

Worker's Compensation

What you can do to protect your
employee and yourself!



Southern Connecticut State University

2011

AJS Rev. 2/11

What is workers' compensation?

- **Historical** (traced back to 2050 B.C. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1888620/>)
 - 1st Worker's Compensation laws passed in United States around 1911 in Wisconsin and other industrial states followed
 - Connecticut Worker's Compensation Act adopted in 1913 (Workers' Compensation Statutes as Amended January 1, 2007, page 3)
- **Definition**
 - "Sec. 31-275. 'Arising out of and in the course of his employment' means an accidental injury happening to an employee or an occupational disease of an employee originating while the employee has been engaged in the line of the employee's duty in the business or affairs of the employer upon the employer's premises, or while engaged elsewhere upon the employer's business or affairs by the direction, express or implied, of the employer, provided: ..." (Workers' Compensation Statutes as Amended January 1, 2007, page 8).
- **Purpose** – to benefit all parties: employment and benefit coverage
 - Provide wage replacement, compensation for loss of body part/work capacity
 - Maintain employment whenever possible
- **Parameters** - Not covered by HIPAA; however additional medical information contained in reports may be which is why supervisors are not allowed to review the reports

What is workers' compensation?

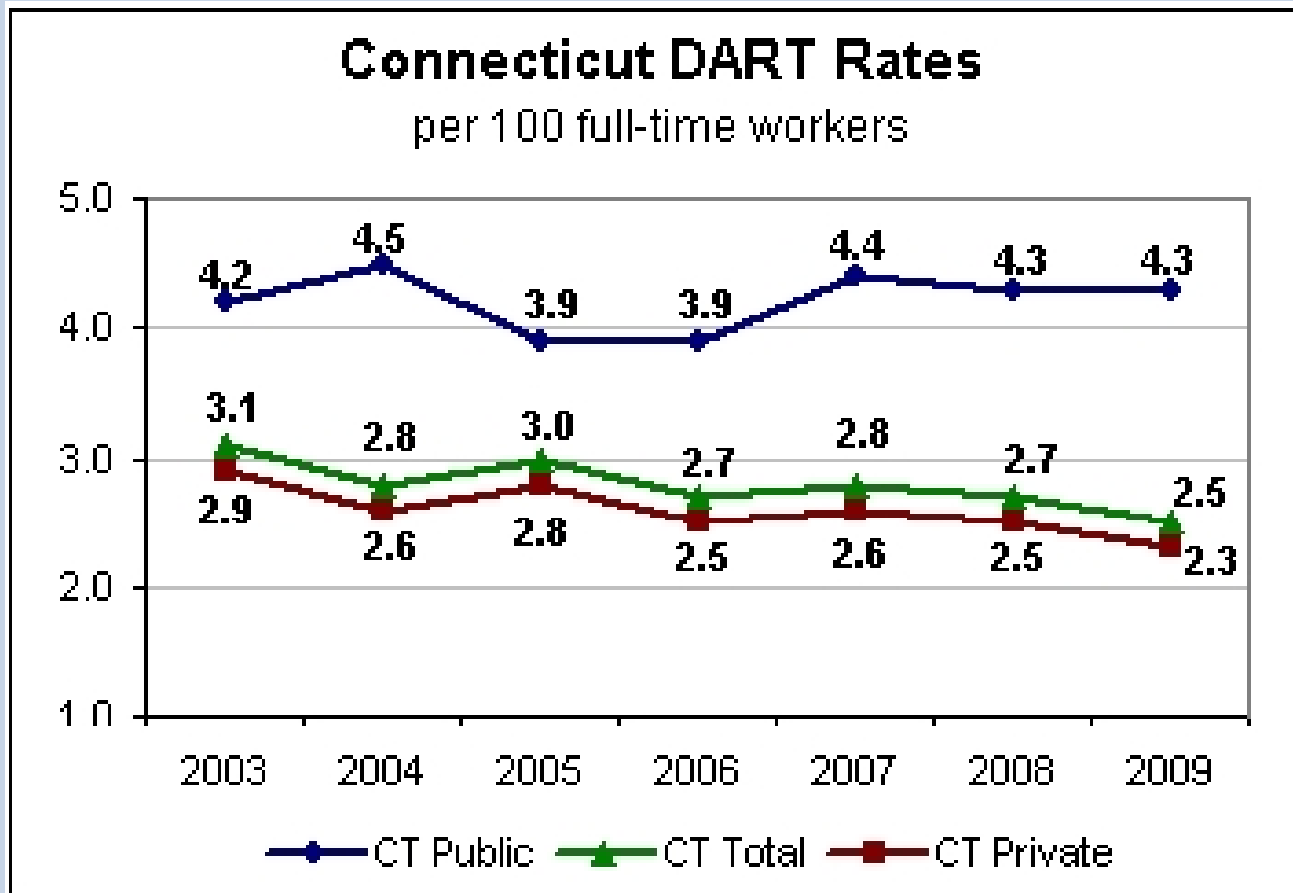
“Did you know ... A total of 60,200 injuries and illnesses were reported in Connecticut in 2009, for a rate of 4.6 cases per 100 full-time workers.

