



City of Waukesha
201 Delafield St. Waukesha, WI 53188
Tel: 262.542.3700
waukesha-wi.gov

Committee: Human Resources	Date: 6/15/2022
Common Council Item Number: ID# 22-4311	Date: 6/15/2022
Submitted By: Marquise Vasquez	City Administrator Approval: 6/13/2022
Finance Department Review: Click here to enter text.	City Attorney's Office Review: 6/3/2022
Subject: Request to review and approve amendments to HR Policy E5 Worker's Compensation.	

Details:
The E5 Worker's Compensation policy has been updated to provide clarification on the procedure for a work-related injury or illness.

Options & Alternatives:
[Click here to enter text.](#)

Financial Remarks:
[Click here to enter text.](#)

Executive Recommendation:
[Click here to enter text.](#)



City of Waukesha HR Policy

E5 Worker's Compensation

I. Purpose

WHEREAS, The City of Waukesha desires to establish a uniform written policy and procedure regarding Worker's Compensation injury or illness **which occurs on the job or as a result of exposure on the job over a period of time** for all City employees to ensure that all employees follow the reporting guidelines contained herein.

II. Summary

The City of Waukesha, considered a "covered employer" by Wisconsin Worker's Compensation law is required to provide Worker's Compensation Insurance to covered employees, for compensable injuries caused by a single trauma or by the performance of repetitive acts over a period of time, as well as for occupational diseases, or chronic physical or mental harm caused by exposure over a period of time to some employment-related substance, condition or activity. Covered employers are responsible for all medical treatment necessitated by a work-related injury or illness, including, but is not limited to, doctor bills, hospital bills, medicines, medical and surgical supplies, crutches and artificial limbs, training in the use of artificial limbs, and lost time and traveling expenses for treatment or examination. In addition to paying for medical costs associated with work related injuries, workers' compensation also provides payment in the form of wage replacement or other disability awards.

III. Reporting Procedure

All work-related injuries or illnesses must be reported to the employee's supervisor in writing on a "Report of Injury" form (RI) (~~attached~~) immediately. If the injury requires that an employee be sent for emergency medical treatment, the Human Resources Department will be ~~immediately~~ notified by phone **as soon as reasonably possible** so that it can be determined, ~~at that time~~, if a site investigation is required. In any case, the supervisor will review and investigate the circumstances surrounding all accidents and immediately complete the supervisor's section of the RI form, forwarding it to the Human Resources Department for processing. The Human Resources Department should be in receipt of the completed RI form no later than twenty-four (24) hours after any work-related injury or illness incident.

It is critical that the RI form be filled out as completely and accurately as possible.

If no medical treatment is immediately necessary for the injury, a written report must be filed as a "matter of report" for the record. All reports are filed with the Human Resources Department. **Unless otherwise specified in the insurance carrier policy, the City of Waukesha will report any claim of injury within seven (7) days. Any injury which results in four (4) days or more of lost time from work, the report must be received within 14 days of reported injury.**

Any employee leaving work because of a work-related injury must first notify a supervisor as to the reason he/she is leaving and then proceed immediately to a medical provider for authorization to be away from work. Any employee not authorized away from work by a medical provider immediately because of an injury alleged to be work-related, will not be paid as workers compensation.

If a "matter of report" is filed and subsequent medical treatment or lost time results, the Human Resources Department must be notified immediately so that the previously filed **matter of injury** report becomes active and **notification** the matter is **proceeding processed** in a timely manner.

The Human Resources Department will act as liaison with the City's worker's compensation carrier to insure accurate and timely processing of all worker's compensation injury or illness reports. **Once an injury report has been received, Human Resources will process the information with the worker's compensation carrier. Human Resources will contact the employee with the specific claim information and worker's compensation contact information. The employee will need to notify any treating provider/medical facility with the appropriate worker's compensation claim information to ensure proper claims processing.**

Notice of Fatal Injuries: State law requires that the Department of Commerce **and the Wisconsin Worker's Compensation Division** be notified within twenty-four (24) hours when an accident results in the death of an employee. In these cases, and where there is a severe injury involving hospitalization the Human Resources Department and the City Administrator will be notified as soon as possible at 262-524-3745 and 262-524-3700.

IV. Investigation

After a worker's compensation claim is filed, the Human Resources Department ~~will~~ **may** make direct contact with the employee, the supervisor, and/or any witnesses to the accident to confirm the information on the RI form and to gain any additional information regarding the accident or illness **if needed**.

A site investigation may be required. In a case where a site investigation is deemed necessary, the supervisor will secure the area where the incident occurred in order to preserve any evidence which would help to determine the cause of the incident.

Treating physicians will also be contacted by either the City's worker's compensation insurer or the Human Resources Department for information concerning the employee's condition, his/her prognosis and the possibility of return to work. All information gained from an investigation will be forwarded to the City's worker's compensation insurer by the Human Resources Department.

V. Medical Services and Charges

All medical charges incurred due to a work-related injury or illness, if received by the employee, must be forwarded to the Human Resources ~~Department Office~~. ~~These~~ **The** charges will be sent to the City's worker's compensation carrier for processing **and payment**.

Note: The worker's compensation carrier cannot pay medical charges on standard insurance bills; The carrier is required to obtain specific forms from treating medical facilities; therefore, it is imperative that injured employees provide treating medical facilities with their proper worker's compensation claim information.

