

SUPERVISOR DEPARTMENT HEAD RESPONSIBILITIES...

INITIAL ACTION STEPS

Supervisor/Department Head procedure upon notice of a work related incident.

The Supervisor/Department Head shall:

1. Contact the employee as soon as possible, but within 24 hours of the incident to discuss the incident, identifying plausible causes and possible ways to prevent reoccurrence.
2. Note any policy violations that may have occurred and their consequences.
3. Ensure all witnesses complete the Statement of Witness to the Incident Form, (Hamilton County form HamCoo46).
4. Conduct an incident form review and complete the Supervisor Investigation Form, (Hamilton County form HamCoo45).
5. Return to the Departmental/Agency Workers' Compensation Liaison, ensuring arrival within seventy-two (72) hours of the occurrence, the 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,
 - Supervisor, Investigation Form, (Hamilton County form HamCoo45), completed by the acting supervisor on duty at the time of the incident,
 - Bureau form C-101, (Hamilton County form, HamCoo47), Authorization to Release Medical Information form, completed by the employee,
 - Bureau form C-55e, (Hamilton County form, HamCoo48, Hamilton County Salary Continuation Employee Election of Compensation form), completed by the employee, and
 - Witness Verification Form(s), (Hamilton County form HamCoo46), to be completed by all witnesses to the incident.
 - If the injury resulted from a needlestick or other "sharp", Form SH-12 to be completed by the employee or supervisor within five days of the accident.

MEDICAL TREATMENT

Supervisor/Department Head procedure if an employee seeks medical attention because of a work related incident.

The Supervisor/Department Head shall:

1. Direct the employee to the Managed Care Organization for assistance in seeking appropriate medical case management.
2. Expect medical treatment to result in the employee providing a Bureau form MEDCO-14, Physician's Report of Work Ability, (Hamilton County form HamCoo49), or equivalent signed instrument documenting:
 - A return to work date, identifying specific days missed due to the work related injury, any restrictions that may apply, and the date of the next appointment if one is advised.
 - **NOTE:** Without this document, the employee cannot return to the worksite.
3. Expect within twenty four (24) hours of seeking related follow-up medical treatment, that the employee will provide an up-dated 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.
 - **NOTE:** Without this document, the employee cannot continue working.
4. Expect a properly completed MEDCO-14 (Hamilton County form HamCoo49) until the employee is returned to work full duty or restrictions are declared permanent by the treating physician.

Within forty-eight (48) hours of obtaining these forms, return to the Departmental/Agency Workers' Compensation Liaison the following:

1. Initial medical visits:
MEDCO-14 (Hamilton County form HamCoo49) from employee.
2. Each follow-up medical visit:
MEDCO-14 (Hamilton County form HamCoo49) for medical visits from employee.

Keep the Departmental/Agency Workers' Compensation Liaison updated on the initial:

1. Last full day worked prior to the incident,
2. Number of work days lost following the incident,

3. Return to work date following the incident, and/or
4. Number of restricted duty days following the incident,
5. Availability of modified duty at job site.

FATALITY OR MULTIPLE INJURY INCIDENT

If the incident results in a fatality or three (3) or more employees admitted to the hospital, the Supervisor/Department Head shall report the incident to the Hamilton County Workers' Compensation Specialist no later than eight (8) hours after the occurrence, as mandated by Ohio Administrative Code (OAC) 4167-06-10.

The Supervisor/Department Head will also conduct an investigation and incident form review, complete the supervisor investigation form and return forms to the Hamilton County Workers' Compensation Specialist within twenty-four (24) hours of incident or death.

RETURN TO WORK

No Restrictions (full duty):

If the physician of record releases the employee to return to work full duty with no restrictions, the employee is expected to return to work on the date indicated on the MEDCO-14 (Hamilton County form HamCoo49) unless that date is a date the department is not open for business. In that case, the employee is expected to return to work on the next business day.

Modified Duty (restricted duty):

Modified Duty (restricted duty) is developed and implemented through a cooperative effort involving restrictions provided by the physician of record, based on the injured employee's functional capabilities.

Supervisor/Department Head procedures when an employee participates in Modified Duty (restricted duty):

1. Submit to the Departmental Workers' Compensation Liaison the completed MEDCO-14 (Hamilton County form HamCoo49) received from the injured worker, within 72 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. Submit to the Departmental Workers' Compensation Liaison the completed MEDCO-14 (Hamilton County form HamCoo49) received from the injured worker, within 36 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

Department Heads/Supervisors may request consideration of these services by contacting the MCO or the Hamilton County Workers' Compensation Specialist.

Remain At Work (RAW):

Remain at work (RAW) does not involve lost time claims, but is directed at keeping working employees on the job and the claim from becoming lost time. Ergonomic studies are an example of remain at work services.

Job Modification (JM):

Job modification (JM) removes the physical barriers that may prohibit an employee from performing the essential functions of their job. Licensed case managers who assess the employee on-the-job develop modifications.

Vocational Rehabilitation (Voc Rehab):

Vocational rehabilitation is for lost time claims and while the goal is always to return the employee to the worksite, sometimes it may not be possible to do so. Once an employee receives a release to return to work through Vocational Services, the Supervisor &/or Department Head will:

- Comply with the clinical recommendations of the physician and/or therapist as to the employee's functional limitations and abilities.
- Monitor the employee's activities and the work environment to assure compliance with work restrictions.
- Monitor the employee's progress during the Vocational Work program and provide feedback regarding task performance to the Workers' Compensation Liaison as requested.
- Communicate the goals and objectives of the Vocational Work program to appropriate departmental co-workers to ensure cooperation with the program.

Transitional Work (TW):

Transitional work is a progressive, individualized, time-limited program focused on returning the worker with physical restrictions to the original employment site. Transitional work allows the injured worker to perform productive work at the workplace under the direction of rehabilitation professionals.

Supervisor &/or Department Head procedure when an employee is participating in Vocational Services:

1. Collaborate with the employee and the Hamilton County Workers' Compensation Specialist in the development of the employee's return-to-work plan.
2. Contact the employee to offer the Vocational Work assignment.
3. Comply with the clinical recommendations of the physician and/or therapist as to the employee's functional limitations and abilities.
4. Explain the physical work restrictions to the employee before the employee begins the TW assignment.
5. Monitor the employee's activities and the work environment to assure compliance with work restrictions.
6. Monitor the employee's progress during the TW program and provide feedback regarding task performance to the Workers' Compensation Specialist.
7. Communicate the goals and objectives of the TW program to appropriate departmental co-workers to ensure cooperation with the program.

COMPENSATION

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

The Department Head/Supervisor will return to the Departmental/Agency Workers' Compensation Liaison, ensuring arrival within seventy-two (72) hours of the occurrence, the completed, signed, and dated original Bureau form C-55 equivalent, (Hamilton County form, HamCoo48), Hamilton County Salary Continuation Employee Election of Compensation form, completed by the employee.

The employee is no longer eligible for salary continuation and cannot choose to use paid sick leave for the duration of the claim when an employee chooses to use Temporary Total Disability Compensation from 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 by:

1. Not returning the C-55e, (Hamilton County form, HamCoo48),
2. Returning the C-55e, (Hamilton County form, HamCoo48), incomplete, or
3. Returning the C-55e, (Hamilton County form, HamCoo48), after the designated filing deadline established by the Bureau.

FORM SUMMARY

Forms identified in the SUPERVISOR AND/OR DEPARTMENT HEAD section are:

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