Faces of the Risk Management Team

City of Houston

Introduction

- Workers' Compensation Overview.. Before You Need It
  - Contacts
  - Employee Rights
  - Employee Responsibilities
  - City of Houston Responsibilities
  - Transitional Duty

- Supervisor Post Injury
  - Supervisor Packet
  - Medical
  - Timecards

- Designated Department Representative Post Injury
  - Return to work
  - Salary Continuation
  - Long Term

Contact us at: 713-837-9495

We are located at 611 Walker, 4th floor.

Our fax number is: 713-837-9494

Intranet address:

http://choice.cityofhouston.net/hr/risk_management/index.html

Internet address:

http://www.houstontx.gov/hr/wc/index.html

Workers' Compensation Partners

9800 Richmond Ave, Ste. 425
Houston, Texas 77042
713-914-3200

The City's Third Party Administrator (TPA) investigates and administers the City's workers' compensation claims.

The TPA utilizes other partners to review medical bills for compliance and payment as well as other cost containment functions.

What is Workers' Compensation?

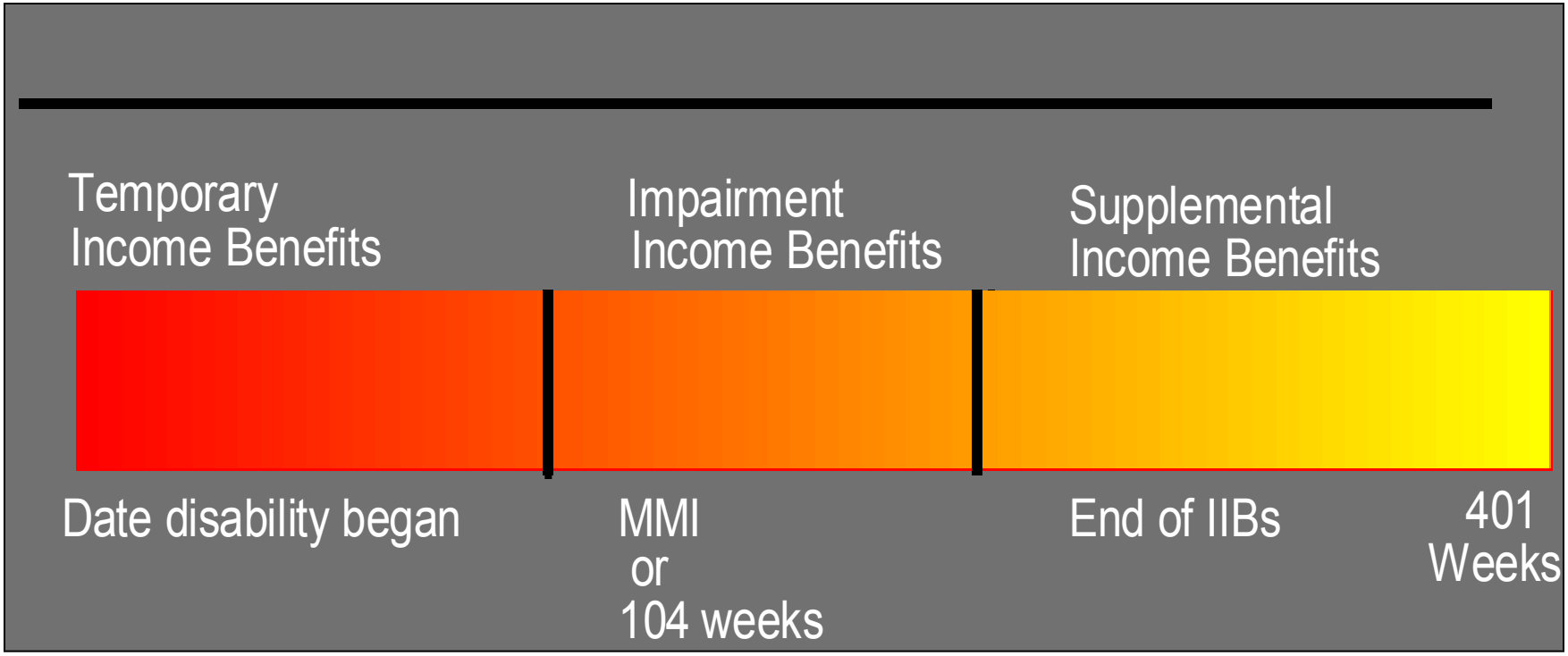
- A state-regulated program for employees with *work-related* illnesses and injuries that requires the City of Houston's Third Party Administrator to pay:
  - Medical benefits
  - Disability wages

Common Medical Benefits

- Routine Office Visits
- Physical Therapy
- Medications
- Diagnostic Testing
- Surgery

Medical benefits are paid for the employee's lifetime, as long as the treatment is related to the employee's on-the-job injury.

