

KWORC

KANSAS

WORKERS RISK COOPERATIVE

for COUNTIES

Injury Management Program for Kansas County Governments

Created March 3rd, 2017 by Brandon Mann, KWORCC Loss Prevention Specialist

Reference: www.kworcc.com

Reference: www.dol.ks.gov

Table of Contents

Purpose & Scope	3
Injury Management Policy Statement.....	3
Policy Statement for KWORCC Member Counties	4
Allocation of Responsibilities	5
Employer	5
Employee	5
Claims Handling Procedures.....	6
Introduction	6
Claims Reporting.....	6
Time Requirements.....	6
Where to Report	7
Employers Report of Accident	7
Sending Additional Information.....	7
Medical Case Management	7
First Aid Treatment	7
Medical Authorization.....	7
Designated Physician	8
Return to Work Program.....	8
Incident Investigation.....	9
Near-Miss Reporting	10
The Investigation Report.....	10
Instructions	10
Using the Form.....	10
Safety Committee.....	11
Purpose	11
Structure	11
Duties	11
Recordkeeping	12
Safety Training.....	12
On-Site Training	12
Online Training.....	13
Video Library	13

County-Level Training	13
Modified Duty Offer of Employment	20
Injury/Incident Investigation Report	21

Purpose & Scope

The KANSAS WORKERS RISK COOPERATIVE for COUNTIES (KWORCC) Injury Management Program represents a commitment to safety. It sets forth philosophy and policy goals, organizational authority, safety program components and methods of injury prevention. The full implementation of the injury management program for all employees at every level is the goal established by the Board of Directors of KWORCC. The guidelines outlined in this manual are considered minimums and should not be construed to limit individual initiative to implement more comprehensive procedures to reduce or prevent injuries.

Injury Management Policy Statement

The Board of Trustees of the Kansas Workers Risk Cooperative for Counties considers the health, safety and well-being of employees of member counties to be of paramount importance. Therefore, the Board actively promotes and supports the implementation of an injury management program with the objective of reducing workplace injuries and illnesses, and to minimize costs associated with workplace injuries and illnesses.

The injury management program adopted by the Board of Trustees will be administered by the KWORCC Administrator, but will require the involvement of all levels of county employees. Every elected official or appointed person, director, commissioner, manager, supervisor, administrator and employee is strongly encouraged to make loss prevention and safety a matter of continuing concern.

The KWORCC Board does hereby go on record as pledging their support and commitment to the implementation and administration of this policy.

Signed and dated this **XXth** day of **XXXXXXX**, 2017

Gary Caspers, President, Board of Trustees

Stan McEvoy, Vice President, Board of Trustees

Michelle Garrett, Secretary, Board of Trustees

Linda Buttron, Controller, Board of Trustees

Sandy Barton, Member, Board of Trustees

Steven Garten, Member, Board of Trustees

Rob Roberts, Member, Board of Trustees

James W. Parrish, Administrator

Policy Statement for KWORCC Member Counties

An injury management policy statement that is adopted by the County Commissioners will demonstrate that the county is committed to identifying and controlling workplace risks and preventing injuries. All employees should receive a copy of the policy statement and should be held accountable for their actions. The following injury management policy statement can be used as a model for writing your own statement:

_____ County recognizes that its employees are its most valuable asset.

_____ County is dedicated to managing the risks of providing services for its citizens. Recognizing that injuries will inevitably occur, the county considers no injury to be acceptable and will make every effort to identify and address all workplace hazards for the prevention of work related injuries.

The Safety Committee is empowered to make decisions concerning all operations of the county that effect the safety and well-being of employees and elected officials and the financial well-being of _____ County.

Every employee and elected official will adhere to the policies and practices established by the Safety Committee.

Every department head and elected official will make a concerted effort to modifying an injured employee's job duties to comply with all work restrictions from the employee's treating physician, to return the injured employee back to work as soon as possible.

Chair, County Commission

County Administrator or Department Head

Date of Issuance: _____

Allocation of Responsibilities

Employer

Designate an individual to handle workers' compensation claims (Claims Administrator). Indicate to employees who the Claims Administrator is, in writing, and post the Claims Administrator's name and contact information with all other work related notices.

The Claims Administrator shall comply with all claims reporting requirements as specified in the next section of this document.

A written accident report shall be filed by the Claims Administrator with KWORCC as soon as reasonably possible, but no later than within 28 days from the date of injury or employee notification.

