

**UNIVERSITY of NORTH DAKOTA  
PUBLIC SAFETY PROCEDURE LIBRARY**

**WORKERS' COMPENSATION AND CLAIMS MANAGEMENT**

Procedure: Workers' Compensation and Claims Management  
Responsible Executive: Associate Director for Safety  
Responsible Office: Office of Safety  
Issued: January 15, 2015  
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**REASON FOR PROCEDURE**

UND is required by North Dakota Century Code Chapter 65-01 and North Dakota University System Human Resource Policy Manual 8.1 to responsibly ensure that all employees are afforded the opportunity to work in a safe environment.

UND recognizes the health, safety, and well-being of its employees as a priority and has implemented measures by which to maintain a safe, healthy work environment, and to manage employee incident claims to ensure consistency with relevant legislation.

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**CONTACTS**

Specific questions should be directed to the following:

<b>Subject</b>	<b>Contact</b>	<b>Telephone</b>	<b>Office or Department E-Mail / Web Address</b>
<b>Procedure Clarification</b>	Office of Safety	(701) 777-3341	<a href="http://und.edu/finance-operations/environmental-health-and-safety/index.cfm">http://und.edu/finance-operations/environmental-health-and-safety/index.cfm</a> <a href="mailto:und.safety@und.edu">und.safety@und.edu</a>
<b>Americans with Disabilities Act as Amended (ADAAA)</b>	Equal Employment Opportunity/Affirmative Action	(701) 777-4171	<a href="http://und.edu/affirmative-action/">http://und.edu/affirmative-action/</a>
<b>Designated Medical Provider Information</b>	Office of Safety	(701) 777-3341	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a> <a href="mailto:und.safety@und.edu">und.safety@und.edu</a>
<b>Family Medical Leave Act (FMLA)</b>	Human Resources	(701) 777-4361	<a href="http://und.edu/finance-operations/human-resources-payroll/">http://und.edu/finance-operations/human-resources-payroll/</a>
<b>Forms</b>	Office of Safety	(701) 777-3341	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a> <a href="mailto:und.safety@und.edu">und.safety@und.edu</a>
<b>Non-emergency Injury Treatment</b>	Altru Occupational Health	(701) 780-1546	<a href="http://www.altru.org">http://www.altru.org</a>
<b>Records Retention</b>	Records Management Office	(701) 777-6797	<a href="http://und.edu/general-counsel/records-management/">http://und.edu/general-counsel/records-management/</a>

	Export Control	(701) 777-2049	<a href="http://und.edu/research/resources/export-controls.cfm">http://und.edu/research/resources/export-controls.cfm</a>
<b>Travel Outside of U.S.</b>	Office of Safety	(701) 777-3341	<a href="http://und.edu/finance-operations/environmental-health-and-safety/index.cfm">http://und.edu/finance-operations/environmental-health-and-safety/index.cfm</a>
<b>Workforce Safety &amp; Insurance (WSI)</b>	WSI	(800) 777-5033	<a href="https://www.workforcesafety.com/online-services/lineservices.asp">https://www.workforcesafety.com/online-services/lineservices.asp</a>