Injuries and illnesses requiring days away from work, job transfer, or restriction are referred to as DART cases. In 2009, Connecticut had 32,800 DART cases with a rate of 2.5 per 100 full-time workers.

The public sector accounted for 11,900 of Connecticut's 60,200 work-related injuries and illnesses (20%) while providing 13% of the employment.”

CT DOL. [CONN-OSHA Statistics Non-fatal Injury and Illness Data for 2009](http://www.ctdol.state.ct.us/osha/2009/NonFatalities/NonFatalities09.htm), 13 December 2010
<<http://www.ctdol.state.ct.us/osha/2009/NonFatalities/NonFatalities09.htm>>

What is workers' compensation?



CT DOL. [CONN-OSHA Statistics Non-fatal Injury and Illness Data for 2009](http://www.ctdol.state.ct.us/osha/2009/NonFatalities/NonFatalities09.htm), 13 December 2010
<<http://www.ctdol.state.ct.us/osha/2009/NonFatalities/NonFatalities09.htm>>

What is workers' compensation?

How did we do?

- Southern Connecticut State University had 55 work related injuries
 - More than half of the injuries were related to overexertion from lifting
 - Over 25% of the injuries were the results of a slip and fall
- What we can do to reduce the number of accidents at work (*presented by Tina Agentis following presentation*)

What is workers' compensation?

Workers' compensation awareness

- Try to prevent accidents from occurring
 - Minimize the risk, most accidents are preventable
 - Number 1 source of injury in the field of Education and Health Services in CT (other than the injury being caused by someone else) at work is overexertion
<<http://www.ctdol.state.ct.us/osh/2009/NonFatalities/NonFatalities09.htm>>
 - Number 2 source of injury in the field of Education and Health Services in CT at work is floor and ground surfaces (i.e. slip & falls on same level surfaces)
<<http://www.ctdol.state.ct.us/osh/2009/NonFatalities/NonFatalities09.htm>>
- When an accident occurs report it as soon as practicable
- Take appropriate measures to prevent it from happening again
- While following up on an incident be cognizant of Federal, State and Bargaining Unit regulations
 - If you do not know the answer, then always ask the Office of Human Resources. The Office of Human Resources is available for your questions.

Who Administers Workers' Compensation?

State of Connecticut - Third Party Administrator
Gallagher Bassett Services, Inc.
800 Connecticut Boulevard
East Hartford, CT 06108

What do you do when your employee gets hurt at work?

If it is life threatening – dial 911 for emergency response

- Immediate supervisor or supervisor in charge of shift at the time of the injury must be informed of the injury by the employee
- Supervisor MUST:
 1. complete all workers' compensation reporting paperwork
 - WC 207 First Report of Injury Form
 - WC 207-1 Supervisor Accident Report
 2. call the injury reporting line to report the incident: **1-800-828-2717**
 3. notify the Office of Human Resources of the injury
 4. provide all documentation to HR within 24 hours of the injury

What do you do when your employee gets hurt at work? Cont. ...

- If it is not an emergency situation, the supervisor and employee may complete the workers' compensation paperwork prior to seeking treatment. Otherwise the employee should seek treatment, and paperwork must follow.
- Employee should go directly to the Hospital of St. Raphael's Occupational Health on 175 Sherman Avenue in New Haven for treatment (8:00 a.m. – 5:00 p.m.)
 - If the injury occurs before 8:00 a.m. or after 5:00 p.m. and requires urgent treatment, then the employee should go to the Hospital of St. Raphael's Emergency Room. The employee must immediately follow up their treatment with the Hospital of St. Raphael's Occupational Health during their normal business hours in order to obtain clearance to return to work.

What do you do when your employee gets hurt at work? Cont. ...

- Employee must return medical documentation directly to HR immediately after leaving treatment location before he/she can return to work
- Supervisor's should check with HR if there is any question about the employee's work capacity before the employee returns to work
- HR will review the employee's medical documentation and work status and notify the supervisor of the employee's work status and capacity
- Supervisors in coordination with HR must determine what accommodations are available if needed
- Employee must complete all workers' compensation paperwork and return it to the Office of Human Resources

Processing A Work Related Injury

SUPERVISOR'S REPORTING FORMS:

- WC 207 First Report of Injury Form
- WC 207-1 Supervisor Accident Report

DAS

First Report of Injury WC 207

Reference No:	Central Office use only: Incident No:
	Claim No:

The Supervisor must complete this form with the employee and then forward it to your Agency's Worker's Compensation Specialist within 24 hours after the incident.

1. Agency/Location Code CSU 85000		2. Division/Region Southern Connecticut State University - Department of _____		
3. SSN	4. Employee Number	5. Name of Injured Worker (First, Last, MI)		
6. Home Address (City or Town, State, Zip)		7. Home Telephone	8. Date of Birth	9. Race
10. Job Classification		11. Date of Hire	12. Date of Incident	13. Time of Incident
14. Time Employer Notified	15. Date Employer Notified	16. Was Injury Fatal? YES/NO		17. Date of Fatality
18. How Did the Injury Occur?				
19. Type of Injury		20. Body Part(s) Affected		21. Category of Illness or Injury
22. Did Injury Occur on Employer Premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		23. Location Injury Occurred		
24. Injured Worker Seeking Medical Treatment <input type="checkbox"/> YES (If yes complete question 25) <input type="checkbox"/> NO		25. Medical Care Provided By: (Physician Name and Address)		
26. Were There Any Witnesses to the Injury? (If yes, give name, address and phone.)				
27. To Whom Was Injury Reported? (Name) (Title)				
28. SUPERVISOR CONTACT INFO Please Print		Name Work Phone Best Time to Contact		
29. City, State or Zip (For use by some designated workers):				
I HAVE FURNISHED THIS AGENCY FORM FOR COMPLIANCE				
SUPERVISORS REPORT ALL INJURIES - CALL 1-800-828-2717				
white - agency copy yellow - agency copy pink - employee copy				

**Southern Connecticut
State University
Supervisor's
Accident
Investigation
Report 207-1**

The supervisor must complete this form with the employee and then forward it to HR within 24 hours after the incident.

Employee Name	Date of Birth / /	Department	Work Unit	Job Title
Location of incident	Date of incident	Time of incident a.m. p.m.	Date incident reported	
Body Parts Injured:		Did the employee need medical treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes indicate where)		
Cause of injury (slip/fall, motor vehicle accident, assault):		Type of injury (bruise, burn, strain):		
Briefly Describe the incident:				
List other employees involved or witnesses:				
Corrective Action/Recommendations:				
Supervisor's Signature:		Print Name:		Date: / /
This section of form for HR Use Only:				
Human Resources Comments & Recommendations:			Date Report Received: / /	
Call to check on employee status: _____				
Incident sent to debriefing (Health & Safety Team): _____				
Referred to WC Loss Control Consultant: _____				

Processing A Work Related Injury

Cont. ...