~~However, if the employee informs the medical provider that the charges are a result of a work-related injury or illness, they may choose to send charges directly to the worker's compensation~~

carrier for the City. This must be coincidental with the proper reporting of the injury or illness by the employee and supervisor to the City Human Resources Department.

After a claim has been closed by the worker's compensation carrier and/or the employee has reached the end of their course of treatment based on a thorough review of the medical records and detailed case assessment by the worker's compensation carrier, any subsequent treatment and billing submitted to the carrier for payment will be denied.

Medical bills unpaid by the worker's compensation carrier due to a closed claim, end of treatment or claim denial will be the full responsibility of the employee.

VI. Lost Time - Authorization to be Away from Work/**Working with Restrictions**

If, after ~~having~~ **receiving** medical treatment, the treating physician prohibits the employee from returning to work **or modifies the employees' working conditions, such a recommendation must be made by the physician in writing. The employee must furnish said physicians' recommendation to their supervisor immediately or as soon as practicable** ~~he employee must obtain from the physician such authorization in writing. The employee must give this authorization to their immediate supervisor for delivery to the Human Resources Department. The ~~written~~ **physicians written recommendation should** authorization must include a list of detailed restrictions imposed as a result of the work-related injury or illness and the date of the employee's next appointment to see the physician, if any.~~

Employees must contact their supervisor at least once between doctor's appointments when off work due to a work-related injury or illness. Employees must **see contact** their supervisor after each doctor's appointment to provide the required ~~authorization~~ **physician statements** to remain away from work **or working with restrictions. The employee and/or supervisor must ensure all physician statements/discharge/return to work/follow up paperwork is forwarded on to the Human Resources Department.**

Employees who are restricted by their medical providers so that they are able to work only modified duty or who cannot work at all, will abide by all recommendations of the medical provider to expedite recovery and return to work.

VII. Return to Work

After an employee obtains, in writing, a list of the work restrictions imposed by the treating physician, the Human Resources Department will contact the employee's department to see if there is work available within the listed restrictions. The physician will then be contacted to see if it is permissible for the employee to be released for work within the restrictions imposed. If there is work available and the physician releases the employee to work, the employee will be returned as soon as possible.

If the restrictions are such that the City can accommodate them and if the City has work available, the employee will be returned to work.

Should an employee not be eligible for return to work, they must provide the City **of Waukesha** with a ~~doctor's~~ **physicians** written **verification of when he/she** authorization when they are **will** next **be**

evaluated ~~by the treating physician~~. This process will be followed on a continual basis until the employee is again able to return to work.

An injured employee will be returned to work only if work is available ~~in any department~~ and the City can accommodate any listed restrictions. Work will not be created for injured employees, **but every effort will be made to find a reasonable accommodation.**

Any assigned modified work will be of limited duration not to exceed six (6) months. **(Exceptions will be reviewed on a case-by-case basis.)**

No employee will return to work from a work-related injury or illness without a doctor's certificate of release.

VIII. Wages

- A. Regular Full-time Employees: Eligible employees injured or suffering from an illness related to their job will receive **the difference in their biweekly base pay and any worker's compensation insurance payments made during the period** for a maximum of four (4) months. ~~of regular base pay per calendar year. Such supplemental pay is made on condition that the City is notified of any worker's compensation insurance payments for said period be endorsed to the City.~~ Any compensation insurance payments received after the above four (4) months will be paid directly to the employee without additional supplemental payments by the City.

An employee who, as a result of a job-related injury or illness, is absent for three (3) or less days shall receive their regular base pay from the City for such absence. All compensation paid during such absence is fully taxable. The City's worker's compensation carrier recognizes lost time from the first three (3) days of absence and will reimburse the City for those days should such work absence go beyond six (6) days. **After the expiration of the four (4) month supplemental pay benefit provided by the City, all compensation payments received by shall be paid to the employee by the worker's compensation carrier, or the City on behalf the employee, will be endorsed to the City** up to the expiration of the four (4) month supplement pay benefit.

- B. Seasonal/Temporary Employees: Any seasonal/temporary employee who, as a result of a job-related injury or illness, is absent for three (3) or less days shall receive two-thirds (2/3rds) of their regular base wage from the City for such absence as prescribed by Wisconsin's Worker's Compensation Act. All wages paid for such absence shall be fully taxable. The City's worker's compensation carrier recognizes lost time from the first three (3) days of absence and reimburses the employee directly for these lost workdays should such work absence go beyond six (6) days. ~~Seasonal/temporary employees are required to return to the City any worker's compensation payment they may receive at their residence for the first three (3) days of absence from work.~~

All benefits granted by the City for regular employees will continue for as long as the employee is authorized disabled by a doctor as a result of a work-related injury or illness, and as long as compensation payments are being made by the City's worker's compensation carrier.

IX. Policy Compliance

Failure to follow all the procedures stated in this policy or any misrepresentation by any employee can result in delayed or incorrect payment of wages or medical charges incurred for work-related injury or illness and/or reduction of benefits.

The making of a false workers' compensation claim is a violation of Wisconsin's criminal code which can result in a fine and imprisonment and will result in an employee being terminated from employment.

Passed this X day of MONTH, 2022.

Approved this X day of MONTH, 2022.

Mayor

ATTEST:

City Clerk