## DEFINITIONS

<b>Americans with Disabilities Act as Amended (ADAAA)</b>	A federal law that prohibits discrimination against people with disabilities.
<b>Designated Medical Provider (DMP)</b>	The Risk Management Workers Compensation Program (RMWCP) has selected state-wide occupational health specialists to serve as the Program’s designated medical providers (DMPs). <b>Employees intending to see a medical provider other than the University’s DMP</b> must designate this prior to utilizing that provider’s services. Employees are not required to designate an additional DMP.
<b>Emergency Medical Care</b>	Services necessary to prevent the death or serious impairment of the health of the recipient.
<b>Family Medical Leave Act (FMLA)</b>	Provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.
<b>Incident</b>	An incident is an unplanned occurrence that resulted in injury to UND employees or volunteers covered by workers’ compensation.
<b>Incident Investigation Report</b>	Must be completed within 24 hours of an incident by supervisors or anyone who has additional knowledge of an injury that occurred by an employee or volunteer covered by workers’ compensation.
<b>Incident Report</b>	Must be completed within 24 hours of an incident by employees or volunteers covered by workers’ compensation.
<b>Injury</b>	NDCC 32-12.2-01.2 defines injury as “personal injury, death...”
<b>Maximum Medical Improvement (MMI)</b>	A determination made by the treating medical provider that an injured employee has reached the point where no additional medical improvement is expected. Medical treatment at this point is usually complete.
<b>NDCC</b>	North Dakota Century Code
<b>Occupational Injury</b>	Personal injury or disease resulting from an occupational (work) incident.
<b>Partial Temporary Disability</b>	Injured employee is temporarily not able to work his/her complete schedules and/or tasks as determined by a medical provider.
<b>Time-loss Claim</b>	The severity of an injury requires an employee or volunteer covered by workers’ compensation to be put off work by a medical provider for five or more consecutive days.
<b>Total Temporary Disability</b>	Injured employee is not able to work as determined by a medical provider.
<b>Volunteer</b>	An individual who performs tasks or services for another without receiving payment or other remuneration.
<b>WSI</b>	Workforce Safety and Insurance

## PRINCIPLES

**OVERVIEW** – UND recognizes the health, safety, and well-being of its employees as a priority and has implemented measures by which to maintain a safe, healthy work environment, and to manage employee incident claims to ensure consistency with relevant legislation. UND desires to expedite recovery of employees with work-related injuries by returning them to productive employment status as soon as possible while minimizing the risk of re-injury.

UND is required by North Dakota Century Code Chapter 65-01 and North Dakota University System Human Resource Policy Manual 8.1, Worker’s Compensation, to responsibly ensure that all employees are afforded the opportunity to work in a safe environment. UND also complies with the Americans with Disabilities Act, as amended, including providing reasonable accommodations for qualified employees with disabilities to allow the employees to perform the essential functions of their positions.

The following claims management and return-to-work procedures are based on a philosophy that many injured employees can safely perform productive work during the process of recovery.

## PROCEDURES

### Designated Medical Providers (DMP)

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The Designated Medical Provider (DMP) program was initiated by North Dakota Risk Management to help with consistency in the treatment of injured employees. UND’s DMP is Altru Occupational Health. Employees may choose to identify an alternative DMP; however, this must be done prior to any work-related injury.

Employees must complete and submit a DMP form to Human Resources & Payroll Services at the beginning of employment. DMPs may be changed at any time by submitting a new form to the Office of Safety. However, each new DMP form submitted replaces the previous version in its entirety. Employees must include all medical providers they wish to utilize when submitting a new form.

If an injured employee seeks treatment from a medical provider that is not listed as UND’s DMP or it was not listed on the employee’s DMP prior to injury, medical expenses may be denied by WSI. The Office of Safety will redirect the employee to UND’s DMP once it has been notified the employee sought medical treatment from a non-designated medical provider.

Emergency care for an injury is exempt from DMP requirements.

### Occupational Injuries

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#### IF A WORK-RELATED INJURY OCCURS

##### *Employee Responsibilities*

1. Determine the seriousness of an injury and if medical attention is needed.
  - a. If the injury requires emergency medical care, the injured employee will proceed or be transported to an emergency treatment facility. If an ambulance is needed, dial 9-1-1. Emergency medical care for an injury is exempt from Designated Medical Provider (DMP) requirements.
  - b. If medical attention is needed but it is not an emergency, contact UND’s DMP or the DMP specifically identified by the employee in writing prior to injury as soon as possible to seek treatment.
2. Notify the employee’s supervisor immediately. However, if conditions of the emergency do not allow this communication, information must be provided as soon as possible.

3. Complete and submit an Incident Reporting form within 24 hours of a work-related injury to the Office of Safety.
4. Sign the First Report of Injury form (to establish the claim and generate a claim number) at the Office of Safety unless the injured employee is unable to come to the Office of Safety due to the work-related injury. In these instances, arrangements may be made to have the form brought to the injured employee for signature.
5. Give the WSI claim number to the health care provider that is treating the injury.

