



# Pasco County Schools

Providing a world-class education for all students

**Kurt S. Browning, Superintendent of Schools**

## WORKERS' COMPENSATION DESIGNEE WORKSHOP

**School Board Workshop – September 2015**



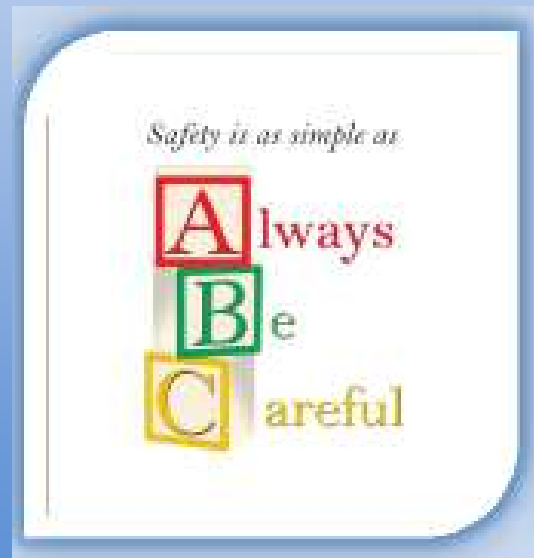
# Poll Everywhere

**Please take a moment and text  
LAURENWEBER523 to 1-747-444-3548**



# WC Designee Site

<http://www.pasco.k12.fl.us/ebarm/wcdesignee>



# Agenda

- ✓ **Training Expectations**
- ✓ **POET**
- ✓ **Workers' Compensation (WC)**
- ✓ **Return-to-Work Program**
- ✓ **Occupational Health Services**





# POST-OFFER EMPLOYMENT TESTING



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# Purpose of POET

Allows the District to make a conditional offer of employment to a potential candidate based on him/her demonstrating that he/she meets the specific, essential physical functions of a specific job.



# POET-Basics

- **All POETs are conducted at the**
- **Land O' Lakes HWC**
- **Risk Management schedules all appointments, generally**
- **on Tuesday or Thursday**  
(With the exception of Transportation)





# Guidelines

- **Only conducted after a conditional offer of employment.**
- **Applicants must clear the reference check & fingerprinting before they can be scheduled for POET.**
- **Refusal to submit to a physical exam is grounds for withdrawing a conditional offer for employment.**

# Guidelines *(continued)*

Candidates **CANNOT** begin work before successful completion of the hiring process:

- Reference Check;
- Fingerprinting; and
- POET.




# Departments

- **Food & Nutrition Services**
- **Custodial Services**
- **Distribution Services/Warehouse**
- **Maintenance & Facility Services**
- **PLACE Program**
- **Transportation**

*(Transportation coordinates and handles POETs for their department):*

# Current & New Employees

CURRENT EMPLOYEES (Transferring to a POET position)	NEW EMPLOYEES
<ul style="list-style-type: none"><li>• Physical Exam</li><li>• Range of Motion/Functional Test</li></ul> <p><u>CURRENT EMPLOYEES</u> <u>DO NOT UNDERGO</u> <u>DRUG SCREENING</u></p>	<ul style="list-style-type: none"><li>• Physical Exam</li><li>• Range of Motion/Functional Test</li><li>• Drug Screening</li></ul> 

**Applies to both current and new employees applying for a POET position**

# Current Employees

## Examples:

- **FNS Assistant transferring to a Custodial position.**
- **Custodian transferring to FNS Assistant.**
- **Instructional Assistant picking up a few hours within a Custodial position.**



# Current Employees

**Current employees making lateral transitions do NOT have to undergo the POET.**

- **6.00 hour Custodian going to an 8.00 hour Custodian.**
- **Custodian transferring to an Assistant Plant Manager.**
- **FNS Assistant transferring to a FNS Production Assistant.**

# Scheduling a POET

- 1) Complete all sections of the Request for Appointment and submit to Risk Management.**

*Fax: 4x2039 or Email: riskmanagement@pasco.k12.fl.us*

- 2) Risk Management will schedule the appointment and notify you of the date and time via email.**

- 3) It is up to the hiring administrator to notify the applicant of his/or her time, and provide him/her a copy of the POET instructions (*provided in email from Risk Management*).**

# Applicant Instructions

1. Plan to **arrive at least 15 minutes before your scheduled appointment** time. If you are unable to keep your scheduled appointment you must call (813) 794-2520
2. Bring a list of all medications currently taking
3. Bring your **driver's license** or other state-issued identification card.
4. Wear comfortable clothing and **closed-toe shoes** (no heels).
5. Allow approximately one (1) hour for testing.

## LATE ARRIVALS

In consideration of others, if you arrive late for your scheduled appointment time, you may be rescheduled for another time and/or day if the Health and Wellness Center is unable to work you in among the other scheduled appointments. *Rescheduling an appointment may delay the candidate's employment date with the District School Board of Pasco County.*

**THESE INSTRUCTIONS WILL BE CONTAINED WITHIN THE EMAIL FROM RISK MANAGEMENT WITH THE APPOINTMENT DATE & TIME.**



# HWC Directions

## Directions to Land O' Lakes HWC:

The Health and Wellness Center is located off Gator Lane near the District School Board of Pasco County's District Office Complex on Hwy 41, between SR 52 and SR 54. If you are traveling northbound on Hwy 41, from SR 54, turn left onto Gator Lane at the intersection of Hwy 41 and Gator Lane. If you are traveling southbound on Hwy 41, from SR 52, turn right onto Gator Lane at the intersection of Hwy 41 and Gator Lane. Turn left after the crosswalk on Gator Lane, into the parking lot and turn immediately to the right into the connecting parking lot. The Health and Wellness Center will be on your right, Building #14.



