

# DEPARTMENTAL/AGENCY WORKERS' COMPENSATION LIAISON ROLE...

## INITIAL ACTION STEPS

The Departmental/Agency Workers' Compensation Liaison coordinates information between the department, employee, the Managed Care Organization, and the Hamilton County Workers' Compensation Specialist.

To facilitate the reporting requirements of a work related incident, the Departmental/ Agency Workers' Compensation Liaison will make available upon request to all employees in their respective departments the following workers' compensation forms:

- Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44),
- Hamilton County form, Supervisor Investigation Form, (Hamilton County form, HamCoo45),
- Hamilton County form, Statement of Witness to the Incident form, (Hamilton County form, HamCoo46),
- Bureau form C-101, Authorization to Release Medical Information form, (Hamilton County form, HamCoo47),
- Bureau form C-55e, Salary Continuation, (Hamilton County form, HamCoo48).

To facilitate the reporting requirements of a work related incident, the Departmental/ Agency Workers' Compensation Liaison will return to the Hamilton County Workers' Compensation Specialist, ensuring arrival within ninety-six (96) hours of the incident, the appropriately completed, signed, and dated ORIGINALS of the following forms:

- Bureau form FROI-1, First Report of an Injury, Occupational Disease or Death, (Hamilton County form, HamCoo44), BOX 1 ONLY completed by the employee (employee retains a copy of this form),
- Supervisor Investigation Form, (Hamilton County form, HamCoo45), completed by the acting supervisor on duty at the time of the incident,
- Statement of Witness to the Incident form, (Hamilton County form, HamCoo46) completed by each witness to the incident ,
- Authorization to Release Medical Information form, (Hamilton County form, HamCoo47) completed by the employee,

- Hamilton County Salary Continuation Employee Election of Compensation form, (Hamilton County form, HamCoo48) completed by the employee.

#### MEDICAL TREATMENT

To facilitate the reporting requirements of a work related incident requiring medical treatment, the Departmental/Agency Workers' Compensation Liaison will provide the following documents:

- Bureau form FROI-1, First Report of an Injury, Occupational Disease or Death, (Hamilton County form, HamCoo44),
- Supervisor Investigation Form, (Hamilton County form, HamCoo45),
- Statement of Witness to the Incident form, (Hamilton County form, HamCoo46),
- Authorization to Release Medical Information form, (Hamilton County form, HamCoo47),
- Hamilton County Salary Continuation Employee Election of Compensation form, (Hamilton County form, HamCoo48); and

Further, the Departmental/Agency Workers' Compensation Liaison will make available upon request to all employees in their respective departments:

- The Hamilton County/Managed Care Organization Workers' Compensation Identification Card, and
- Bureau form MEDCO-14, Physicians Report of Work Ability, (Hamilton County form, HamCoo49), and

The Departmental/Agency Workers' Compensation Liaison will post the Hamilton County workers' compensation poster in a conspicuous location as a quick reference of steps to follow if an on the job injury occurs and medical treatment requires an employee to locate the closest Occupational Medicine Center.

#### RETURN TO WORK

The Departmental/Agency Workers' Compensation Liaison will provide updates to the Hamilton County Workers' Compensation Specialist regarding injured workers:

- Last full day worked prior to the incident,
- Number of work days lost following the incident,
- Restricted duty return to work dates,
- Number of restricted duty days,

- Full duty return to work date.

The Departmental/Workers' Compensation Liaison shall:

1. Return to the Hamilton County Workers' Compensation Specialist ensuring arrival within seventy-two (72) hours of the employee returning to work the Initial MEDCO-14, (Hamilton County form, HamCoo49), (obtained from the employee by way of the supervisor).
2. Return to the Hamilton County Workers' Compensation Specialist ensuring arrival within seventy-two (72) hours of the employee returning to work MEDCO-14, (Hamilton County form, HamCoo49), for each and all follow-up medical visits (obtained from the employee by way of the supervisor).

The Departmental/Agency Workers' Compensation Liaison will notify the Hamilton County Workers' Compensation Specialist within 24 hours of becoming aware of any claim related issue reported by an injured worker or Supervisor &/or Department Head, such as:

- Difficulty performing the functions of the job after being released to full duty.
- Difficulty performing the Physician of Record prescribed restricted duty functions.
- An issue with a vocational rehabilitation plan.

#### COMPENSATION

To consider workers' compensation benefits, the Bureau must have proof of injured workers' wages during the period one year prior to the date of injury. The Departmental/ Agency Workers' Compensation Liaison will assist by ensuring that Bureau form C-94A Wage Statement is completed when requested.

The C-94A Wage Statement shall be completed and returned to the Hamilton County Workers' Compensation Specialist within seven (7) days of the request.

Employees are to decide how they want to receive wages should they lose workdays because of a recognized work-related incident by completing the Bureau form, C-55 equivalent, Salary Continuation, (Hamilton County form, HamCoo48) within 24 hours of the incident.

The Departmental/Agency Workers' Compensation Liaison will assist the processing of employees' compensation requests by forwarding completed form, CC-55e, Salary Continuation Form, (Hamilton County forms, HamCoo48) to the Hamilton County Workers' Compensation Specialist within ninety-six (96) hours of the request.

According to Bureau policy, each CC-55e, Salary Continuation Form, (Hamilton County form, HamCoo48), is valid for a period not to exceed 45 days; thereafter, every 40 days from the period of expiration of the previous C-55e, (Hamilton County form, HamCoo48), a new form must be completed if the employee chooses to use Hamilton County sick leave. Upon

notification from the Hamilton County Workers' Compensation Specialist, the Departmental/Agency Workers' Compensation Liaison will:

- Notify the injured worker that a new C-55e, (Hamilton County form, HamCoo48), is due.
- Make arrangements to obtain a signature on the updated C-55e, (Hamilton County form, HamCoo48).
- Send the updated, signed, dated C-55e, (Hamilton County form, HamCoo48), to the Hamilton County Workers' Compensation Specialist assuring arrival within thirty-five (35) days of the renewal notification.

No additional C-55e, (Hamilton County form, HamCoo48), is required after the employee chooses to use Temporary Total Disability Compensation from the Bureau. When an employee does not return the C-55e, (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.

#### FORM SUMMARY

Forms identified in the Departmental/Agency Liaison section are:

1. Bureau form 1101, First Report of an Injury, Occupational Disease or Death, FROI-1, (Hamilton County form, HamCoo44).
2. Hamilton County form, Supervisor Investigation Form, (HamCoo45).
3. Hamilton County form, Statement of Witness to the Incident Form, (HamCoo46).
4. Bureau form, C-101, Authorization to Release Medical Information form (Hamilton County form, HamCoo47).
5. Bureau form, C-55 equivalent (C-55e), Salary Continuation form (Hamilton County form, HamCoo48).
6. Bureau form MEDCO-14, Physicians Report of Work Ability form (Hamilton County form, HamCoo49).