- Purpose of WC 207 First Report of Injury Form
 - Strictly for reporting
 - Must be completed even if employee does not want to seek treatment
 - Supervisors should keep a copy of the completed form for their record
- Function of WC 207-1 Supervisor Accident Report
 - Record of recommendations and action taken by the Supervisor following the injury (*i.e. completed a work order to have staircase step repaired, or, employee advised to wear hard hat, etc.*) Supervisors should keep a copy of the completed form for their record
 - Provided to the SCSU Health and Safety Committee for reporting and action as needed or required
 - Aids in year end reporting to OSHA

Processing A Work Related Injury

EMPLOYEE'S REPORTING FORMS:

- DAS WC 715 Request for Use of Accrued Leave Form
- WCC 1A Filing Status and Exemption Form
- WC 211 Concurrent Employment and Third Party Liability Form
- Worker Status Report – Physician Signature Required

Worker's "Compensation"

DAS WC-715 Elections Notes

The employee's specific elections for the use or non-use of accrued leave (during their workers' compensation disability period) occurs on the DAS WC 715 form.

- **Note 1: DAS WC-715 leave accrual elections:**
 - a. Use of **leave accruals during Interim Period**
 - b. Use of **leave accruals for supplementing WC** benefit to reach base pay once claim is accepted
- **Note 2: Interim Period** = period where TPA is deciding on acceptability of the WC claim

Worker's "Compensation"

DAS WC-715 Elections: Use of Selected Leave Accruals during Interim Period and/or Supplementing

EMPLOYEE ELECTION SECTION - Please check your choice of the options available to you then sign and return to your agency Workers' Compensation office within ten business days.

USE OF ACCRUED LEAVE FOR INTERIM PERIOD

- I elect NOT to use accrued leave during the interim period (after the first day of my incapacity and continuing until such time as a determination of compensation is made).
- I elect to use accrued leave during this interim period. By choosing this option I will receive my full base pay while a determination of compensation is being made. I understand that, once a compensation award has been made, I must repay the State an amount equal to the net pay I would have received during such interim period in order for my leave balances to be restored. I further understand that sick leave must be used first, followed by my designated choice of vacation, personal, holiday compensatory time and/or compensatory leave, as designated below.

Indicate the order in which you wish to use leave balances (if any), upon the exhaustion of your sick leave, by entering the number 2,3,4,5 in each box:	Sick 1	Vacation	Personal	Holiday Comp	Compensatory
--	-----------	----------	----------	-----------------	--------------

USE OF ACCRUED LEAVE WHILE RECEIVING WORKERS' COMPENSATION

- I elect NOT to use any of my accrued leave while I am receiving Workers' Compensation lost wage benefits.
- I elect to use accrued leave, which in addition to the lost wage benefits awarded to me under Workers' Compensation, will result in my receiving the equivalent of my full base pay while I am receiving Workers' Compensation lost wage benefits. I further understand that sick leave must be used first, followed by vacation and/or personal leave, as designated below.

Indicate the order in which you wish to use leave balances (if any), upon the exhaustion of your sick leave, by entering the number 2 or 3 in each box:	Sick 1	Vacation	Personal
---	-----------	----------	----------

Request for Use of Accrued Leave with Workers' Compensation

DAS WC-715

3-10

This form covers an employee election to utilize or not utilize accrued leave (existing balances and additional accruals as credited) during the interim period and/or to supplement lost wage benefits on an approved workers' compensation claim. The Agency Section shall be completed with the initial agency processing of the LOST TIME claim and provided to the injured employee with instruction to make an election and RETURN WITHIN 10 BUSINESS DAYS. This form is to be maintained in the injured worker's agency workers' compensation file.

AGENCY SECTION

Agency Name	Department ID
-------------	---------------

Employee Name	Employee ID
---------------	-------------

Date of Injury	Daily Pay Rate	LEAVE BALANCES As of date of injury Declared in Hours	Sick	Vacation	Personal	Holiday Comp	Comp
----------------	----------------	---	------	----------	----------	-----------------	------

EMPLOYEE ELECTION SECTION - Please check your choice of the options available to you then sign and return to your agency Workers' Compensation office within ten business days. Failure to return the completed form to the agency will be administered as an election not to utilize accrued leave during the interim period and not to supplement the approved workers' compensation lost wage benefit.