# Cancellations & Rescheduling

- 1) Candidates must contact Christina if they need to cancel or reschedule their appointments.

*Christina Gernhart-Telephone No.: (813) 794-2520*

- 2) Considered a “**NO SHOW**”, if candidate fails to cancel or reschedule his/her POET appointment.
- 3) A candidate who has two (2) no shows/cancellations must wait six (6) months before reapplying for a position that requires POET.



# WORKERS' COMPENSATION BASICS



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# Purpose of Workers' Comp

**Purpose of the workers' compensation law is to ensure that an injured employee is able to return, as closely as possible, to the same physical and economic status, he or she enjoyed before the injury or illness.**



# Who's Who

## ➤ **The Office for Human Resources & Educator Quality(HREQ)-Risk Management Section**

- Responsible for interpreting and administering the workers' compensation policies adopted by the District School Board of Pasco County

## ➤ **Staff-Claims Administration**

- Christina Gernhart, Benefits Associate
- Zsuzsi McGovern, Claims Specialist
- Lauren Weber, Risk Manager
- Patricia Howard, Senior Manager
- Christine Pejot, Director



# Who's Who (*continued*)

## ➤ **Employee Relations**

- Assists Risk Management, principals and directors with workers' compensation claims that involve employee relations issues that includes but is not limited to an employee's non-compliance with return to work policies and job reassignment.

## ➤ **Staff**

- Thomas Neesham, Supervisor
- Kathy Scalise, Supervisor
- Sandra May, Equity Manager
- Betsy Kuhn, Director



# Who's Who (*continued*)

## ➤ **Johns Eastern Company (JECO)**

- Processes, manages, pays workers' compensation claims.
- Coordinates all medical treatment for work related injuries and illnesses.

### Claims Staff:

Elizabeth Nunez, Medical Only Adjuster  
Heather Lentz, Loss Time Adjuster  
Amanda Judkins, Legal Adjuster  
Traci Loftus, Claims Supervisor

### Medical Staff:

Brenda Bergeron, Case Manager (A-L)  
Albert Aronovitz, Case Manager (M-Z)

**JECO Phone: (800) 749-3044**

# Who's Who (*continued*)

## ➤ **Injury-in-Line of Duty Committee (ILD)**

- The committee has five (5) voting members assigned by the District and five (5) assigned by the Union
- Review employees' request for ILD leave
- Promotes worksite safety

## ➤ **Members**

- Lauren Weber, Chair
- 5 District Representatives
- 5 USEP Representatives





# Basic Facts

Workers compensation covers every employee in the District School Board of Pasco County, including:

- Volunteers
- Substitutes
- Interns



# Basic Facts

Workers compensation coverage will pay for the most reasonable and necessary medical care:

- Visits to approved health care providers
- Surgery and hospital care
- Prescriptions drugs
- Medical supplies
- Transportation when authorized
- Mileage reimbursement (authorized visits only)



# Board Policy vs. Florida Law

## Board Policy

Under the board's policy, on the job injuries should be reported **immediately** to a supervisor or workers' compensation designee.

## Florida Law

Under Florida law, employees must advise their supervisor or workers' compensation designee of an injury within 30 days after the date of the injury.



# **WORKERS' COMPENSATION NEW EMPLOYEES**



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# New Employees

## **Acknowledgement of Procedures:**

- All employees must acknowledge they have read and understand the District's Workers' Compensation procedures by signing the "Workers' Compensation Acknowledgement of Procedures", which can be located at:

[http://www.pasco.k12.fl.us/library/ebarm/hiring\\_managers/nhform\\_workerscompacknowledgement.pdf](http://www.pasco.k12.fl.us/library/ebarm/hiring_managers/nhform_workerscompacknowledgement.pdf)

All signed "Workers' Compensation Acknowledgement of Procedures" should be returned to HREQ

# New Employees

## **Employee Handbook for Workers' Compensation:**

All employees of the District must read and review the employee handbook for “Workers’ Compensation”, which is available for their review at:

**[http://www.pasco.k12.fl.us/library/ebarm/workers\\_comp/dsbpc\\_wceehb](http://www.pasco.k12.fl.us/library/ebarm/workers_comp/dsbpc_wceehb)**

**\*Substitutes, Volunteers & Interns ONLY need to be given the handbook following a work-related injury/illness. ALL District Employees should review and sign Workers' Compensation Acknowledgement of Procedures upon being hired.**

# **WORKERS' COMPENSATION AFTER A WORK-RELATED INJURY**



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# After a Work-Related Injury







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# **WORKERS' COMPENSATION NOTICE OF INJURY-REPORT ONLY**



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# Report Only-Not Seeking Medical Treatment

This is Dave, he's a custodian and he just poked his head with a few pins. He says he's okay and does NOT need to seek treatment.

**What do you do?**





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# Report Only-Not Seeking Medical Treatment

**Stop what you're doing & respond to Dave.**

**Complete a Notice of Injury (REPORT ONLY) online & submit.**

Print the following:

1. NOI
2. Injured Employee Acknowledgement Letter
3. Supervisor's Investigation Report
4. Injured Employee Statement
5. WC Provider List



# Report Only-Not Seeking Medical Treatment

Step 7: Continue by providing descriptive information of the injury.

## Accident Detail

**Employee did not seek medical attention and continues to work.(report only) Used for record keeping purposes**

Enter the date that the employee last worked prior to initially missing time because of this injury.  
(Leave blank if the employee never missed any full days.)

Date Last Worked



Enter the date that the employee initially returned to work following the injury.  
(Leave blank if the employee has not yet returned.)

