NYC HEALTH+ HOSPITALS

Workers' Compensation Explained

Report a Claim & Request a Leave of Absence Due to Work-Related Injury

BY HRSS Leaves Administration

NYC HEALTH+ HOSPITALS

What is Workers' Compensation?

Workers' Compensation is an insurance that provides benefits to employees who suffer a **work-related injury or illness**.

Today's learning Path

Types of worker's compensation claim

01

How to file claims

02

Requesting an absence due to a work-related injury or illness

03

Time Reporting

04

Return to work

05

The Process is completed.

*Additional: How to file a report with the Office of the Inspector General

Understand types worker's compensation claim

01

Three Types of Workers' Compensation Claims:

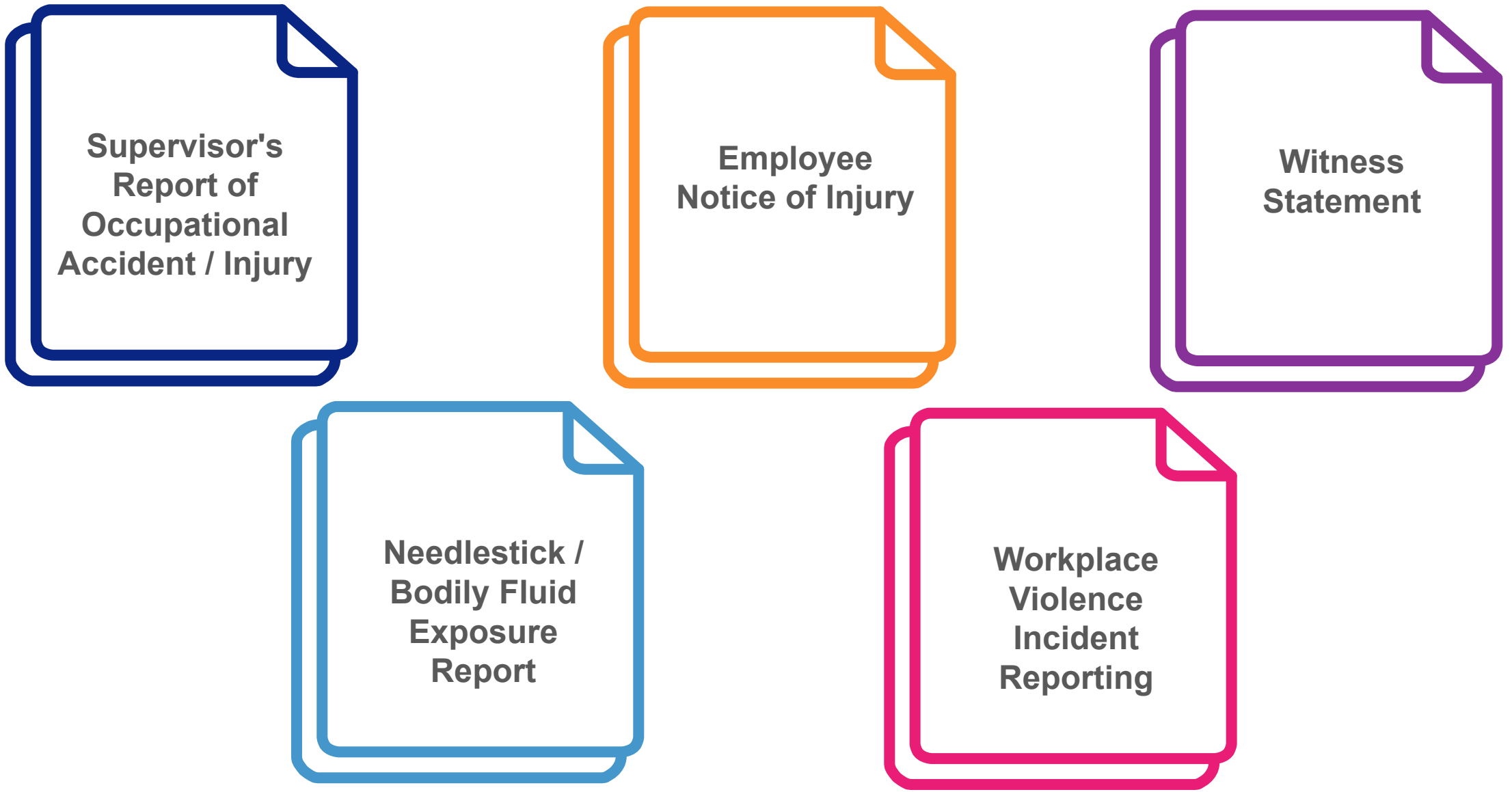
Employee Work Related Injury or Illness

Needlestick / Bodily Fluid Exposure

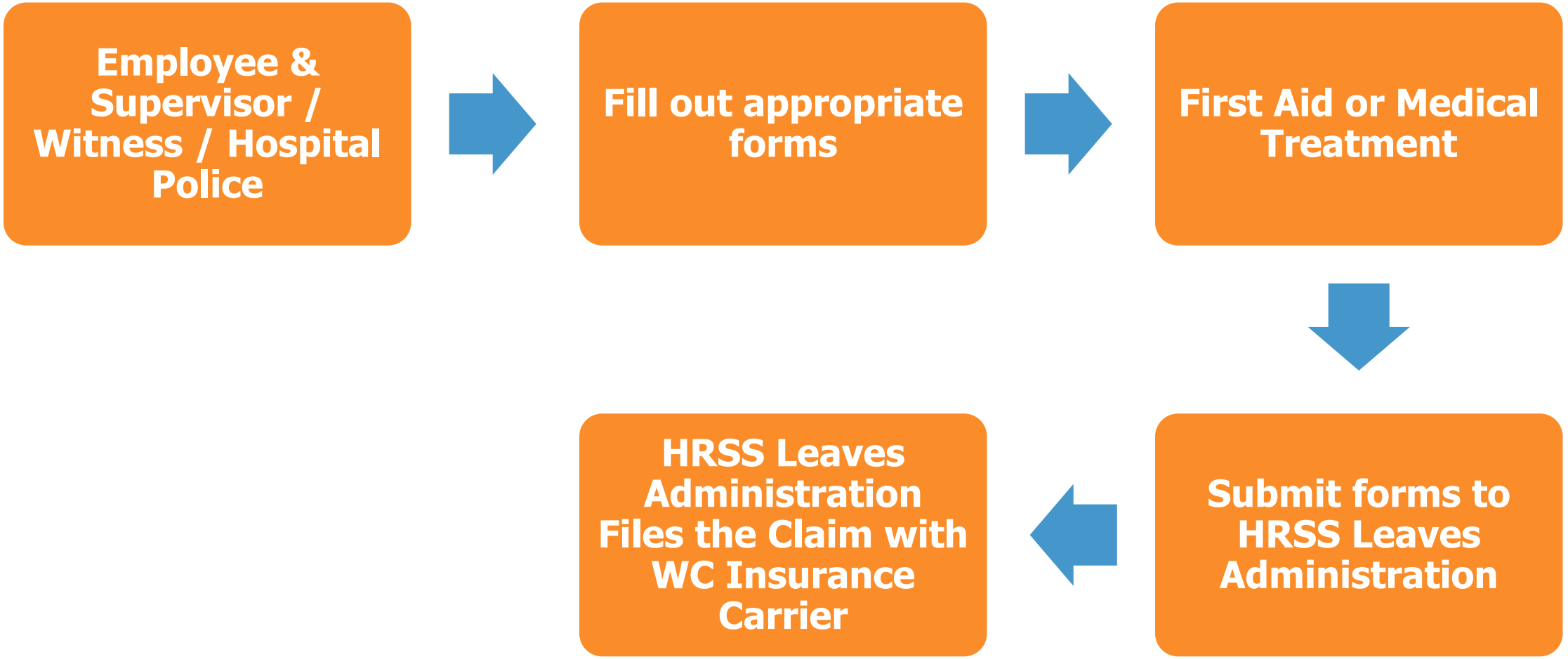
Workplace Violence Incident


Workers' Compensation
CLAIM FOR COMPEN
Failure to complete this form in its entirety may result in a
Submit orig
and three copies
Original

Forms used to report a Workers' Compensation Claim

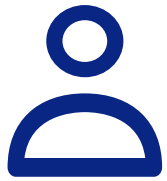


Process Flow for Filing a Claim

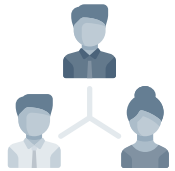


People Who May be Involved

Employee



Supervisor



HRSS
Leaves
Administration

Witness

Occupational
Health Service

Hospital Police

Employee

Employee Responsibility:

- Employee must inform the Supervisor within 24 hours of the occurrence.
- Employee will obtain first aid or medical treatment and will inform the physician that injury or illness is work-related.

Treatment can be provided by:

- ✓ Occupational Health Services
- ✓ Emergency Department
- ✓ Other healthcare provider

Employee

Employee Responsibility:

- Employee reporting a claim is NOT a request for a leave of absence.
- Employee that cannot return to work must request an extended leave of absence via email at HRSSLeaveAdministration@nychhc.org or through the Employee Self Service Absence Management module in Peoplesoft; and provide medical documentation from first day absent up to return to work.

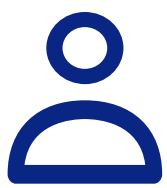
Supervisor

Supervisor Responsibility:

Supervisor will provide employee an Occupational Health Service (OHS) Referral form to receive first aid or emergency medical treatment.

Refers employee for treatment by:

- ✓ Occupational Health Services
- ✓ Emergency Department
- ✓ Other healthcare provider



Supervisor

Supervisor Responsibility:

- Supervisor must inform HRSS Leaves Administration via email HRSSLeaveAdministration@nychhc.org when they are notified or receive medical documentation from employee indicating they cannot return to work due to the work-related injury.

- Supervisor must process an Absent Without Official Leave (AWOL) when employee fails to notify the department and to request an extended leave of absence via HRSSLeaveAdministration@nychhc.org or through the Employee Self Service Absence Management module in Peoplesoft to begin an official leave.

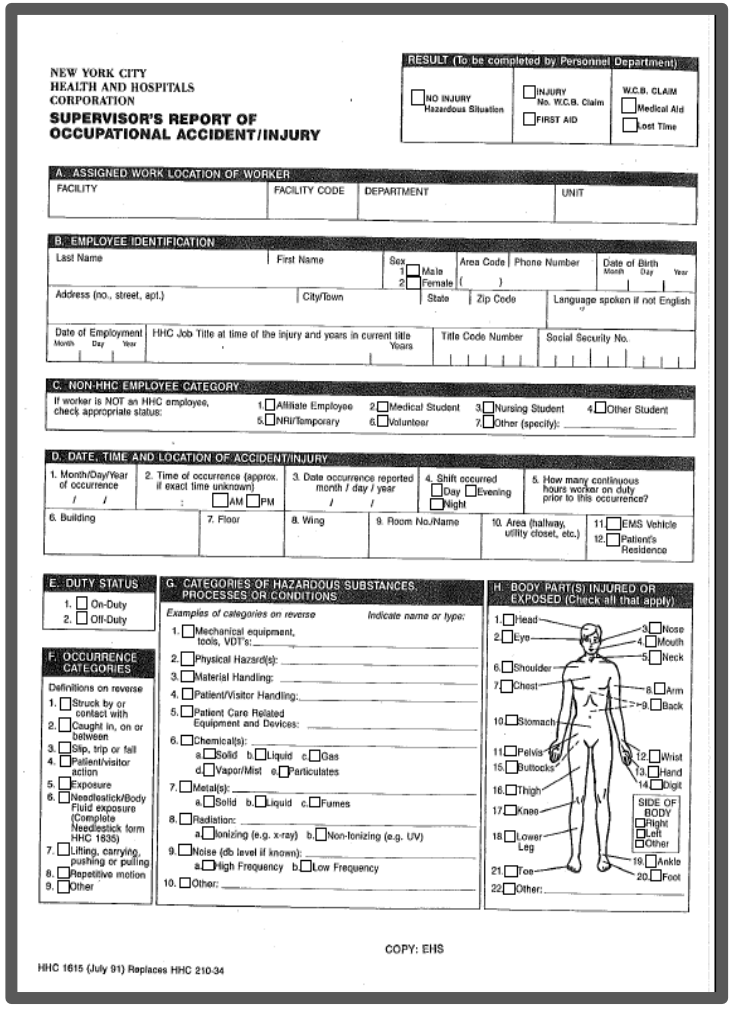
Supervisor

Supervisor's Report of Occupational Accident / Injury Form

The Supervisor's Report of Occupational Accident/Injury form is completed by the supervisor on duty at the time of the incident with the assistance of the employee.

They complete all the fields such as the date, time and location of accident or injury, and indicate the body part(s) injured or exposed (e.g. right arm, left ankle, upper back, etc.) on each page of the form:

- Enter description of the exact sequence of events leading up to the occurrence ***stated*** by the employee.
- Complete the witness section with detailed name and contact information.
- Acknowledge notice of injury/illness and sign the form.



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

SUPERVISOR'S REPORT OF OCCUPATIONAL ACCIDENT/INJURY

RESULT (To be completed by Personnel Department)

NO INJURY Hazardous Situation | INJURY No. W.C.B. Claim | FIRST AID | W.C.B. CLAIM Medical Aid | Lost Time

A. ASSIGNED WORK LOCATION OF WORKER

FACILITY | FACILITY CODE | DEPARTMENT | UNIT

B. EMPLOYEE IDENTIFICATION

Last Name | First Name | Sex 1 Male 2 Female | Area Code | Phone Number | Date of Birth Month Day Year

Address (no., street, apt.) | City/Town | State | Zip Code | Language spoken if not English

Date of Employment Month Day Year | HHC Job Title at time of the injury and years in current title Years | Title Code Number | Social Security No.

C. NON-HHC EMPLOYEE CATEGORY

If worker is NOT an HHC employee, check appropriate status: 1 Affiliate Employee 2 Medical Student 3 Nursing Student 4 Other Student 5 NRH/Temporary 6 Volunteer 7 Other (specify):

D. DATE, TIME AND LOCATION OF ACCIDENT/INJURY

1. Month/Day/Year of occurrence | 2. Time of occurrence (approx. if exact time unknown) AM PM | 3. Date occurrence reported month / day / year | 4. Shift occurred Day Evening Night | 5. How many continuous hours worker on duty prior to this occurrence?

6. Building | 7. Floor | 8. Wing | 9. Room No./Name | 10. Area (hallway, utility closet, etc.) | 11 EMS Vehicle 12 Patient's Residence

E. DUTY STATUS
1. On-Duty
2. Off-Duty

F. OCCURRENCE CATEGORIES
Definitions on reverse
1. Struck by or contact with
2. Caught in, on or between
3. Slip, trip or fall
4. Patient/visitor action
5. Exposure
6. Needlestick/Body Fluid exposure (Complete Needlestick form HHC 1835)
7. Lifting, carrying, pushing or pulling
8. Repetitive motion
9. Other

G. CATEGORIES OF HAZARDOUS SUBSTANCES, PROCESSES OR CONDITIONS
Examples of categories on reverse — Indicate name or type:
1. Mechanical equipment, tools, VDT's:
2. Physical Hazard(s):
3. Material Handling:
4. Patient/Visitor Handling:
5. Patient Care Related Equipment and Devices:
6. Chemical(s): a Solid b Liquid c Gas d Vapor/Mist e Particulates
7. Metal(s): a Solid b Liquid c Fumes
8. Radiation: a Ionizing (e.g. x-ray) b Non-Ionizing (e.g. UV)
9. Noise (db level if known): a High Frequency b Low Frequency
10. Other:

H. BODY PART(S) INJURED OR EXPOSED (Check all that apply)
1 Head, 2 Eye, 3 Nose, 4 Mouth, 5 Neck, 6 Shoulder, 7 Chest, 8 Arm, 9 Back, 10 Stomach, 11 Pelvis, 12 Wrist, 13 Hand, 14 Digit, 15 Buttocks, 16 Thigh, 17 Knee, 18 Lower Leg, 19 Ankle, 20 Foot, 21 Toe, 22 Other:
SIDE OF BODY: Right, Left, Other

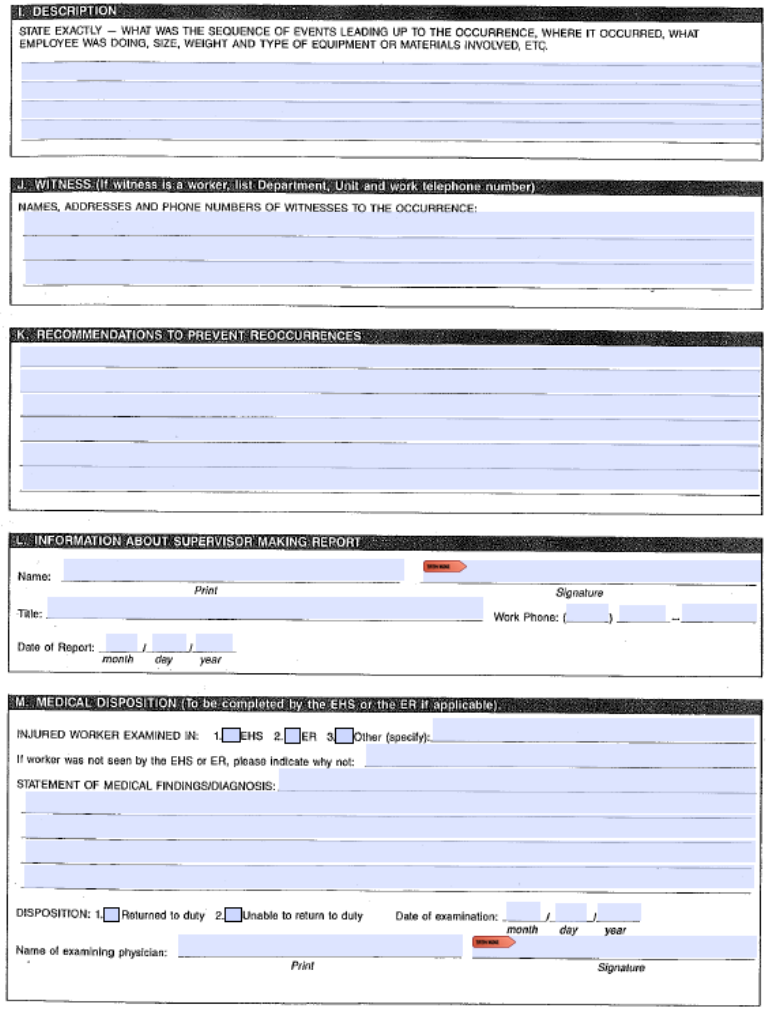
COPY: EHS

HHC 1615 (July 91) Replaces HHC 210-34

Supervisor's Report/OHS or ED

Supervisor's Report / OHS or ED medical disposition

If employee receives first aid or medical treatment from OHS or ED, OHS or ED must complete the medical disposition.



I. DESCRIPTION

STATE EXACTLY – WHAT WAS THE SEQUENCE OF EVENTS LEADING UP TO THE OCCURRENCE, WHERE IT OCCURRED, WHAT EMPLOYEE WAS DOING, SIZE, WEIGHT AND TYPE OF EQUIPMENT OR MATERIALS INVOLVED, ETC.

J. WITNESS (If witness is a worker, list Department, Unit and work telephone number)

NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES TO THE OCCURRENCE:

K. RECOMMENDATIONS TO PREVENT REOCCURRENCES

L. INFORMATION ABOUT SUPERVISOR MAKING REPORT

Name: _____ Print _____ Signature

Title: _____ Work Phone: ( ) _____ – _____

Date of Report: ____ / ____ / ____ month day year

M. MEDICAL DISPOSITION (To be completed by the EHS or the ER if applicable)

INJURED WORKER EXAMINED IN: 1. ☐ EHS 2. ☐ ER 3. ☐ Other (specify): _____

If worker was not seen by the EHS or ER, please indicate why not: _____

STATEMENT OF MEDICAL FINDINGS/DIAGNOSIS: _____

DISPOSITION: 1. ☐ Returned to duty 2. ☐ Unable to return to duty Date of examination: ____ / ____ / ____ month day year

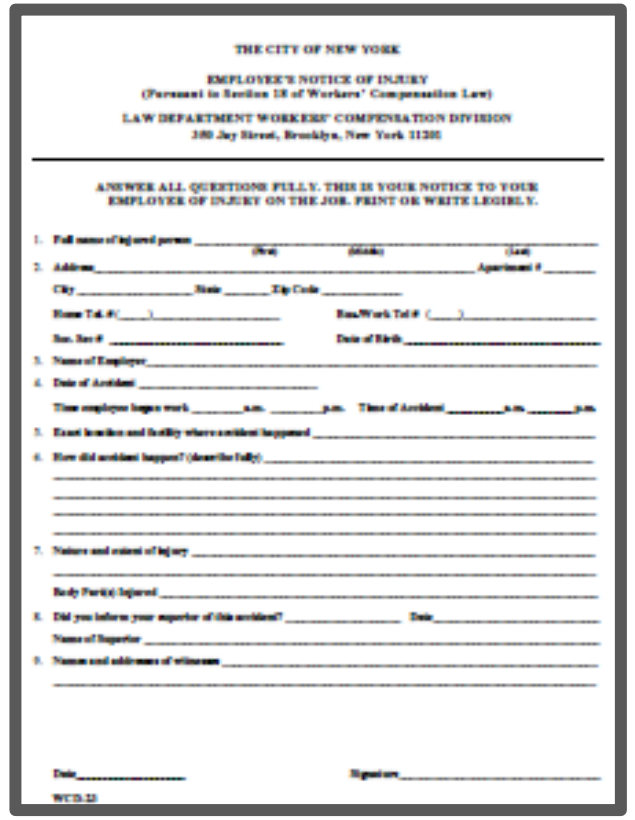
Name of examining physician: _____ Print _____ Signature

Employee

Employee's Notice of Injury Form

Employee's Notice of Injury form serves as an official documented notice to the employer that the employee was involved in a work-related incident.

- Complete the entire form, including date, time, location, detailed description of what happened and exact body part(s) injured (e.g. right arm, left ankle, upper back, etc.).