USE OF ACCRUED LEAVE FOR INTERIM PERIOD

I elect NOT to use accrued leave during the interim period (after the first day of my incapacity and continuing until such time as a determination of compensation is made).

I elect to use accrued leave during this interim period. By choosing this option I will receive my full base pay while a determination of compensation is being made. I understand that, once a compensation award has been made, I must repay the State an amount equal to the net pay I would have received during such interim period in order for my leave balances to be restored. I further understand that sick leave must be used first, followed by my designated choice of vacation, personal, holiday, compensatory time and/or compensatory leave, as designated below.

Indicate the order in which you wish to use leave balances (if any), upon the exhaustion of your sick leave, by entering the number 1,2,3,4,5 in each box:	Sick	Vacation	Personal	Holiday Comp	Compensatory
	1				

USE OF ACCRUED LEAVE WHILE RECEIVING WORKERS' COMPENSATION

I elect NOT to use any of my accrued leave while I am receiving Workers' Compensation lost wage benefits.

I elect to use accrued leave, which in addition to the lost wage benefits awarded to me under Workers' Compensation, will result in my receiving the equivalent of my full base pay while I am receiving Workers' Compensation lost wage benefits. I further understand that sick leave must be used first, followed by vacation and/or personal leave, as designated below.

Indicate the order in which you wish to use leave balances (if any), upon the exhaustion of your sick leave, by entering the number 1 or 2 in each box:	Sick	Vacation	Personal
	1		

STATEMENT OF APPLICANT

I have read and understand the above explanation of the choices available to me as a result of my application for workers' compensation. Once made, this election cannot be revoked and will remain in effect until all accrued leave (including any future accruals that may be credited to me) is exhausted or until I return to my pre-injury number of scheduled work hours. I agree to the conditions applicable to the choices I have checked above.

SIGNATURE OF EMPLOYEE

DATE SIGNED

Worker's "Compensation"

WCC 1A Filing Status and Exemption Form

- Assists the Payroll Department in accurately calculating your rate of pay at the time of your injury

WC 211 Concurrent Employment and Third Party Liability Form

- Informs the Office of Human Resources if anyone else was involved in the employee's accident and if legal action is being taken
- Informs the Third Party Administrator if the employee has another job/source of income that needs to be considered in the total compensation

Worker Status Report – Physician Signature Required

- Informs the Office of Human Resources and the employee of the employee's work capacity



State of Connecticut
 Workers' Compensation Commission
 Please TYPE or PRINT IN INK

Rev. 4-4-2003

1A

Filing Status and Exemption

This form must be executed in every case of compensable disability for injuries occurring ON OR AFTER October 1, 1991, and must be completed in its entirety.

WCC File # _____

Date filed in District _____

(for WCC use only)

Employee

Name _____ Soc. Sec. # (optional) _____

Address _____

City/Town _____ State _____ Zip Code _____

Filing Status and Exemptions

In order to determine your weekly benefit rate, as per Sec. 31-310 C.G.S., we need the following information:

- Select your Federal tax filing status based upon your ACTUAL filing status as of the date of injury listed at right:
 - Single
 - Head of Household
 - Married filing jointly
 - Married filing separately
- Number of exemptions (including yourself) as of the date of injury listed at right = _____
- Check all appropriate boxes:
 - Employee 65 years of age or older
 - Employee legally blind
 - Spouse 65 years of age or older
 - Spouse legally blind
- FICA withheld for the above-named employee? YES NO — If NO, insurer must manually calculate weekly benefit rate.
- List name (parent), date of birth, and relationship to you for all exemptions included in question #2, above:

Name	Date of Birth	Relationship
		SELF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Injury

Date of Injury _____

The Filing Status and Exemption(s) indicated at left MUST reflect employee's Federal tax status for the Date of Injury provided here.

Concurrent Employment

To be certain you receive all the benefits to which you are entitled provide the following information, if you were working for more than one employer on the date of injury indicated above:

Name of Employer	Address	Date of Hire
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Wage information for each concurrent employer must be supplied by the claimant.