Common Disability Wages



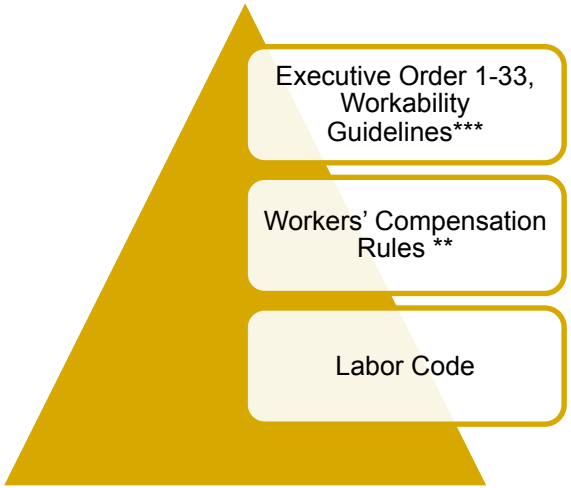
Lifetime Income Benefits are also available to employees that meet state Workers' Compensation requirements.

How Are These Benefits Funded?

The City of Houston is a Certified Self-Insured Employer… Therefore, Workers' Compensation costs are paid from…

Your department's budget!

Regulations of Our Workers' Compensation Program



** The State Utilizes the Medical Disability Advisor (MDA) to provide expected length of disability duration.

** The State utilizes the Official Disability Guidelines (ODG) to indicate the appropriate medical treatment.

*** The City utilizes Executive Order 1-33, Workability Guidelines to manage return-to-work

Workers' Compensation – Before You Need it

We want our employees to go home, the same way they came to work, accident and injury free..

In the unfortunate event of an on-the-job injury, we want to get them back to work just as they were before their injury as quickly as medically possible…

State & City of Houston Employee Rights

- Right to initial choice of doctor
- Right to receive reasonable and necessary medical care to treat work-related injury or illness
- Right to receive income benefits
- Right to confidentiality
- Right to receive a copy of the entire Supervisor Accident Packet
- Right to Office of Injured Employee Council services
- Right to hire an attorney to help get benefits or resolve disputes
- Right to judicial review of disputed claims

Employee Responsibilities

State

- Tell employer about injury or occupational disease
- Complete & send Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease form to Division of Workers' Compensation
- Tell Division of Workers' Compensation and the City's Third Party Administrator whenever income or employment changes
- Tell Division of Workers' Compensation and the City's Third Party Administrator whenever address changes

City of Houston

- Notify Supervisor about injury or occupational disease
- Complete Supervisor Accident Packet
- If medical treatment is required, it must be with a doctor that accepts Workers' Compensation
- Must notify the DDR and/or Supervisor of any changes in work status.
- Must be available daily to receive phone calls from DDR, Supervisor, Administrative Coordinator or adjuster. And also home visits with 24 hour notice.
- Refer to E.O. 1-33 for complete list of responsibilities.

Division of Workers' Compensation Approved Medical Examinations

Designated Doctor: Selected by Division of Workers' Compensation to make certain determinations:

- **MMI / IR** **Extent of injury**
- **Disability** **Return to work status**

Require special training and must be neutral

****

Required Medical Examination: Selected by TPA Adjuster and approved by Division of Workers' Compensation to make certain determinations:

- **MMI / IR** **Extent of injury**
- **Disability** **Return to work status**

Important Term

One of the most common terms is:

Maximum Medical Improvement (MMI).
This is the earlier of:

- The date based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated; **or**
- 104 weeks from date on which income benefits begin to accrue. May be extended due to spinal surgery.

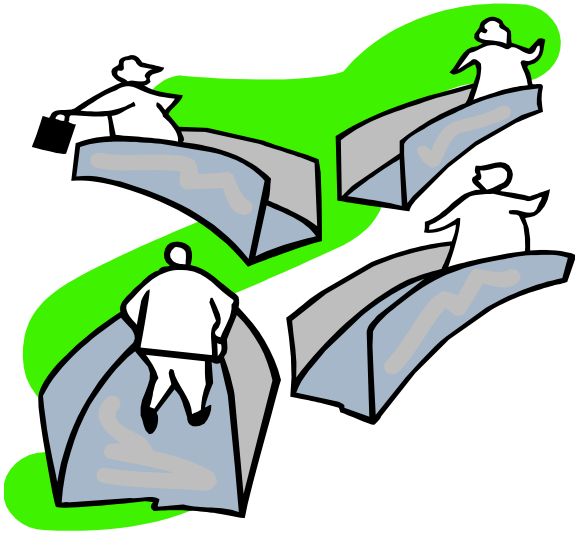
Dispute Resolution Process

- Informal Dispute Resolution
- Benefit Review Conference
- Contested Case Hearing
- Review by Appeals Panel
- Judicial Review

