

**SOUTH CAROLINA STATE UNIVERSITY
PERSONNEL POLICIES AND PROCEDURES MANUAL**

SECTION: Employee Services and Benefits	Section: V
	Subject: B
SUBJECT: Workers' Compensation	Effective: 06/05/09
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THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND SOUTH CAROLINA STATE UNIVERSITY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE 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.

WORKERS' COMPENSATION

Policy

Under the provisions of the South Carolina Workers' Compensation Law, each employee is protected against total loss of income and expenses incurred if he or she sustains a disabling injury or occupational disease arising out of the course of employment. No compensation is payable if the injury, occupational disease or death is caused by the employee's willful misconduct, his or her intention to bring about the injury or death of himself or herself or another employee, or his or her intoxication. In the event of an accidental injury arising out of and in the course of employment with the University, which is covered under Workers' Compensation, a disabled employee shall make an election to receive compensation under one of the following options:

- A. Option 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 specified amount of leave is exhausted.
- B. Option 2 - To use Workers' Compensation benefits where the employee would receive the disability benefits equal to 66 2/3% of his or her gross weekly pay, not to exceed the established maximum rate.
- C. Option 3 - To receive sick and/or annual leave on a pro rated basis in conjunction with Workers' Compensation according to a formula approved by the Budget and Control Board.

An employee who is injured in the course of employment must notify CompEndium Services, the State Accident Fund's medical management group, at (877) 709-2667, his or her supervisor and the University's Office of Human Resource Management (OHRM) immediately. Failure to do so could cause a delay in payment of compensation to the employee. The employee must then complete the University's Injury/Illness Report ([Form P-39](#)) and submit it to OHRM. The right to compensation will be forever barred unless a claim is filed within one year after the accident.

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Procedure in the Event of Employee Injury

A. Initial Notification

In case of accidental injury, it is an employee's responsibility to notify his or her supervisor or department head immediately. Any injury, no matter how slight, must be reported.

B. Medical Attention for the Work Injured Employee

1. If the injured employee or his or her supervisor judges that medical attention is needed, the employee should contact CompEndium Services immediately. In the event of life or limb-threatening emergencies, treatment should be sought at the nearest emergency facility.
2. Once an employee receives initial treatment, any subsequent treatment must be by the same physician, or upon referral by that physician. An employee who initiates a change in physicians without referral, or without notification and approval through OHRM, may not be covered further under workers' compensation.
3. The time away for the initial treatment and any subsequent treatments should be recorded as hours worked not sick or annual leave. If subsequent medical treatments are prescribed the employee may leave work to go directly to the treating physician and/or other approved treatment with the understanding that the employee will return to work immediately following completion of the treatment. For these subsequent treatments sick, annual, or leave without pay must be taken for full or partial days away from the job for any type treatment.

C. Workers' Compensation Coverage of Medical Treatment

1. All parties treating a work injured employee should be informed to direct the charges to: State Accident Fund, in care of the Office of Human Resource Management, South Carolina State University, Post Office Box 7597, 2153 Russell Street, Orangeburg, South Carolina 29117.
2. A work injured employee should not provide group medical insurance (Blue Cross-Blue Shield) information to any agent in the treatment of his or her injury. If there is any knowledge of a claim for work injury treatment being directed to Blue Cross-Blue Shield, notify OHRM immediately.
3. Charges may include emergency transportation, physician fees, X-ray charges, medical facility services, and medication prescribed by the physician. The employee is responsible for providing OHRM with the name and complete mailing address of any party involved in his or her treatment. If the employee has paid personally for any medical service, he may request reimbursement by forwarding his payment receipt to OHRM.

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4. The Office of Human Resource Management shall ensure to the best of its knowledge at the time a claim initially is reported that the injury comes under the provisions of the South Carolina Workers' Compensation Law. The Office of Human Resource Management shall process all correspondence and shall communicate as necessary with all parties concerned regarding medical charges and compensation. The official files on an employee's work injury claim shall be maintained within OHRM.

