

# **WORKERS' COMPENSATION**

**HR ADMINISTRATIVE PROCESS TRAINING – NOVEMBER 2017**

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## **WORKERS COMPENSATION**

A system Michigan uses to provide

- medical
- wage replacement
- rehabilitation benefits

to individuals who are injured while at work at the same time protecting employer by limiting their liabilities

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## WHAT TO DO WHEN ON-THE-JOB ACCIDENTS HAPPEN

Supervisors must treat every on-the-job accident as legitimate and do the following:

- Promptly provide first aid and/or direct the employee to seek emergency medical treatment depending on circumstances
  - Contact HR
  - Obtain facts from the employee about the accident
  - Investigate and document the accident as soon as possible
    - Preferably within 24 hours.
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## **REPORTING AN INJURY: FACULTY, STAFF & STUDENTS**

**If the injury or illness is job related it must be reported.**

An injury or illness that is determined to be job related will be covered by Workers Compensation Law, this includes:

- Medical
- Loss time expenses

The compensation received will be determined under State law by Comp One (Third party Admin) and the Medical Providers

If in doubt weather a pain is work related or not, the best way to determine will be to fill a report with us and our TPA will follow up


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## PROCESS FOR REPORTING AN INJURY

- Supervisor: Complete the Supervisor's Accident Report Form (**SARF**)
- Employee: Complete the Personal Accident Report Form (**PARF**)
- Submit completed forms to Human Resources.
  - If possible within 24hrs.



# SUPERVISOR ACCIDENT REPORT FORM (SARF)

  
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Office Of Human Resources Supervisor Accident Report Form

**General**

Date of Injury:  Time of Injury:  Location:

**Injured Employee**

Employee Name:  AUID#:  DOB:

Gender:  Local Phone:  Classification:

Department of Employment:  Job Title:  Years In Position:

**Reporting Supervisor**

Supervisor Name:  AUID#:  DOB:

Local Phone:  Supervisory Level:

Department of Employment:  Job Title:

Did the Reporting Supervisor Witness the Accident?  Yes  No  N/A

**Injury**

Accident Type:  Date Injury Reported:

Was the employee clocked in at the time of injury?  Yes  No  N/A

Was the employee performing a work related function at the time of injury?  Yes  No  N/A

Where was the employee injured (anatomical location)?

What was the type & extent of injury?

What substance/object directly harmed/injured the employee?

How was the employee injured?

Did anyone else witness the accident?  Yes  No  N/A

Witness Name:  AUID#:  DOB:

Witness Local Phone:

**Injury Analysis**

Was the employee trained to perform the work-related task?  Yes  No  N/A

Was the employee performing the work-related task as they were trained?  Yes  No  N/A

Was the work-related function evaluated for any hazards?  Yes  No  N/A


Were safe guards provided to protect the employee from the hazards?  Yes  No  N/A

Was the work-related function evaluated for personal protective equipment (PPE)?  Yes  No  N/A

Was the employee equipped/supplied with required PPE?  Yes  No  N/A

Was the employee using the PPE at the time of the injury?  Yes  No  N/A

Save Form

  
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**Personal Accident Report**

To be completed by the injured person.

**Information about you**

Your name:  Daytime phone:  Date of Birth:

Home address:

Your employer:  Your occupation:

**Information about the accident**

- Was the accident job-related?   
If yes, please see your employer about worker's compensation benefits.
- Where did the accident occur (be as specific as you can)
- What was the date and time that the accident occurred?
- What was the nature of your injury?
- Please describe what happened.
- What were you doing when the accident happened?
- What were the weather conditions when the accident occurred?
- Did anybody see the accident happen?  If so, provide their names and phone numbers.  
Name:  Phone:   
Name:  Phone:   
Name:  Phone:

**Follow-up information**

- Did you receive medical treatment?  If so, on what date(s)?   
Who was the medical provider?
- As of today (the date you are completing this form), do you still have any symptoms related to this accident? If so, please describe them.

Your signature:  Date:

## Download Form

1. HR Homepage
2. Find HR Documents
3. Documents are arranged in alphabetical order
4. Answer all the questions for easy processing

## WHAT DOES HR DO?

1. Collect: SARF, PARF and UMS/Doctor's Report
2. Prepare a Report
3. Report is submitted to CompOne
4. CompOne provides a claim number
5. Provide claim number to UMS authorizing the first visit pertaining to this injury/accident



## **THIRD PARTY ADMINISTRATOR (TPA)**

- Process AU form and pay claims
  - Manage care of injured employees
  - Authorize treatments
  - Process work comp wages to injured employees
  - Along with the Medical Providers, determine whether injuries/illnesses qualify as WC claims
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## WHERE CAN EMPLOYEES BE TREATED?

### University Medical Services

Employees who sustain work related injuries or illnesses may not be treated by any other provider except University Medical Specialties, or providers they designate

The law provides two exceptions to this rule:

1. Emergency medical treatment where a hospital emergency room is required
  2. Ten days or more after the injury or illness was reported, an employee may seek treatment from the medical provider of his or her choice. This request for exception must be submitted in writing to the HR director prior to obtaining the desired treatment
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# RECOVERY AND RETURN TO WORK

Employee's speedy recovery and return to work are very important.

To facilitate their return to work:

- AU will attempt to make **reasonable** accommodations for them to continue their regular job
- If that is not possible, they may be given other responsibilities within the department or elsewhere in the University

When the employee returns, they must present a RTW note **before** beginning work!

- Comply with Workers Compensation Law
- Inform supervisor of restrictions set by physician
- Determine accommodation needed



AU Benefits Office

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