***Supervisor Responsibilities***

1. Complete the Incident Investigation form within 24 hours of being notified of a work-related injury and submit it to the Office of Safety.

***Office of Safety Responsibilities***

1. File the Worker’s Compensation Claim on-line to WSI within 24 hours of notification of a work-related injury if medical treatment is sought.
2. Contact the injured employee to notify him/her that the claim has been filed and to request employee’s signature on First Report of Injury form.

**Return-to-Work Program**

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UND is committed to accommodate injured employees through transitional duties.

After an incident, an injured employee’s medical provider may indicate that the employee has temporary physical restrictions that do not allow the employee to perform his/her regular duties. When feasible, the injured employee will receive a transitional duty assignment (upon approval from the employee’s medical provider). This transitional duty assignment will be provided during the course of the employee’s recovery from the specific occupational injury or disease that precluded the employee from performing his/her normal tasks. The employing UND department at the time of the injury will be required to pay the full pro-rated salary of the injured employee while on transitional duty.

**WORK RESTRICTIONS** – Work restrictions must be ordered by a medical provider through written work restrictions. Only one medical provider may submit documentation of work restrictions for an injured employee. The University will accommodate the restrictions outlined by a medical provider for work-related injuries to the extent possible.

***Employee Responsibilities***

1. If there are work restrictions due to a work-related injury, a medical provider must provide a copy of the documented work restrictions to the employee. The employee must provide a copy of this documentation to his/her supervisor.
2. Discuss current restrictions, modifying restrictions, or removing restrictions with the medical provider during the employee’s appointment(s). Any changes to work restrictions must be submitted to the employee’s supervisor.
3. Follow the return-to-work plan submitted by the employee’s supervisor and remain in contact with the employee’s medical provider until all restrictions are removed and the employee can return to duty in full capacity.
4. Follow the restrictions 24 hours per day to prevent delays in the recovery process.

***Supervisor Responsibilities***

1. Submit a copy of the employee’s documented work restrictions to the Office of Safety.
2. Prepare a return-to-work plan in collaboration with the employee and other departments if they are utilized to meet the work restrictions of the employee. Submit the return-to-work plan to the Office of Safety. The Office of Safety may be consulted at any point during this process.
3. Ensure the injured employee is not assigned tasks outside the medical restrictions.
4. Contact the Office of Safety for transitional duty information if unable to accommodate the employee’s restrictions.

**Transitional Work**

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**TRANSITIONAL DUTY** – In the event that the occupationally-injured employee is unable to perform their job functions, a transitional duty position may be offered to the employee by the University. UND reserves the right to have an injured employee complete transitional duty at any time, or shift, in which the work is available.

***Department Responsibilities***

1. Determine what tasks are available within the work restrictions identified by the medical provider.
2. If the employee cannot complete a sufficient amount of work to fill the work day, supplemental tasks may be assigned to fulfill the hours scheduled. This includes any task that can be of service to the department/departments and is within the work restrictions.

Transitional duty tasks are not required to be written in the employee’s position description.

3. Every effort must be made to have transitional duties assigned within the employing department; however, the employing department may look to other departments to provide transitional duties.

In the case where the employer cannot accommodate restrictions internal or external to the department, North Dakota State Risk Management reserves the right to assign the injured worker to work at another state agency.

The employee’s department pays the employee’s salary whether transitional duties are located internal or external to the department. This includes employee placement by North Dakota State Risk Management.

***Office of Safety Responsibilities***

1. Work collaboratively with employeeing department to determine transitional duties that accommodate the physical limitations of the employee who is recovering from a work-related injury.
2. Communicate the employee’s and supervisor’s responsibilities in regard to their roles in the transitional duty program and ensure that all parties perform those responsibilities.
3. Communicate with the medical provider in regard to the availability of transitional duties, the status of the employee’s claim, and any extenuating factors or circumstances that could affect the employee’s early return to work.
4. After a transitional work position is identified, a copy of the job duties must be sent to the employee’s treating medical provider for approval.
5. If the department/departments and/or Office of Safety are unable to provide transitional duties, or if a medical provider refuses to release the employee to any type of work, the Office of Safety must have consistent contact with the employee to provide moral support, assistance, and to monitor the progress of the medical status.

