

<b>Policy Number/Title:</b>	4.415 Reporting Workplace Injuries and Workers Compensation
<b>Effective Since:</b>	06/14/2024
<b>Last Revision Approved:</b>	06/14/2024
<b>Responsible Office:</b>	Environmental Health and Safety; Human Resources

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### 1. Scope:

All employees of the university are protected while on duty by a Workers' Compensation Plan administered by State Accident Fund (SAF.) Medical case management is provided by Compendium Services, Inc., through a contractual agreement with SAF. Workers' Compensation claims are filed electronically by Compendium Services in response to the submission of the employee First Report of Injury Form. Questions regarding this plan or the reporting procedures should be directed to Winthrop University Environmental Health and Safety (EHS) at 803-323-2392.

The State Accident Fund reviews all claims and determines if a claim is compensable before an employee may receive Workers' Compensation benefits. When an injury or illness is determined by SAF to be work-related, the employee's medical expenses including prescription drugs and mileage for doctor's visits in excess of ten miles per round-trip may be paid. An employee also may be eligible for temporary payroll benefits if they become disabled due to a work-related injury or illness and cannot work.

### 2. Definitions:

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### 3. Policy:

THIS DOCUMENT IS NOT A CONTRACT BETWEEN EMPLOYEES AND WINTHROP UNIVERSITY, EITHER EXPRESSED OR IMPLIED. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. WINTHROP UNIVERSITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.



## Reporting Minor Injuries or Work-Related Illnesses

1. Any employee who sustains even a minor injury while on duty or develops a work-related illness must immediately report the injury or illness to their supervisor. Failure of an injured employee to notify the authorized supervisor within 90 days after an accident may deprive the injured employee of their rights to benefits. The statute of limitations for filing a claim is two years after the accident.
2. The injured employee must complete the First Report of Injury Form, provide the supervisor with a copy, and forward the completed form to Environmental Health and Safety located in the Facilities Management Building, 349 Columbia Avenue.
3. The supervisor must complete the Supervisor's Accident Investigation Form and, **WITHIN 24 HOURS OR BEFORE THE END OF THE NEXT BUSINESS DAY**, forward it to Environmental Health and Safety located in the Facilities Management Building, 349 Columbia Avenue.
4. When medical treatment is needed, the supervisor, with the employee present, must immediately call Compendium Services at 877-709-2667 (available 24 hours a day/ 7 days a week) to file the first report of injury and to receive authorization for the treatment. All non-emergency medical treatment must be pre-approved by Compendium Services. 5. The employee must physically proceed to Concentra Urgent Care for treatment at the following location:

For case management and treatment authorization:

- Compendium Services, Inc.; 877-709-2667

For billing and payment information:

- State Accident Fund

P.O. Box 102100

Columbia, SC 29221-5000 800-521-6576

For verification of employment and insurance coverage:

- Winthrop University Office of Human Resources;

803-323-2273 (employment)

- Winthrop University Environmental Health and Safety; 803-323-2392 (Workers'



Compensation Insurance)

6. The supervisor must complete the Supervisor's Accident Investigation Form and, WITHIN 24 HOURS OR BEFORE THE END OF THE NEXT BUSINESS DAY, forward it to Environmental Health and Safety located in the Facilities Management Building, 349 Columbia Avenue.

#### Family Medical Leave Act and American's With Disabilities Act

If the employee is out of work due to an injury or illness for three or more consecutive workdays, the time will generally be applied as leave under the Family Medical Leave Act (FMLA). An employee who needs a workplace accommodation in order to perform the essential functions of their job due to an ADA qualifying medical condition may contact the Office of Human Resources at HRHelp@winthrop.edu.

#### Return to Work

An employee who has received medical treatment for a work-related injury or illness may return to work only when authorized in writing by the treating physician. Supervisors may not authorize an employee to return from a Workers' Compensation-related absence without approval from Environmental Health and Safety. Likewise, supervisors may not authorize an employee to return from FMLA or ADA medical-related leave without the approval from Human Resources. If the treating physician restricts an employee's activities, Human Resources will engage in an interactive discussion with the employee to consider any possible reasonable accommodations to return the employee to work as soon as possible. The injured worker's supervisor is responsible for ensuring work restrictions are being followed.

#### Election of Compensation Method

Section 8-11-145 of the SC Code of Laws provides that, in the event of an accidental injury or work-related illness arising out of and in the course of employment with the state, a disabled employee shall make an election to receive compensation under one of the following options:

1. To be placed on paid leave status, using accrued sick and/or annual leave. (When such leave credits are exhausted before the employee can return to work, the employee shall be entitled to workers' compensation disability benefits at the time the specific amount of leave is exhausted.)
2. To use workers' compensation benefits awarded in accordance with Title 42 of the 1976 Code. The employee would receive disability benefits equal to 66 2/3% of the employee's gross weekly pay, not to exceed the established maximum rate.



3. To receive sick and/or annual leave on a prorated basis in conjunction with workers' compensation according to the formula approved by the State Budget and Control Board.

The effect of each available option on the employee's future leave can be explained to the employee by the university workers' compensation administrator if necessary before the election of method is made. The election shall be in writing and signed by the employee and the person who explains the options. The election of the employee is irrevocable as to each individual accident or work-related illness. Regardless of which method of disability compensation an employee elects, he/she would continue to be eligible for payment of medical costs provided by the State Accident Fund.

**4. Procedures:**

This section was intentionally left blank.

**5. Resources:**

This section was intentionally left blank.

**6. History of Revisions:**

06/14/2024	Minor Revisions
05/01/2023	Policy first established

**7. Approvals:**

Responsible Officer Signature/Date:

Vice President/Senior Administrator Signature/Date:

President Signature/Date: