

POLICY TITLE: Workers' Compensation Program	
DEPARTMENT: Occupational Health	ORIGINATION DATE: 05/01/1997
CATEGORY: Workers' Compensation	EFFECTIVE DATE: 06/26/2012

SCOPE

This policy applies to all Centura Health facilities, practices, entities, and services ("Centura") and all Centura associates.

PURPOSE

To outline Centura's workers' compensation program.

STATEMENT OF POLICY

Centura is committed to providing a safe environment for its associates. As such, the Workers' Compensation Program provides statutory benefits to associates who are injured because of a work-related accident or illness situation. The Workers' Compensation Program provides comprehensive management of on-the-job injuries to include initial assessment, referral, and follow-up care. The Workers' Compensation Program may also provide injury prevention programs, evaluation and investigation of job safety issues, education regarding workers' compensation rules and regulations, and return-to-work programs for injured employees.

PROCEDURE

Reporting a Claim

Every associate who sustains a work-related injury/illness should notify his/her supervisor immediately. An associate is required by law to complete the Employee Incident Report (Attachment A) within four (4) working days of the incident. Failure to do so may result in a forfeit of one (1) day's compensation for each late reporting day. Upon completion of the Employee Incident Report and signature of the manager, it should be submitted by the manager to the designated workers' compensation office within forty-eight (48) hours.

Medical Treatment

1. Prior to medical treatment, every injured associate should contact either the Occupational Health or Workers' Compensation department during regular business hours, Monday through Friday. If an injured associate seeks medical care with an undesignated provider or facility, they will be responsible for all incurred charges; however, in an emergency, the associate should be treated in the nearest emergency room.
2. Centura will designate health care providers who will treat all work-related injuries/occupational diseases. If seen in an emergency room, the associate will be referred to a designated health care provider for follow up.
3. Suspected workplace exposures to communicable diseases should be immediately reported to the department supervisor. The associate must complete an Employee Incident Report and inform Occupational Health by the next business day of the exposure. Exposure to other body fluids must be immediately reported to the department supervisor.

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Compensation

The initial three (3) days or shifts of lost work time after a work-related injury (not including the date of the injury), although usually not covered by workers' compensation, may be paid through time-off programs if available. Associates should contact their workers' compensation department with questions regarding compensation for lost work time greater than three (3) days or shifts.

Leaves of Absence

Associates off work due to workers' compensation are subject to the Family and Medical Leave policy. Time off due to work-related injury will apply toward the twelve (12) week Family and Medical Leave benefit.

Return to Work

Before returning to work, an associate must receive from the designated workers' compensation provider designated by Centura a written medical release for all job duties to be performed. An associate may be deemed "fit for duty," even with restrictions so long as they can perform the essential functions of their job.

Temporary Alternative Duty (Attachment B)

1. Injured associates are responsible for notifying the workers' compensation coordinator and/or medical case manager immediately if his/her injury involves any time lost from work or work restrictions.
2. Prior to reaching Maximum Medical Improvement (MMI), if eligible and if restrictions permit, an associate may be offered temporary alternative duty if available. The maximum period of alternative duty may vary by facility and circumstances, but in no case will the maximum period exceed a total of ninety (90) calendar days starting from date of injury. Temporary alternative duty assignments may be available from the first date of injury.
3. Temporary assignments generally should be outside the associate's department. In fulfilling assigned tasks, the associate will not displace any other associate and will not fill any complete regular position or job description. Rather, the associate will fulfill various discreet tasks involving limited and temporary work available from time to time in various departments. The tasks assigned will generally require the associate to work in different departments from week to week, day to day, or hour to hour.
4. Any time off work must have written physician direction.
5. Failure to accept a written offer of temporary alternative duty may result in suspension of salary/benefits per Colorado law.
6. Associates will continue to be subject to performance expectations, principles, and guidelines while participating in the temporary alternative duty program.

DEFINITIONS

N/A

REFERENCES AND SOURCES OF EVIDENCE

Refer to Bloodborne Pathogen Blood and Body Fluid Exposure procedures and the Infection Prevention policy on Associate Exposure for further instructions. Refer to Temporary Alternative Duty Program for specific instructions.

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POLICY VIOLATION

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

REVIEW/REVISION DATES: 05/01/2001, (04/02/2011), 04/24/2012 <i>(Dates in parentheses include review but no revision)</i>	
APPROVAL BODY(IES): Dr. Daniel Olson & Dr. Stephen Brown	APPROVAL DATE: 06/26/2012

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**ATTACHMENT A
EMPLOYEE INCIDENT REPORT**

Important: If injured on the job, written notice must be given to your employer within four working days of the accident, pursuant to section 8-43-102 (1), C.R.S.

