracted to provide workers' compensation claims management and administration.
- G. DWC 1 – The Employer's first report of injury, which provides information on the claimant, employer, insurance carrier, and the medical practitioner necessary to begin the claims process.

- H. DWC 6 – The Employer’s supplement report form that accounts for any period of time lost from work for which the employee might be entitled to temporary income benefits (TIBs). The DWC 6 form also serves as written notice of an employee’s lost time, return to work after a period of disability, and change in employment status.
- I. DWC 73 – A form filed by the treating doctor or referral doctor after the initial visit/treatment and afterward when there is a change in the injured employee’s work status or change in activity restrictions.

### III. RESPONSIBILITIES

- A. Workers' Compensation/Safety Coordinator
  - 1. Reports, monitors and coordinates all aspects of the workers' compensation program.
  - 2. Provides ongoing claims management through frequent contact with an injured employee, the workers' compensation adjuster and the treating doctor to ensure that the injured employee is receiving the proper care for a fast recovery and fast return to work.
- B. Department Directors
  - 1. Maintain a safe and healthy work environment.
  - 2. Ensure standardized procedures are followed for reporting all injuries and illnesses in an effective and efficient manner.
  - 3. Take appropriate action to reduce on-the-job injuries and illnesses, including exposure to reportable diseases.
- C. Division Managers
  - 1. Implement policies and procedures for reporting all accidents or injuries occurring in respective areas.
  - 2. Ensure the accuracy of all reports, as well as the timeliness of submissions.
- D. Supervisors
  - 1. Contact the Liability Administrator for investigation of vehicular accidents that involve a third party.
  - 2. Contact the Workers' Compensation/Safety Coordinator for investigation of work related injuries, illnesses and all vehicle accidents.

3. Report serious or life-threatening injuries **immediately** by phone, regardless of time, day or night, to the TPA and the Workers' Compensation/ Safety Coordinator.
  - a. A Reporting Requirements Flowchart (Attachment A) provides details regarding reports or forms required for first aid, medical only and lost time injuries.
4. Report minor injuries which do not result in lost time or require treatment by a doctor on a First Aid Report. Access these reports on COBconnect. One copy should be sent to the Workers' Compensation/Safety Coordinator and one copy should be kept in the employee's file within the department.
5. Complete an initial Injury Investigation Report for all medical only or lost time injuries within twenty-four (24) hours of the incident. The department payroll clerk then completes a PDF copy of the Injury Investigation Report for electronic submission to Personnel. The PDF Injury Investigation Report is accessible on COBConnect.
6. Personnel will establish the DWC 1 and forward a copy of this form to the department for filing.
7. Notify the Worker's Compensation/Safety Coordinator within twenty-four (24) hours of the incident for the following reasons:
  - After the injured employee returns to work in either full or modified capacity.
  - After the injured employee is earning more or less than the pre-injury wage because of the injury.
  - After the injured employee has returned, then later had additional lost time or reduced wages as a result of the injury.
  - After an injured employee resigns or is terminated from employment with the City.
8. DWC 6 forms are completed by Personnel and printed upon completion. A copy will be returned to the department for filing.

E. Employees

1. Report all injuries or occupational illness, regardless of the severity or lack thereof, **immediately** to your supervisor.
2. In an emergency situation, most of the hospitals will accept Workers Compensation Insurance. However, for non-emergencies or follow-up treatments, employees should contact the Workers' Compensation/Safety Coordinator to coordinate a follow-up treatment plan with an eligible treating doctor.

3. If the adjuster has questions regarding the compensability of a claim, an investigation may be conducted before treatment is authorized. Reporting an accident late, questionable circumstances regarding the injury or a previous related injury are examples of reasons for investigation. All injuries may be subject to investigation. If, through the investigation, the adjuster finds the injury may not be compensable, no medical treatment will be approved until a benefit review conference is held through the Division of Workers' Compensation. By law, a compensable claim must have a definite "cause, time, and place".
4. Maintain biweekly contact with your supervisor while off work. Failure to maintain contact with your supervisor may result in disciplinary action up to and including termination.
5. Submit the DWIC 73 Release to Work Form, filled out by your treating doctor, to your supervisor or the your supervisor or the Workers' Compensation/ Safety Coordinator within three (3) working days of each medical appointment. The form should be completed, detailing any restrictions or limitations, signed by the doctor, and returned even if you are not released to return to work. The completed form can be mailed or returned in person.
6. Return to work, full or modified duty as specified by the DWC 73. Failure to return to work within three (3) days of being released may be considered job abandonment and may result in disciplinary action up to and including termination.