THE CITY OF NEW YORK

EMPLOYEE'S NOTICE OF INJURY
(Pursuant to Section 18 of Workers' Compensation Law)

LAW DEPARTMENT WORKERS' COMPENSATION DIVISION
100 Jay Street, Brooklyn, New York 11201

ANSWER ALL QUESTIONS FULLY. THIS IS YOUR NOTICE TO YOUR EMPLOYER OF INJURY ON THE JOB. PRINT OR WRITE LEGIBLY.

1. Full name of injured person _____ (First) (Middle) (Last)
2. Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Home Tel. #( ) _____ Bus./Work Tel # ( ) _____
Soc. Sec # _____ Date of Birth _____
3. Name of Employer _____
4. Date of Accident _____
Time employee began work _____ a.m. _____ p.m. Time of Accident _____ a.m. _____ p.m.
5. Exact location and facility where accident happened _____
6. How did accident happen? (describe fully) _____
7. Nature and extent of injury _____
Body Part(s) Injured _____
8. Did you inform your superior of this accident? _____ Date _____
Name of Superior _____
9. Names and addresses of witnesses _____

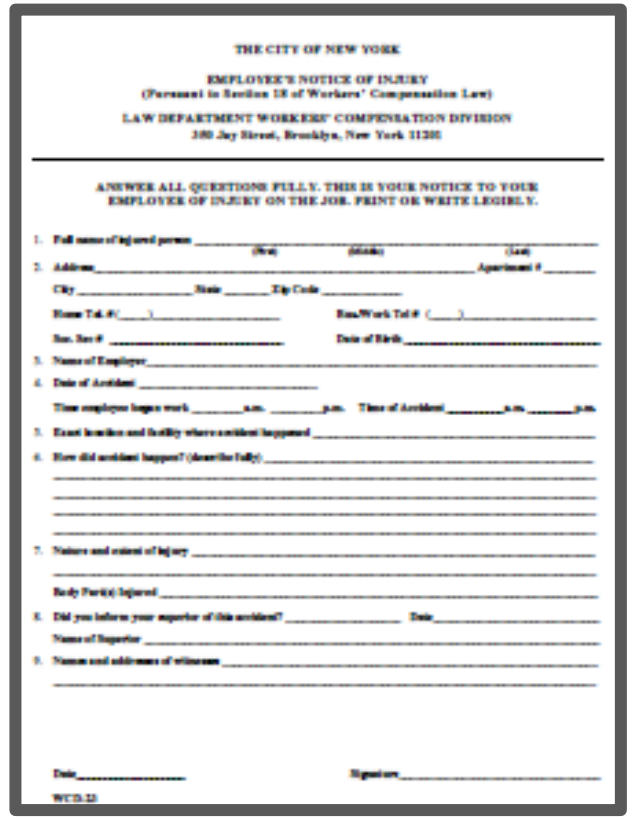
Date _____ Signature _____

WCD-32

Employee

Employee's Notice of Injury Form

- Employee's Notice of Injury form is NOT a request for leave of absence.
- Employee that cannot return to work must request an extended leave of absence via email at HRSSLeaveAdministration@nychhc.org or through the Employee Self Service Absence Management module in Peoplesoft; and provide medical documentation from first day absent up to return to work.



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2. Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Home Tel. #( ) _____ Bus./Work Tel # ( ) _____
Soc. Sec # _____ Date of Birth _____
3. Name of Employer _____
4. Date of Accident _____
Time employee began work _____ a.m. _____ p.m. Time of Accident _____ a.m. _____ p.m.
5. Exact location and facility where accident happened _____
6. How did accident happen? (describe fully) _____
7. Nature and extent of injury _____
Body Part(s) Injured _____
8. Did you inform your superior of this accident? _____ Date _____
Name of Superior _____
9. Names and addresses of witnesses _____

Date _____ Signature _____

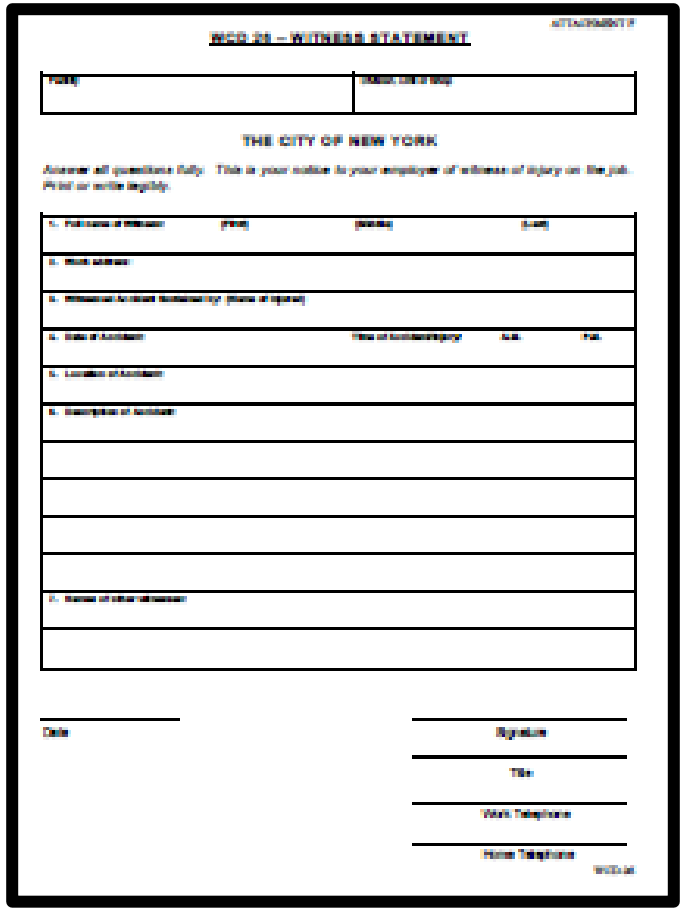
WCD-32

Witness

Witness Statement Form

Each witness completes a Witness Statement for the work-related incident.

- The witness completes the entire form, including witness contact information, date, time, location, detailed description of what happened and exact body part(s) injured (e.g. right arm, left ankle, upper back, etc.).



