

EMPLOYEE RIGHTS & RESPONSIBILITIES...

INITIAL ACTION STEPS

Employee procedure for reporting a work related incident.

Regardless of the apparent seriousness of the injury, and regardless of whether or not medical treatment is sought, procedures in this paragraph shall be followed for ALL incidents and forms must be completed for ALL incidents without exception.

The employee shall:

1. Immediately, verbally report to the acting supervisor on duty at the time of the incident details of the incident.
2. Complete Box 1 only, (Injured Worker and Injury/Disease/Death Info.) on Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
3. Sign and date the FROI-1.
4. Complete Bureau form C-101, (Hamilton County form, HamCoo47), Authorization to Release Medical Information form
5. Sign and date the C-101, (Hamilton County form, HamCoo47).
6. Complete Bureau form C-55 equivalent, (Hamilton County form, HamCoo48), Hamilton County Salary Continuation Employee Election of Compensation form.
7. Sign and date the C-55e, (Hamilton County form, HamCoo48).
8. Within 24 hours of the incident, maintain a copy of the FROI-1 then submit to the acting supervisor on duty at the time of the incident the completed, signed originals of the:
 - FROI-1, (Hamilton County form, HamCoo44),
 - C-101, (Hamilton County form, HamCoo47), and
 - C-55e, (Hamilton County form, HamCoo48).

In addition to the above provisions, the following additional requirements apply in cases involving an injury involving a “needlestick” or “sharp.” Should an employee sustain an injury from a “sharp” or needle stick while performing the employee’s job duties, the employee shall:

- Report the occurrence to the Human Resources Department , Risk Management Division within five business days of the occurrence;
- Complete the Needlestick/Sharp Incident Report (SH-12) and return to the attention of the following:

Hamilton County Workers' Compensation Specialist
 Human Resources Department
 138 East Court Street, Room 707
 Cincinnati, Ohio, 45202

or Interdepartmental mail at CAB-707-90.

To assist in interpreting this provision, a “sharp” may be defined as any object used in or encountered when providing health care services that can be reasonably anticipated to penetrate the skin or any other part of the body and result in an exposure incident, including objects such as needle devices, scalpels, lancets, and broken glass.

If an employee is employed as a correctional officer in a county correctional institution or a peace officer, then the above reporting requirement and submission of form (SH-12) does NOT apply. All other provisions, however, remain applicable.

MEDICAL TREATMENT

Employee procedure for seeking medical treatment after a work related incident.

The employee is encouraged to seek treatment from any TriHealth Occupational Medicine Center. A list of facilities is located in this document. By filing a claim for workers' compensation benefits, the injured worker gives release to the Bureau or anyone working for the Bureau to access information related to the claim.

The employee shall:

1. Submit to the medical provider a copy of the FROI-1, (Hamilton County form, HamCoo44) and the Hamilton County/Managed Care Organization Workers' Compensation Identification Card. This ID card provides detailed contact information, including billing information and is available from the Departmental/Agency Workers' Compensation Liaison or can be printed from this link.
2. Have the treating provider during the initial visit complete, sign and date Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment if one is advised. This form can be obtained from the Departmental/Agency Workers' Compensation Liaison, or obtained from the treating medical provider.

3. Request the treating provider complete box two (Treatment Info) of the FROI-1, (Hamilton County form, HamCoo44), and fax the form along with supporting medical documentation to the Managed Care Organization for processing.
4. Obtain from the treating provider, during all related follow-up visits, an newly completed, signed and dated MEDCO-14, (Hamilton County form HamCoo49), indicating a return to work date, identifying any restrictions that may apply, and the date of the next appointment, until the employee is released to full-duty status. This form can be obtained from the Departmental/Agency Workers' Compensation Liaison, or be obtained from the treating medical provider.
5. Provide the supervisor with a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of initial medical treatment.
6. Provide the supervisor with a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of each and all follow-up medical appointments. This form may be obtained from the Departmental/Agency Workers' Compensation Liaison, or may be requested from the treating medical provider.
7. Maintain ongoing contact with his/her supervisor and/or department head, medical provider, and Managed Care Organization.
8. Be responsible for providing updated and/or expected return to work dates or restricted duty information immediately upon receipt of such information throughout the life of the claim.

RETURN TO WORK

The options listed in this section are available to provide injured workers with a safe return to work. These options are not a progression from injury to return to work. They are used when medically necessary and not by all employees who suffer a work related injury or occupational disease.

In some cases, the Bureau may terminate compensation benefits if the injured worker refuses accommodations offered in writing.

No Restrictions (full duty):

The employee with no restrictions must return to work on the date indicated on the release signed by the physician unless that date is one the department is not open for business. In that case, then the employee must return on the next business day.