The Claims Administrator shall provide all necessary information to the injured employee or legal beneficiary as needed to assist in the claims process.

The Claims Administrator shall notify KWORCC and CRS immediately if a work-related accident or injury results in death of an employee, in-patient hospitalization, amputation, or loss of an eye.

The Claims Administrator will be responsible for the modified duty program; however, all supervisors and elected officials are required to assist in locating or creating modified duty assignments for injured employees at the request of the Claims Administrator.

The Claims Administrator will lead the Safety Committee. This includes setting the agenda, the meeting time and location, and submitting a budget to the County Commissioners annually for safety committee operations.

The Claims Administrator shall post form K-WC 40-A "Workers Compensation Rights and Responsibilities" in an employee work area for each county building. See page 15.

The Claims Administrator shall issue each injured worker with form K-WC 27-A (or for Spanish-speaking employees, form K-WC 270-A) "Information for Injured Employees". See pages 16-19.

Employee

Employees shall give oral or written notice to the Claims Administrator within 20 calendar days of injury, 20 calendar days after seeking medical attention, or 10 calendar days after the last day of work for the employer. ***However, employees should make every effort to notify their direct supervisor immediately after an injury occurs so that necessary medical treatment can be arranged.***

In the case of occupational disease, the employee shall provide written notice to the Claims Administrator within 90 days of disability's onset, and a written claim to the Division of Workers Compensation within one year.

The employee's written notice must include time, date, place of the injury, and it must be apparent that the employee is claiming benefits under the workers' compensation act for a work-related injury.

Claims Handling Procedures

Introduction

KWORCC is a state-qualified workers' compensation program designed to offer its members a powerful mechanism for controlling and minimizing workers' compensation expenses.

KWORCC provides its member counties with up-to-date cost control approaches that offer bottom-line performance that are better than those of the "traditional" insurance companies.

Careful, energetic claims handling is part of the KWORCC cost control approach. In fact, effective claims management is a key to the overall success of the program and its ability to deliver long-term savings to its members.

KWORCC maintains a contract with CORnerstone Risk Solutions (CRS), a professional, Kansas-based third-party claims adjusting service for work-related injuries and illnesses. Beyond this professional service support, the program will depend on the attention and input of member counties, with an involvement that some will find different from their "traditional" insurance company environment. By necessity—and for maximum benefit within the self-insured program—member counties must become involved in the claims process and must be knowledgeable about their claims.

Close, ongoing communication between KWORCC's administrative office, its member counties (via the Claims Administrator), and the claims adjuster is paramount to KWORCC's success. The quality of service provided to member counties by the claims adjuster will depend heavily on the information provided by the county. To be effective, the claims adjuster must know everything about the circumstances surrounding a claim. Most, if not all, member counties welcome this chance for meaningful input in the claims handling process.

To help ensure effective claims adjusting, KWORCC has established uniform procedures to be followed by all Member Counties.

Claims Reporting

Time Requirements

1. All claim forms should be submitted electronically within 48 hours of an occurrence that will or may give rise to a claim (or within 48 hours of the county's first knowledge of such an occurrence).
2. In the event of a serious loss such as a death, amputation, in-patient hospitalization or loss of an eye, the Claims Administrator shall call the KWORCC and CRS immediately and follow up with the necessary forms later.
3. The KWORCC program has provided for legal representation as part of the program cost when required; therefore, if the county receives certain demand letters, requests for

information concerning a filing with the Workers Compensation Division, notice of hearing, petitions or other such documentation, do not delay in sending them to CRS.

Where to Report

All claims, suits, injuries or losses are to be reported directly to KWORCC's claims adjuster at CORnerstone Risk Solutions as follows:

CRS % Amanda Chamberland
8200 SE. 32nd Street North
P.O. Box 2992
Wichita, Kansas 67201-2992

1-800-288-6732

Emergency Claims Line: 1-316-266-6524

Amanda.chamberland@corisksol.com

Employers Report of Accident

Online accident report can be found at <https://www.cornerstoneclaims.com/>

Sending Additional Information

All information and documentation such as hospital/doctor reports, inspection reports or internal investigations may not be available in time to send the information with the claim form.

As a claim matures and you develop or receive additional information such as doctors' reports, medical bills, applications for hearing or suit papers such as summonses and petitions, send these to KWORCC's claims adjuster at CRS.