WCD 25 – WITNESS STATEMENT

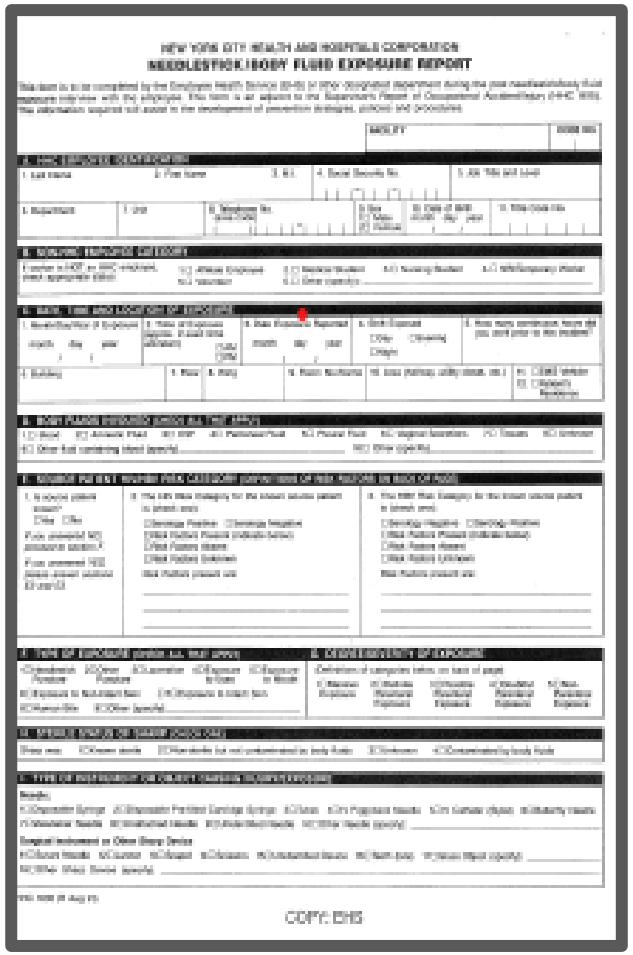
THE CITY OF NEW YORK

Occupational Health Service

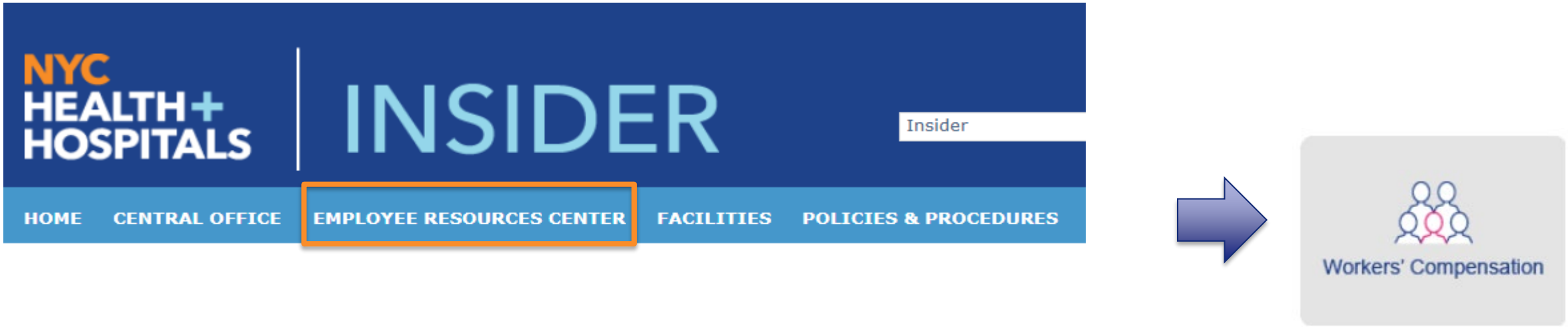
Needlestick / Body Fluid Exposure Report

Needlestick/Body Fluid Exposure Report is completed in the event an employee sustains a work-related injury in the form of a needlestick or exposure to body fluid. Make sure to complete each page of the form.

- This form is in addition to the Supervisor's Report of Occupational Accident/Injury Report.
- Occupational Health Services (OHS) or other designated department during a post needlestick/body fluid exposure interview, will complete this form.
- The entire form ***must*** be completed, giving a detailed description of the incident and exact body part(s) injured. (e.g. right thumb, left index finger, etc.)


NEEDLESTICK/BODY FLUID EXPOSURE REPORT

To Access the Workers' Compensation Forms



Forms

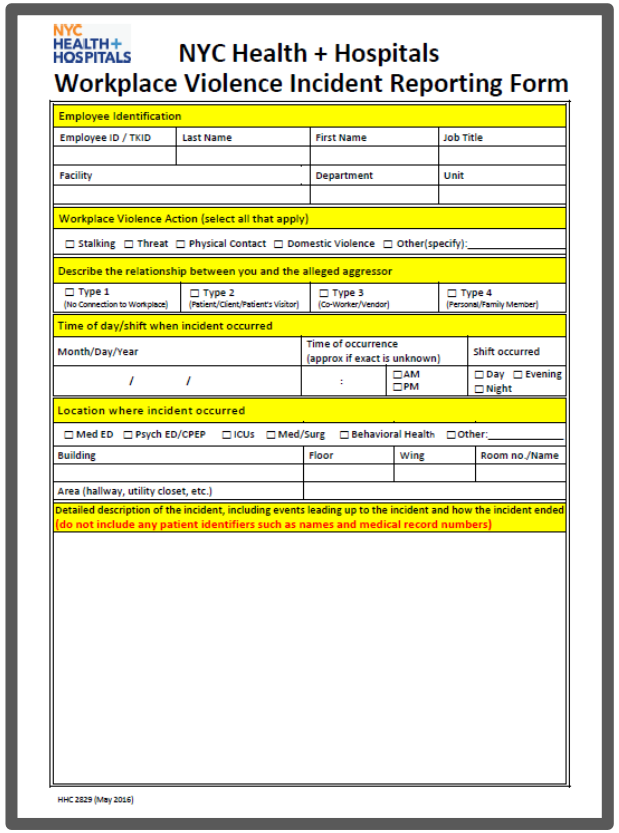
- 1615 Supervisor's Report
- Authorization to Use OHS
- Election of Rate of Charge
- Witness Statement Form WCD-26
- Return to Duty CHS Form - 2647
- Employee's Notice of Injury (WCD-23)
- Supervisor's Toolkit

Hospital Police

Workplace Violence Incident Reporting Form

Workplace Violence (WPV) Incident Reporting Form is completed in the event an employee sustains a work-related injury from a workplace violence incident. Make sure to complete each page of the form.

- Employee and/or facility Workplace Violence Coordinator may submit an electronic WPV incident report in its entirety, giving a detailed description of incident and exact body part(s) injured. (e.g. right thumb, left index finger, etc.).
- Supervisors are responsible for notifying the facility Workplace Violence Coordinator of all work-related incidents/injuries that are reported, using the Workplace Violence Incident Reporting Form.



NYC HEALTH+ HOSPITALS

NYC Health + Hospitals
Workplace Violence Incident Reporting Form

Employee Identification			
Employee ID / TKID	Last Name	First Name	Job Title
Facility		Department	Unit

Workplace Violence Action (select all that apply)
☐ Stalking ☐ Threat ☐ Physical Contact ☐ Domestic Violence ☐ Other(specify):_____

Describe the relationship between you and the alleged aggressor			
☐ Type 1 (No Connection to Workplace)	☐ Type 2 (Patient/Client/Patient's Visitor)	☐ Type 3 (Co-Worker/Vendor)	☐ Type 4 (Personal/Family Member)

Time of day/shift when incident occurred			
Month/Day/Year	Time of occurrence (approx if exact is unknown)		Shift occurred
/ /	:	☐AM ☐PM	☐ Day ☐ Evening ☐ Night

Location where incident occurred			
☐ Med ED ☐ Psych ED/CPEP ☐ ICUs ☐ Med/Surg ☐ Behavioral Health ☐ Other:_____			
Building	Floor	Wing	Room no./Name
Area (hallway, utility closet, etc.)			

Detailed description of the incident, including events leading up to the incident and how the incident ended (do not include any patient identifiers such as names and medical record numbers)

HHC 2829 (May 2016)

To Access Workplace Violence Incident Forms

Best Practices in Filing a Complete and Accurate Workers' Compensation Claim

- **All claims must be *clear and easy to read*, it is preferred that forms are typed or printed. Providing clear and accurate information of what happened during the work-related incident helps to process the claim without delay.**

- **Employees and/or Supervisors must submit all claims to LeavesWC@nychhc.org within 48 hours of the work-related incident.**

Best Practices in Filing a Complete and Accurate Workers' Compensation Claim

- HRSS Leaves Administration files all workers' compensation claims to the NYC Law Department/Workers' Compensation Division on behalf of NYC Health + Hospitals, within eight (8) calendar days from the date of incident.
- The NYC Law Department/Workers' Compensation Division will make the determination to accept or controvert the claims.