Signature of Injured Worker or Representative

WARNING: Any person who intentionally misrepresents or fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Employee's Signature _____ Date _____

**Southern Connecticut
State University
WC - 211
Concurrent
Employment
Third Party
Liability Form**

Per WC-211 Rev. 2/05

EMPLOYEE TO COMPLETE

Employee Name (last)	(First)	(MI)	Social Security Number
Address (No. and Street)			Telephone Number
City or Town			Date of Injury
Employing State Agency Southern Connecticut State University			Date of Birth
Address of Employing Agency (No. and Street) 501 Crescent Street		City New Haven, CT	Zip 06515
			Date First Employed by State

EMPLOYEE INSTRUCTIONS

The information requested on concurrent employment below is necessary to determine your Workers' compensation benefit rate:

1. You must complete this form for every Workers' Compensation claim you file.
2. You must keep the information contained in this form current while you are receiving Workers' Compensation benefits.
3. You must return this form to your personnel office within three days.

Note: If your claim is for Temporary Total or Temporary Partial disability benefits, you must advise your employer of any other earnings while receiving these benefits. Failure to do so may result in civil and/or criminal liability.

CONCURRENT EMPLOYMENT

CHECK IF ANY OF THE FOLLOWING APPLY:

NONE

Employed by Another State Agency

Employed Outside State Government

Name of Other Employer	Supervisor's Name	Telephone Number of Employer
Address of Employer (No. and Street)	City or Town	State Zip

THIRD PARTY LIABILITY INFORMATION

1. Was the cause of your accident/injury the result of the actions of a party other than you or your employer?

Yes No

If you checked yes, please describe the facts.

Name the Third Party _____

Address _____

Insurance Carrier of Third Party _____

2. Were there any witnesses?

Yes No

Name of witnesses _____

3. Have you initiated a claim against this responsible Third party?

Yes No Date _____

I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AM AWARE THAT PROVIDING FALSE INFORMATION MAY RESULT IN CIVIL, OR CRIMINAL LIABILITY.

Signature _____ Date _____

Worker's "Compensation"

- How does the employee know how much he/she will receive in his/her paycheck?
 - Gallagher Bassett will only pay a % of the daily rate of pay
 - Employee may elect to use or not use leave balances prior to their claim being accepted, and to supplement his/her daily rate of pay; once an election is made it cannot be changed regardless of whether the claim is accepted or not
- Opting TO USE Leave Balances on an accepted claim
 - Employee can supplement his/her time away from work with sick time accruals if available
 - Employee may use other time available once sick leave is exhausted
 - The amount of time deducted from the employee's accruals is dependent upon his/her daily wages
 - If the employee requests calculations of this time, then he/she must contact the Payroll Department
- Opting NOT TO USE coverage from Leave Balances
 - Payroll deductions not covered
 - If opting not to use accrued leave for part of the time out, then the employee will have to pay the agency monthly for benefits normally deducted from their paycheck (i.e. health insurance, life insurance, etc.)

Worker's "Compensation" Cont...

- Federal FMLA runs together with worker's compensation when:
 - injury meets criteria for "serious health condition"
 - eligibility requirements for Federal FMLA are met (*12 week entitlement*)
 - Must be employed 12 months and be active
 - Have worked 1250 hours, etc.

IMPORTANT NOTE:

- If an employee declines to return to work on a restricted duty status until 12 week entitlement is over then he/she will lose worker's compensation payments
- when employee is unable to return to work after 12 weeks, he/she is not protected under FMLA after 12 week period
 - Look to Worker's Compensations and ADA and CFEPA statutes

Worker's "Compensation" Cont...

- How should time sheets be coded when...?
 - Employee is out of work
 - Employee has a worker's compensation medical appointment
 - Documentation of all medical appointments **MUST BE RETURNED TO HUMAN RESOURCES**
 - Employee is attending worker's compensation physical therapy
 - Documentation of all PT appointments **MUST BE RETURNED TO HUMAN RESOURCES**
 - Employee has to attend a worker's compensation claim hearing for his/herself

State of Connecticut Human Resources
CORE CT Coding

**For Leave of Absence Under the Federal Family and Medical Leave Act (FMLA)
And/or State C.G.S. 5-248a (Family and medical leave from employment)
(To be completed by the Human Resources Unit)**

Form #: **FMLA-HR2c**
Revision Date: 12/2010

This form is to be completed by Human Resources when the employee has been approved for federal FMLA and/or state C.G.S.5-248a leave entitlement and is attached to the employee's HR2b – Designation Notice.