When sending this information, it must be properly identified so that it will be matched to the correct file and handled promptly. For the claims adjuster to promptly find the correct file, he or she must know the name of the claimant, the date of loss, and the member county involved.

Medical Case Management

First Aid Treatment

It is strongly recommended all employees be given the opportunity to become certified in first-aid/CPR techniques. The other key area of medical training for county employees is bloodborne pathogen safety procedures. In either case, proper first-aid and biohazard cleanup kits need to be readily available in every county building and vehicle. If proper first-aid is given at the time of an injury, the effect of the injury can be minimized and further medical treatment may not even be necessary. If treatment by a physician is necessary, the following areas should be considered.

Medical Authorization

Instruct employees to get authorization from their immediate supervisor prior to seeking medical attention, unless it is an emergency. Instruct employees that if they are unable to contact a

supervisor and feel they need to seek treatment by a physician for a work-related injury, they need to inform their supervisor as quickly as possible thereafter.

Designated Physician

Kansas employers have the right to direct medical care for employees. Exercise of such control immediately upon notification of an accident is a significant part of a medical case management program. A KWORCC claims adjuster will work with each member county to establish a designated physician or physicians. The designated physician, or group of designated physicians, will be the first point of medical contact for an injured employee. The designated medical provider will be able to provide a high quality of medical care at a reasonable cost while maintaining a clear understanding of the county's need to return the injured employee to work as quickly as possible, in compliance with any medical restrictions deemed necessary by the treating physician.

Since the State of Kansas allows employers to select the physician for initial treatment, they must exercise this element of control. Employees should be advised to seek the initial care from their county's designated physician prior to seeking care from a chiropractor. The physician may or may not believe it is necessary to refer the employee to a chiropractor. If a county chooses to allow injured employees to go to the doctor they wish, lost time from the job and certain associated costs may be increased.

Return to Work Program

Modified return-to-work programs can substantially reduce the amount of time an employee is off work and thereby reduce the indemnity portion of a workers' compensation claim. It is in the best interests of the member county to have the injured employee return to work as quickly as possible. It is a well-established fact that this practice reduces the chances of long-term dependency and abuse of the workers' compensation system. A sample modified duty letter is on page 20 of this document.

The Claims Administrator shall obtain from the treating physician a statement of the employee's work restrictions. The Claims Administrator will then make every effort to return the employee to work, by (in this order):

- Modifying the employee's existing job to comply with the restrictions;
- Locating work in the employee's same department that complies with the restrictions, or;
- Locating work in another county department that complies with the employee's work restrictions.

The work that the injured employee may be required to perform during the period of restriction may be drastically different than their original job. Modified duty assignments are mandatory; refusal by the employee to comply will be deemed a voluntary termination of employment, and lost wage benefits will not be paid.

Once the treating physician releases the employee back to work with no physical restrictions, the employee will be returned to their normal job. If the employee is determined to have continuing

physical restrictions or permanent partial disability after reaching maximum medical improvement, all efforts will be made to accommodate the disability.

Incident Investigation

Investigation of any accident is an invaluable tool in controlling losses. Each incident must be investigated to determine causation, and all contributing deficiencies are corrected. Thorough investigation, recording and correct follow up of each accident can be time consuming, but these steps are critical if we are to learn anything from the experience.

The accident investigation shall be conducted by the Claims Administrator. Other staff that may need to be brought into the investigation may include:

- The injured employee.
- The employee's supervisor.
- Witnesses.
- Maintenance staff.

As quickly as possible after an incident occurs, while the facts are still fresh in everyone's mind, the KWORCC Injury/Incident Investigation form should be completed. See pages 21-23 of this document for this form. The back side of the form should be reviewed prior to filling out the front page. The back of the form helps you to remember what types of questions need to be asked in the investigation process. Also, included in this section is a guide for conducting the investigation and a supervisor's self-rating sheet.

Below are several questions that should be considered in most injury investigations:

1. What was the injured person doing at the time of the accident? Was he or she performing his or her assigned task? Was he or she assisting another worker?
2. Was the injured employee working on a task he or she was authorized to do? Was he or she qualified to perform the task? Was he or she familiar with the process, equipment and machinery?
3. What were other workers doing at the time of the accident?
4. Was the proper equipment being used for the task? What was the condition of the equipment?
5. Was the injured person following approved procedures?
6. Was the process, operation or task new? Have they received training on the new task?
7. Was the injured person being supervised?
8. Did the injured person receive hazard recognition training prior to the accident?
9. What was the location of the accident? What was the physical condition of the area when the accident occurred?
10. What permanent action could have prevented the accident or minimized its effect?
11. Had corrective action been recommended in the past but not adopted?