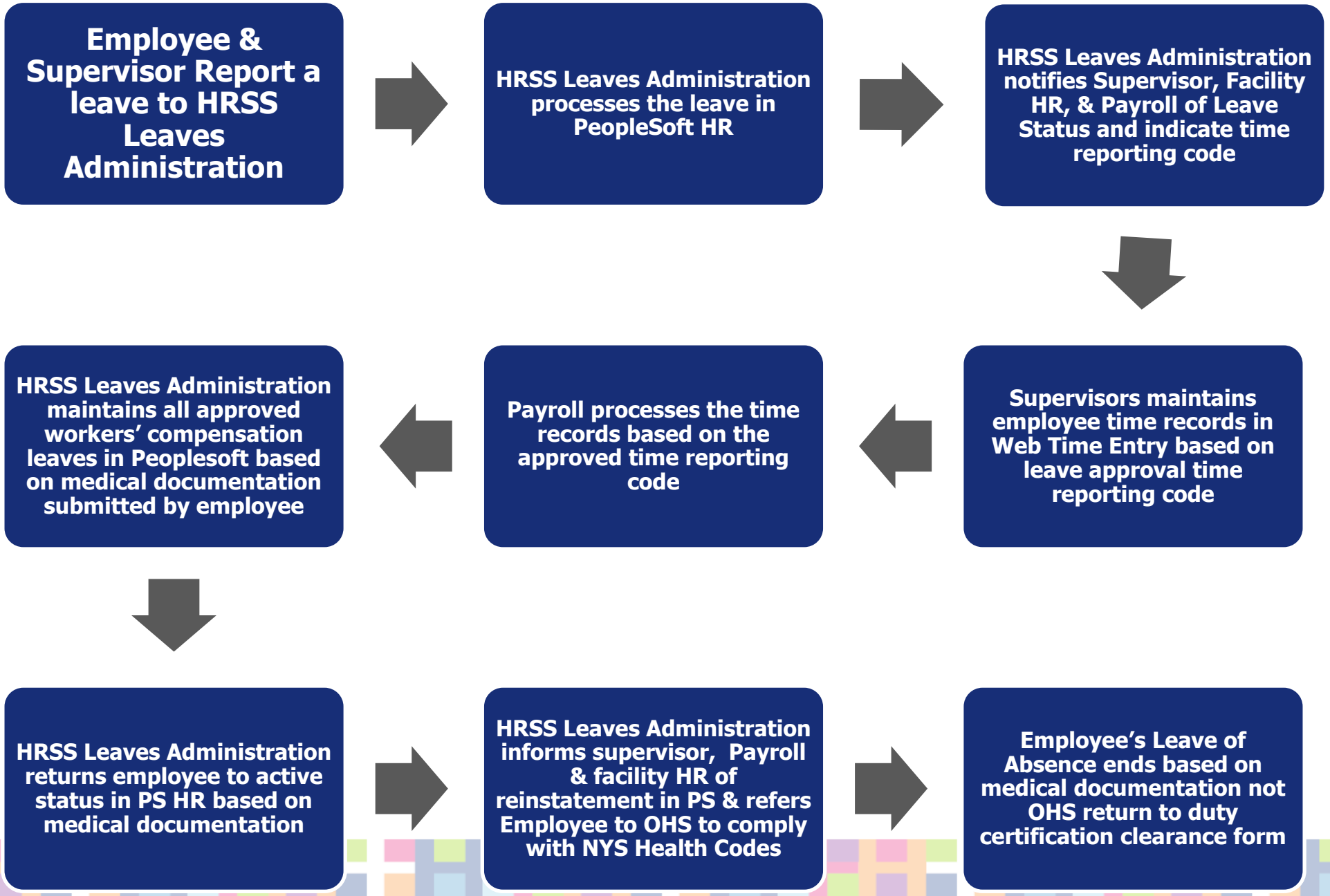
How to Request a Leave of Absence Due to a Work-Related Injury

Employees Absent From Work Due to Work-Related Incident/Injury

Extended Leaves of Absence under Workers' Compensation are administered by **HRSS Leaves Administration**.

Employees and/or Supervisors **Must** notify HRSS Leaves Administration via email to HRSSLeaveAdministration@nychhc.org or through the Employee Self Service Absence Management module in Peoplesoft when an employee is **absent from work due to a work-related incident/injury.**

Process Flow for Reporting an Absence due to a work related injury



Employee

Employee Responsibility:

Employee must report their absence due to the work-related incident/injury.

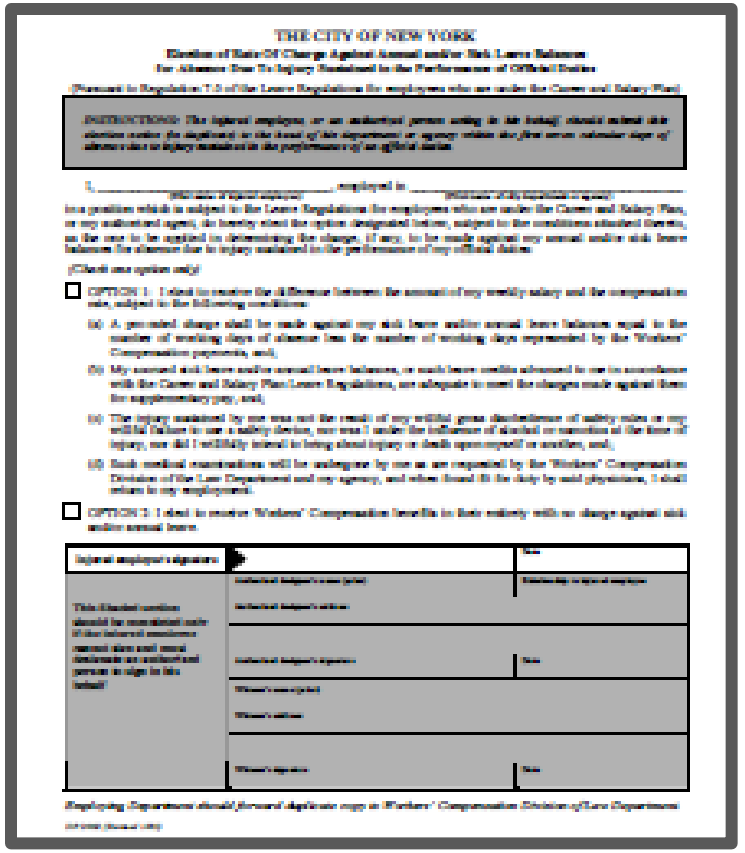
1. Employees must notify HRSS Leaves Administration via email to HRSSLeaveAdministration@nychhc.org or through Employee Self Service Absence Management module in Peoplesoft to report their absence from work due to a work-related incident/injury. This must be done in addition to notifying the department of their absence.
2. Employees shall submit a request for a leave of absence under workers' compensation.
3. Employees shall provide medical documentation throughout the life of the leave from the first day absent up to their return to work, indicating the date of which the work-related incident occurred to support their absence under workers' compensation.
4. Employees shall complete a DP2002 Election of Rate form to determine how they will be paid and their time reporting codes.

Employee

DP2002 Election of Rate form: Option 1 with Time Restoration

Option 1 – Employee chose to be absent with pay by using their own sick/annual leave balances (time reporting code 03/WC01). If employee's claim is accepted by the NYC Law Department, a portion of the leave time used may be restored.

- The procedure for time restoration requires the employee to contact the NYC Law Department and request their time be restored. The NYC Law Department will perform the necessary calculations and forward the results to employee and to our office, HRSS Leaves Administration. Our office will forward the results to the facility payroll to restore the time. Please make note time is restored at a pro-rated rate.