Compliance

Overall compliance in the Workers' Compensation system is achieved through:

- Audits
- Complaints
- Enforcement



The City Offers Transitional Duty Assignments

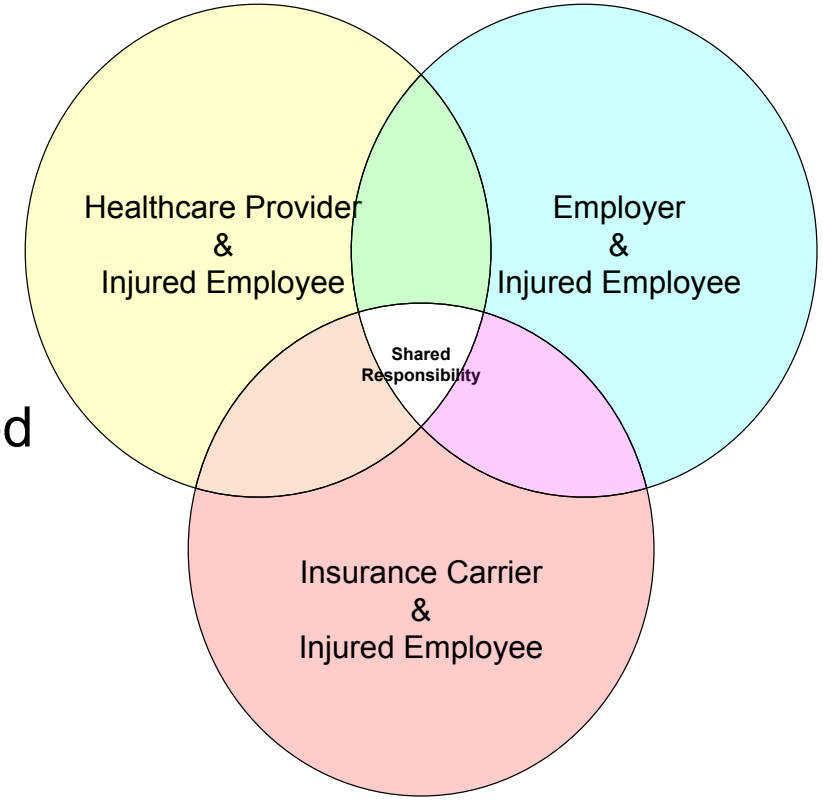
…What Does This Mean to You

What is Transitional Duty?

Transitional duty allows employees to work within the restrictions set forth by their physician while they're recovering.

Transitional Duty… A Shared Commitment

- Mayor
- Director
- Supervisor
- Employee
- Workers' Compensation Designated Department Representative
- Health care providers
- Workers' Compensation Adjuster



Why Is Transitional Duty Important to You?

It allows you to utilize your *experienced* employee to continue performing productive work while recovering.

Finding Appropriate Work:
Easier Than You Think!

- Evaluate employee's regular job tasks
- Look for miscellaneous overflow tasks
  - Your Division/Section
  - Your Department
  - Outside Your Department
- Consider cross training
- Be creative
  - Watch safety videos
  - Stuff envelopes

Initial Supervisor Responsibility

Be sure the employee receives immediate medical treatment, if needed

Be sure everyone is safe and the hazard, if any, has been removed

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Supervisor Packet

You can find a copy of the City of Houston Supervisor packet at:

http://www.houstontx.gov/hr/wc/index.html

- Complete the Accident Report, On The Job Injury Reference Sheet and the HIPAA Medical Release Form with employee.
- Provide the employee with a copy of the HSI RX Pharmacy Program.
- Provide the employee a copy of the Summary Workability Guidelines E.O. 1-33 (For Injured Employees) Booklet.

City of Houston Accident Report

1. Incident Type						
	Safety	Property Damage	Near Miss	Incident Only	First Aid	Illness
	Workers' Compensation	✓ Medical		Lost Time		Fatality

2. General Information

A. Name Of Injured Employee	B. Employee #	C. Social Security Number
John Doe	000000	123-45-6789

D. Primary And Secondary Telephone Numbers For Employee Contact		E. Occupation of Injured Employee	F. Date of Injury	Time Of Injury
1. (713) 555-5555	2. (713) 555-5555	DDR	10-23-2006	12 : 05 AM PM

G. Date Reported	Time Reported	H. Supervisor To Whom Incident Was Reported	I. Supervisor Contact Number
10 23 2006	12 : 15 AM PM	Paul Garcia	(713) 555-5555

J. Primary Language Spoken By Employee	K. Race Of The Injured Employee (ie: White, Black, Asian)	L. Ethnicity Of The Injured Employee (ie: Hispanic, Native American, Other)	M. Rate Of Pay At This Job
English	White	Other	$13.00 Hourly ____ Weekly $620.00