#### IV. DUTY STATUS AND RETURN TO WORK

##### A. No Duty

1. The treating doctor can authorize an employee to be off work on "No Duty". Such authorization must be in writing, signed by the treating doctor, with a beginning and ending date, and returned to the Workers' Compensation/Safety Coordinator.
2. While on No Duty, an employee must not participate in any activities that would hinder recovery. Some examples of such activities include, but are not limited to, strenuous athletic activities and working at another job. Such activities shall be considered misconduct and may result in termination.

##### B. Return to Work

An employee shall return to work upon written release by the treating doctor. Based upon the doctor's written release, an employee may return to work as follows:

1. Full Duty

- a. The employee is expected to resume regular duties at the time specified by the doctor. If a question of employee safety/health exists, the supervisor shall contact the Worker's Compensation/Safety Coordinator.

2. Modified Duty

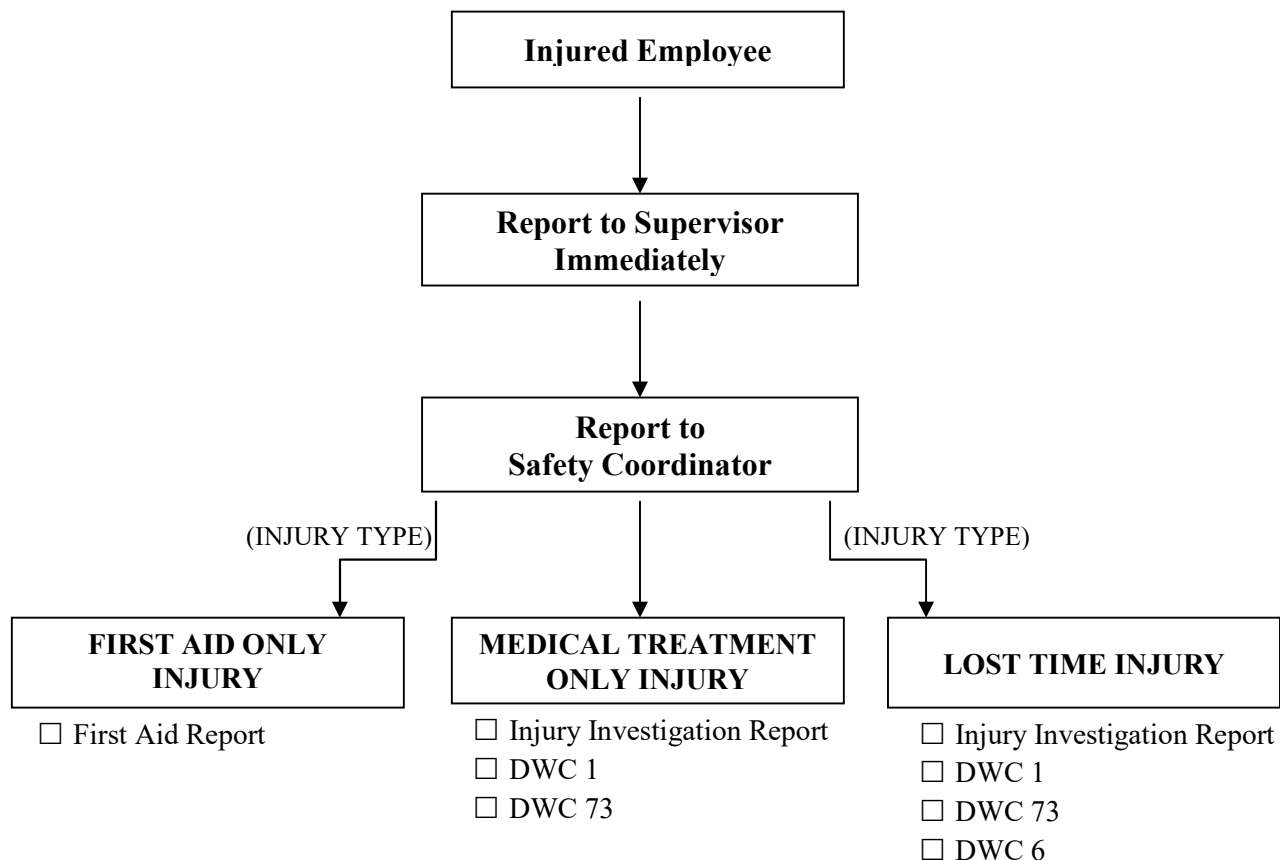
- a. Each department is encouraged to provide a modified duty program for its employees who sustain job-related injuries or illnesses. The purpose of modified duty is to return the employee to work as quickly as possible in a meaningful and productive capacity. This duty recognizes the employee's medical and physical limitations, yet provides a mechanism for the employee to return to work at the earliest possible time. If modified duty is not available in the department where the employee is employed, the supervisor shall contact the Workers' Compensation/Safety Coordinator who may be able to provide such modified duty until the medical condition and the ability of the employee to perform regular duties can be more clearly defined by the treating doctor. While on modified duty, employees will not be allowed to work overtime.
- b. If the treating doctor releases the employee to work on modified duty, written specific and detailed modifications must be identified by the doctor in the DWC 73 Form. The employee may be required by the department/ division to return to the treating doctor with a job description in order to more clearly define the modifications. This job description will also allow the treating doctor to evaluate the employee's ability to perform full duty. The Workers' Compensation/Safety Coordinator or adjuster may request clarification of the modified duty release from the doctor. The supervisor and employee must adhere to the modifications prescribed by the treating doctor.