**TRANSITIONAL JOB OFFERS** – If an occupationally-injured employee cannot return to work in their normal capacity, a transitional job offer will be given to the employee. The Office of Safety will draft the transitional job offer agreement and complete a Transitional Duty Assignment form.

The agreement identifies:

1. The date of injury;
2. WSI claim number;
3. Name of medical provider;
4. Work restrictions;
5. The work that is available;
6. The number of days per week;
7. The hours per day that are required to be completed;
8. The duties assigned by the employing department; and
9. Any additional information or instructions as needed.

The offer is collectively reviewed by the supervisor, employee, and the Office of Safety. There is no change in salary when an employee is offered transitional work. The injured employee has the right to not accept Transitional work, and may decide to use sick leave if the department approves it. WSI must be informed of the transitional job offer whether the employee accepts or rejects it. The employee must sign a Request Release Form Transitional Work form if he/she opts not to report to work and use personal sick leave. This form must be obtained from the Office of Safety.

***Employee Responsibilities***

1. Respond to a transitional job offer within 24 hours, when possible, but not later than two days.
2. Provide the supervisor a new Workability Assessment form documenting any change to work restrictions. The employee will obtain this form from the medical provider after each appointment. The assessment form will be used to evaluate the possibility of changes or increases in duties.
3. Continue to attend medical appointments until there are no restrictions, or upon obtaining maximum medical improvement, and/or can perform regular job duties.

***Supervisor Responsibilities***

1. Sign the temporary transitional duty job offer.
2. Do not exceed the physical limitations set by the medical provider.
3. Notify the Office of Safety of acceptance or denial of transitional job offer.

**Time-loss Claims**

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In a time-loss claim, the severity of an injury requires an employee to be off work as determined by a medical provider for five or more consecutive calendar days.

If the claim is found to be compensable by WSI, a percentage of the employee’s salary, while unable to work due to work-related injury, will be compensated by WSI. This time away from work is defined as total/partial temporary disability.

WSI time-loss checks are payable to the injured employee. Payroll Services will reduce future paychecks by the amount of WSI time-loss benefits received. Through the payroll reimbursement process, sick leave, if applicable, will be credited back to the employee equal to the amount of compensation received from WSI.

The number of pay periods allowed to pay back the WSI adjustments should not exceed the number of pay periods away from work due to injury.

***Employee Responsibilities***

1. Submit sick leave, if applicable, for time off work to department supervisor.
2. Complete and return the Notification of Payroll Deduction form to Payroll Services within five days after receiving first reimbursement from WSI.
3. Send a copy of the WSI Benefit Summary included with the WSI payment to Payroll Services.

***Office of Safety Responsibilities***

1. Notify Payroll Services when a claim is a potential time-loss claim.
2. Notify HR to initiate FMLA process if it is expected the employee will be out for more than three consecutive work days.

***Payroll Services Responsibilities***

1. Receive confirmation from WSI of a time-loss claim.
2. Send the injured employee the following:
  - a. Memo for time-loss procedures;
  - b. Notification of Payroll Deduction form; and
  - c. A checklist of WSI time-loss procedures.
3. Adjust employee’s payroll check and sick leave balance, if applicable, after obtaining the Notification of Payroll Deduction form and WSI Benefit Summary from the employee.
4. Monitor the WSI Statement of Benefits to ensure that all payments received by the injured employee are accounted for.

***Human Resources Responsibilities***

1. Send employee Notice of the Eligibility and Rights & Responsibilities Form and request Long Term Medical Leave Request form and Certification of Health Care Provider form.

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**Maximum Medical Improvement**

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Maximum medical improvement (MMI) occurs when an injury is resolved or the injured employee reaches a state where their condition cannot be improved any further as determined by the medical provider. At that point, no further healing or improvement is deemed possible and this occurs despite continuing medical treatment or rehabilitative programs the injured employee partakes in.

***Office of Safety Responsibilities***

1. Inform WSI, the Affirmative Action Office, and the employee department any time an injured employee is determined to be at MMI, and/or if the employee is unable to meet the requirements of their current position.