Near-Miss Reporting

Accident investigation does not only apply to injuries and/or property damage—it can and should also be used to learn from “near misses.” A near miss means there is a problem in the work system which surfaced, but no one was hurt. However, someone might have been hurt had it not been for a fraction of a second or some other factor.

Injury analysis proves, in the average case, for every injury accident there are many other similar accidents that do not result in injuries. One study of the problem revealed for every major injury there is an average of more than 300 other opportunities to identify and eliminate the problem. This means a typical group of employees, either because of their repeated unsafe actions or repeated exposure to unsafe conditions, on the average, suffer 300 non-injury accidents and 29 minor injuries before a major, lost-time injury occurs.

Near misses are strong indications that something is wrong. If the causes of non-injury accidents are not remedied in time, they may well result in major injuries. Near misses will have the same causes as injury accidents and therefore can be prevented in the same ways. Both kinds of incidents need to be reported and investigated in the effort to prevent future losses.

The KWORCC Injury/Incident Investigation form can and should be used for reporting near misses as well as injuries. The form has a place to designate whether the report is for an injury or a near miss. The form is located on the “Forms” page of the KWORCC website.

The Investigation Report

Instructions

1. Investigate each accident immediately after it occurs.
2. Send one copy of the form to KWORCC.
3. Keep one copy for your department’s file.
4. Send a third copy to the Safety Committee for their review.

Using the Form

What Happened?

1. Get all the facts by studying the job and conditions where the accident occurred.
2. Tell what the employee was doing when injured. **BE SPECIFIC.** If the employee was using tools or equipment or handling material, name them and tell how the employee was using them.
3. Tell how the accident occurred. Describe fully the events which resulted in injury. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.
4. Tell what thing directly injured the employee. Name the object that was struck against or struck by. If strain or hernia, name the object that was lifted, pulled, pushed, etc. If injury resulted solely from bodily motion, state the stretching, twisting, etc. that caused the injury.

Why Did It Happen?

Describe in detail the condition responsible for the accident. It will always involve one or more of the twelve operations control factors. Be specific in identifying the equipment, material and people involved and how they contributed to the accident.

What Should Be Done?

1. Determine what corrective action is needed to prevent a similar accident in the future. Are there engineering controls, administrative controls or personal protective equipment that could eliminate or reduce the threat?
2. What has been done thus far?
3. State what corrective action has been taken or recommended to the supervisor.
4. How will this improve operations?
5. State how the corrective action that has been taken or recommended will help prevent accidents.

Safety Committee

Purpose

The purpose of the safety committee is to make recommendations regarding county policies, procedures, equipment and facilities to reduce the frequency and severity of injuries to employees.

Structure

The Claims Administrator will lead the safety committee, and that position is determined by the County Commissioners. Members of the safety committee shall be non-elected county personnel, and one employee from each of the following departments shall serve on the safety committee: courthouse, sheriff's department, health department, EMS, road and bridge, and noxious weed. Those positions will be filled by a popular vote of the employees within each department. The term of service will be one year.

Duties

The safety committee will meet at least once per month, with extra meeting being called when the situation warrants. The time, date and location of the meeting will be determined by the Claims Administrator, as will the meeting agenda.

The primary duty of the safety committee is to review records of employee injuries and near misses, analyze the loss or near miss, and make recommendations to reduce the likelihood or severity of a recurrence. Secondary duties may include: policy/procedure review, safety walk-throughs of facilities, development of new safety and health programs, etc...

The Claims Administrator will nominate one committee member to act as Secretary and take minutes of the safety committee meetings. At each meeting, the minutes of the last meeting will be reviewed and, if there are no corrections, then posted to each county facility.

Recordkeeping

The Claims Administrator has the responsibility of creating, gathering, and storing accurate records regarding employee injuries. Records shall be maintained for five years, then destroyed. Records should include:

- Employer's First Report of Injury
- Investigation documentation
- Modified Duty assignments

The claims adjuster for CRS will be responsible for the recordkeeping for the workers' compensation claim, such as: medical bills, lost wage documentation, medical treatment records, etc...

Note: Kansas county governments are not under the authority of OSHA; they report all workplace injuries directly to the Kansas Department of Labor. The responsibility of reporting to KDOL is handled exclusively by CRS as a service to its members.

Safety Training

As a KWORCC member, you have many training resources available to you. KWORCC provides free on-site training through our Loss Prevention staff, as well as a large collection of safety videos and free online training.

On-Site Training

- Defensive Driving (4 hours). We recommend that every driver of a county vehicle attend this class every two years. Our Loss Prevention Staff are certified through the National Safety Council, and all attendees will receive a certificate of participation that will qualify them for a defensive driver discount on their personal auto insurance.
- Powered Industrial Truck (2 hours). All forklift operators are required by state law to have formal training every three years. Our Loss Prevention Staff are certified through the National Safety Council, and all attendees will receive a forklift license wallet card.
- Flagging (1 hour). Any person acting as a flagger in a construction zone must go through formal training every two years. Our Loss Prevention Staff are certified through the National Safety Council, and all attendees will receive a flagger license wallet card.
- Coaching the Emergency Vehicle Operator (CEVO) (4 hours). All operators of emergency vehicles should be required by the county to attend this training every two years. Our Loss Prevention Staff are certified through the National Safety Council, and all attendees will receive a certificate of participation.
- Additional classes are also available at your request. For a full list, please visit our website at <http://kworcc.com/LossPrevention.htm>.

Online Training

KWORCC has partnered with a local Kansas company, LocalGovU, to provide a robust system of online training for our members. Getting started with online classes is relatively simple, but it will take some work on your part. First, you must register on the website, and that can be done here: <http://www.localgovu.com/products/learn/?t=kworcc>. Second, you will need to complete an Excel spreadsheet with your employee names and ID numbers, so that their accounts can be created. Once that is done, your employees will receive a welcome email with their account access information.

A variety of free online classes will be available to you once you log in. KWORCC has selected a variety of classes so that every county employee should be able to find something that benefits them. The classes that are offered will rotate every quarter, so check back often to see what new classes are available. Employees will be able to print a certificate after the successful completion of a training program for your training records.

KWORCC has elected to keep a core group of classes available to you year-round; they do not rotate out every quarter like the other classes. These classes are essential to almost every employee and are required by the Kansas Department of Labor. They include:

- Emergency Action Plan
- Bloodborne Pathogens
- Personal Protective Equipment
- Lockout/Tagout
- Hazard Communication

Note: Kansas law requires that all law enforcement officers to complete 40 hours of continuing education per year. The certification agency in Kansas, C-POST, will allow up to 10 hours per year of an officer's recertification hours to be from an online source. KWORCC's free online training tool can be a cost-effective way for a member county to deliver part of this training to their officers.

Video Library

KWORCC stocks a vast library of training videos that are available for your use for free. For the full list, please visit: <http://kworcc.com/SafetyVideoLibrary%20for%20website.pdf>. To request a video, please contact KWORCC's Media Specialist:

Nicole Jarboe-Paxson
785-357-1069
nicole@kworcc.com

County-Level Training

It is the employer's responsibility to ensure that its employees are properly trained to do their job correctly and safely. Due to the tremendously varied nature of the types of jobs that county employees perform, it is not feasible to assign one individual to be responsible for training all new employees.

KWORCC recommends that new-employee orientation training begin with the Human Resources Department to train the new employee on general employment issues that are generic to all county employees. Once that training is completed, the employee should be moved into the specific department where they will be working to continue their training on the specifics of their position. This job-specific training should be overseen by the employee's direct supervisor.

On-going training needs to be considered for all employees during their employment. Some training needs to occur annually, or even every two to three years. Additionally, when an employee's job changes to any degree, the county may need to provide additional training.

Annual training for all employees should include:

- Emergency Action Plan
- Bloodborne Pathogens
- Personal Protective Equipment
- Lockout/Tagout
- Hazard Communication

Additionally, KWORCC recommends that employees periodically attend training on the following items when they apply to their position:

- Defensive Driving (2 years)
- Forklift (3 years)
- Flagging (2 years)
- Coaching the Emergency Vehicle Operator (CEVO) (2 years)

This notice must be posted and maintained by the employer in one or more conspicuous places.

Workers Compensation Rights and Responsibilities

Your employer is subject to the Kansas Workers Compensation Law which provides compensation for job-related injuries.

This notice applies to dates of accidents on or after April 25, 2013.