If incident was a **needlestick and/or blood-body fluid exposure, complete a separate designated form.**

Associate's Full Name (Print)			Social Security #		
Address			Current Job Title		
City	State	Zip	Facility	Dept.	Cost Center
Home Phone		Work Phone		Hire Date	
Date of Birth	Age	Sex	Shift Worked: _____		
Normal working hours: _____ Hours/Day _____ Days/Wk					

INCIDENT/INJURY

1) Date:	Time:	Time you began work: _____ AM _____ PM
2) Where did the incident/injury occur?	Facility	Exact location in facility:
3) How did the incident/injury occur?		
4) What is the nature of the incident/injury?		
5) What were you doing just before the incident occurred?		
6) What object or substance directly harmed you?	6a) Witness(es):	
7) Do you need to be seen by a physician? _____ Yes _____ No	Last Tetanus:	
8) I understand that the information I have provided regarding this incident is true and correct. I have not knowingly provided false or misleading facts (either myself or through the person signing below) for the purpose of defrauding or attempting to defraud my employer, as this information may impact my employment status and workers' compensation benefits.		
Signature of Person Completing Form:		Date:

SUPERVISOR/MANAGER (Please complete entire section)

Date Notified:	Time:	Signature of Manager: _____
		Print Name: _____
POLICY ISSUES: (Check as many as apply)		
_____ Failure to use safety device or Personal Protective Equipment	_____ Suspicion of alcohol/drugs	
_____ Failure to obey safety rules or policies	_____ Other	
Factors that contributed to incident:		
What actions have been taken to prevent re-occurrence?		

EMPLOYEE HEALTH/SAFETY

Comments:

Was the employee treated in an emergency room? Yes No Any scheduled work time missed? Yes No
 Was the employee hospitalized overnight as an inpatient? Yes No Risk Mgmt _____ Safety _____

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**ATTACHMENT B
TEMPORARY ALTERNATIVE DUTY PROGRAM**

Name: _____ Lawson ID #: _____ Date of Injury: _____

Welcome to Centura Health’s Alternative Duty Program. This program is a systematic approach to assist associates to recover more quickly and completely, while allowing the employer the benefit of utilizing its greatest asset—the associate. It is a win-win situation for both the associate and employer because the best physical and mental rehabilitation method is to get back to a productive lifestyle as quickly as possible. The following is a review of your responsibilities while participating in this program.

- During your temporary alternative duty assignment, you will be paid at your base salary rate and you will accrue EIB and PTO benefits on these hours, if applicable. Your usual payroll deductions will be taken out.
- It is your responsibility to perform your alternative duty assignment in a responsible and professional manner, as you would your own regular job. Failure to follow the Centura policies and principles will result in the same corrective action as would have occurred had you been working in your regular job.
- All tasks provided will be consistent with and will not exceed your work restrictions set by your authorized treating physician. **It is your responsibility to make sure you do not work beyond your restrictions.** If any activities produce and/or aggravate symptoms, you should notify your alternative duty supervisor and workers’ compensation case manager immediately.
- If you are unable to report to your alternative duty assignment for any reason, you are to call your alternative duty supervisor and the workers’ compensation case manager to advise of your absence. All time missed due to symptoms from your work-related injury must be authorized by your workers’ compensation physician.
- Any associate who has been released to work on a part-time basis will receive workers’ compensation benefits based on your average weekly wage for the hours you are unable to work.
- We will make every attempt to accommodate your normal schedule; however, you may be required to work shifts or days that you would not be normally scheduled. No assignment is guaranteed to continue for any particular duration. No just cause will be required in order for Centura to terminate or modify this assignment. Duration of alternative duty is 90 days from date of injury. FMLA will not run concurrently with light duty, and any hours worked will not count against the 12-week FMLA entitlement.
- You have the right to refuse alternative duty. If you do, you may be waiving your rights to disability benefits under workers’ compensation, and you may be placed on FMLA and/or non-FMLA if applicable. Failure to report for alternative duty or follow your authorized treating physician’s instructions may jeopardize your workers’ compensation benefits.

Your authorized treating physician has released you to a temporary alternative duty assignment. We have a temporary alternative duty assignment for you which is consistent with the work restrictions outlined by your physician.

Start Date: _____ Hours: _____ Salary: Base Rate
 Department: _____ Supervisor: _____ Phone: _____
 Review Date: Each physician appointment
 Duties: Will be within the restrictions supplied by your physician and may include: _____

Please report at the location, date, and time indicated above and contact the supervisor as named. If you have questions regarding this assignment, contact your workers’ compensation representative as soon as possible.

- I have read the above instructions and I understand my responsibilities and options of this alternative duty program. The alternative duty offer is consistent with the work restrictions outlined by my physician. I accept this alternative duty assignment.
- I am not willing to accept this temporary alternative duty assignment because: _____

This will serve as a formal written offer to you of a temporary alternative duty assignment as required by Rule IX of the Workers’ Compensation Rules of Procedure.

Employee Signature: _____ Date: _____

Workers’ Comp Representative Signature: _____ Date: _____

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