N. Full Work Week Is	O. Last Paycheck Was	P. Length Of Service In Current Position	Q. Length Of Service In Occupation
8 Hours 5 Days	$840.00 For 80 Hours/Days	10 Years 1 Months	11 Years 3 Months

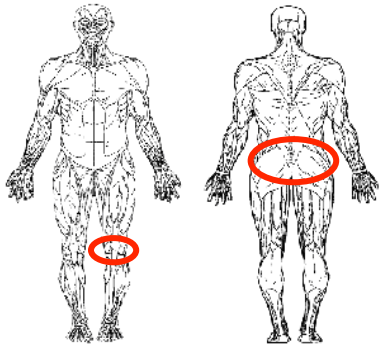
3. Medical Information

R. Medical Treatment Requested	S. Name, Address And Telephone Number Of Treating Facility
✓ Yes No	Concentra

4. Witness Information

T. Witness	U. Witness Contact Number(s)
Jane Doe	(713) 555-5555

For Employee Use Only: Circle Injured Area(s)



Human Resources (Release 11/15/2006)

City of Houston Accident Report

5. Employee Description Of How And Why Injury/Illness Occurred:

Employee States: I was walking down the hall with Jane Doe and when I turned the corner I fell over the boxes stacked in the hall hurting my knee and back.

Supervisor States: walking down hall, talking to Jane Doe. Jane doe continued forward through doorway and John Doe continued around the corner colliding with boxes stacked against the left side of the hallway, falling to the floor on his left knee and back.

6. Nature Of Injury: (Example: Laceration, Burn, Fracture)

Left Knee & Low Back

7. Cause Of Injury: (Example: Fall, Trip, Struck, Caught)

Trip and Fall

8. Additional Accident Information

V. Address Where Injury/Exposure Occurred	W. Location At Time Of Incident
611 Walker St. 6th Floor	Hallway
X. Activity At Time Of Incident	Y. Equipment Involved
Walking and talking to Co-worker	
Z. Other Items/Tools Involved	
Boxes	

AA. Name Of Person Completing Form	BB. Title Of Person Completing Form	CC. Date Form Completed
Peter Jones	Supervisor	10-23-2006
DD. Employee Signature	**EE. Date Form Signed**	**FF. Reference #**
John Doe	10-23-2006	CC55555

N/A

Human Resources (Release 11/15/2006)

- Give a copy of The Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet to the injured employee. This has key contact information, details of the Salary Continuation Program and responsibilities as an injured worker of the City of Houston.

Your Skill And Experience Is A Valuable Resource To Your Department And To The City of Houston. We Wish You An Expedited Recovery And Safe Return To Work

Summary
Workability Guidelines E.O. 1-33
(For Injured Employees)

HIPAA Medical Release Form

HIPAA medical release form is optional; however, it is encouraged to have the injured employee to sign it as this will assist in timely payment of benefits.

Authorization for Disclosure of Protected Health Information

John Doe

I, _____ [Your Name], authorize the disclosure of my protected health information as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize the following person(s) and/or organization(s) to disclose my protected health information (as specified below):

All healthcare providers who have provided healthcare services to me. All insurance carriers and/or Third Party administrators with whom I have filed claims.

2. I authorize the following person(s) and/or organization(s) to receive my protected health information as disclosed by the person(s) and/or organization(s) below.

City of Houston on behalf of: Third Party Administrator.

3. Specific description of the protected health information that I authorize for disclosure (authorization to disclose psychotherapy notes must be separate):

Any and all records regarding my health, including medical histories, consultations, examinations, prescriptions, diagnosis, tests, reports or treatments.

I further specifically authorize the disclosure of psychotherapy notes, if any.

4. This information may be used by the carrier to evaluate, adjust, describe, or report matters about my health to persons entitled to receive this information.

5. I understand that I may revoke this authorization in writing at any time, except to the extent that the person(s) and/or organization(s) names above have taken action in reliance on this authorization.

6. This authorization expires on one year from the date of this authorization, or the date that my workers' compensation claim is finally closed, whichever occurs first.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

Peter Jones _____ 10-23-2006 _____
Signature Date

Name: John Doe

Address: 123 Houston St. Houston, TX 77002

Telephone: (713) 555-5555 SSN: 123-45-6789

_____
Relationship or Authority of Personal Representative (if applicable)

Human Resources (Release 11/15/2006)

- The City of Houston On The Job Injury Reference Sheet highlights some of the injured worker's rights and responsibilities.
- Go through each item with the injured employee.
- Have the injured worker initial and sign.