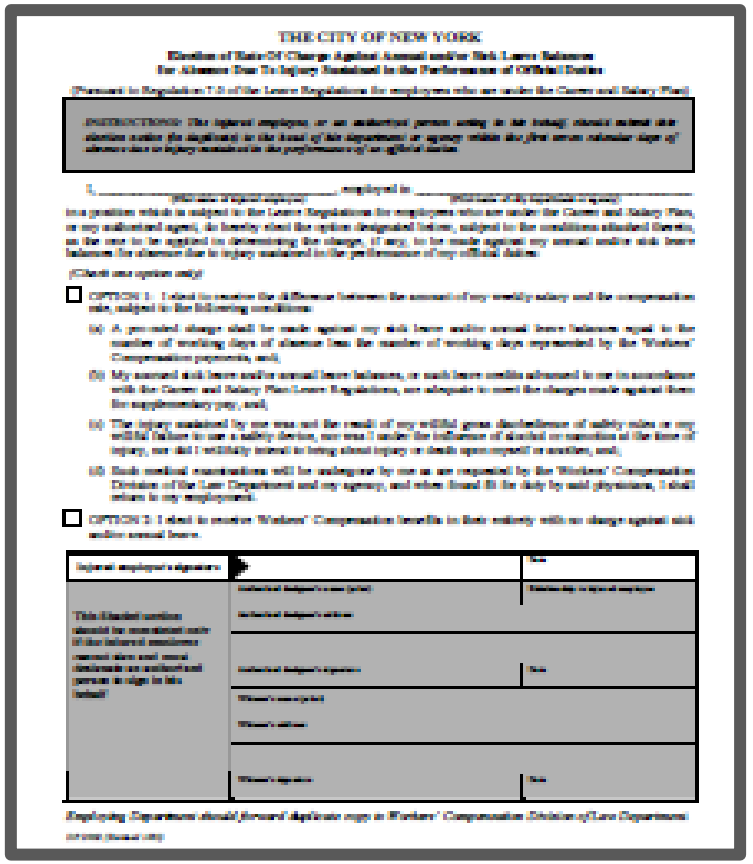

THE CITY OF NEW YORK

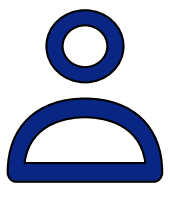
Employee

DP2002 Election of Rate form: Option 2 and Workers' Compensation Payment From The NYC Law Department

Option 2 – Employee chose to be absent without pay and not using sick/annual leave balances (time reporting code 23) until the NYC Law Department has accepted their claim and determined the level of payment for the claim.

- The procedure for receiving workers' compensation payment requires the employee to contact the NYC Law Department and request the payment. The NYC Law Department will perform the necessary calculations and forward the payment directly to the employee. Please make note that workers' compensation payment is at a pro-rated rate.

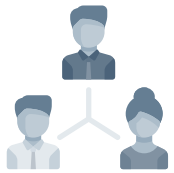

THE CITY OF NEW YORK



Supervisor

Supervisor / Manager Responsibilities

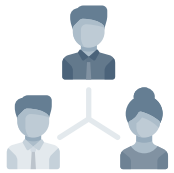
1. Notifying HRSS Leaves Administration via email to HRSSLeaveAdministration@nychhc.org when they are notified or receive medical documentation from employee indicating they cannot return to work due to the work-related injury.
2. Processing an Absent Without Official Leave (AWOL) notice when employee fails to notify the department and fails to request a leave of absence via HRSSLeaveAdministration@nychhc.org to begin an official leave and submit the required medical documentation.
3. Informing Payroll and facility HR Office if the employee fails to return to work as of the date indicated in PeopleSoft, as reported to supervisors/managers by HRSS Leaves, or after the employee is cleared by OHS.
4. Processing an (AWOL) notice if employee fails to return to work as of the date indicated in PeopleSoft, as reported to supervisors/managers by HRSS Leaves, or after the employee is cleared by OHS.
5. Ensuring time reporting codes are coded as indicated on the approved leave, when submitted using Web Time Entry.



HRSS
Leaves
Administration

HRSS LEAVES Responsibilities

1. Reviewing and assessing the request for leave, notifying employee and all stakeholders the status of the leave of absence request, and providing guidance on how the time records shall be coded.
2. Following up with the workers' compensation insurance carrier to confirm date of injury and the claim status within 24 hours of the employee's absence.
3. Managing the life of the leave, notifying employee and all stakeholders of the status of the leave and the time reporting codes under workers' compensation.
4. Updating PeopleSoft according to the information obtained from the employee's healthcare provider, stating the need to extend the leave or clear the employee to return to work.

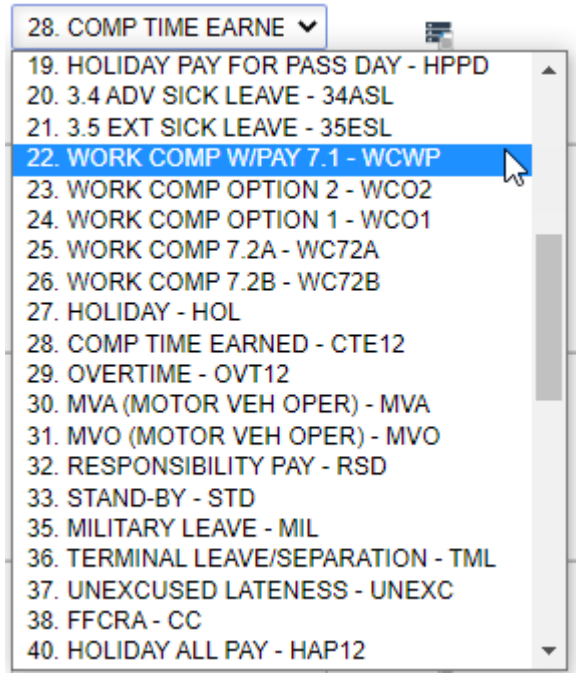


HRSS
Leaves
Administration

HRSS LEAVES Responsibilities

5. Processes an Absent Without Official Leave (AWOL) notice if employees who are on an official leave of absence under workers' compensation fail to provide medical documentation to extend the leave.
6. Inform the NYC Law Department of any change in the employee's absence status.
7. Requests an Independent Medical Examination from the NYC Law Department to assess the employee's disability due to the work-related injury.
8. Makes determinations about an employee's eligibility for grants and submits for approval.

Absences & Time Reporting Codes for Workers' Compensation



On the day of the Incident the employee should receive a full days pay. Time Reporting Code 22 (Only for the day of incident).

For extended leaves of absence under workers' compensation the employee must complete the DP2002 Election of Rate form choosing one of the following:

- **Option 1:** Employee is choosing to be absent with pay by using the employee's sick/annual leave balances. **The supervisor enter the employee's time and use Time Reporting Code 03/WC01.**

- **Option 2**: Employee is choosing to be absent without pay and not using sick/annual leave balances. **The supervisor enter the employee's times and use Time Reporting Code 23.**

For Supervisors & Managers

NYC HEALTH+ HOSPITALS | INSIDER

Insider

HOME | CENTRAL OFFICE | EMPLOYEE RESOURCES CENTER | FACILITIES | POLICIES & PROCEDURES

Supervisor

Payroll & Timekeeping

Web Time Entry
Go Live Resources

Training Resources

For : Manager (5)

- Job Aids & Videos
- PeopleSoft Web Time Entry Manager Guide
- PeopleSoft Web Time Entry FAQ
- Manager Self Service (MSS) Reports To Changes
- Mobile Shortcut Instructions

Payroll

Payroll Responsibilities:

1. Providing time and leave information including last day worked and last day paid.
2. Issuing payment according to the approval notifications with time reporting codes about the leave of absence under workers' compensation.
3. Processing time restoration and providing proof that employees time was restored.
4. Paying employees, who have returned to work, based upon time worked.