Return to Work Date



# Report Only-Not Seeking Medical Treatment

Give Dave a copy of the following for his review and signature:

1. NOI
2. Injured Employee Acknowledgement Letter
3. Injured Employee Statement (optional)
4. WC Provider List

Have the Supervisor's Investigation Report (SIR) completed within three (3) business days.

Scan and email all documents to Risk Management and retain a copy for yourself.





# Report Only-Not Seeking Medical Treatment

**The following week, Dave comes in and tells you he thought he was okay, but his head is still hurting and he wants to seek treatment.**



**What do you do?**

# Report Only-Now Seeking Medical Treatment

**Instruct the employee to call Johns Eastern Company at (800) 749-3044 extension 1322. The medical only claims adjuster assigned to the District will assist the employee with obtaining medical treatment. The employee must have the tracking number assigned to his or her “report only” notice when calling Johns Eastern Company for assistance. Remember to print and retain a copy of the “Notice of Injury” for your files.**

**Dave should take a copy of the NOI and go to the HWC nearest to his work location. He does NOT need an appointment.**

# **WORKERS' COMPENSATION EMPLOYEE SEEKING TREATMENT**

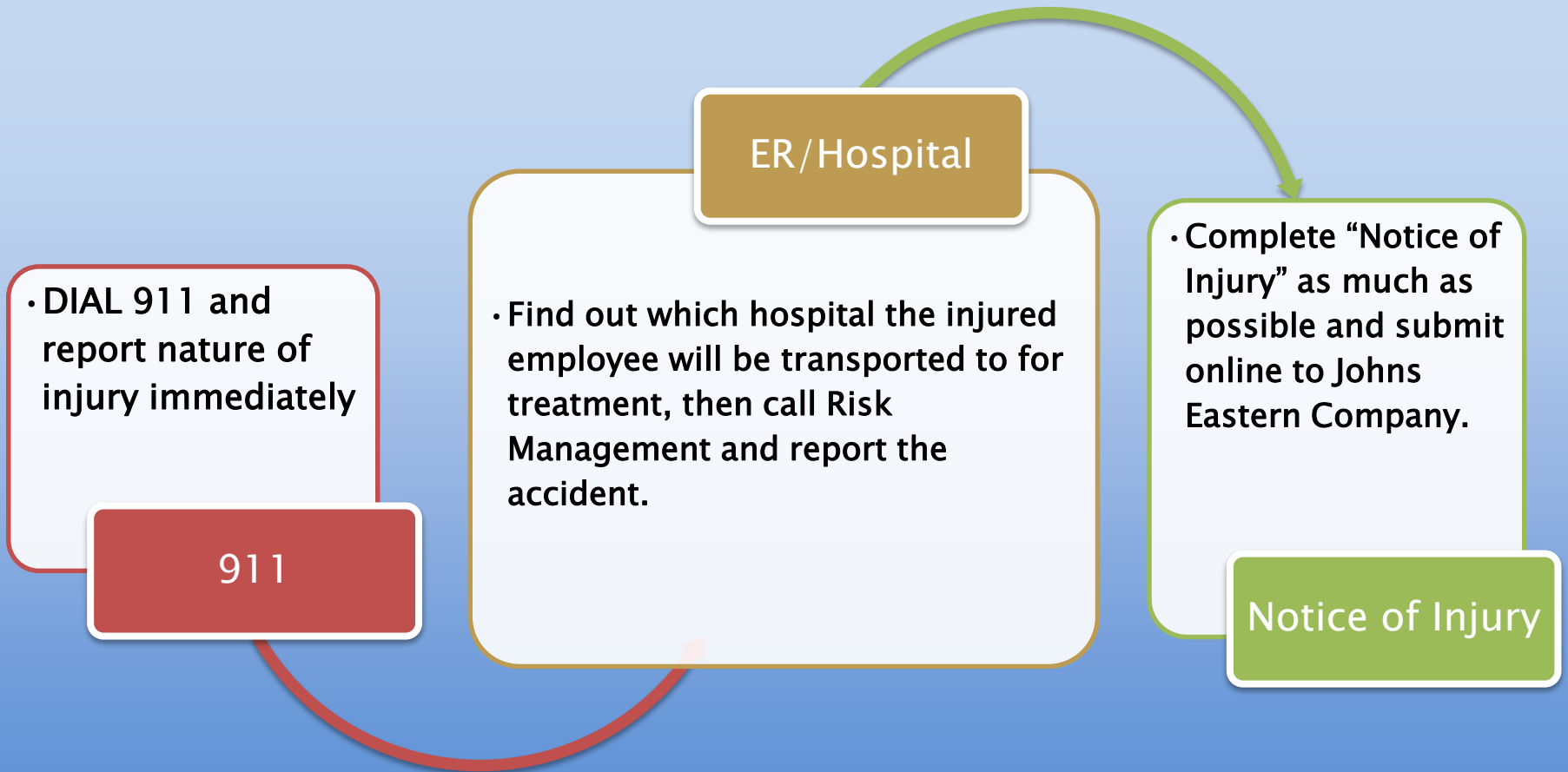


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# Emergency/Life Threatening Situations



**The employee must follow-up with the HWC closest to their work location within 24-48 hours.**

# Seeking Medical Treatment

## MAY Seek Medical Treatment

All employees who experience a work-related injury or illness should seek initial medical treatment from an authorized network provider nearest to their work location.

## MUST Seek Medical Treatment

An employee who misses more than two (2) days from work due to a work-related injury or illness, must seek medical treatment from an authorized network provider.