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**Traveling and Working Outside the U.S. for Less Than 30 Days**

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The following procedures must be utilized for employees participating in work-related travel outside the U.S. for less than 30 days.

***Employee Responsibilities***

1. Contact his/her department regarding travel outside of the U.S. to ensure the Travel Outside of the U.S. form is completed three weeks prior to the departure for work-related travel.

***Department Responsibilities***

1. Complete the Traveling Outside the U.S. form and submit it by fax, email, or postal mail to the Office of Safety and the UND Export Control Officer three weeks prior to employee traveling.

**IF A WORK-RELATED INJURY OCCURS**

***Employee Responsibilities***

1. Determine the seriousness of an injury and if medical attention is needed.
  - a. If the injury requires emergency medical attention, proceed or be transported to an emergency treatment facility.
  - b. If medical attention is needed and it is not an emergency, contact a medical provider and the Office of Safety.
2. Notify the employee’s supervisor immediately. However, if conditions of the emergency do not allow this communication, information must be provided as soon as possible.
3. Complete and submit an Incident Reporting form within 24 hours of a work-related injury and submit it to the Office of Safety.

***Department Responsibilities***

1. Contact the Office of Safety when an employee sustains a work-related injury outside the United States.
2. Complete and submit an Incident Investigation form within 24 hours of employee’s work-related injury and submit it to the Office of Safety.
3. Any documentation received from either the injured employee or the medical provider regarding the work-related injury must be submitted to the Office of Safety.

***Office of Safety Responsibilities***

1. File the Worker’s Compensation Claim on-line to WSI within 24 hours of notification of work-related injury.

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**Traveling and Working Outside the U.S. for More Than 30 Days**

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The following procedures must be utilized for employees participating in work-related travel outside the U.S. for more than 30 days.

***Employee Responsibilities***

1. Provide documentation three weeks prior to departure to his/her department for the following:
  - a. Identify if coverage is provided by the host institution for workers’ compensation in the country in which the employee will work.
  - b. Identify if the country in which the employee will work has medical expense coverage only.
  - c. Identify if the workers’ compensation coverage will be purchased through a private market in the country in which the employee will work. Private insurance must be purchased in the country where they will work to comply with the laws of the foreign jurisdiction. WSI may cover components not covered by private worker’s compensation insurance. Components of a workers’ compensation policy are:
    - i. Medical,
    - ii. Time-loss wages,
    - iii. Partial/Permanent Disability,
    - iv. Retraining, or
    - v. Whatever is available in that country.



2. Provide documentation three weeks prior to department to his/her department a statement indicating the country in which the employee will work does not have workers’ compensation coverage and it cannot be obtained in the private markets.
3. Submit, to the Office of Safety, a copy of the workers’ compensation policy obtained through the private market in the country the employee will work.
4. Submit, to Accounting Services, receipts and Travel Expense Voucher for workers’ compensation coverage obtained through the private market in the country the employee will work.

***Department Responsibilities***

1. Complete the Traveling Outside the U.S. form and submit it by fax, email, or postal mail to the Office of Safety and the UND Export Control Officer three weeks prior to the employee’s departure date.
2. Complete the Notification of Out-of-Country Workers’ Compensation Coverage form and submit to the Office of Safety three weeks prior to employee’s departure date.
3. Submit documentation in the form of an email or letter to the Office of Safety identifying employees who are unable to obtain workers’ compensation coverage through a private market or country in which they will work to obtain coverage from WSI beyond the 30 days.

***Office of Safety Responsibilities***

1. Submit Notification of Out-of-Country Workers Compensation Coverage form to the North Dakota Risk Management Division and it will submit it to WSI. Along with submittal of the form, Office of Safety will inform Risk Management if an employee is not covered by all components of workers’ compensation coverage (for instance, medical only and no time loss wages, permanent/partial disability, or retraining).
2. Notify the department and employee if coverage is extended by WSI beyond the 30 days due to lack of coverage by the host institution or inability to purchase coverage through a private market in the country in which the employee will work.