Este aviso aplica a las fechas de los accidentes a partir de Abril 25, 2013.

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

NOTIFY YOUR EMPLOYER IMMEDIATELY. Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) **20 calendar days** from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, **20 calendar days** from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, **10 calendar days** after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

BENEFITS. Benefits are paid by the employer's insurance carrier or self insurance program. Benefits include medical treatment, partial wage replacement for lost time and additional benefits if the injury results in permanent disability. An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00 dollars for the unauthorized medical treatment.

QUE HACER SI UNA LESIÓN OCURRE EN EL TRABAJO

NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE. De acuerdo con el artículo de ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador dentro de antes de las siguientes fechas: (A) **20 días** a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, **20 días** a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, **10 días** después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

BENEFICIOS. Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los beneficios incluyen tratamiento médico, reemplazo de sueldo parcial por tiempo perdido y beneficios adicionales si la lesión resulta en incapacidad permanente. El empleador debe proporcionar todo el tratamiento médico necesario y tiene el derecho de designar el doctor para dicho tratamiento. Si el empleado busca tratamiento con un doctor que no ha sido autorizado por el empleador, el empleador o su compañía aseguradora serán responsables de pagar solamente los primeros \$500.00 dólares para tratamiento médico no autorizado.

WHERE TO GET HELP WITH YOUR CLAIM (DÓNDE CONSEGUIR AYUDA CON SU RECLAMO):

Employer's Insurance Carrier (Compañía Aseguradora del Empleador)

()
Telephone (Teléfono de la Aseguradora)

Address (Dirección de la Aseguradora)

For questions about Workers Compensation Law, contact (Para preguntas acerca de la Ley de Compensación del Trabajador):

KANSAS DEPARTMENT OF LABOR
Division of Workers Compensation/Ombudsman
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105

Website: www.dol.ks.gov/workcomp/default.aspx
Email: wc@dol.ks.gov
Phone: (800) 332-0353 or (785) 296-4000

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at (800) 766-3777.

www.dol.ks.gov

KANSAS DEPARTMENT OF LABOR

K-WC 40-A (4-13)

INFORMATION FOR INJURED EMPLOYEES

K-WC 27-A (Rev. 11-16)

* THIS NOTICE APPLIES TO ACCIDENTS ON OR AFTER APRIL 25, 2013 *

Employers are required to provide this information to each injured worker

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

If you have any questions about workers compensation benefits, contact the Division of Workers Compensation at the phone number at the bottom of the page. **Assistance in Spanish is available.**

(1) NOTIFY YOUR EMPLOYER IMMEDIATELY: Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 20 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, 10 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

(2) FOLLOW YOUR EMPLOYER'S INSTRUCTIONS for getting medical aid and follow the doctor's instructions.

(3) MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500.00. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

(4) WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 ⅔ percent of his/her average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas Workers Compensation law provides for additional benefits.

RESPONSIBILITIES OF THE EMPLOYER

1. Unless self-insured, the employer must advise its insurance carrier or group-funded pool of employee's injury.

Per K.S.A. 44-557, it is the duty of every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, within 28 days, after the receipt of such knowledge, if the personal injuries which are sustained by such accidents, are sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained.

As outlined in K.A.R. 51-9-17, all insurance carriers, group pools and self-insurers are required to use Electronic Data Interchange (EDI) to file First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) using the Release 3 Standards. For details contact the Technology and Statistics section of the Division of Workers Compensation at (785) 296-4000 or (800) 332-0353. You may access our website at <http://www.dol.ks.gov/WorkComp/edinews.aspx>.

2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits, regardless of insurance coverage.
5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his/her rights and responsibilities in obtaining compensation.

Pursuant to K.S.A. 44-5, 102(a) EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company _____

Address _____

Contact Person _____

Phone (____) _____

Email _____

INFORMACIÓN PARA TRABAJADORES LESIONADOS

K-WC 270-A (Revisado 11-16)

* ESTE AVISO APLICA A FECHAS DE ACCIDENTE A PARTIR O DESPUÉS DE ABRIL 25, 2013 *

Empleadores son requeridos de proveer ésta información a cada trabajador que se lesiona

¿QUÉ HACER SI LE SUCEDE UN ACCIDENTE EN EL TRABAJO?