Employee Name: _____ Agency: _____ Date: _____
Employee ID Number: _____ Supervisor's Name: _____

The following is a list of CORE CT codes and timeframes to be used for your leave entitlement. Remember: When calling in, you must specify "FMLA".

You have been approved for: *(check items that apply)*

___ **Federal FMLA:** ___ Intermittent; ___ Reduced Schedule; ___ Block Leave
___ Self; ___ Caregiver; ___ MFL Caregiver; ___ MFL Qualifying Exigency
From _____ To _____

___ **Both federal FMLA and state family medical leave (C.G.S. 5-248a)**
___ Self; ___ Caregiver; ___ MFL Caregiver
From _____ To _____

___ **State family medical leave (C.G.S. 5-248a)**
___ Self; ___ Caregiver; ___ MFL Caregiver
From _____ To _____

___ **C.G.S. 46a-60(a) (7) – Pregnancy Disability Leave (Use ONLY if employee does not qualify for federal or state family medical leave.**

CORE Code	Description	From	To	Priority

ADDITIONAL INFORMATION:

Cc: Human Resources, Payroll, Manager/Supervisor

Full Duty, Modified Duty, No Duty

- Full Duty – employee is returned to permanent working status
 - Upon medical receipt, HR notifies the supervisor of the employee's return to work status.
- Modified duty – there are no permanent light duty positions!
 - physician indicates restrictions on worker status report
 - physician indicates return to work date and HR notifies supervisor
 - HR with the supervising department determine accommodation assignments and monitor assignments upon employee's return
 - **MODIFIED DUTY for 90 DAYS MAX, eligible in 30 day increments**

Full Duty, Modified Duty, No Duty

- What if we can not accommodate?
 - supervisors should make every effort to accommodate any employee's restriction wherever it will not impose a risk to the employee or their co-workers
 - Refer to the employee's union contract
 - Last resort, employee is out of work
- What if the employee has follow up medical appointments?
 - EMPLOYEES MUST:
 - always notify their supervisors in advance of all upcoming medical appointments
 - all WC appointments MUST be coded accordingly on the time sheet
 - no accrued leave is charged for WC medical appointments
 - all medical documentation of WC appointments MUST be given to HR in order to receive appropriate credit for WC

Full Duty, Modified Duty, No Duty

No Duty – physician has taken the employee out of work until further notice

- HR notifies the supervisor that the employee will not be returning to work, and HR will provide updates on the employee's work status as they become available
- Time sheets should be recorded and submitted as instructed by the Office of Human Resources Benefits Coordinator while the employee is out of work, and Payroll will charge the balances accordingly

No Duty = **NO DUTY!!!**

***HUMAN RESOURCES RESERVES THE RIGHT TO CONTACT EMPLOYEES AT HOME, AND CONTACT THEIR PHYSICIAN'S OFFICE, AT ANY TIME REGARDING THEIR WORKER'S COMPENSATION STATUS**

HUMAN RESOURCES AND GALLAGHER BASSETT SERVICES RESERVES THE RIGHT TO SEND YOU FOR AN INDEPENDENT MEDICAL EXAM AT ANY TIME

***WORKER'S COMPENSATION IS NOT COVERED BY HIPAA**

Hurt Again?

What Happened?