**IF A WORK-RELATED INJURY OCCURS**

***Employee Responsibilities***

1. Determine the seriousness of an injury and if medical attention is needed.
  - a. If the injury requires emergency medical attention, the injured employee will proceed or be transported to an emergency treatment facility.
  - b. If medical attention is needed and it is not an emergency, contact medical provider and Office of Safety.
2. Notify the employee’s supervisor immediately. However, if conditions of the emergency do not allow this communication, information must be provided as soon as possible.
3. Complete and submit an Incident Reporting form within 24 hours of a work-related injury and submit it to Office of Safety.
4. If workers’ compensation coverage has been obtained through the private market in the country in which the employee is working or by the host institution in which the employee is working, the employee must inform the Office of Safety when an injury has occurred.

***Department Responsibilities***

1. Complete and submit an Incident Investigation form within 24 hours of employee’s work-related injury and submit it to the Office of Safety.

2. Any documentation received from either the injured employee or the medical provider regarding the work-related injury must be submitted to the Office of Safety.

***Office of Safety Responsibilities***

1. File the Worker’s Compensation Claim on-line to WSI within 24 hours of notification of work-related injury if injured employee is covered under WSI.
2. Work with host institution or private market insurance for confirmation of coverage of the work-related injury.

**Out-of-State Workers’ Compensation**

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UND is required to procure workers’ compensation for employees working outside the state of North Dakota for more than 30 consecutive days. This coverage must be in place at the time the employee begins their duties. The Risk Management Workers Compensation Program coordinates the purchase of this required coverage for all state agencies through its broker.

***Department Responsibilities***

1. Complete Out-of-State Workers’ Compensation Coverage and submit it to the Office of Safety prior to employee beginning employment.

***Office of Safety Responsibilities***

1. Submit Out-of-State Coverage form to the Risk Management Division and coverage will be obtained.

**IF A WORK-RELATED INJURY OCCURS**

***Employee Responsibilities***

1. Determine the seriousness of an injury and if medical attention is needed.
  - a. If the injury requires emergency medical attention, the injured employee will proceed or be transported to an emergency treatment facility.
  - b. If medical attention is needed and it is not an emergency, contact a medical provider and the Office of Safety.
2. Notify the employee’s supervisor within 24 hours of a work-related injury. However, if conditions of the emergency do not allow this communication, information must be provided as soon as possible.
3. Complete an Incident Reporting form within 24 hours of a work-related injury and submit it to the Office of Safety.

***Department Responsibilities***

1. Contact the Office of Safety when an employee sustains a work-related injury outside the state of North Dakota.
2. Complete the Incident Investigation form within 24 hours of being notified of a work-related injury and submit it to the Office of Safety.

***Office of Safety Responsibilities***

1. Contact the out-of-state insurance provider with the policyholder name which is the State of North Dakota and policy number. The insurance provider will need the following:
  - a. Name, address, phone number
  - b. Social Security number
  - c. Date of Birth
  - d. Gender
  - e. Marital Status
  - f. Number of dependents
  - g. Hire date

- h. Current position
- i. Wage information
- j. Type of injury-such as burn or cut
- k. Specific body part injured
- l. Cause of incident
- m. Name of witnesses
- n. Address where injury occurred
- o. Where the injured employee was treated
- p. When was the incident reported to Office of Safety.

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## Volunteer Workers’ Compensation

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It is not feasible or necessary for every volunteer utilized at UND to be covered by workers’ compensation insurance. Volunteers may be working for a very short period of time with little or no risk of injury. In some cases, however, volunteers may encounter occupational hazards much like employees of UND. To address these situations, UND has established a workers’ compensation insurance program for volunteers.

### ***Department Responsibilities***

1. Determine if the volunteer needs workers’ compensation by reviewing the risks involved in the assigned tasks the volunteer will be performing for UND or the frequency that the volunteer will be performing the assigned tasks.
  - a. If the volunteer is performing routine, short term, or non-hazardous tasks, coverage would not be needed but a waiver must be signed by the volunteer and kept on file according to UND records retention.
  - b. Coverage is required for tasks of hazardous nature (i.e. working with hazardous materials, driving, operating equipment, exposed to outdoor elements, etc.), or the frequency that the volunteer will be performing the tasks assigned.
2. Inform the Office of Safety if the individual will no longer be utilized as a volunteer.