Si tiene preguntas acerca de beneficios de compensación del trabajador, contacte la unidad mencionada al final de página. **Asistencia en Español está disponible.**

(1) NOTIFIQUE A SU EMPLEADOR INMEDIATAMENTE: De acuerdo con el artículo de la ley K.S.A. 44-520, un reclamo puede ser negado si el empleado no notifica a su empleador antes de las siguientes fechas: (A) 20 días a partir de la fecha del accidente o la fecha de la lesión debido a trauma por movimientos repetitivos; (B) si el empleado está trabajando con el empleador en contra del cual se están buscando beneficios y dicho empleado busca tratamiento médico por cualquier lesión por accidente o trauma repetitiva, 20 días a partir de la fecha que dicho tratamiento médico ha sido obtenido; o (C) si el empleado ya no trabaja para el empleador en contra del cual se están buscando beneficios, 10 días después del último día de trabajo para dicho empleador.

El aviso puede darse oralmente o por escrito. Donde el aviso se da oralmente, si el empleador ha designado un individuo o departamento a quien el aviso se debe dar y tal designación ha sido comunicada por escrito al empleado, aviso a cualquier otro individuo o departamento deberá ser insuficiente bajo esta sección. Si el empleador no ha designado a un individuo o departamento a quien se debe dar el aviso, el aviso puede darse a un supervisor o gerente.

Donde el aviso se hace por escrito, el aviso debe ser enviado a un supervisor o gerente de la oficina principal de empleo del trabajador.

El aviso, sea que se haga oralmente o por escrito, debe incluir la hora, fecha, lugar, persona lesionada y detalles de tal lesión. Debe ser visible a partir del contenido del aviso, que el empleado está reclamando beneficios bajo la ley de compensación del trabajador o que ha sufrido una lesión relacionada con el trabajo.

(2) SIGA LAS INSTRUCCIONES DE SU EMPLEADOR para conseguir ayuda médica y siga las instrucciones del doctor.

(3) BENEFICIOS MÉDICOS: El trabajador lastimado tiene derecho a todo servicio médico razonablemente necesario para curar y aliviar al trabajador de los efectos de la lesión. El empleador tiene el derecho de seleccionar el doctor quien dará el tratamiento necesario. El trabajador tiene derecho de escoger los servicios de otro doctor no autorizado hasta llegar al límite de 500.00 dólares. El trabajador puede solicitar al Director de Compensación de Trabajadores el cambio del doctor autorizado. Los gastos incurridos en viajes hechos para obtener tratamiento médico serán reembolsados según sean estipulados por ley por viajes que incluyen más de cinco millas, viaje redondo.

(4) BENEFICIOS SEMANALES: Los beneficios son pagados por la compañía aseguradora del empleador o programa de seguro propio. Los trabajadores lesionados no tienen derecho a compensación por la primera semana, a menos que estén sin trabajar tres semanas consecutivas.

El primer pago de compensación normalmente se vence al fin de los 14 días de estar sin trabajar. Un trabajador lesionado tiene derecho a una cantidad semanal de 66 2/3 por ciento de su sueldo promedio semanal hasta un máximo de 75 por ciento del sueldo promedio semanal del estado. Estos beneficios están sujetos a cambios por la legislatura. Si la lesión resulta en incapacidad permanente, la ley del Estado de Kansas para Compensación de Trabajadores provee beneficios adicionales.

RESPONSABILIDADES DEL EMPLEADOR

1. A menos que esté auto-asegurado, el empleador debe informar a su compañía de seguros o grupo financiero mancomunado de la lesión el empleado.

Por K.S.A. 44-557, es deber de cada empleador hacer o causar que se haga un informe al director de cualquier accidente, reclamo o supuesto accidente a cualquier empleado que le ocurra en el curso de su empleo, y del cual el empleador o su supervisor tienen conocimiento, dicho informe deberá ser hecho en un formulario preparado por el director, dentro de los próximos 28 días después de la recepción de dicho conocimiento, si las lesiones sufridas por tales accidentes, son suficientes para incapacitar parcial o totalmente a la persona lesionada ya sea en trabajo de mano de obra o prestando algún servicio por más que el resto del día o turno en el que tales lesiones fueron sufridas.

Como se describe en K.A.R. 51-9-17, todas las compañías de seguros, grupos mancomunados y auto-asegurados, están obligados a utilizar el Intercambio Electrónico de Datos (EDI, por sus siglas en Ingles) para presentar le Primer Reporte de Accidente (FROI, por sus siglas en Ingles) y Subsecuentes Reportes de Lesiones (SROI, por sus siglas en Ingles) utilizando el Lanzamiento de Nivel 3.