Modified Duty (restricted duty):

Modified Duty (restricted duty) allows an injured worker to return to work, or remain at work, performing physically appropriate modified (restricted) duties in relationship to his or her functional capabilities.

Employee procedure for participation in Modified Duty (restricted duty):

1. The employee must submit to his/her supervisor a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of initial medical treatment, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment.
2. The employee must submit to his/her supervisor a completed MEDCO-14 (Hamilton County form HamCoo49), within 24 hours of each and all follow-up medical appointments, indicating a return to work date, identifying all restrictions that apply, and the date of the scheduled follow-up appointment(s) until released to full-duty.
3. Once released to full duty the employee must provide a completed MEDCO-14 (Hamilton County form HamCoo49) upon returning to work. The employee must return to work on the date indicated on the release signed by the physician unless that date is one the department is not open for business. In that case, then the employee must return on the next business day. The employee must also provide to the department completed fitness for duty forms when requested.

VOCATIONAL SERVICES

Employees, physicians, or Department Heads may request consideration of these services by contacting either the Managed Care Organization or the Hamilton County Workers' Compensation Specialist.

Remain At Work (RAW):

Remain at work (RAW) is a vocational service for an injured worker with a claim that involves modified duty. Services could include a rehabilitation case manager and other treatments directed at keeping the injured worker on the job and preventing the claim from becoming lost time.

Job Modification(JM):

Job modification (JM) is another modified duty service. It is the removal or alteration of physical barriers that may prohibit an injured worker from performing the essential functions of the job. Job modifications are developed and implemented keeping in mind the injured worker's limitations, restrictions, functional capacity, and physical capabilities.

Vocational Rehabilitation (Voc Rehab):

Vocational rehabilitation (Voc Rehab) is for claims that involve lost time. Depending on the extent of the injury or other employment issues, it may not always be possible to return the injured worker to the same position they held at the time of the injury. Vocational Rehabilitation follows this hierarchy when attempting to return an injured worker to work:

- Same Job, Same Employer,
- Different Job, Same Employer,
- Same Job, Different Employer,

- Different Job, Different Employer.

Transitional Work (TW):

Transitional Work (TW) is an interim step in the physical recovery of an employee who suffers a work-related injury, occupational disease or occupational illness. Employees who may be off work or have temporary restrictions for medical reasons are eligible for participation in TW on a case-by-case basis.

- The injury must be documented on a Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCo044).
- TW uses job tasks and functions that an individual with work restrictions may safely perform. TW emphasizes real work activities as the principal means in the worker's physical recovery and return to full duty.
- TW assignments are temporary and are intended NOT to become permanent work accommodations as described under the Americans with Disabilities Act (ADA).
- All TW assignments are coordinated in conjunction with the employee's job classification. There is no temporary or permanent change in classification.

The employee may continue in the TW program for up to twelve weeks, as long as the employee is making medical progress toward recovery and returning to full regular duty. TW may be extended beyond the original twelve weeks only under the advice of the medical provider and the approval of the employee's authority having jurisdiction and the Hamilton County Workers' Compensation Specialist.

Upon release to participate in the program by the employees treating physician on the claim and if transitional work is available in accordance with medical restrictions noted by the treating physician, TW assignments should be offered.

- A TW Participation Agreement informing the employee of TW should be sent by the Hamilton County Workers' Compensation Specialist.
- The TW Participation Agreement should be signed by the employee and within 7 days of receipt returned to the Workers' Compensation Specialist for processing.
- Any employee who refuses to participate in Hamilton County's TW Program after having been offered a valid TW assignment may be deemed ineligible to collect ongoing monetary benefits by the Bureau of Workers' Compensation.

The employee will be paid full wages while participating in TW. The employee's eligibility for any pay increase while on a TW assignment will be the same as for any employee performing

regular job duties in the same position. The employee participating in TW must abide by all established work rules.

Employee absences from work during TW assignments will be handled in accordance with the absentee policies of the Hamilton County Board of County Commissioners or agency absentee policies as applicable.

To participate in TW the employee's restrictions must be temporary and not permanent. Any employee, who sustains a work-related injury or illness and cannot return to their regular duty as documented by their Physician of Record, may participate in the TW program. If restrictions become permanent, the situation will be reviewed by the employee's authority having jurisdiction and the Hamilton County Workers' Compensation Specialist to determine the ability of the employee's agency to accommodate these restrictions.

TW assignments will be evaluated by the Department Manager/Supervisor routinely (every two weeks where possible) and re-addressed with the employee's on-site therapist.

COMPENSATION

Employee eligibility for compensation.