### ***Office of Safety Responsibilities***

1. Submit Volunteer form to WSI to obtain coverage.

## **IF A VOLUNTEER WORK-RELATED INJURY OCCURS**

### ***Volunteer Responsibilities***

1. Complete an Incident Reporting form within 24 hours of an injury and submit it to the Office of Safety.

### ***Department Responsibilities***

1. Ensure the volunteer completes an the Incident Reporting form within 24 hours if the volunteer is injured and regardless whether the injury requires medical attention..
2. Inform the Office of Safety that the individual was volunteering for UND at the time of injury.
3. Have someone with additional knowledge of the injury complete an Incident Investigation form within 24 hours of the injury and submit it to the Office of Safety.

### ***Office of Safety Responsibilities***

1. File claim with WSI in the event of an injury if the volunteer is covered by volunteer worker’s compensation insurance.

**RELATED INFORMATION, RESOURCES & FORMS**

<b>42 USC § 12101 – Equal Opportunity for Individuals with Disabilities</b>	<a href="http://www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm">http://www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm</a>
<b>ADA Accommodation Request</b>	<a href="http://und.edu/affirmative-action/_files/docs/ada-accommodation-request.pdf">http://und.edu/affirmative-action/_files/docs/ada-accommodation-request.pdf</a>
<b>Certification of Health Care Provider Form - Employee</b>	<a href="http://und.edu/finance-operations/human-resources-payroll/_files/docs/wh380ecertificationofhealthcareproviderfmla.pdf">http://und.edu/finance-operations/human-resources-payroll/_files/docs/wh380ecertificationofhealthcareproviderfmla.pdf</a>
<b>Designated Medical Provider Form</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a>
<b>Incident Investigation Form</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a>
<b>Incident Reporting Form</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a>
<b>Incident Reporting Policy</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/policies-and-procedures/generalsafety/incident-reporting.cfm">http://und.edu/finance-operations/environmental-health-and-safety/policies-and-procedures/generalsafety/incident-reporting.cfm</a>
<b>Long Term Medical Leave (FMLA) Request Form</b>	<a href="http://und.edu/finance-operations/human-resources-payroll/_files/docs/long-term-medical-leave-request_2014-10-29.xls">http://und.edu/finance-operations/human-resources-payroll/_files/docs/long-term-medical-leave-request_2014-10-29.xls</a>
<b>NDCC 32-12.2-01.2 – Claims Against the State: Definition of Injury</b>	<a href="http://www.legis.nd.gov/cencode/t32c12-2.pdf">www.legis.nd.gov/cencode/t32c12-2.pdf</a>
<b>NDCC Chapter 65-01 – Workforce Safety and Insurance General: Provisions</b>	<a href="http://www.legis.nd.gov/cencode/t65c01.pdf?20141223152616">http://www.legis.nd.gov/cencode/t65c01.pdf?20141223152616</a>
<b>NDUS Human Resources Policy Manual Section 8 – Worker’s Compensation</b>	<a href="http://www.ndus.nodak.edu/makers/procedures/hr/?SID=27&amp;PID=229&amp;re=d">http://www.ndus.nodak.edu/makers/procedures/hr/?SID=27&amp;PID=229&amp;re=d</a>
<b>Notification of Out of Country Workers Compensation Coverage</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a>
<b>Out-of-State Workers Compensation Coverage Form</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a>
<b>Records and Retention Schedule</b>	<a href="http://und.edu/general-counsel/records-management/retentionschedule.cfm">http://und.edu/general-counsel/records-management/retentionschedule.cfm</a>
<b>Request Release From Transitional Work</b>	Contact the Office of Safety
<b>Traveling Outside the U.S. Form</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a>
<b>Volunteer Form/Instructions</b>	<a href="http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm">http://und.edu/finance-operations/environmental-health-and-safety/riskmanagement.cfm</a>

**REVISION RECORD**

<b>01/15/2015 – Procedure Implementation</b>	Loss Control Policy Subcommittee
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