


<p>Name of Policy: Reporting/processing on-the-job injuries for Workers' Compensation purposes</p> <p>Policy Number: 3364-10-10</p> <p>Approving Officer: President</p> <p>Responsible Agent: Vice President and General Counsel</p> <p>Scope: all University of Toledo campuses</p>	 <p>Review date: March 31, 2016 Original effective date: September 4, 2009</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p>	<p><input checked="" type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Reaffirmation of existing policy</p>

(A) Policy statement

It is the policy of The University of Toledo that when a university employee has a work related injury or occupational disease, they will seek appropriate medical care, report the injury to their supervisor and complete and submit the injury and illness report form to the workers' compensation department or their supervisor.

(B) Purpose of policy

This policy provides direction to the employee and their supervisor on how to assure that an employee with a work related injury or occupational disease:

- (1) receives proper medical care; and
- (2) submits the documentations that will initiate a workers' compensation claim when appropriate, and provide information for accident investigation and safety hazard elimination, when appropriate.

(C) Procedure:

Caring for the injured employee is the first concern. The university will provide any necessary emergency medical care through its health facilities and/or other qualified health care providers for employees who are injured during the performance of their duties, and to properly record pertinent information for accident investigation, safety hazard elimination, and workers' compensation, when appropriate.

(1) This policy applies to all University of Toledo employees, full or part-time, who are injured in the course and scope of university employment.

- (a) All injuries must be reported to the supervisor by the injured party or, if the injured party is not able to do so, a co-worker, by the end of the shift or as soon as is practical.
- (b) Anyone who is aware of unsafe conditions or working practices has an obligation to report them to their supervisor and the office of safety and health.

(2) When on-the-job injury or illness occurs:

- (a) As soon as possible after an injury, the supervisor or department chairman will notify the workers' compensation department of the occurrence of the injury. In the absence of a supervisor, a fellow supervisor should notify the workers' compensation department via phone, voice mail, or e-mail.
- (b) When employees are seen in the emergency department of university health services, the treating department will immediately notify the workers' compensation department.
- (c) Workers' compensation personnel will inform the office of safety and health of any safety issues pertaining to the employees injury/illness.

(3) Completing injury and illness incident form:

- (a) As soon as physically able, the injured employee will file with his or her supervisor a written statement explaining the accident, using part one of the injury and illness incident form. Where necessary, the supervisor will assist the employee in preparing this statement. Copies of the injury and illness incident form can be obtained in the workers' compensation department or on-line at <http://www.utoledo.edu/depts/risk/pdfs/EmployeeIncidentForm.pdf>
- (b) The supervisor will obtain signed statements from individuals who witnessed the accident. These statements may be recorded in the supervisor's analysis of the original,

or copies of the injury and illness incident form filed by the injured employee.

- (c) The supervisor will complete supervisor's analysis of the injury and illness incident form, including the identified causes of the accident.
 - (i) The supervisor will file the completed injury and illness incident form with the workers' compensation department as soon as possible after the accident.
 - (ii) If the severity of the injury prevents the injured employee from filing a report, even with assistance, the supervisor will file a preliminary report giving all available information and will file supplemental reports with additional information, and the employee's report, at the earliest possible date.
- (d) In addition to the reports of the incident, the main campus classified employee's absence and return to work will be reported on the regular absence report (Form PE 203 195).

(4) Workers' compensation department role:

- (a) The workers' compensation department will provide the necessary forms to initiate a claim with the Ohio Bureau of Workers' Compensation (BWC). BWC then assesses the claim and makes the decision to allow or disallow the claim.

(5) After a claim has been submitted:

- (a) Upon receipt of the claim, BWC will mail out notification of the assigned claim number. It is then the employee/claimant's responsibility to provide said claim number to all health care providers, along with any other information request to ensure proper billing of claim-related charges.

- (b) In the event the claim is disallowed, the employee will have appeal options as outlined in the BWC order, or Industrial Commission correspondence.
- (6) Contact information: If an employee or supervisor has any questions regarding this policy or procedure, they can contact the main campus office (419-530-3655), or the health science campus office (419-383-4567).

<p>Approved by:</p> <p><u>/s/</u> Sharon L. Gaber, Ph.D. President</p> <p><u>April 4, 2016</u> Date</p> <p><i>Review/Revision Completed by:</i> <i>Director, Workers' Compensation</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>V-6-6 On the Job Accidents, former MC policy, adopted February 10, 1999</i>• <i>Previous 3364-10-10, effective date September 14, 2012</i> <p>Initial effective date: September 4, 2009 Review/Revision Date: September 14, 2012; February 12, 2016 Next review date: February 12, 2019</p>
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