# Approved Providers-HWC Locations

## HWC LOCATIONS

<p>Centennial Middle HWC 38503 Centennial Road Dade City, FL 33525</p>	<p>Land O' Lakes HWC 20360 Gator Lane, Bldg. 14 LOL, FL 34638</p>	<p>Gulf High HWC 5117 Madison Street NPR, FL 34652</p>	<p>Hudson HWC 14730 Cobra Way Hudson, FL 34669</p>	<p>Wesley Chapel HWC 30833 Wells Road Wesley Chapel, FL 33545</p>
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## HOURS OF OPERATION

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am - 11:00 am 1:00 pm - 4:00 pm	7:00 am - 11:00 am 1:00 pm - 3:00 pm	10:00 am - 1:00 pm 3:00 pm - 6:00 pm	8:00 am - 11:00 am 1:00 pm - 4:00 pm	8:00 am - 11:00 am 1:00 pm - 4:00 pm



# Seeking Medical Treatment

## AFTER HOURS & URGENT CARE PROVIDERS

Doctors Urgent Care  
2402 US Highway 19  
Holiday, FL 34691  
727-945-0100

MedExpress Urgent Care  
20677 Bruce B. Downs Road  
New Tampa, FL 33647  
813-973-9731

MedExpress Urgent Care  
22945 State Road 54  
Lutz, FL 33549  
813-909-9099

Suncoast Urgent Care  
10730 State Road 54, Ste. 104  
Trinity, FL 34655  
727-372-3888  
*(formerly Trinity Urgent Care)*



Suncoast Urgent Care  
4112 Mariner Blvd  
Spring Hill, FL 34609  
352-684-3288

## HOSPITALS

Florida Hospital Zephyrhills  
7050 Gall Boulevard  
Zephyrhills, FL 33541  
813-788-0411

Florida Hospital N. Pinellas  
1395 S. Pinellas Avenue  
Tarpon Springs, FL 34689  
727-942-5008  
*(formerly Helen Ellis Memorial Hospital)*

Bayfront Health Spring Hill  
10461 Quality Drive  
Spring Hill, FL 34609  
352-688-8200  
*(formerly Spring Hill Regional Hospital)*

Florida Hospital Tampa  
3100 East Fletcher Avenue  
Tampa, FL 33613  
813-974-6000  
*(formerly University Community Hospital)*

Medical Center of Trinity  
9330 State Road 54  
Trinity, FL 34655  
727-848-1733

Bayonet Point Medical Center  
14000 Fivay Road  
Hudson, FL 34667  
727-819-2929

# Appointments for Medical Treatment

- Should be scheduled before or after work
- Encourage employees to make related workers' compensation medical appointments either early morning or late afternoon
- May only request up to four (4) hours of ILD leave per day for medical appointments that interrupts their work schedule

**Remember ILD is not automatically approved.**





# Seeking Medical Treatment

**This is Tom, he's a P.E. Teacher, and while demonstrating how to play soccer, he tripped in a hole on the field and injured his left ankle and low back. He is wanting to seek treatment.**

## What do you do?



# Seeking Medical Treatment

**Stop what you're doing & respond to Tom.**

**Complete a Notice of Injury online & submit.**

**Print the following:**

- 1. NOI**
- 2. Medical Authorization**
- 3. Healthsystems Prescription Card**
- 4. Injured Employee Acknowledgement Letter**
- 5. Supervisor's Investigation Report**
- 6. Injured Employee Statement**
- 7. WC Provider List**



# Seeking Medical Treatment

Give Tom a copy of the following for his review and signature:

1. NOI
2. Medical Authorization
3. Healthsystems Prescription Card
4. Injured Employee Acknowledgement Letter
5. Injured Employee Statement
6. WC Provider List



Fax a copy of the NOI to the HWC.

Give Tom a copy of the NOI and his prescription card and send him to the HWC nearest to his work location.



# Seeking Medical Treatment

**Have the Supervisor's Investigation Report (SIR) completed within three (3) business days.**



**Scan and email all documents to Risk Management and retain a copy for yourself.**

# Seeking Medical Treatment-Urgent Care or ER

**This is Stuart, he's a Clinic Assistant, and yesterday he fell and hit his head. He was incoherent and had to be transported to the ER by ambulance. He came into work today, but did not bring any work status from the ER and has not gone to the HWC.**

**What do you do?**



# Seeking Medical Treatment-Urgent Care or ER

Any employee who initially seeks treatment at an urgent care facility or ER needs to follow-up at the HWC closest to their work location within 24-48 hours. They should **NOT** follow-up with the Urgent Care Facility or any referral provided by the ER.



The employee does not need an appointment, and will be seen on a walk-in basis at HWC. They just need to bring a copy of their NOI.

# **WORKERS' COMPENSATION LEAVE PROCESS**



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# ILD Leave vs. WC Leave

- **ILD leave is a PAID leave. The employee receives pay from the Board while on ILD leave.**
- **Once an employee exhausts their ILD leave, if they remain out they will transfer onto a Workers' Compensation (WC) Leave.**
- **WC leave is an UNPAID leave. The employee does NOT receive pay from the Board. Instead they receive a percentage (66 2/3%) of their pay from Johns Eastern.**





# Injury/Illness-in-Line-of-Duty-Leave

- **Up to ten (10) days of ILD leave during each school year following a work-related illness/injury.**
- **ILD leave is not automatically granted.**
- **Subject to investigation, review and approval by the ILD Committee.**
- **A Supervisor's Investigation Report (SIR) is required before the ILD Committee can review the request for ILD leave.**

# Injury/Illness-in-Line-of-Duty-Leave

## 10 Days

- If the employee incurs more than one work-related injury or illness within school year he or she will not be entitled to additional days.

## July 1<sup>st</sup> – June 30<sup>th</sup>

- The maximum is ten (10) days per school year regardless of the number of injuries or illnesses incurred

# When to Request ILD Leave

Employee has reported a  
work-related illness/injury  
and....

