

**OFFICE OF THE PRESIDENT  
ADMINISTRATIVE MEMORANDUM**



**DATE:**

**NUMBER: HR-41**

**TITLE: Worker's Compensation**

**PURPOSE**

The purpose of this policy is to protect the employee and the University by ensuring compliance with the Pennsylvania Workers' Compensation Act. (Section 101 of the act of June 2, 1915 (P.L. 736, No. 338), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 (P.L. 520, No. 281) and December 5, 1974 (P.L. 782, No. 263).

**SCOPE**

This policy applies to all employees of East Stroudsburg University of Pennsylvania.

**POLICY**

This policy contains information regarding: Workers' Compensation Benefits, Responsibilities, Employee Notification, Reporting of a Work-Related Injury, Illness or Disease, Obtaining Medical Treatment and Return to Work.

**A. Worker's Compensation Benefits**

Full and part-time paid employees, who sustain a work related injury, illness, or disease, may be eligible for Workers' Compensation Benefits. Workers' Compensation benefits may include medical benefits, prescription benefits, indemnity benefits, and leave.

At time of a work-related injury or illness, all employees will receive notice regarding their rights and responsibilities under section 306(f.1)(1)(i) of the Workers' Compensation Act. Employees will be responsible for signing the document indicating they have been informed of and understand those rights and responsibilities. The signed document will be retained in the employees' personnel file. (Employees should refer to [Attachment A](#) -Notice: Medical Treatment for Your Work Related Injury or Occupational Illness.)

This information will also be posted in appropriate employee work areas.

## **Medical Benefits**

If you are a full or part-time employee who suffers a work-related injury or disease, the University or its insurance company will pay for reasonable surgical and medical services, medication, supplies, orthopedic appliances and prostheses, including training in their use.

In order to ensure that the employees' medical treatment will be paid, the employee must seek medical treatment from one of the approved medical practitioners and comply with the treatment guidelines prescribed. (Employees should refer to [Attachment B](#)-Notice to All Employees.)

Employees who suffer a work-related injury or disease will receive a Workers' Compensation Claim (LIBC 500), which contains important information for the provider. (Employees should refer to [Attachment C](#) – Workers' Compensation Claim (LIBC 500).)

## **Prescription Benefits**

If you are full or part-time employee who suffers a work-related injury or disease, the University or its insurance company will cover the cost of necessary prescriptions related to the injury, illness or disease.

Depending on their policy, some pharmacies may bill the workers' compensation carrier for prescription expenses. Otherwise, the employee will be responsible for paying for prescriptions related to the injury and then submitting receipted bills to be paid for by Inservco Insurance Services.

## **Indemnity Benefits**

The indemnity benefit is compensation that is paid during a leave of absence. After a 7-day waiting period, the employee is entitled to compensation benefits equal to approximately two-thirds of their average weekly wage (wages will include those from all employers for whom you are currently working) subject to maximum and minimum limits as provided by law. Indemnity benefits do not have taxes withheld, and are payable for the duration of the work-related injury leave.

All full and part time paid employees, who cannot return to work for an extended period of time as recommended by an approved medical practitioner because of the work related injury, illness, or disease are eligible.

The first payment of compensation must begin no later than the 21<sup>st</sup> day after the University knew of the disability. Once the employee returns to his/her previous work at the same or greater wage, or the disability otherwise ceases, the claim for compensation may be reopened within three (3) years from the date of the last payment of disability.

If the employee is denied compensation, he/she is entitled to prompt notification stating the grounds upon which the denial of compensation is based and their rights of appeal.

All claims for compensation shall be forever barred unless within three (3) years after the injury the employee and the University and the insurance carrier have agreed upon the compensation payable or a written claim petition prescribed by the Department of Labor and Industry has been filed.

The employee must provide a physician's certificate to support a claim for any absence.

**Workers' Compensation Leave**

<b>WORKERS' COMPENSATION LEAVE</b>	
<b>Injury Leave Without Pay</b>	<b>Paid Injury Leave</b>
<p><b>Definition:</b></p> <p>Employee receives only Workers' Compensation Indemnity Benefits while on leave. No additional salary compensation is paid.</p>	<p><b>Definition:</b></p> <p>Employee receives Workers' Compensation Indemnity Benefits while on leave. Accrued sick, annual, or personal leave is used to supplement the income received. Therefore, the Indemnity Benefits and the Paid Injury Leave Supplement amounts to almost the same as the employees' regular net paycheck.</p>
<p><b>Eligibility:</b></p> <p>Employee must meet the eligibility for Indemnity Benefits and must choose this option, by returning the completed "Work Related Injury Leave Election" form to the Office of Human Resource Management. (Employee should refer to <a href="#">Attachment D</a> – Work-Related Injury Leave Election.)</p>	<p><b>Eligibility:</b></p> <p>Employee must meet the eligibility for Indemnity Benefits, have sick, annual or personal leave available and must choose this option, by returning the completed "Work Related Injury Leave Election" form to the Office of Human Resource Management. (Employee should refer to <a href="#">Attachment D</a> – Work-Related Injury Leave Election.)</p>
<p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• Sick, annual, and personal leave do not accrue, while on Injury Leave Without Pay.</li> <li>• Benefits (medical/hospital, supplemental life insurance benefits, and group life insurance) continue for up to one year or the duration of the disability, which ever is the lesser.</li> <li>• No retirement credit accrues while on Injury Leave Without Pay.</li> </ul>	<p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• One full day of accrued leave is charged for each day used on Paid Injury Leave (AFSCME employees only).</li> <li>• Sick, annual and personal leave accrue at the appropriate rate, on Paid Injury Leave.</li> <li>• Benefits (medical/hospital, supplemental life insurance benefits, and group life insurance) continue for up to one year or the duration of the disability which ever is the lesser.</li> <li>• Retirement credited service accrues on periods of paid injury leave</li> </ul>

Both **Paid Injury Leave** and **Injury Leave Without Pay** are available for the period of the disability or up to one year's absence from work. The year is cumulative, which means that if the employee returns to work but becomes disabled again for the same injury, Paid Injury Leave or Injury Leave Without Pay are available but are reduced by the prior usage. The year leave for one injury must be accumulated within three years from the date of injury.

