

Memo to: All UH-Downtown/PS Holders
From: Dr. Loren J. Blanchard, President
Subject: Workers' Compensation Policy

UH-Downtown/PS 02.A.25
Issue No. 6
Effective date: 02/17/2023
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1. PURPOSE

This Policy Statement ensures University of Houston-Downtown (UHD) employees who suffer work-related occupational injuries and illnesses receive prompt, appropriate medical care and treatment, and compensation as allowed and provided by the [Texas State Labor Code, Chapter 401, Title 5, Workers' Compensation \(Texas Workers' Compensation Act\)](#), [SAM 01.C.03, Reporting Work Related Injuries and Illnesses](#), and other state and institutional guidelines covering workers' compensation. This policy applies to all University of Houston-Downtown employees paid through the university payroll system.

2. DEFINITIONS

- 2.1 [Authorization for Release of Information \(SORM-16\)](#): Form completed by the employee to authorize SORM to obtain relevant medical information from providers that will assist in the handling of the claim.
- 2.2 **Disabling illness or injury**: An illness or injury that prevents the employee from returning to regular work or job on the next scheduled workday following the date of the illness/injury.
- 2.3 **Employee**: Any person employed by and paid through the University of Houston-Downtown's payroll system. It does not include independent contractors, volunteers, except during a Governor-declared State of Emergency, members of the state military forces, except while on active duty, persons covered by Federal worker's compensation, offenders, students or patients of a state agency.
- 2.4 [Employee's Election Regarding Utilization of Sick Leave \(SORM-80\)](#): Form that allows an injured employee the election of using all accrued sick leave and all annual leave, or a portion of accrued annual leave, or no annual leave or no sick or annual leave before receiving weekly compensation benefits.
- 2.5 **Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC-041)**: Report required of an employee or person acting on the employee's behalf Workers' Compensation in order to file a claim for Workers' Compensation benefits. This form will be sent directly to the injured employee by the Texas Department of Insurance – Division of Workers' Compensation
- 2.6 [Employee's Report of Injury \(SORM-29\)](#): Form completed by the injured employee to provide SORM with information pertaining to the circumstances surrounding the

injury and what has happened since the date of injury.

- 2.7 Employer's First Report of Injury or Illness (DWC-1S): Form that must be completed electronically by the UHD Benefits staff to SORM for any occupational injury/illness in which an employee incurs medical expenses or loses time from work due to a work related accident or incident.
- 2.8 Employer's Wage Statement (DWC-3): An online [State Office of Risk Management \(SORM\)](#) form completed by the UHD Benefits staff, which is used to determine the injured worker's weekly wages.
- 2.9 Health Care Network: The network contracted by SORM to assist employees in the selection of network providers while obtaining prompt and appropriate medical treatment.
- 2.10 Lost time: Any work time lost due to occupational injury or illness after the original date of injury or first symptom of illness.
- 2.11 Medical care/expenses: Health care reasonably required by the nature of a compensable injury or illness and intended to cure or relieve the effects naturally resulting from the compensable injury/illness, resulting in reasonable expenses for necessary treatment to cure and relieve the employee from the effects of occupational disease/illness/injury.
- 2.12 Notification of Additional Information (SORM-90): Report submitted electronically to SORM by the UHD Benefits staff after changes in employee information occur.
- 2.13 Occupational accident: A sudden, unplanned, unintentional event or occurrence that interrupts the efficient completion of a work-related activity.
- 2.14 Occupational exposure: An exposure to a condition or conditions that may result in the contraction of an occupational illness.
- 2.15 Occupational illness: Any disease arising out of and in the course of employment with the University of Houston-Downtown that causes damage or physical harm to the physical structure of the body and such other diseases or infections as naturally result.
- 2.16 Occupational injury: Physical harm or damage occurring to an employee because of an accident or an event compensable under the [Texas Workers' Compensation Act](#) and arising out of, or in the course of, the employee's employment with the University of Houston-Downtown.
- 2.17 Physician's Release to Work: Statement from employee's treating physician that states the employee may return to work.