Is losing time because  
they have been  
placed on a no work  
status or are unable  
to be accommodated.

Is missing time from  
work to attend  
authorized workers'  
comp appointments.



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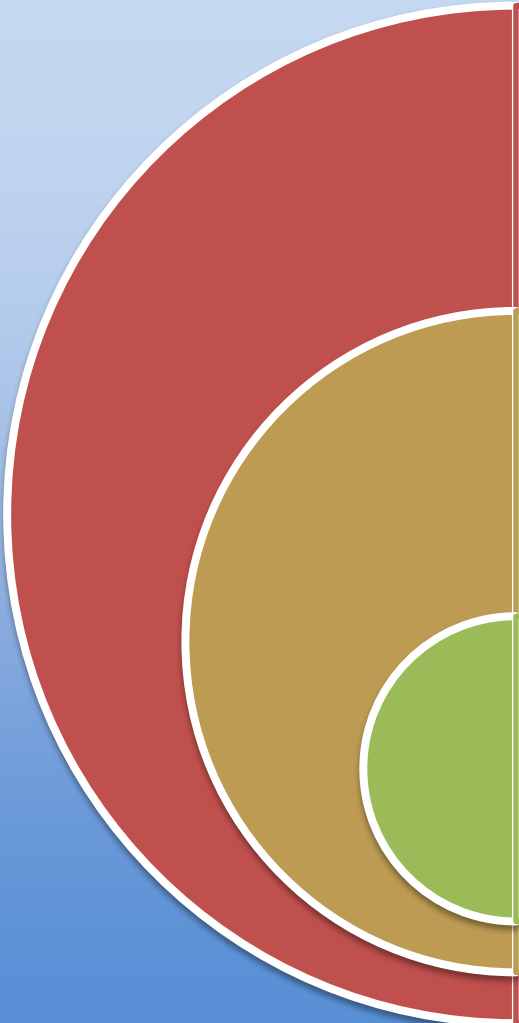
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*or*

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# Reporting ILD Leave



**Keep track and monitor an employee's ILD leave on the ILD Log. Risk Management does NOT keep track of the time an employee is missing.**

**MIS #101-ILD leave should be recorded under Section #6. A copy of the ILD Log can be attached to itemize the dates and time.**

**ILD Leave must be reported in Munis. What is entered into Munis and what is on the MIS #101 should be identical.**

# ILD Leave Munis Codes

Schools/District

350/Reason  
Code 8405

PLACE

351/Reason  
Code 8405

Transportation

350/Reason  
Code 8405



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# Tracking ILD Leave

2015		SEPTEMBER				
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11 	12
13	14 	15 	16 	17 	18 	19
20	21 	22 	23 	24 	25 	26
27	28	29	30			



# Reporting WC Leave



**WC leave should be recorded under Section #7.**

**WC Leave must be reported in Munis. What is entered into Munis and what is on the MIS #101 should be identical.**

# WC Leave Munis Codes

Schools/District

390/Reason  
Code 8305

PLACE

391/Reason  
Code 8305

Transportation

390/Reason  
Code 8305

# WC Leave Munis Reporting


Time Entry History - Munis [DISTRICT SCHOOL BOARD OF PASCO COUNTY]

Employee	SSN	Last Name	First Name	MI

From	02/06/2014	to	02/06/2014	<input type="button" value="Text"/>
Job Class	5026	CUSTODIAN		
Pay	391	LEAVE WITHOUT PAY 6AS		
Hours Entry		to		From
Quantity	-8.00	HOURS		
Allocation				
Account	1100.0089.12.90000.516000.7900.0000			
Other Support Personnel				
Location	0089 - PAUL R SMITH MIDDLE			
Notes	987132			
Reason	8305	WORKERS COMPENSATION		
Batch		Clerk	PAYROLLIMPORT	Payroll Import
ESS Approval		ESS Clerk		
		ESS Date		15

**USE PAY CODE 390 OR 391 FOR WC LEAVE DEPENDING ON YOUR LOCATION** ★



# MIS #101 Leave Form

## District School Board of Pasco County

MIS Form #101  
Rev. 6/98

**OFFICE USE ONLY:**  
Run # \_\_\_\_\_ Employee Job # \_\_\_\_\_  
Amended \_\_\_\_\_

### REQUEST FOR LEAVE or TEMPORARY DUTY

INST.  NONINST.  ADMIN.

(1) Employee Requesting Leave/Temporary Duty	(2) Employee ID Number	(3) Effective Date(s) Including Travel Time (beginning) - (ending)	(4) Leave Duration Work Time ONLY
Last First MI	ID#	Time Mo Day Yr Time Mo Day Yr	Days Hours