COH ON THE JOB INJURY REFERENCE SHEET

(Must be signed by the employee for confirmation of receipt)

For detailed employee benefits and responsibilities see your Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet

____ If required your supervisor will take or direct you to nearest medical facility.

____ You have your choice of treating doctor. The minor emergency clinic or hospital attended at the direction of your supervisor is not considered your choice of treating doctor. He/she must be on the Approved City and TDI Doctors List, which can be further accessed as described in the booklet, or obtain information from your supervisor. Contact your assigned adjuster as soon as you are aware of your treating doctors information or within 48 hours of accident. The adjuster will need this information to authorize medical treatment.

____ In this packet you have been given a sheet that contains pharmacies where you can obtain medications, which have been found to be reasonable and related to your on-the-job-injury, at no cost to you. The name of the subcontractor taking care of this WC benefit can be found in your booklet.

____ You must cooperate with investigation. Complete the accident form with your supervisor, answer supervisor and safety officer questions and expect a call from the Third Party WC Administrator within 48 hours of your injury to take a detail recorded statement.

____ Any change in work status must immediately be communicated to your supervisor, Administrative coordinator and adjuster to ensure that the proper benefits are initiated or stopped. This will prevent an overpayment causing hardship at time of mandatory reimbursement to the City.

____ You must contact your adjuster after every doctor's or treating doctors referral visit (this does not include PT visits), if unable to reach your adjuster insure that your message includes; current work status, treatment plan given by the doctor, next office visit date.

____ Contact your Pension Representative to determine how WC benefits affect your pension and retirement.

____ Your department will be keeping daily contact as you are required to be available with the exception of medical care, COH business appointments, and meetings with the TDIWC or TPA.

____ You may be required to attend safety classes while on injury leave.

____ You have received a booklet as part of your injury packet containing contact numbers, salary continuation policy and quick reference part of the requirements under Executive Order 1-33. The complete executive order can be found at the city website.

____ It will be deemed that past payments made by City of Houston payroll pending resolution of compensability will be considered as payments of TIBs per Labor Code 408.105. Salary Continuation and accruals will be replenished by the amount of past TIBs owed based on the outcome of dispute resolution.

____ **I agree that any overpayments paid in any form as well as any other City funds paid to me that should not have been paid to me may be deducted from my future earnings so long as such deductions do not reduce my earnings below minimum wage in any pay period in which such deductions are made. [NOTE: Failure to initial this section renders injured employee ineligible for salary continuation benefits.]**

____ Initialing here confirms that you have received a copy of this document.

_____

By initialing each bullet point and signing the bottom of this page you agree that your supervisor fully explained each point and that you have received your injury packet, which includes the booklet. Your supervisor will keep your acknowledgement, which will be kept in your personnel file for documentation.

Employee Number: _____ Date of Injury: _____

Employee Signature: _____ Today's Date: _____

Supervisor Signature: _____ Today's Date: _____

Human Resources (Release 11/15/2006)

Provide the injured employee with a copy of HSI's prescription program information as this enables the Employee to fill their first prescription.

HSI Rx

FirstName LastName
AddressLine1
City1, State1 ZipCode1

Your employer has selected HSI Rx for your Workers' Compensation pharmacy benefits program. HSI Rx is committed to providing you with the best quality of care and service, as well as tools and resources to ensure that your pharmacy needs are being met.

HOW DOES THE PROGRAM WORK?
Simply take this card along with your prescriptions to any one of the participating pharmacies in our network. Your prescriptions will be filled with generic drugs, if legally available in that form, unless otherwise specified by your physician or plan. If you choose to receive brand name drugs regardless, you will be responsible for the cost difference .

LOCATING A PHARMACY
Over 56,000 pharmacies in all 50 states and Puerto Rico participate in HSI Rx's network. The network includes local chains, independent pharmacies and national chains, such as HEB Pharmacy, Brookshires, Brooks Pharmacy, Rite Aid, Publix, Target and many others, to ensure that patients have access to a broad variety of pharmacy types and locations.
To locate an approved pharmacy, call one of our member services representatives at the numbers below.
If you have further questions, please feel free to call us at 866-895-2021 or 334-387-1280. We will be happy to assist you.

Please Note: This is intended to expedite billing to your benefits carrier and is not an attempt to end and/or change your workers' compensation benefits.

NOTICE TO PHARMACISTS: *The eligibility of Workers' Compensation benefits under this card is determined solely by the online system. All manual submissions or submissions from other billing sources will be rejected by HSI Rx. For all processing questions, including blocked transactions and prior authorizations, please call 866-895-2021 or 334-387-1280. HSI RX's pharmacy program is administered by HealthTrans.*

NOTICE TO CARDHOLDER: *In order to ensure that your prescription is processed quickly and thoroughly, bring this card with you to the pharmacy and make sure the pharmacist follows the instructions provided. Failure to do so could result in you being charged for the prescription. This card may be used to obtain prescription services at any participating pharmacy but is not a guarantee of Workers' Compensation benefits. Any unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. Please Note: Depending on your condition and treatment, the quantity and/or days supply of your prescription may be adjusted to comply with your workers' compensation plan, administered by HSI Rx.*

PRESCRIPTION DRUG CARD

Bin # **009117 or 010553**
Condor Code: **22290 or 22005**
Group **Group1**
Cardholder ID **MEMBERID**
Name **FIRSTNAME LASTNAME**

No Person Code or PCN used.

Administered by: HealthTrans

Documents to be given to employees

Your Skill And Experience Is A Valuable Departmen Houston. We W Recovery Anc

Workability (For Inju

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direction.

_____
Signature

Name: _____

Address: _____

Telephone: _____

_____
Relationship
Representati

Human Resources

COH ON THE JOB IN
(Must be signed by the em
For detailed employee benefits and responsibilities se
Emplo

_____ If required your supervisor will take or direct you

_____ You have your choice of treating doctor. The mi
supervisor is not considered your choice of treati
List, which can be further accessed as descrit
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Employee Number: _____ Date of

Employee Signature: _____

Supervisor Signature: _____

Human Resources (Release 11/15/2006)

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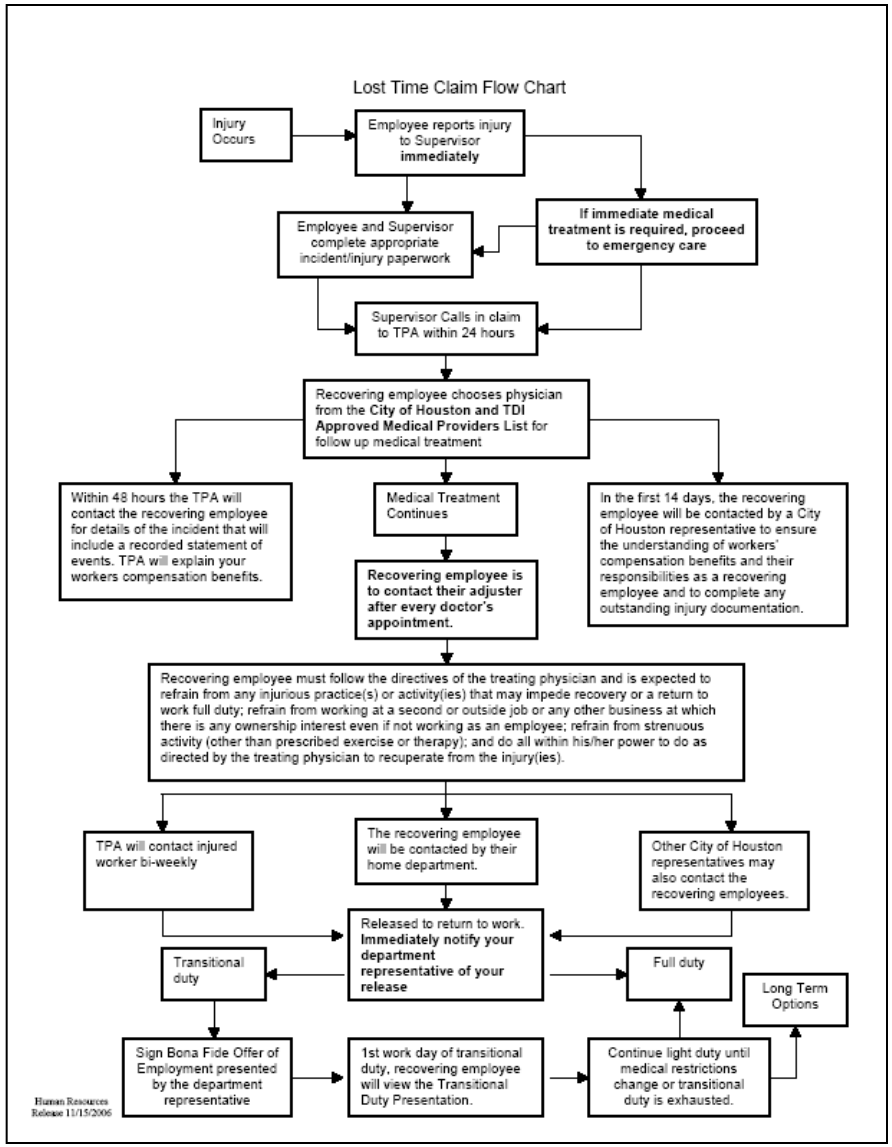