V. BENEFITS AND USE OF ACCRUED LEAVE AND INSURANCE COVERAGE

- A. An employee who sustains a work related injury while on his/her regular shift will be compensated for the remainder of the shift, unless directed by a treating doctor to resume work the same day. Any medical treatment that exceeds the regular shift hours on the day of the injury will not be compensated.
- B. TIBs for compensable claims will begin on the eighth day of lost time. Employees who are off on workers' compensation will usually receive a check at the ends of the second week he/she is off.

- C. TIBs will be 70% or 75% (depending on the employee's hourly wage) of the difference between the employee's average weekly wage and the post-injury earnings after the employee has one week of lost time. The amount of TIBs is subject to maximum and minimum benefit amounts.
- D. TIBS will end the date the employee reaches maximum medical improvement (the point where a work-related injury has improved as much as it is going to improve), the date the employee is again physically able to earn his/her average weekly wage which would be the same wages he or she was earning prior to being injured on-the-job, or at the end of one hundred four (104) weeks.
- E. A maximum of twenty (20) hours of any accrued leave with the exception of short term disability accruals may be used to supplement workers' compensation during any bi-weekly pay period.
- F. Any ineligible use of any accrued leave will be recovered by the City.
- G. Under no circumstances will an employee be eligible to use any accrued leave that would cause them to exceed his/her regular base salary.
- H. Any employee who is receiving workers' compensation is eligible to continue purchasing medical and dental insurance coverage at the City's established rate. Contact Employee Benefits for details.
- I. Any employee who is on workers' compensation leave and does not choose to continue benefit coverage may be subject to completing evidence of insurability upon return to work.

**ON-THE-JOB INJURY/ILLNESS  
REPORTING REQUIREMENTS**



<b>WORKERS' COMPENSATION CONTACTS</b>			
AS&G Claims Administration, Inc.	Angie Williams Adjuster	5300 Hollister, Ste. 410 Houston, TX 77040	P: (713) 744-2532 C: (281) 914-3110 F: (866) 765-8762
City of Beaumont	Kaltrina Minick Personnel Manager	801 Main St, Ste. 135 Beaumont, TX 77701	P: (409) 880-3727 C: (409) 782-6213 F: (409) 880-3108
	Marisa Arceneaux Personnel Specialist	801 Main St, Ste. 135 Beaumont, TX 77701	P: (409) 880-3717 C: (409) 548-1668 F: (409) 880-3108
Texas Division of Workers' Compensation	Customer Service Representative	P.O. Box 12050 Austin, TX 78711	Local: (409) 899-5589 Austin: (512) 804-4000