- 2.18 Supervisor: Any employee having supervisory responsibilities, either temporary or permanent. For the purposes of this policy statement, in most cases the supervisor acts as the representative of the employer.
- 2.19 [Supervisor's Report of Accident](#): Form that must be completed by the injured employee's supervisor or a person designated by the supervisor when an occupational illness or injury occurs.
- 2.20 Supplemental Report of Injury Form (DWC-6): Report submitted electronically by the UHD Benefits staff each time any of the following events occur:
- The employee is unable to return to work due to a work-related injury;
 - The injured employee returns to work in any capacity;
 - The injured employee earns less than the pre-injury wages because of the injury; or,
 - The injured employee is terminated, resigns, or dies.
- 2.21 [Texas Workers' Compensation Work Status Report/Physician's Release to Work \(DWC-73\)](#): Form completed by the employee's treating physician explaining an injured employee's medical restrictions or ability to work.
- 2.22 Witness Statement (SORM-74): Form to be completed by anyone who witnessed or has information to provide regarding the accident. The report should be completed as soon as possible to assure important facts are not forgotten by the witness.

[Workers' Compensation Network Acknowledgement Form](#): Form to be filled out by the employee at the time of hire. The form requires the employee to acknowledge that they have received information on how to obtain health care services under workers' compensation.

3. POLICY

- 3.1 The University of Houston-Downtown (UHD) is committed to maintaining a safe working environment free of hazardous conditions for all faculty, staff, and students. However, when unavoidable incidents arise, it is important that employees suffering from a work-related occupational injury or illness receive proper medical attention and that the proper documentation is completed and forwarded to the [State Office of Risk Management \(SORM\)](#) who administers the University's Worker's Compensation program. Compensation may be paid should the employee be temporarily or permanently disabled.
- 3.2 When an employee is injured on the job, suffers an occupational disease, or dies as a result of an occupational disease or job-related injury, the employee (or person acting on the employee's behalf), the supervisor, the UHD Environmental Health and Safety (EHS) Office representative, and the UHD Benefits staff each have responsibilities

- regarding reports and actions to be taken.
- 3.3 All employees requiring emergency medical treatment for a work-related occupational injury or illness are entitled to such treatment as authorized by the [Texas Workers' Compensation Act](#).
 - 3.4 To receive workers' compensation benefits in a timely manner, the reports and actions defined herein must be initiated within the time frame prescribed in this policy statement
 - 3.5 No workers' compensation benefits can or will be paid until the Employer's First Report of Injury or Illness Form (DWC-1S) is received by SORM.
 - 3.6 The UHD Benefits staff is responsible for reviewing SORM reporting forms on an annual basis to assure that current forms are utilized for all workers' compensation claims.

4. PROCEDURES

- 4.1 Employee Responsibilities: An injured employee has legal responsibilities that must be met to establish a claim for compensation.
 - a. The injured employee must notify supervisory or management personnel about an on-the-job injury no later than the 30th day after the injury occurs, or if the injury is an occupational disease, no later than the 30th day after the employee knew or should have known that the disease might be related to the employment, even if there is no medical treatment or lost time. The following forms should be completed:
 1. [Employee's Report of Injury](#)
 2. [Employee's Election Regarding Utilization of Sick and Annual Leave](#)
 3. [Authorization for Release of Information](#)
 4. [Witness Statement](#), if applicable
 5. [Workers' Compensation Network Acknowledgement Form](#), if it was not submitted at the time of hire
 - b. In order to receive compensation for an occupational injury or disease, the injured employee must file with the [Texas Department of Insurance, Division of Workers' Compensation \(DWC\)](#) a claim for compensation (DWC-41) no later than one year after the date of injury, or if the injury is an occupational disease, no later than one year after the employee knew or should have known that the disease was related to the employment. The DWC-41 is sent to the injured employee by DWC upon notification of claim.
 - c. For the purposes of qualifying for workers' compensation benefits, the law

requires that an employee who claims a possible work-related exposure to HIV infection must provide a written statement of the date and circumstances of the exposure. The law also requires the employee to document that, within 10 days after the date of the exposure, the employee is tested for HIV.

- d. If medical treatment is required, the employee can seek treatment at any hospital emergency room. In the event of non-emergency medical treatment, the employee should seek treatment with a health care provider within the Health Care Network.
- e. If lost time is anticipated, the Employee's Election Regarding Utilization of Sick Leave form must be completed. If an employee is absent due to a work-related injury/illness, he or she shall notify their immediate supervisor and the UHD Benefits staff at the beginning of the first day's absence. Upon returning to work, the employee shall provide the UHD Benefits staff with a copy of the Physician's Release to Work prior to resumption of normal duties.
- f. Employees must apply for Family and Medical Leave (FMLA) if the employee has been absent from work due to a work-related job injury for more than three (3) business or normally- scheduled work days. Please refer to the [Family and Medical Leave Policy](#).

