

This SOP implements Section 5.4 of the Policy Manual.

- A. If an incident occurs in which an employee is injured during the course of and arising out of his/her employment with the County, the employee shall:
1. Immediately report the incident to his/her acting supervisor on duty at the time of the incident, but no later than twenty-four (24) hours after the occurrence.
 2. Complete Box 1 **only**, (*Injured Worker and Injury/Disease/Death Info.*) on Ohio Bureau of Workers' of Compensation (OBWC) form 1101, FROI-1 (*First Report of an Injury, Occupational Disease or Death*), Hamilton County form HamCo044.
 3. Return to supervisor within thirty-six (36) hours the signed **ORIGINAL** FROI-1 along with the following completed, signed, and dated ORIGINALS:
 - a. Hamilton County Incident Report Witness Verification Form(s) completed by all witnesses to the incident, Hamilton County form HamCo046.
 - b. Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, completed by the employee. This form directs Hamilton County of the employee's wishes should he/she become eligible for compensation for time missed from work due to this work related injury.
 - c. OBWC Authorization to Release Medical Information form, Hamilton County form HamCo047.
 4. Should an employee be injured in a motor vehicle accident while performing his/her job duties, if able, the employee shall:
 - a. Call 911 to obtain law enforcement assistance. The local law enforcement agency shall investigate and report on any motor vehicle accident involving a vehicle owned by Hamilton County or an accident resulting in injury or death to a Hamilton County employee while he/she is performing his/her job duties.

- b. Supervisors shall be contacted immediately to respond to the accident according to department motor vehicle accident procedures.
 - c. Unless the damaged County vehicle presents a safety concern, it shall not be moved until instructed by a law enforcement officer.
 - d. Exit the vehicle, if able, and stand in a safe place.
 - e. Present the *yellow card* found in the glove box. Provide the other party with the following information: Motor vehicle owner, Board of County Commissioners of Hamilton County Ohio, c/o Risk Manager, 138 East Court Street, Room 707, Cincinnati, OH 45202; or interdepartmental mail at CAB-707-90.
5. Should an employee sustain an injury from a “sharp” or needle stick, while performing the employee’s job duties, the employee shall:
- a. Report occurrence of accident to the Human Resources Department within five business days of the occurrence;
 - b. 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.
 - c. 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.
6. All needle stick/sharp injuries should be reported for all Hamilton County employees, except those employees that function as:

- a. Any person employed as a correctional officer in a county correctional institution;
- b. A peace officer.

B. The supervisor is responsible for sending to the:

Hamilton County Workers' Compensation Specialist
Human Resources Department
138 East Court Street, Room 707
Cincinnati, OH 45202, or
Interdepartmental mail at CAB-707-90

and ensuring arrival within seventy-two (72) hours of the occurrence the appropriately completed, signed, and dated **ORIGINALS** of the following forms:

1. FROI-1 (box 1 ONLY completed by the employee), Hamilton County form HamCo044.
2. Supervisor Verification Form (completed by the acting supervisor on duty at the time of the incident), Hamilton County form HamCo045.
3. Witness Verification Form(s) (to be completed by all witnesses to the incident), Hamilton County form HamCo046.
4. Authorization to Release Medical Information form (completed by the employee), Hamilton County form HamCo047.
5. Salary Continuation Employee Election of Compensation form (completed by the employee), Hamilton County form HamCo048.

C. **IMPORTANT NOTE:** If the incident results in a fatality or three (3) or more employees going to the hospital, a report shall be filed no later than eight (8) hours after the occurrence of the incident, as mandated by the Occupational Safety and Health Administration (OSHA) OAC 4167-6-10(C). The report shall be sent to the address in "B" above.

D. Regardless of the apparent seriousness of the injury, and regardless of whether or not medical treatment is sought, procedures in paragraphs A and B above shall be followed for **ALL** incidents, and forms shall be completed for **ALL** incidents without exception.