Lost Time Claim Flow Chart
Injury Occurs
Employee reports injury to Supervisor immediately
Employee and Supervisor complete appropriate incident/injury paperwork
If immediate medical treatment is required, proceed to emergency care
Supervisor Calls in claim to TPA within 24 hours
Recovering employee chooses physician from the City of Houston and TDI Approved Medical Providers List for follow up medical treatment
Within 48 hours the TPA will contact the recovering employee for details of the incident that will include a recorded statement of events. TPA will explain your workers compensation benefits.
Medical Treatment Continues
Recovering employee is to contact their adjuster after every doctor's appointment.
In the first 14 days, the recovering employee will be contacted by a City of Houston representative to ensure the understanding of workers' compensation benefits and their responsibilities as a recovering employee and to complete any outstanding injury documentation.
Recovering employee must follow the directives of the treating physician and is expected to refrain from any injurious practice(s) or activity(ies) that may impede recovery or a return to work full duty; refrain from working at a second or outside job or any other business at which there is any ownership interest even if not working as an employee; refrain from strenuous activity (other than prescribed exercise or therapy); and do all within his/her power to do as directed by the treating physician to recuperate from the injury(ies).
TPA will contact injured worker bi-weekly
The recovering employee will be contacted by their home department.
Other City of Houston representatives may also contact the recovering employees.
Released to return to work. Immediately notify your department representative of your release
Transitional duty
Full duty
Long Term Options
Sign Bona Fide Offer of Employment presented by the department representative
1st work day of transitional duty, recovering employee will view the Transitional Duty Presentation.
Continue light duty until medical restrictions change or transitional duty is exhausted.
Human Resources
Release 11/15/2006

Medical Treatment

- It is important to insure the doctor chosen for treatment accepts Workers' Compensation for payment.

- The injured employee should not have any out of pocket expenses for medical treatment or prescriptions.

Report Claim to TPA Within 24 hours

- Have the completed supervisor packet in front of you to make the call in process faster and easier.
- Call the Third Party Administrator Intake Line, at 1-866-678-1748, within 24 hours of the incident, Per EO-133.
- Advise Intake when you are reporting a lost time injury if the employee's injury prevents them from working their next scheduled shift.
- Obtain the claim number and be sure to write in on the injury report.

Report Claim to TPA Within 24 hours…Cont.

- Late reporting of an injury is documented by the monthly Lag Report. Claims that are reported outside of the 24 hour time frame may generate a phone call questioning the late report.

Review Completed Supervisor Packet for Accuracy and Completeness

- Ensure both pages of the accident report are completed.
- Ensure your file contains the On the Job Injury Reference Sheet signed by the employee and supervisor.
- Ensure the HIPAA Medical Release form is completed and signed by the employee.
- Make sure to send a copy of the accident report to your appropriate safety representative and TPA.

Workers' Compensation Time Entry Codes

- You must account for all scheduled work hours through data entry:
  - Workers' Comp Injury Leave (WCIL) must be recorded to account for time off work, due to a work related injury.
  - Workers' Comp Transitional Duty (WCTD) must be recorded to account for hours worked while the employee is working Transitional Duty. The employee must not punch in or out.
  - Workers' Comp Doctor Visit
    - WCDR must be recorded for ***Full Time Employees*** to account for time off work to attend a workers' comp related medical appointment. The employee must report to work, before or after, the appointment.
    - WCPP must be recorded for ***Part Time Employees*** to account for time off work to attend a workers' comp related medical appointment. The employee must report to work, before or after, the appointment.
- Do Not Use These Codes ***AFTER*** The Employee Reaches MMI.

Notify Your Designated Department Representative (DDR) Of The Claim

- Notify your DDR of claim
- Follow your Division/Branch internal procedures for submitting the claim documentation should be forwarded to DDR within 24 hours of the incident.
- The claim documentation should be forwarded within 24 hours of the accident by:
  - Scanning and emailing or faxing to your DDR. Follow up by sending the original copy of the accident report by inner office mail to your DDR.

Notify DDR of Any Change in the Employees Work Status

- It is imperative to report any changes in your employee's work status because changes in the work status may directly affects benefits received by an employee.

- The failure to timely notify your DDR, adjuster and time keeper may result in an overpayment or underpayment to the employee. Both scenarios cause unnecessary burdens on our payroll departments as well as the employee.

- This may also result in a maximum fine of $25,000.00 per day of late payments issued by the Texas Department of Insurance.

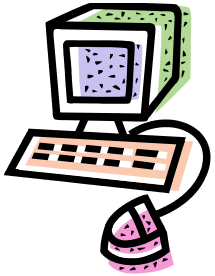
Off-Work Employee Contact

Studies have shown that when an employee has been injured, in most cases, lack of employer contact lowers the employee's motivation to return to work and their overall morale. Keeping in contact with the employee ensures that their department wishes for their return and will keep the employee motivated through their recovery process.