An employee who is injured during the course of employment and who must leave work before completing his/her designated work period shall be paid at the regular rate for the balance of time remaining in the workday, without a charge to accumulated leave balances.

Employees must decide how they want to receive wages should they lose additional workdays because of a recognized work-related incident.

Each employee shall indicate their choice of applying to use accumulated Hamilton County sick leave or Temporary Total Disability compensation from the Bureau by completing, and submitting, the C-55 equivalent, (Hamilton County form, HamCoo48) within 24 hours of the incident to the acting supervisor on duty at the time of the incident.

Sick leave is governed by BOCC Policy Section 4.1, or other relevant department policies. Temporary Total Disability compensation is governed by the Bureau based on meeting the following criteria:

1. If the injured worker has an allowed workers' compensation claim,
2. If the injured worker is certified by the attending physician to be unable to work,
3. If the injured worker is not working or receiving wages or sick leave, and
4. If the injured worker has missed eight (8) or more calendar days (excluding the date of injury) from work due to an injury or occupational disease as defined in Ohio Revised Code 4123.01(C) (F).

Temporary Total Disability compensation is issued according to Ohio Revised Code by the Bureau:

- Beginning on the eighth (8th) calendar day following the injury.
- The first seven days are not compensable until after fourteen (14) consecutive days of work have been missed. Ohio Revised Code 4123.55.
- Reimbursement is based upon wages earned for the twelve-month period before the date of injury.
- The first twelve (12) weeks of Temporary Total is based upon 72% of “full weekly wages.”
- The remaining weeks of Temporary Total are based upon 66 2/3% of “average weekly wages.” Ohio Revised Code Section 4123.56.
- Employees are prohibited from using sick leave in conjunction with receiving Ohio Bureau of Workers’ Compensation (Temporary Total) for the same work days lost.

According to Bureau policy, each C-55 equivalent, (Hamilton County form, HamCoo48) beginning with the first period of disability is valid for a period not to exceed 45 days. Thereafter, every 40 days (from the expiration date of the previous C-55e), a new C-55 e, (Hamilton County form, HamCoo48) form must be completed if the employee chooses to use Hamilton County sick leave.

No additional C-55e, (Hamilton County form, HamCoo48), is required when the employee chooses to use Temporary Total Disability Compensation from the Bureau. If Temporary Total Disability Compensation is chosen, no option for a change in election to sick leave compensation can be made for the duration of the claim.

When an employee does not return the C-55 e, (Hamilton County form, HamCoo48), returns it incomplete, or returns it after the designated filing deadlines established by the Bureau, the employee defaults to use of Temporary Total Disability Compensation and cannot choose to use paid sick leave for the duration of the claim.

Compensation paid using sick time cannot be restored.

Time off for an employee’s own serious medical condition may qualify for Family Medical Leave. Time off under workers’ compensation may also qualify for Family Medical Leave.

When an injured worker is requesting Temporary Total Compensation, the physician of record must complete their specific sections of Bureau form C-84, Request for Temporary Total Compensation, and sign it to indicate the injured worker is unable to work. The injured worker must complete Part I, then the C-84 is sent to the Bureau for processing. A new C-84 must be completed for each new period of disability.

MOTOR VEHICLE ACCIDENT

Employee procedure when involved in a motor vehicle accident.

Should an employee be injured in a motor vehicle accident while performing his/her job duties, if able, the employee will:

1. Not move the damaged County vehicle unless it presents a safety concern, or until instructed by a law enforcement officer.
2. Activate the vehicle four-way flashers and safely establish other means of alerting others to the accident.
3. Seek a place of safe refuge.
4. Call 911 to obtain law enforcement assistance. The local law enforcement agency shall investigate and report on any motor vehicle accident involving a Hamilton County employee while he/she is performing his/her job duties.
5. Contact his/her supervisors so they may respond to the accident according to department motor vehicle accident procedures.
6. If applicable, present the “yellow card” found in the vehicle’s glove box to the law enforcement officer. Provide the other party with the following information: Motor vehicle owner, Board of County Commissioners of Hamilton County Ohio, c/o Risk Manager, Room 707, 138 East Court Street, Cincinnati, OH 45202.
7. Follow the procedure outlined above for filing a workers’ compensation claim if a physical injury is sustained.

FORM SUMMARY

Forms identified in the EMPLOYEE section are:

1. Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
2. Bureau form, C-101, Authorization to Release Medical Information form, (Hamilton County form, HamCoo47).
3. Bureau form, C-55 equivalent (C-55e), Salary Continuation, (Hamilton County form, HamCoo48).
4. Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49).
5. Bureau form C-84, Request for Temporary Total Compensation, obtained from the Bureau or the physician of record.