<b>(5) Data Entry Leave - WITH PAY</b> <input type="checkbox"/> Illness, Personal <input type="checkbox"/> Illness: _____ relationship <input type="checkbox"/> Death: _____ relationship <input type="checkbox"/> Personal (instructional only) <input type="checkbox"/> Personal (noninstructional and administrative cite/ check reason below) ___ Family problem ___ Household emergency ___ Legal business ___ Transportation problem ___ Other (explain below) <input type="checkbox"/> Personal (school-related event) <input type="checkbox"/> Vacation	<b>(6) Human Resources Leave - WITH PAY</b> <input type="checkbox"/> <b>Injury-in-line-of-Duty</b> (attach Injury Report copy) <input type="checkbox"/> Jury Duty - Witness (attach copy of summons) <input type="checkbox"/> Military (attach copy of orders) <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> Other (explain below)	<b>(7) Human Resources Leave - WITHOUT PAY</b> <input type="checkbox"/> Child Rearing <input type="checkbox"/> FMLA <input type="checkbox"/> Illness, Personal <input type="checkbox"/> Professional (explain below) <input type="checkbox"/> Personal (explain below) <input type="checkbox"/> <b>Workers' Compensation</b> <input type="checkbox"/> Other (explain below) <p style="text-align: center;"><b>INSURANCE NOTICE</b></p> <p style="text-align: center;">You must contact the Employee Benefits Section to continue group insurance coverage any time that you do not receive a regular paycheck.</p>	<b>(8) Data Entry Leave - WITH PAY</b> <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Professional (explain below #10) <input type="checkbox"/> Temporary Duty (explain below #10) <b>* (9) Authorized Cost Center Encumbrance (Complete #11 and 14)</b> <input type="checkbox"/> <b>ALL following items:</b> <input type="checkbox"/> Mileage <input type="checkbox"/> Per Diem <input type="checkbox"/> Registration Fee <input type="checkbox"/> Other Incidental Expenses
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(10) Explanation for request for Professional/Temporary Duty assignment and location.	(11) Accounting Code						
	FUND	COST CENTER	PROJECT	OBJECT	FUNCTION	GENERAL LEDGER	SUB PROJECT/PROGRAM

DISTRIBUTION:  
 WHITE - Sections (5) & (8) send to Data Entry, I.S.  
 Sections (6) & (7) send to Human Resources  
 CANARY- School/Cost Center  
 PINK - Employee

(12) Employee	(14) Cost Center Administrator
Signature _____ Position _____ School/Dept. _____	Signature _____
(13) Authorizing Administrator	* Signature REQUIRED for reimbursement
Signature _____ Date _____	

# WC Leave & Employee Benefits

- **When an employee transitions onto an approved WC Leave:**

The Board continues to pay the employer paid benefits (FL Blue-Basic Plan & Employee Minnesota Life-Basic Plan).

The employee is responsible for payment of premiums for any buy-ups and voluntary benefits they elected to carry.

Risk Management will bill the employee on a monthly basis while they remain out.

# **WORKERS' COMPENSATION RETURN-TO-WORK PROGRAM**



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# Return-to-Work (RTW) Program

- **Promotes keeping employees actively working following a work-related injury or bringing injured employees back to work.**
- **Enables locations to accommodate employees by providing modified or alternate duties within the limitations established by the authorized treating physician.**
- **All locations are encouraged to make an effort to accommodate employees. There should be little to no restrictions that we CANNOT accommodate after a work-related injury.**

# Restrictions

- **Following each appointment Johns Eastern will email the DWC-25 with the employees restrictions.**
- **You must respond to the adjuster, indicating whether or not the employee's restrictions can be accommodated within their primary position or with modified or alternate duties.**





# DWC-25 Restrictions

PAGE 1

**Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1**

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name: \_\_\_\_\_ 2. Visit/Review Date: \_\_\_\_\_ FOR INSURER USE ONLY

3. Injured Employee (Patient) Name: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Social Security #: \_\_\_\_\_

6. Date of Accident: \_\_\_\_\_ 7. Employer Name: \_\_\_\_\_ 8. Initial visit with this physician?  a) NO  b) YES

**SECTION I CLINICAL ASSESSMENT / DETERMINATIONS**

9.  No change in Items 9 - 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/Illness for which treatment is sought is:  
 a) NOT WORK RELATED  b) WORK RELATED  c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.  
 a) NO  b) YES  c) UNDETERMINED as of this date  
If YES or UNDETERMINED, explain: \_\_\_\_\_

12. Diagnosis(es): \_\_\_\_\_

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.  
a) Is there a pre-existing condition contributing to the current medical disorder?  
 a<sub>1</sub>) NO  a<sub>2</sub>) YES  a<sub>3</sub>) UNDETERMINED as of this date  
b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?  
 b<sub>1</sub>) NO  b<sub>2</sub>) exacerbation  b<sub>3</sub>) aggravation  b<sub>4</sub>) UNDETERMINED as of this date  
c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?  
 c<sub>1</sub>) NO  c<sub>2</sub>) YES  
d) Given your responses to the items above, is the injury/illness in question the major contributing cause for the reported medical condition?  
 d<sub>1</sub>) NO  d<sub>2</sub>) YES  
If YES, the treatment recommended (management/treatment plan)?  
 d<sub>3</sub>) NO  d<sub>4</sub>) YES  
If YES, the functional limitations and restrictions determined? \_\_\_\_\_

**SECTION II PATIENT CLASSIFICATION LEVEL**

14. LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.

15. LEVEL II - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and motor control). Treatment: physical reconditioning and functional restoration.

16. LEVEL III - Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.

17. LEVEL UNDETERMINED AS OF THIS DATE

**SECTION III MANAGEMENT / TREATMENT PLAN**

18. No clinical services indicated at this time. If checked, GO TO SECTION IV

19. No change in Items 20a - 20g since last report submitted. If checked, GO TO SECTION IV

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.  
\*\*\* THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. \*\*\*  
a) Consultation with or referral to a specialist. Identify principal physician: \_\_\_\_\_  
Identify specialty & provide rationale: \_\_\_\_\_  
 a<sub>1</sub>) CONSULT ONLY  a<sub>2</sub>) REFERRAL & CO-MANAGE  a<sub>3</sub>) TRANSFER CARE  
b) Diagnostic Testing: (Specify) \_\_\_\_\_  
c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:  
 c<sub>1</sub>) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.  
 c<sub>2</sub>) Physical Reconditioning (Level II Patient Classification)  
 c<sub>3</sub>) Interdisciplinary Rehabilitation Program (Level III Patient Classification)  
Specific instruction(s): \_\_\_\_\_  
d) Pharmaceutical(s) (specify): \_\_\_\_\_  
e) DME or Medical Supplies: \_\_\_\_\_  
f) Surgical Intervention - specify procedure(s): \_\_\_\_\_  
 f<sub>1</sub>) In-Office  
 f<sub>2</sub>) Surgical Facility  
 f<sub>3</sub>) Injectable(s) (e.g. pain management): \_\_\_\_\_  
g) Attendant Care: \_\_\_\_\_