- If the employee gets hurt again in the same or similar way, then it must be reported as a new injury through the same process
- If the employee simply aggravates a pre-existing injury (i.e. turning the wrong way, “not doing anything but it just hurts”, etc.), then it must be reported to the supervisor in like manner, however the supervisor must report it as a recurrence to a different phone number at Gallagher Bassett and the employee must seek immediate medical attention
 - All recurrences must be called in to Gallagher Bassett Services by the supervisor directly at (860) 256-3440
 - All recurrences must be reported by the supervisor to Human Resources
 - No employee should be contacting the TPA directly to report a recurrence
 - Employee must seek immediate medical attention in order for it to be considered by the TPA as part of the worker’s compensation claim, otherwise the employee’s time gets charged to his/her sick time accruals



PRACTICE

Jack Frost is a Custodian for Snowtown University. He was wearing his steel toed shoes and warm winter clothes for the two foot snow storm ahead of him that day. The school was closed. Jack normally does not start work until 7:00 a.m., but at 4:00 a.m. Jack was called to work. He had been prepared for the call because he was up all night shoveling his own driveway at home. He arrived at work, grabbed his shovel from the utility closet and cautiously began to push the snow from the outside doors of his building. One door with the snow against it was heavy at first but he managed to get the door open. He began shoveling the snow away from the building when suddenly his footing gave way and he slipped on the ice that was just below the surface of the snow. He started to feel some pain in his back and his ankle hurt. His supervisor does not work in the same building as him and Jack does not carry a radio. What should Jack do? What should his supervisor do?

PRACTICE

Marvin Marshian is a Chemistry Professor at Plutonium College. He was preparing the chemistry lab for his students when he accidentally spilled some acid on his thumb. He quickly followed protocol for the lab, washed off his hands and wrapped his thumb in a band-aid. He did not report the incident to his supervisor, because he didn't think anything of it at the time.



The following day his hand was swollen and he had a severe rash on his hand, but he still did not know if he could or should report it. Marvin called out sick by leaving a message for his supervisor in which he stated, "Something is wrong with my hand. I think I spilled something on it at work. I won't be in today." Marvin went to his own doctor and was out of work for three days as a result. The supervisor turned in his timesheet while he was out.

What should the supervisor do?

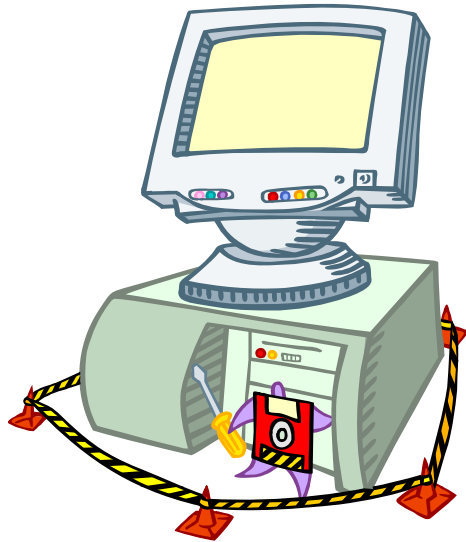
PRACTICE



Maria Hardvurk, a Secretary at Pan Airlines is inundated with phone calls, emails, projects and customers. She has been covering for two other staff members over the past year, who were laid-off, and her boss is currently out of town at a conference. She feels like she is under a great amount of stress and pressure that is causing her to get headaches while at work. Maria also realizes that her wrist has been bothering her a lot lately and it impedes her typing ability. Maria tells her boss when he returns to the office about her conditions. What should her supervisor do? Can she claim her headaches from stress as a work related injury?

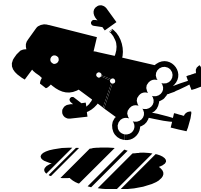


Brendan Dow is a Financial Analyst at Wallstreet Community College. While walking across campus during his lunch break he slipped on some spilled ice cream but did not actually fall. As he was walking back to his office his back started to hurt. What should Brendan do? Is this worker's compensation?



REMEMBER!

SAFETY
SAFETY
SAFETY



Worker's Compensation

What you can do to protect your employee and yourself!

Southern Connecticut State University
Office of Human Resources

Jaye Bailey, Associate Vice President of Human Resources and Labor Relations
(203) 392-5552

Francesca Poole, Associate in Human Resources
Worker's Compensation Liaison
(203) 392-5059

Amanda Salvo, Associate in Human Resources
(203) 392-5569

<http://www.southernct.edu/employment/Forms/>