2. Los empleadores deben suministrar el pago de los reclamos sin costo a los empleados.
3. Los empleadores deben exhibir un Aviso de Compensación al trabajador, preparado por el Director.
4. Los empleadores deben pagar beneficios de compensación sin importar la cobertura de seguro.
5. Tan pronto como se reciba el aviso de una lesión, el empleador debe proveer información por escrito para ayudar al trabajador lesionado a entender sus derechos y responsabilidades al obtener compensación.

Conforme a la Ley K.S.A. 44-5, 102(a) EMPLEADORES DEBEN COMPLETAR LA SIGUIENTE INFORMACIÓN PARA LOS TRABAJADORES LESIONADOS

SU RECLAMO SERÁ MANEJADO POR:

Compañía _____

Dirección _____

Persona de Contacto _____

Teléfono (_____) _____

Correo electrónico _____

Modified Duty Offer of Employment

Date: _____

Dear _____:

I have reviewed the medical report from your attending physician in regards to your on-the-job injury on _____ with _____. The attending physician indicated that you have been released to Modified Duty with the following restrictions:

I have discussed these modified restrictions with the Department Head, Supervisor and whoever needs to be aware of your situation and we have agreed to make this bona fide offer of Modified Duty with the following restrictions:

- 1) You are to report to duty by _____ am/pm each day.
- 2) During the time that you are on Modified Duty, you will receive 90% of your regular salary and you shall receive all other regular employee benefits while on Modified Duty.
- 3) If you refuse this Modified Duty bona fide offer of employment, I will immediately notify our Worker's Compensation Company.

A copy of this bona fide offer of Modified Duty will be placed in your permanent employee file.

Sincerely,

Claims Administrator

By signing below, I accept this bona fide offer of Modified Duty employment.

Employee's Signature

Department Head

Injury/Incident Investigation Report

Note: Read reverse before completing this report.

Check one: ____ Injury ____ Near Miss

County _____ Department _____

Employee's Name _____ Age ____ Job Title _____

Date of Report _____ Date of Incident _____ Time of Incident _____ am/pm

Where did incident occur?

Description of injury/incident (what happened?)

Cause of injury/incident (why did it happen?)

What should be done to prevent recurrence? Immediate action items

Long term action items

Name(s) of witnesses

Report prepared by:

Employee's Signature _____

Supervisor's Signature _____

Distribution:

1. Original: KWORCC Loss Prevention, 700 SW Jackson Street, Suite #200, Topeka, KS 66603.
2. Copy: Safety Committee.
3. Copy: Department Head.

GET THE FACTS

Remember to discuss:

WHO was injured (or could have been injured)?

WHEN did it occur?

WHERE did it occur?

WHY did it happen? Was there an unsafe act or unsafe condition?

HOW did the injury (or near miss) occur?

Below is listed a POOR example of description of an injury/incident. After the poor description is a GOOD example of a description of an injury/incident.

POOR Employee inhaled ammonia gas when passing a leaking discharge pipe of an ammonia compressor and bruised his shoulder.

GOOD The employee was working in a Refrigeration Department, jumped back when he smelled leaking ammonia and “struck against” an unguarded flywheel on a circulating pump, resulting in a severe “shoulder bruise” to his right shoulder. The guard had not been replaced by the employee even though he had received instructions to do so on numerous occasions.

DO NOT USE VAGUE TERMS WHEN DESCRIBING WHAT OCCURRED. For example, “employee was careless” and “exposed to bugs” are not specific. By contrast, “*employee was not wearing appropriate shoes for the work surface*” and “*while employee was cleaning the storage area with dust clothes, he encountered brown recluse spider nests*” furnish helpful details. Strive to be explicit about what happened.

REMEMBER when an employee has been hurt the SUPERVISOR should do the following:

1. Get the facts (from injured employee, witnesses, accident site, et cetera).
2. Determine all the causes for what occurred. Accidents do not just happen, there will be one or more cause. Examples: tripping hazard, poor housekeeping, moving too fast for the conditions, not wearing personal protective equipment, not being aware of surroundings, failure to communicate, defective equipment, damaged stairs, railing, et cetera.
3. Take corrective action. Examples: for unsafe act, instruction, discipline or job placement. If unsafe condition, put up warning(s), repair or modify the work space and/or report for proper assistance -- with necessary follow-up.