Return to Work for Absences Due to a Work-Related Injury/Illness

HRSS Leaves Administration

- → Reinstates employee in PeopleSoft as of the date on which the medical note from the health care provider states the employee is fit to return to work. Therefore, leave ends and employee is reinstated.
- → Notifies the Supervisor/Manager, Payroll, facility HR and OHS staff of the employee's return to active status in PeopleSoft.
- → Informs the employee to report to OHS for a clearance based upon the NYS Health Code.
- → Advises the employee to ensure the required licensures and certifications are current and to contact their direct supervisor to discuss their return to duty schedule.

Return to Work for Absences Due to a Work-Related Injury/Illness

Occupational Health Services

- → Extended Leaves of Absences approved and managed by HRSS Leaves Administration do not require an OHS return to duty certification clearance in order to return an employee from an approved leave of absence.
- → Facilities require an OHS return to duty certification clearance for all employees who are absent with or without an approved extended leave of absence.
- → OHS referral forms are provided to employees by HRSS Leaves Administration if employee is on an approved leave or by their Supervisor if employee is absent at the discretion of the department.

Supervisor / Manager

- → Informs Payroll and facility HR Office if the employee fails to return to work as of the date reported to supervisors/managers by HRSS Leaves Administration or after the employee is cleared by OHS.
- → Processes an Absent Without Official Leave (AWOL) notice if employee fails to return to work.

Leaves of Absence due to work-related injury

Employees absent from work due to the work-related injury are responsible for:

- Requesting a Workers' Compensation Leave of Absence;
- Submitting current medical documentation supporting the entire absence due to the work-related injury;
- Submitting an Election of Rate of Charge Against Annual and/or Sick Leave form (DP-2002).

The above information must be emailed directly to HRSSLeaveAdministration@nychhc.org or through Employee Self Service Absence Management module in Peoplesoft.

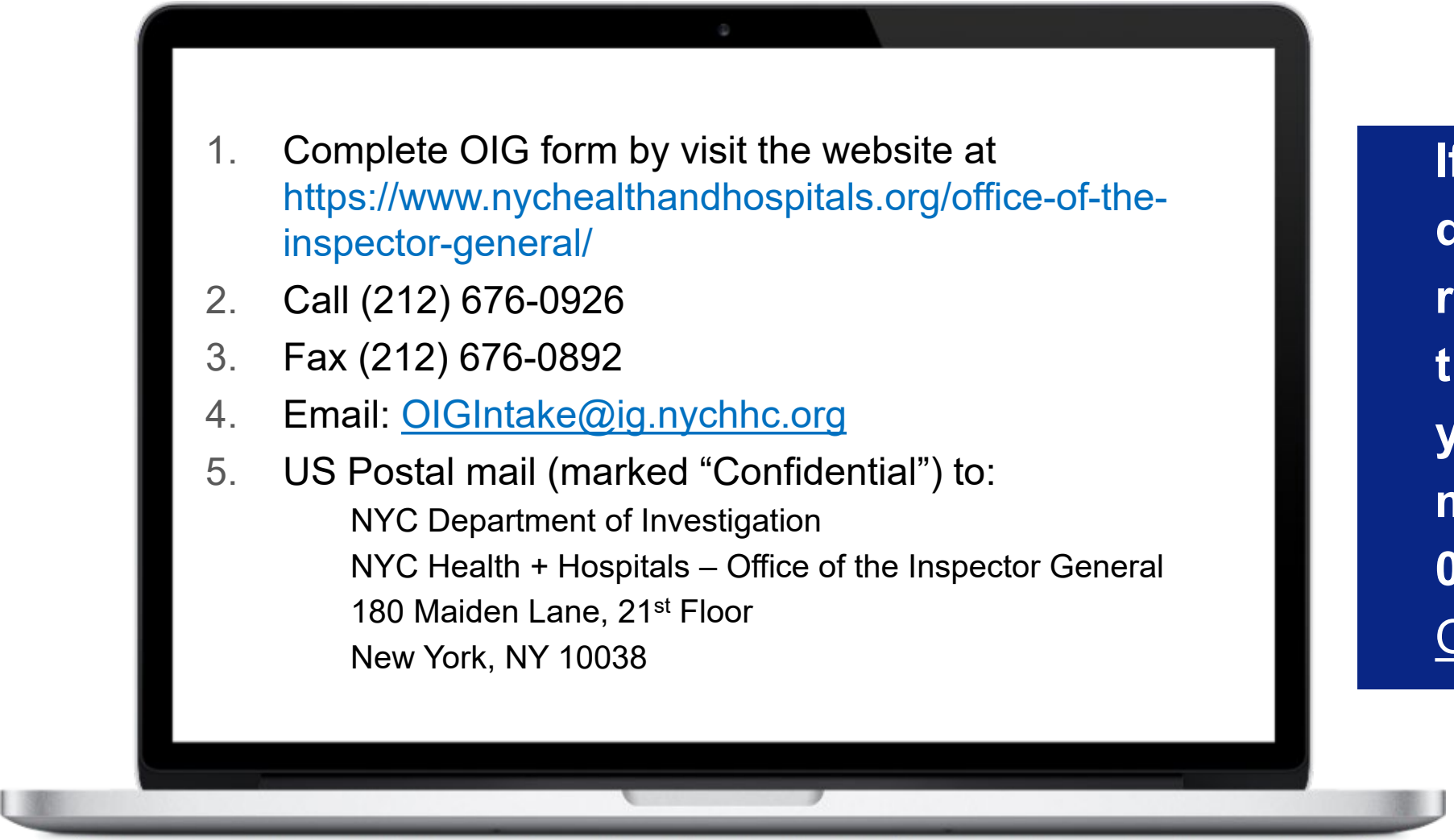

REPORTING
WORKERS
COMPENSATION FRAUD

Reporting Workers' Compensation Fraud, Violations, or Serious Mismanagement at NYC Health + Hospitals

Complaints containing the following information will assist the Office of the Inspector General (OIG) in thoroughly investigating allegations:

- Who was involved? (Name, address, contact information)
- What happened? (Summary of events, witnesses and other sources of evidence)
- When did it happen? (Date, time, frequency)
- Where did it happen? (Hospital, department, unit, and/or other location)
- How do you know this information?(Personal observation, heard from another person)

How to file a report with the Office of the Inspector General



1. Complete OIG form by visit the website at https://www.nychealthandhospitals.org/office-of-the-inspector-general/
2. Call (212) 676-0926
3. Fax (212) 676-0892
4. Email: OIGIntake@ig.nychhc.org
5. US Postal mail (marked “Confidential”) to:

   NYC Department of Investigation
   NYC Health + Hospitals – Office of the Inspector General
   180 Maiden Lane, 21st Floor
   New York, NY 10038

If you have general questions or inquiries regarding the Office of the Inspector General, you may call the OIG’s main line at (212) 676-0932 or e-mail OIGIntake@ig.nychhc.org.

For More Information

For filing a work-related incident claim please email:

LeavesWC@nychhc.org

For requesting a leave of absence due to a work-related injury please submit your request:

via email at HRSSLeaveAdministration@nychhc.org or through Employee Self Service Absence Management module in Peoplesoft

For reporting fraud, violations of regulations, or serious mismanagement, contact the Office of the Inspector General, by calling 212-676-0932 or emailing ig@ig.nychhc.org.