D. Official Reporting of Work Injury

The injured employee and his or her supervisor are responsible for preparation of a First Report of Illness or Injury (Form WCC 12-A) immediately after initial treatment. Failure to give immediate notice may cause serious delays in the payment of compensation. The First Report of Illness or Injury (Form WCC 12-A) is a legal document. If it is not accurate and complete, it may be returned to the department for correction. A supply of these forms should be maintained in each department. Additional forms may be obtained from OHRM.

A typewritten original and three copies of the report must be forwarded to OHRM within three working days after the injury. Failure to file a report within this period can result in a fine assessment to the department by the South Carolina Workers' Compensation Commission. No claims can be paid until this report has been filed.

Additional Procedures in Event of Lost Days from Work Injury

A. Notification of Absence

1. If upon treatment of a work injury, the physician declares the employee unable to resume his or her regular duties, the employee may remain absent unless alternate work is made available which the employee can perform without detriment. The employee must obtain a physician's statement indicating first date of absence and estimated date of return.
2. When work absence is necessary, it is the responsibility of the employee and his or her supervisor to notify OHRM immediately by telephone.

B. Temporary Light Duty Program

If possible, each department should provide temporary light duty work for employees whose physician allows them to return to work after a work related injury. If the employee's department cannot provide a light duty job, the supervisor must contact OHRM who will try to locate an alternative work assignment in another department. If an employee refuses a light duty assignment which is offered, workers' compensation benefits may be terminated. Funding of the employee's salary and leave accrual will remain in the home department. The employee's supervisor and OHRM will review the light duty assignment for continuation at the end of 30 calendar days.

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C. Notification to Employee on Pay and Compensation Options

Upon notification of a work absence, OHRM will issue a letter to the disabled employee informing him or her of the pay and compensation options provided by the South Carolina Workers' Compensation Law.

D. Notice of Election

1. The disabled employee must decide on an option which is available to him or her and which is advantageous to his or her personal circumstances. It is recommended that the employee consult by telephone with OHRM before electing an option because the direction taken can affect fringe benefits, earnings, service credit, etc. An employee's choice of option shall be irrevocable for the duration of his or her disability period.
2. An employee who chooses Option 1 or Option 3 will remain in the chosen option unless paid leave is exhausted. Upon exhaustion of available paid leave, the employee will revert automatically to Option 2.

E. Agreement as to Compensation

1. After the disabled employee's choice of option has been established, he or she will be required to sign a prepared agreement as to compensation to indicate paid leave and/or temporary total disability compensation payments. The agreement termination date, if not otherwise specified, depends upon the treating physician's declaration that the employee may return to work.
2. When the treating physician releases the employee for return to work, OHRM must be notified immediately by telephone regarding the specific date the employee will begin work.
3. Compensation shall cease:
 - a) When the injured employee returns to work upon the direction of the treating physician, at a pay rate equal to or greater than his average pay rate before injury.
 - b) If there is discovered any fraud or intent to deceive.
 - c) If the injured employee refuses employment which is suitable to his or her capacity and approved by the South Carolina Workers' Compensation Commission.
4. If an injured employee is unable to maintain his or her former responsibilities while recovering from the injury or because of disability from the injury, he or she may be able to accept other work. If he or she must accept less pay than his or her average pay rate before injury, the employee is entitled to compensation based on 66.67% of the difference in pay rate.

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F. Permanent Impairment

1. In the event that maximum medical improvement is attained and the injured employee exhibits evidence of a permanent disability or disfigurement, his or her treating physician will specify the amount of impairment upon the final treatment statement.
2. The South Carolina Workers' Compensation Commission will schedule a conference and notify the employee of the time, date, and location. If the employee cannot attend, he or she should notify OHRM to arrange an alternate date or location.

For more detailed information concerning Workers' Compensation, please contact the University's Office of Human Resource Management.