## **B. Posting of the "Notice to All Employees" in the event of work-related injury**

A copy of the "Notice to All Employees," which details the procedures, care sites and employer/employee responsibilities in the event of a work related injury, illness, or disease, is posted in employee areas. See Supervisor for specific location. ([Attachment B.](#))

## **C. Reporting a Work Related Injury, Illness, or Disease**

All work-related injuries, illnesses or diseases must be immediately reported to the employee's supervisor. The employee and Supervisor work together to complete the "Employer's Report of Occupational Injury or Disease" to report the incident. (Employee should refer to "Employer's Report of Occupational Injury or Disease" – [Attachment E.](#))

The employee must report any work-related injuries or illnesses to their supervisor IMMEDIATELY after the occurrence.

After the employee has been treated or is no longer in danger, the Supervisor completes the "Employer's Report of Occupational Injury or Disease"

The Supervisor submits, to the Office of Human Resource Management, a completed "Employer's Report of Occupational Injury or Disease", within one (1) business day of the injury.

The Office of Human Resource Management ensures that the "Employer's Report of Occupational Injury or Disease" is comprehensive and completed properly.

The Office of Human Resource Management retains the completed "Employer's Report of Occupational Injury or Disease" in a file separate from the employee's personnel file.

## **D. Obtaining Medical Treatment for a Work Related injury, illness or disease:**

The employee must seek medical treatment from one of the approved medical practitioners and comply with the treatment guidelines described in [Attachment A.](#)

It is the employee's right to seek medical treatment. However, if the employee declines this right, they are still responsible for notifying their supervisor, who will still complete the "Employer's Report of Occupational Injury or Disease".

**E. Returning to Work:**

Depending on the particular injury or illness and the nature of the employee’s job duties, the University will work with the employee and the employee’s physician and make every effort to determine if a modified duty program is appropriate. In no case can any employee remain permanently in a modified duty assignment.

The employee must provide regular updates regarding their medical condition, to their Supervisor.

If the employee's doctor determines that the employee is able to perform modified duties or is able to return to work on a reduced time basis (part-time), then the employee **MUST** discuss these possibilities with their Supervisor.

As soon as the employee's doctor certifies that an employee is able to return to work, the employee must contact their Supervisor immediately with this information.

**F. RESPONSIBILITIES**

<b>RESPONSIBILITY MATRIX</b>		
<b>Role:</b>	<b>Before Injury or Illness:</b>	<b>After Injury or Illness:</b>
Supervisor	<p>Provide training to employees in the performances of their job duties in safe work habits and practices.</p> <p>Maintain safe work area and conduct an active safety program.</p> <p>Address employee safety concerns or potential hazards.</p> <p>Know the employees who have first aid training and can assist in case of emergency.</p> <p>Ensure employees are aware of Workers' Compensation procedures and their responsibility to comply.</p>	<p>Ensure medical treatment is obtained in an appropriate and timely fashion.</p> <p>Immediately investigate incident.</p> <p>Complete an "Employer's Report of Occupational Injury or Disease."</p> <p>Forward the report to the Office of Human Resource Management within one (1) business day.</p> <p>Notify the Office of Human Resource Management on the first day that lost time occurs and the first day that the employee returns to work.</p> <p>Maintain personal contact with employee to keep lines of communication open</p> <p>Set up opportunities for transitional/modified work within departments and prepare for return-to-work</p>

Human Resource Management	<p>Conduct an active program to keep all employees informed of intent, purpose, and benefits of this program.</p>	<p>Review all submitted forms for completeness and accuracy.</p> <p>Inform employees of benefits and appropriate entitlement and responsibilities.</p> <p>Ensure timely preparation and processing of necessary reports and forms.</p> <p>Coordinate with managers/supervisors/employees to schedule personal interviews in order to manage handling the claim.</p> <p>Coordinate with managers/supervisors to develop a return-to-work plan compatible with the physical limitations of the employee.</p>
Employee	<p>Be aware of you rights and duties listed in the "Workers' Compensation Employee Notification".</p> <p>Comply with the safety standards established by your supervisor.</p> <p>Report any potential safety concerns or hazards to your Supervisor.</p>	<p>Notify your supervisor of injury or illness IMMEDIATELY.</p> <p>Assist your supervisor in filling out Report of Occupational Injury.</p> <p>Seek treatment for up to 90 days with panel physician.</p> <p>Provide a physician's certificate to support a claim for any absence or physical limitations.</p> <p>Notify Supervisor of condition immediately after medical treatment.</p> <p>Keep supervisor and the Office of Human Resource Management informed of current physical status.</p> <p>Respond to all Workers' Compensation related communications, in a timely manner.</p> <p>Return to regular or transitional/modified work on a full or part-time basis when permitted by physician.</p>

**G. Completing the "Employer's Report of Occupational Injury or Disease"**

Enter all information on the form that is known at the time the report is being completed. The employee should contact the Office of Human Resource Management with any questions they encounter while completing the form. After entering all of the requested information, the report **MUST** be forwarded to the Office of Human Resource Management.

*For further information regarding employee rights relative to work-related injuries, refer to the applicable Collective Bargaining Agreements.*

