1003: Workers Compensation

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Section: Insurance & Claims
Subject: Workers Compensation
Approved by: David Armstrong
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Policy Owner:

Policy

1. PURPOSE
    1. To establish a standard policy and procedure for reporting all work-related accidents/injuries which involve Massey Service employees.
    2. To complete a Notice of Injury Report which provides a permanent company record which is used to:
        1. Report the accident/injury to the Corporate Claims Administrator.
        2. Corporate will report the accident/injury to our Workers Compensation Insurance Carrier.
        3. Evaluate or overall employee safety program.
        4. Comply with all state law pertaining to workers compensation.

2. DEFINITIONS
   Any work-related accident or injury, which occurs during the course of employment, however slight, is considered a workers compensation claim.
3. POLICY
    1. All work-related accidents/injuries which occurred during the course of employment, however slight, must be reported immediately to the supervisor/General Manager, who, in turn, will report to the Regional Manager.

2. All serious work-related accidents/injuries must be reported to the Corporate Office immediately. The Corporate Office will notify the workers compensation insurance carrier.
3. Any employee who fails to report a work-related accident/injury will be subject to immediate suspension without pay or termination.

4. EMPLOYEE RESPONSIBILITIES (PROCEDURE)
    1. When an employee is injured or involved in a work-related accident during the course of employment, it will be the employee's responsibility to immediately report such injury/accident, however slight, to their immediate Supervisor/Manager.
    2. The employee should sign the Notice of Injury Report and will receive the "Employee Copy" of this Report.
    3. The employee must go to the doctor and/or medical facility as directed by company management.
    4. When an employee is disabled due to serious work-related accident/injury, the employee will be responsible for:
        1. Maintaining regular communication with company management as to disability status.
        2. Returning to work as soon as released by the doctor.
        3. Maintaining all employee benefit costs on a current basis, when due.

5. GENEREAL MANAGER RESPONSIBILITY (PROCEDURE)
    1. Notify Regional Manager/Director of Administrative Operations or President immediately by telephone on all serious work-related accidents, injuries, or deaths. The Corporate Office will notify the Workers Compensation Insurance Company. The following information is necessary and must be provided:
        1. Service Center Identification
        2. Date of accident/injury, Time of accident/injury
        3. Employee name
        4. Type of accident/injury, and Extent of accident/injury (hospitalized, emergency room, etc.)
    2. Complete a "Notice of Injury Report" and send the "Carrier Copy" to Workers Compensation Insurance Carrier, if instructed by Corporate. Copies will be distributed as follows:

1. The employee receives an employee's copy.
2. The Service Center will retain employer copy.
3. Photo Copy will be sent to Corporate Office

   Special Note: When an employee is disabled in a work-related accident/injury for 7 days or more, the "Division Copy" must be sent to Tallahassee, Florida within 10 days.

3. The General Manager must interview the employee and complete the Supervisor's Accident Investigation Report. This should be done at the same time when completing the "Notice of Injury" Report and a copy of both reports should be sent to the Corporate Office.
4. When an employee returns to work after receiving compensation for lost wages, the Employer's Supplemental Report of Injury must be sent to Tallahassee and the Corporate Office.

6. MINOR WORK-RELATED CLAIMS
   1. When an employee is involved in a minor work-related accident/injury (medical bill of $120 or less), the General Manager should notify the Regional Manager and do the following:
      1. Complete the "Notice of Injury" Report
      2. Have employee sign "Notice of Injury" Report
      3. Give employee copy of "Notice of Injury" Report
      4. Send the medical bill to the Corporate Office for payment with a copy of the "Notice of Injury" Report.
      5. SPECIAL NOTE: DO NOT SEND "CARRIER COPY" and/or "Division Copy" to Insurance Carrier or Tallahassee. This type of minor work-related accident/injury will be handled internally as described above.

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