



Worker's Compensation Guide to Work Related Injuries

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What to do When an Employee Reports a Work Related Injury or Illness

Step 1: Remain calm and give First Aid (If Applicable) to employee (call 911 if necessary). If employee needs immediate medical attention, send them to nearest approved medical facility (see attached list of approved providers). Please note they must be seen at an approved facility unless the injury is an extreme medical emergency.

If the injury is a chemical related injury, send the SDS sheet for that chemical with the employee. If a death has occurred, contact OSHA IMMEDIATELY or within 8 hours. **If the employee does not need emergency treatment, please fill out the Provider Instruction Letter and Return to Work form prior to sending employee to clinic. These forms should be sent with the injured employee to the approved medical facility.**

Step 2: Determine if the injury is recordable. If the injured employee requires more than first aid (medical treatment at a facility) or requires time off from work, the injury is recordable.

If the injury is not recordable, you must still enter **it into Riskconnect**. **This completes your documentation of this injury, stop here.**

Step 3: **If the employee requires medical attention other than first aid or has any time lost from work,** the injury is recordable and must be reported to the CWS RISK AND INSURANCE DEPARTMENT immediately. To report this injury, **simply enter incident into Riskconnect**.

Step 4: Record the injury on the OSHA 300 log.

Step 5: Every employee will be required to submit to drug and alcohol testing at the time of medical treatment. Fill out the instruction letter to the Medical Provider. This **must** be completed **prior** to sending the employee to the medical clinic (except in extreme medical emergencies). If necessary, contact the CWS Risk and Insurance Department.

Step 6: Send your employee to the nearest Approved Medical Provider with the letter of Provider Instruction and the Return to Work Status Form (both forms can be found in your Work Comp Kit).

Step 7: Evaluate the accident site immediately after the accident. Obtain names, addresses, and phone numbers of witnesses and take pictures if possible. Disengage any equipment suspected of contributing to the injury immediately and make any repair necessary to prevent another injury

Step 8: For California only – Your injured employee must fill out the top section of the DWC-1 form, the Community Director should fill in the bottom section of the form. Fax a copy to the Risk Management Director and provide a copy to the employee.

Step 10: EMPLOYEE RETURN TO WORK – After being seen by a physician the employee must return the completed Return to Work Status Form. It must be signed by his/her physician. The Return to Work Status is to be faxed or scanned to the Insurance and Risk department. Copies of the Return to Work Status are **not** to be kept onsite, they are to be returned to the employee or shredded.

The employee may return to work only if authorized to do so. If the employee is put on restricted duty, the CD will need contact the Risk and Insurance Department for instructions on any necessary payroll and work status changes.

In accordance with our Alcohol and Drug-Free Workplace policy, testing will be required. The employee will be allowed to return to work pending the test results unless otherwise determined by Human Resources. **If the CD or MD has suspicion that the injury may have been influenced by alcohol or drugs, they are to contact HR immediately.**

Step 11: FOLLOW UP MEDICAL VISITS – After each follow up visit, the employee must return the completed Return to Work Status Form to the CD. Please follow same instructions as above. This form must be received after EACH visit.

IMPORTANT NOTES:

If employee is not released to full or modified duty, please contact the Risk and Insurance Department immediately.

Employee should be paid for 8 hours of regular pay on the day of injury. Employee is to use sick or personal time for follow-up visits.



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Dear Medical Professional:

_____ has been involved in a possible work-related accident and is in need of medical attention. We are providing the following information to help with your care of our employee.

Employee Information:

Employee Name	
Address	
City, State, Zip	
Home Phone Number	
Job Title	
Hours worked per day	
Days worked per week	

Employer Information:

CWS Apartment Homes, LLC
Contact: Shanna Berrien
9606 N. Mopac Expressway, Ste. 500
Austin, TX 78759
sberrien@cwsapartments.com
512.682.6993
512.682.6994 Direct Fax

Carrier Information:

Hartford Insurance
1-800-327-3636
Policy #: 34WEZM7766

Drug/Alcohol Screening:

We are requesting a Standard 10-panel drug screen and breathe alcohol test and will require confirmation of the results. Test results should be sent or phoned to:

Sylvia Greene
9606 N. Mopac Expressway, Ste. #500
Austin, TX 78759
sgreene@cwsapartments.com
512-682-6931
512-682.6932 Direct Fax

Job Location:

Property Name	
Property Address	
City, State, Zip	
Property Phone Number	
Community Director	



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Job Responsibilities:

Description of Job Responsibilities	
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Activity (hours per day)	Never 0 hours	Occasionally Up to 3 hours	Frequently 3 – 6 hours	Constantly 6- 8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant Hand (circle one) Right / Left				
Is repetitive use of hand required?				
Simple Grasping/right hand				
Simple Grasping/left hand				
Power Grasping/ right hand				
Power Grasping/ left hand				
Fine Manipulation/ Right hand				
Fine Manipulation/ Left Hand				



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Activity (hours per day)	Never 0 hours	Occasionally Up to 3 hours	Frequently 3 – 6 hours	Constantly 6- 8+ hours
Pushing & Pulling/ Right Hand				
Pushing & Pulling/ Left Hand				
Reaching/ above shoulder level				
Reaching /below shoulder level				

Indicate the dialing Lifting and Carrying requirements of the job.

Lifting:

Pounds	Never 0 Hours	Occasionally Up to 3 hours	Frequently 3 – 6 hours	Constantly 6 – 8+ hours	Height to be lifted
0-10					
11-25					
26-50					
51-75					
76-100					
101+					

Carrying:

Pounds	Never 0 Hours	Occasionally Up to 3 hours	Frequently 3 – 6 hours	Constantly 6 – 8+ hours	Height to be lifted
0-10					
11-25					
26-50					
51-75					
76-100					
101+					



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Describe the heaviest item required to carry and the distance to be carried:	
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Does the Job Require the following:	Yes	No	If yes – Briefly Describe
Driving cars, trucks, golfcarts and other equipment?			
Working around equipment and machinery?			
Walking on uneven ground?			
Exposure to extremes in temperature, humidity or wetness?			
Exposure to dust, fumes or chemicals?			
Working at heights?			
Use of special visual or auditory equipment?			
Working with bio-hazards such as Blood borne pathogens, sewage, hospital waste, etc?			



Our company believes our employees are the most important assets of our company.

We are committed to assisting our injured employees return to work as soon as medically appropriate and to work with the medical community to help the injured employees regain their livelihood. That is why we have implemented a return to work program designed to return any injured employee to medically appropriate work as soon as possible.

Please let us know if you need a more detailed job description. We will attempt to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternative work assignment. We will ensure that any assignment meets all medical requirements.

If you need any additional information about a possible work assignment or about our return to work program, please call Shanna Berrien at 512.682.6993 or sberrien@cwsapartments.com.

Thank you in our efforts to return our employees to a safe and productive workplace.

Employee Comments:	
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Employer Comments:	
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Employee's Signature:	Date:
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Employer's Signature:	Date:
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Return-to-Work Status Form

Employee Instructions: Return this form to your supervisor/manager immediately after each visit to your health care provider.

To: _____ Re: _____
 Examining Health Care Provider Name of Insured Employee

From: CWS Capital Partners LLC _____
 Name of Company Social Security Number

It is our desire to assist our employee and your patient to return to work as soon as possible and to assist him/her in performing essential job functions at our company. The information you provide on this for is vital to us regarding the following:

1. The employee's working without risk of further injury;
2. Provisions of a temporary duty assignment if necessary that meets the employee's needs and the needs of the company; and
3. Provision of any temporary reasonable accommodations to aid the employee in performing his/her duties.

If you have any questions, regarding the information requested on the form, please contact me.

Shanna Berrien, Director of Insurance and Risk 512.682.6993

To Be Completed by Physician

(see the next page for physical requirements of the employee's duties)

The injured employee's medical condition resulting from this worker's compensations injury will allow the employee

Full Duty (without restrictions) _____
Beginning Date

Temporary Assignment (modified or alternate duty): _____
 Beginning Date

Full-Time Part-Time _____ hours per day

(Please indicate restrictions to duty on the next page)

Off Work until re-evaluated, beginning date: _____

Date of next office visit: _____

Physician's Name (printed)

Physician's Signature

Date

Please mark the column with a response of "Yes" if the employee can accomplish that specific task, or a response of "No" if the employee is unable to accomplish that specific task.

Requirements	Yes	No	Remarks	Requirements	Yes	No	Remarks
Lifting 51 lbs and up				Simple grasping			
Lifting 26-50 lbs				Power grasping			
Lifting up to 25 lbs				Simultaneous grasping			
Carrying 51 lbs. and up				Squeezing			
Carrying 26-50 lbs.				Driving motor vehicle			
Carrying up to 25 lbs.				Operating mechanical equipment			
Bending				Type:			
Stooping				Speaking			
Kneeling				Hearing			
Crawling				Ability to type			
Standing				Ability to see			
Squatting				Depth perception needed			
Climbing Stairs				Ability to write			
Climbing ladders				Ability to read			
Twisting				Vibration			
Pulling				Noise			
Pulling hand over hand				Extreme heat			
Pushing				Extreme cold			
Sitting				Wet and/or humid			
Walking				Chemicals			
Work on elevated surface							
Work on uneven ground							
Work at low position							
Reach above shoulders							
Reach below shoulders							
Able to intervene with individuals in combative or aggressive situations in an emergency							
Able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency.							

Please specify any additional restrictions to duty: _____