- E. The Human Resources Department is the designated reporting representative responsible for recording incidents in accordance with OSHA requirements, as defined in OAC 4167-6-04. This includes continual maintenance of an OSHA log, annual posting of the OSHA summary, and filing a copy of the *Annual Summary of Recordable Occupational Injuries and Illnesses* with the Public Employer Risk Reduction Program (PERRP) for all County agencies.
- F. The County works in conjunction with other parties involved in the administration of workers' compensation.
- G. The OBWC is given the legislative authority to make the final decision on all allowances, issues, settlements, and/or other matters pertaining to workers' compensation claims.
- H. Through the Health Partnership Program (HPP), the County selects a Managed Care Organization (MCO) to medically manage its workers' compensation claims. The MCO's duties include case management, paying of medical bills, provider referral, and education.
- I. The County selects a Third Party Administrator (TPA) to act on its behalf. The TPA's duties include filing appeals for hearing with the Industrial Commission, applying for handicap reimbursement on claims, and settling claims.
- J. 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.
- K. If as a result of a recognized work-related condition an employee loses additional work days, excluding the date of injury, he/she may elect to use accumulated sick leave for days one (1) through seven (7) by completing a Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, and submitting a Time Off Request.
- L. The Human Resources Department shall keep a record of all injuries and occupational diseases resulting in seven (7) days or more of total disability or death and shall report them to the OBWC within one (1) week of acquiring knowledge of such injury or death and within one (1) week after acquiring knowledge of, or diagnosis of, or death from the occupational disease as required by section 4123.28 of the ORC.

M. If the employee has an allowed workers' compensation claim, is certified by the attending physician to be unable to work, is not working or receiving wages or sick leave, and 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 ORC 4123.01 (C) (F), the following options are available:

1. **Temporary Total Compensation (TT):**

- a. The injury must first become an allowed workers' compensation claim.
- b. Compensation will be issued beginning on the eighth (8th) calendar day following the injury.
- c. The first seven (7) days are not compensable until after fourteen (14) consecutive days of work have been missed. ORC 4123.55.
- d. Reimbursement will be based upon wages earned for the twelve (12) month period before the date of injury.
- e. The first twelve (12) weeks of TT is based upon 72% of "full weekly wages."
- f. The remaining weeks of TT will be based upon 66 2/3% of "average weekly wages." ORC 4141.01
- g. Once temporary total compensation is chosen, a change in election to sick leave compensation cannot be made for the duration of the claim.
- h. Employees are prohibited from using sick leave in conjunction with receiving OBWC compensation for the same work days lost.

2. **Sick Leave Compensation:**

- a. If an employee chooses sick leave compensation, he/she may change his/her election to temporary total compensation by submitting a completed Hamilton County Salary Continuation Employee Election of Compensation form, Hamilton County form HamCo048, reflecting the change requested.

- b. Once temporary total compensation is chosen, a change in election of sick leave compensation cannot be made for the duration of the claim.
 - c. Compensation paid by using sick time cannot be restored.
 - d. Employees are prohibited from using sick leave in conjunction with receiving OBWC compensation for the same work days lost.
- N. Time off for an employee's own serious medical condition may qualify for FMLA. Employees should contact their payroll office for information.
- O. Upon seeking medical treatment, the employee shall present to the medical provider the Hamilton County Managed Care Organization's "Workers' Compensation Identification Card." This ID card, available in each departmental payroll office, provides detailed contact information, including billing information.
- P. Upon obtaining medical treatment resulting from a work related incident, the employee shall take a copy of the signed completed FROI-1, Hamilton County form HamCo044, to the medical provider.
- Q. After treating the employee, the employee's medical provider shall complete box two (*Treatment Info*), of the FROI-1 form and forward it to the Hamilton County Workers' Compensation Specialist, Human Resources Department, 138 East Court Street, Room 707, Cincinnati, OH 45202, or fax to 513-946-4730.
- R. When an employee seeks medical treatment and the injury is filed with the OBWC, the employee shall receive a claim number from the OBWC.
- S. As the Plan Administrator for Hamilton County, the Human Resources Department will decide whether to "certify" or "reject" an employee's claim, based upon guidelines provided by the OBWC established under Ohio Revised Code and Ohio Administrative Code. However, the OBWC has final authority in allowing or disallowing a claim.
- T. An injured employee is responsible for maintaining ongoing contact with his/her department, medical provider, MCO, and Hamilton County Human Resources as necessary. In addition the employee is responsible for providing his/her department an expected return to work date or restricted duty information within twenty-four (24) hours of initial and all follow-up medical treatment. In turn, the employee's department is responsible for keeping Hamilton County Human

Resources informed of all issues related to an employee's claim, including any work days lost, restricted duty and return to work dates.

- U. Employees who may be off work or have temporary restrictions for medical reasons may be eligible for participation in Transitional Work on a case-by-case basis.

- V. **ONLINE REFERENCE:** The Hamilton County Workers' Compensation Handbook is available at <http://www.hamiltoncountyohio.gov/hr/workerscomp.asp> with forms and step-by-step instructions for filing claims.