Form DFS-FS-DWC-25 (revised 5-26-05) Page 1 of 2

PAGE 2

**Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 2**

Patient Name: \_\_\_\_\_ Soc.Sec.#: \_\_\_\_\_ D/A: \_\_\_\_\_ Visit/Review Date: \_\_\_\_\_

**SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS**

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

21. No functional limitations identified or restrictions prescribed as of the following date: \_\_\_\_\_

22. The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she is unable to perform his/her regular job duties, based on his/her specific physical findings, as of the following date: \_\_\_\_\_ Use additional sheet if needed.

23. The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part: \_\_\_\_\_ Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/ Position & Other Parameters
<input type="checkbox"/> Bend			
<input type="checkbox"/> Carry			
<input type="checkbox"/> Climb			
<input type="checkbox"/> Grasp			
<input type="checkbox"/> Kneel			
<input type="checkbox"/> Lift-floor > waist			
<input type="checkbox"/> Lift-waist > overhead			
<input type="checkbox"/> Pull			
<input type="checkbox"/> Push			
<input type="checkbox"/> Reach-overhead			
<input type="checkbox"/> Sit			
<input type="checkbox"/> Squat			
<input type="checkbox"/> Stand			
<input type="checkbox"/> Twist			
<input type="checkbox"/> Walk			
<input type="checkbox"/> Other			

**COMMENTS:**  
Other choices: Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration, Auditory; Specific Job Task(s); etc.  
NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date. Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

**SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING**

24. Patient has achieved maximum medical improvement?  
 a) YES, Date: \_\_\_\_\_  b) NO  c) Anticipated MMI date: \_\_\_\_\_  
 d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated:  e) Yes  f) No

25. \_\_\_\_\_ % Permanent Impairment Rating (body as a whole) Body part/system: \_\_\_\_\_

26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions):  
 a) 1995 FL Uniform PIR Schedule  b) Other, specify \_\_\_\_\_

27. Is a residual clinical dysfunction or residual functional loss anticipated for the work-related injury?  
 a) YES  b) NO  c) Undetermined at this time.

**SECTION VI FOLLOW-UP**

28. Next Scheduled Appointment Date & Time: \_\_\_\_\_

**SECTION VII ATTESTATION STATEMENT**

"As the Physician, I hereby attest that all responses herein have been made in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation this patient, and have been shared with the patient."  
"I certify to any MMI / PIR information provided in this form."

Physician Group: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Physician DOH License #: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ (print name) Physician Specialty: \_\_\_\_\_

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:  
"I hereby attest that all responses herein relating to services rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical regarding, documentation regarding this patient, and have been shared with the patient."

Provider Signature: \_\_\_\_\_ Provider DOH License #: \_\_\_\_\_  
Provider Name: \_\_\_\_\_ (print name) Date: \_\_\_\_\_

Form DFS-FS-DWC-25 (revised 5-26-05) Page 2 of 2

# Modified vs. Alternate Duty

## **MODIFIED DUTY**

**Temporary duties established within the employee's regular position. Modified work is providing a different way for an employee to perform the essential functions of their job.**

## **ALTERNATE DUTY**

**Temporary duties established away from an employee's regular worksite and/or job functions.**

# Modified Duty Examples

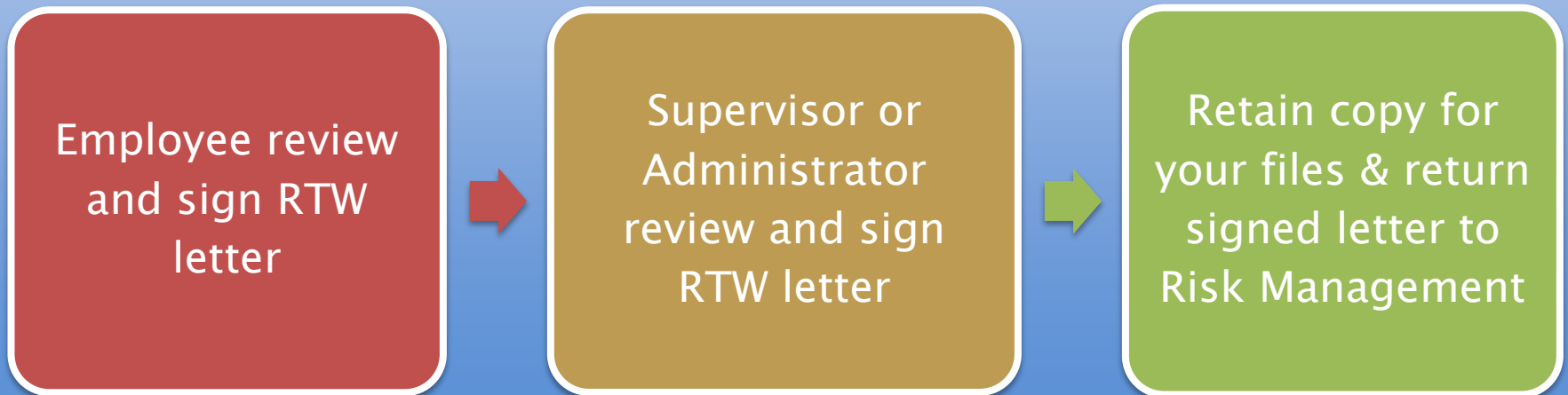
Custodian	Food Service	Instructional Asst.
<ul style="list-style-type: none"> <li>• Picking up Trash with Spear/Stick</li> <li>• Wipe Down Walls/Tables/Desks/Windows/Computer Screens (bucket can be placed on cart to comply with bending/twisting restrictions)</li> <li>• Clean Gum Off Tables</li> <li>• Light Dusting/Sweeping/Spot Mopping</li> <li>• Restroom Monitor with Light Cleaning</li> <li>• Empty Trash When Bag is Half Full (not removing bag, only contents)</li> <li>• Fill Soap Dispensers</li> </ul>	<ul style="list-style-type: none"> <li>• Cashier (may sit on chair to comply with any standing restrictions)</li> <li>• Provide Cart to Assist with Lifting/Carrying Restrictions</li> <li>• Assist with Food Preparation</li> <li>• Wash Dishes</li> <li>• Inventory</li> </ul>	<ul style="list-style-type: none"> <li>• Assist Classroom Teacher</li> <li>• Lead Students to Cafeteria, Playground or Restrooms</li> <li>• Lead Reading Group</li> <li>• Utilize Equipment to Assist with Lifting (Hoyer Lift)</li> </ul>

