

CITY OF WINONA WINONA, MINNESOTA ADMINISTRATIVE PROCEDURE	NUMBER: 104-5	REVISED: 8	PAGE <u>1</u> OF <u>3</u>
	SUBJECT: INJURY - REPORTING REQUIREMENTS FOR WORKERS COMPENSATION COVERAGE		

1.0 POLICY

The City pays into the League of Minnesota Cities Insurance Trust for Workers Compensation Insurance for protection of employees from financial loss caused by accidents occurring on the job. This procedure establishes uniform injury reporting requirements so as to ensure that the proper Workers Compensation requirements are met and to ensure that the proper City and insurance officials are aware of the injuries incurred and what action may be taken to ensure prevention.

The following items are important requirements which pertain to all persons in the employment of the City. It is the department heads responsibility to see that all departmental personnel are familiar with these requirements.

2.0 ORGANIZATIONS AFFECTED:

All departments/divisions; City's insurance carrier.

3.0 PROCEDURE:

3.1 Employee Incident Report Form (EIR)

3.1.1 In the event of a work-related injury, the City of Winona Employee Incident Report (EIR) form shall be prepared within twenty-four hours after the accident. The report shall be filled out completely according to the instructions. The department concerned shall make two copies of the report and distribute the copies as follows:

- A. Original EIR to the Safety Coordinator
- B. Photocopy to department file.

3.1.2 The Safety Coordinator shall immediately prepare a First Report of Injury if needed. This report shall be completed with information supplied on the EIR, as well as payroll records. The Safety Coordinator shall forward the report to the insurance carrier and also produce photocopies that will be forwarded to the employee concerned, as required by OSHA. The Safety Coordinator

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prepares the OSHA 300 Log and Summary. The Safety Coordinator shall also keep a copy of the First Report of Injury in the employee's medical file for reference.

3.2 Loss of Time

3.2.1 If loss of time results from injury, the department involved shall complete "Loss of Time/Return to Work Report" form and immediately provide this form to the Safety Coordinator. The Safety Coordinator shall notify the City's insurance carrier and the cashier/payroll clerk about the lost time development.

3.2.2 When the employee resumes work, the department involved shall notify the cashier/payroll clerk and Safety Coordinator in writing. The Safety Coordinator shall then notify the City's insurance carrier that the employee has returned to work.

3.3 Medical Treatment

3.3.1 If there is a loss of time due to injury, the doctor providing treatment must provide a release from work slip. A work capabilities slip must be completed by a health care provider before the employee can resume work. A copy of the doctor's release shall be turned in to the Safety Coordinator and to the department head before the employee returns to work.

3.3.2 **ALL** medical bills or reports shall be submitted to the City's insurance carrier for payment. The employee or employer shall never pay the bill of an accepted worker's compensation case.

3.4 Worker's Compensation

3.4.1 If an employee has received a work-related injury and has been unable to work for a minimum of three days or three shifts and has accumulated sick leave, the City will pay the difference between regular earnings and the amount paid through Worker's Compensation during the periods of disability.

3.4.1.1 In order for the City to pay this difference, the employee shall

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deliver his Worker's Compensation check to the Finance Director.

3.4.2 If an employee has received a work-related injury and has been unable to work for a minimum of three days or three shifts and has no accumulated sick leave, the City will not pay the difference between regular earnings and the amount paid through Worker's Compensation. The employee, under these circumstances, shall keep the amount paid through the Worker's Compensation check.

4.0 APPENDICES

- A. First Report of Injury Form.
(Completed by Safety Coordinator)
- B. Loss of Time/Return to Work Report
(Completed by Department Supervisor)
- C. Work Capacities Form
(Completed by Physician)
- D. City of Winona Employee Incident Report

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