Home Visits

- The recovering employee, while on total disability, will make himself/herself available for home visits by Designated Department Representative and Administrative Coordinator. The recovering employee will receive no less than a 24 hour notice for each visit. The treatment schedule and/or appointments will be considered with the date and time of the visit.

Transitional Duty



- Transitional duty allows employees to continue healing within the restrictions set forth by their physician while still being productive and earning their regular wages.

- Supervisors are encouraged to utilize their own employees when they are released to Transitional Duty as long as they can accommodate them.

Doctor Visits

- If you are supervising a transitional duty employee, time away from work due to follow up doctor visits and physical therapy has to be documented.
  - See example 206. Optional.
  - Report the time in Kronos as # of hours - WCDR.
  - Attach supporting medical documentation.
  - Fax copies to the DDR and send originals by inter office mail to the within 24 Hours.

Summary for Supervisors

- Prepare injury paperwork on ALL injuries reported to you immediately regardless of the severity.
- Call the injury in to our TPA claims reporting service.
- Be sure to write the reference number given by the TPA on the injury paperwork and provide the number to the injured employee.
- Submit completed injury paperwork to your DDR within 24 hours.
- Always contact your DDR with any questions or concerns you have.
- Respond to all inquiries from the adjuster. <u>It would be helpful to provide your cell phone number on the injury paperwork</u>.
- Provide employee with a completed copy of the packet.
- Update timecard, daily

Introduction

- Workers' Compensation Overview.. Before You Need It
  - Contacts
  - Employee Rights
  - Employee Responsibilities
  - City of Houston Responsibilities
  - Transitional Duty

- Supervisor Post Injury
  - Supervisor Packet
  - Medical
  - Timecards

- **Designated Department Representative Post Injury**
  - **Return to work**
  - **Salary Continuation**
  - **Long Term**

Salary Continuation

Salary Continuation is the sum of money, before withholdings and deductions, paid by the City funds in conjunction with TIBS to recovering employees who meet the salary continuation program requirements.

See E.O. 1-33 for additional information.

Create WC File Folder

- Ensure the folder contains the employee's name, employee number and date of accident.
- Make sure copies of all DWC-6 forms and wage statements are in your file.

- Note that all documents are to be treated as confidential and should be shared only with those people who have proper authority.

Monitor Payroll and other Benefits

- Communicate with the time keeper and department payroll to ensure that they have the correct, current information on the work status of the employee.
- Work with the salary continuation staff to ensure correct benefits are being applied or deducted.

Monitor Medical and RTW Status

- Notify DDR and assigned adjuster of any work status changes. You may also need to advise your time keeper.
- Be aware of the possible available transitional duty assignments in your department.
- To make certain that your employee's treating doctor understands and addresses the City of Houston's transitional duty policy, work with the administrative coordinator and attend the transitional duty meetings held weekly.
- Ensure the employee views all training presentations.

Monitor Medical and RTW Status Cont.

- Continue to monitor medical during the transitional duty assignment and periodically review for continued approval of transitional duty extensions and other long-term options.

Maintain Employee Contact

Maintain contact with injured employee by calling them on a regular basis.

Provide documentation such as medical questionnaires.

Encourage Supervisors to maintain contact with their employees.

Job Searches

If, after transitional duty is exhausted, and there is no full duty release, initiate a job search. The employee will be asked to furnish a resume' or will be assisted in creating one. We request the search for positions that would accommodate any permanent restrictions. There is no guarantee of locating a position. The search is done at the following levels:

- **Division Wide**
- **Department Wide**
- **City Wide**

Medical Separation

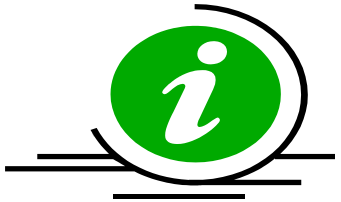
- Non-punitive, non-disciplinary process for removal from payroll.
- Unable to perform the essential functions of the job hired for.
- Priority referral up to 2 years
- Available workers' comp. benefits continue.

Disciplinary Action

Failure to follow the E.O. 1-33, Workability Guidelines, may result in disciplinary action.

Helpful Hints

- There are four phone calls to make when preparing injury forms. To save time, email the last three individuals. This ensures everyone is aware of the injury and helps to prevent errors in the employee's attendance reporting and pay.
  - Sedgwick (to call in accident report), 1-866-678-1748
  - Your Safety Representative (in case investigation is needed)
  - Your Time Keeper (to ensure the proper and correct attendance is submitted for your injured employee)
  - DDR (to advise injury paperwork is on the way).



Human Resources Department – Risk Management Responsibilities

- Workplace safety
- Medical services
- Return to work
- Dispute resolution
- Compliance
- Self-insurance regulation