# Alternate Duty Examples

Custodian	Food Service	Instructional Asst.
<ul style="list-style-type: none"><li>• <b>Hall Duty</b></li><li>• <b>Shredding Paper</b></li><li>• <b>Making Copies</b></li><li>• <b>Stuffing Envelopes</b></li><li>• <b>Parking Lot Security</b></li><li>• <b>Cafeteria Monitor</b></li><li>• <b>Inspect Campus for Safety Hazards, Complete Work Orders</b></li><li>• <b>Signing-In Visitors</b></li><li>• <b>Assisting in Media (labeling books, checking out books)</b></li></ul>		

# Modified & Alternate Duties

If your location CAN accommodate an employee's restrictions with modified or alternate duties, Risk Management will prepare a "Return-to-Work Employee Notification Letter" and send via email to the supervisor or administrator.



# Refusal to Participate

If work is available and the employee states that he or she is unable to return to work, then the employee needs to do one of the following:

1. Use their personal sick leave
2. Use their personal vacation time
3. Take an unpaid leave
4. **All Leaves Must Be Approved in Accordance with District Policy**

This leave will remain in effect until the employee provides a written note from the workers' compensation doctor stating otherwise

# An Extra Pair of Hands

If you are in need of an extra pair of hands at your location, please do not hesitate to reach out to us. We may have an employee who can temporarily assist you at no charge to your cost center. If you have work available, please provide the following:

- Brief description of tasks/project;
- Requested work schedule; and
- Name of immediate supervisor.



# **WORKERS' COMPENSATION OCCUPATIONAL HEALTH SERVICES**



## **Pasco County Schools**

Providing a world-class education for all students

**Kurt S. Browning, Superintendent of Schools**



# Occupational Health Services

- **Hepatitis-B Vaccination  
(At-Risk Employees)**
- **Tuberculosis Screening  
(Early Childhood Programs)**



# Hepatitis-B Vaccine for At-Risk Employees

- Information is communicated to new employees upon hire that are considered to be “At-Risk”:

Adaptive PE Teacher	Alternative Education Center Teacher/Staff	Athletic Coach
Behavior Specialist	Clinic Assistant & Substitutes	School Nurse
Custodian	Early Childhood Program Staff	ESE Teacher/ Instructional Asst.
LPN/Instructional Asst.	ESE Bus Driver/ Transportation Asst.	Juvenile Detention Center Teacher
Occupational Therapist/ Asst.	Health Occupation Teacher/ Clinical Instructor	Plant Manager
Assistant Plant Manager	PLACE Site Manager	PLACE Asst. Site Manager
PLACE Senior Childcare Asst.	Physical Therapist	Principal
Assistant Principal	Instructional Assistant for Student Discipline	Maintenance IV/Flooring/ Sewer Worker/ Carpenter/Other positions as appropriate (consult Custodial Services Specialist)

# Hepatitis-B Vaccine

- **Only those employees who are exposed to another person's blood or body fluids as a routine part of their job role are eligible to receive the vaccine through the DSBPC.**
- **The vaccine is provided at no cost to the employee.**



# Hepatitis-B Vaccine

- ▶ **Direct employees with questions or who need additional information to:**
  - **Administrator or supervisor,**
  - **School Nurse or**
  - **Risk Management**



# Tuberculosis Screening & Health Examination

- ▶ **TB screenings and health examinations are required for new employees of Early Childhood Programs (ECP).**
  - ▶ **Teacher**
  - ▶ **Family Services Worker**
  - ▶ **Instructional Assistant**
  - ▶ **Paraprofessional**
- ▶ **Appointments are coordinated through ECP and Risk Management.**



# Tuberculosis Screening & Health Examination

- ▶ **Applicants can elect to have the examination and screening performed at the Land O' Lakes HWC for a small fee. If they are a current employee covered under the Board's health plan, payment for these services are waived.**
- ▶ **The Land O' Lakes HWC is the only location that performs the health examination for the TB.**
- ▶ **The applicant has to return to the HWC within 48-72 hours following the screening to have the site examined.**

# Tuberculosis Screening & Health Examination

- ▶ **Applicants can elect to have the screening and health examination conducted by a provider of their choice.**
- ▶ **They can elect to have the health examination conducted by their own physician and the screening portion at the HWC or vice versa.**
- ▶ **If an applicant elects to have ONLY the TB screening performed at the HWC, they can go to any of the five (5) HWC locations.**