4.2 Supervisor's Responsibilities:

- a. If the injury is serious/life threatening, the employee's supervisor is responsible for assisting the employee in obtaining medical help as quickly as possible. If the injury is not serious/life threatening the injured employee should seek treatment with a health care provider within the Health Care Network. All blood and airborne pathogen precautions should be taken when aiding an individual secreting blood or other body fluids
- b. Supervisors must be familiar with university policies and procedures related to workers' compensation, including forms for which the supervisor and employee are responsible for completing and/or submitting to the UHD Benefits staff.
- c. Immediately notify the UHD Benefits staff and the Environmental Health and Safety (EHS) staff of an employee's work-related injury, illness or occupational exposure and complete the Supervisor's First Report of Injury.
- d. Ensure that all appropriate forms are completed and returned to the Benefits staff.
- e. Notify the Benefits staff if the employee loses time due to an occupational work-related injury or illness.

- f. Notifying the employee of their rights under the Family and Medical Leave Act and providing information on the university's policy related to [Family and Medical Leave Policy](#).
- g. Require return to work authorization from the Benefits staff before allowing employee to return to work.
- h. Notify the Benefits staff if the employee resigns, retires, or is terminated while on workers' compensation leave.

4.3. Benefits Staff Responsibilities:

- a. Assist supervisors and other members of the university community upon notification of an employee's work-related injury, illness or occupational exposure.
- b. Furnish copies of accident forms to the Environmental Health and Safety Office staff upon notification of an employee's work-related injury, illness or occupational exposure so that follow-up investigations can be conducted as necessary to ensure safe work practices and safe working conditions
- c. Review accident forms for completeness and electronically file the Employer's First Report of Injury or Illness forms with SORM.
- d. If there is treatment or lost time, convert status from incident only to a claim prior to submitting the accident forms to SORM.
- e. Complete any supplemental reports, if necessary.
- f. Maintain all workers' compensation claims filed by UHD employees for at least two years after the claims become inactive.
- g. Notify employees of their rights under the Family and Medical Leave Act and provide information on [PS 02.A.11, Family and Medical Leave Policy](#).
- h. Serve as the liaison between UHD, the employee, the supervisor, and SORM.
- i. Maintain frequent contact with the employee on workers' compensation leave.

4.4. Environmental Health and Safety Office's Responsibilities:

- a. Once notified of an accident, the Environmental Health and Safety Office staff will secure the site, if possible, and begin the investigation to determine cause and other factors that contributed to the incident/accident.

- b. Obtain factual information about the incident.
- c. Interview all witnesses and the injured person (if available).
- d. Take pictures of the scene as required.
- e. Submit a report to the UHD Benefits staff and SORM, if requested.
- f. Make recommendation(s) or takes steps necessary to correct or eliminate the contributing factors.
- g. Conduct a follow-up investigation to ensure that contributing factors have been corrected.

5. REVIEW PROCESS

Responsible Party (Reviewer): Vice President for Human Resources

Review: Every three years on or before October 1st.

Signed original on file in the Office of Human Resources.

6. POLICY HISTORY

Issue #1: 11/14/03

Issue #2: 11/05/10

Issue #3: 04/20/15

Issue #4: 05/04/17

Issue #5: 06/14/19

7. REFERENCES

[State Office of Risk Management \(SORM\)](#)

[Texas State Labor Code, Chapter 401, Title 5, Workers' Compensation \(Texas Workers' Compensation Act\)](#)

[Texas Workers' Compensation Work Status Report/Physician's Release to Work \(DWC-73\)](#)

[Authorization for Release of Information \(SORM-16\)](#)

[Employee's Report of Injury \(SORM-29\)](#)

[Witness Statement \(SORM-74\)](#)

[Employee's Election Regarding Utilization of Sick Leave \(SORM-80\)](#)

[Supervisor's Report of Accident](#)

[Workers' Compensation Network Acknowledgement Form](#)

[Texas Department of Insurance, Division of Workers' Compensation \(DWC\)](#)

[PS 02.A.11, Family and Medical Leave Policy](#)