



Workman's Compensation Manual

*Texas A&M Forest Service (TFS)
June 2021*

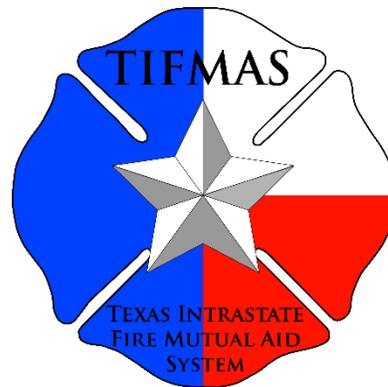


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I. Preface

Purpose

Filing a workers' compensation claim requires both *employee* and *supervisor* to provide adequate information and details in a timely manner. The purpose of this manual is to provide guidance when filing a workers' compensation claim for an intrastate fire mutual aid system team member or a regional incident management team member.

Deployments:

An intrastate fire mutual aid system team member or a regional incident management team member, as defined by Section 88.126, Education Code, who sustains an injury or illness as a result of a deployment or during any Texas Division of Emergency Management (TDEM) sponsored or sanctioned training will be included in the coverage provided under *Chapter 501 of the Texas Labor Code* in the same manner as an employee, as defined by *Section 501.001*. Services with Texas A&M Forest Service (TFS) by an activated member who is a state employee are considered to be in the course and scope of the employee's regular employment with the State.

Key Personnel

TFS Incident Response Department (IRD) Agency Representative

- Serves as the liaison between the response member and the TFS Safety Officer during the initial submission.
- Reviews required documentation for completion and submits to TFS Safety Officer.

TFS Safety Officer

- Submits paperwork to the State Office of Risk Management (SORM) and is the point of contact to obtain any pertinent information regarding the claim.
- Maintains the workman's compensation manual to ensure TFS remains in compliance with system policies and procedures.

II. Filing a Workman's Comp Claim

I have been injured on a deployment/training and want to file a state claim.

Should I report it?

- *YES, report ALL injuries or medical issues developed during a deployment or training, no matter how minor.* All members of an All Hazard IMT or TIFMAS response are required to immediately report any injury to their field supervisor and TFS IRD Agency Representative during a deployment.
- *Good rule of thumb... Did you have this before the training/deployment? If NO, then report it.*
- Given the conditions that responders are exposed to, issues may not appear until a later date. No matter how minor the injury may seem or if the member refuses to seek medical attention at the time of the injury, the First Report of Injury (and applicable witness statement) are required to be submitted within the requested time frame.
- See attached check list and forms that follow.

Failure to complete the First Report of Injury at the date/time of injury may result in removal of the injured member from the incident or training event and may further result in disciplinary actions.

Who should I notify?

- Report to your supervisor and TFS IRD Agency Representative in the field as they have the appropriate paperwork to complete.
- Response members are encouraged to notify their participating agency. However, an official with Texas A&M Forest Service can contact their agency as a courtesy.
- In the event of death of a response member, the TFS IRD Agency Representative should be notified immediately, they will contact the TFS FRP Associate Director, who will then contact the participating Agency Chief.

What's next?

- Supervisors will assist in completing the required paperwork and notify the TFS IRD Agency Representative & TFS Safety Officer

Contact Information:

- TFS IRD Agency Representative
 - 979-218-2404
 - agencyrep@tfs.tamu.edu
- Safety Officer
 - 979-458-6697
 - safety@tfs.tamu.edu
- Required paperwork is due to the individuals listed above within 12 hours of the injury:
 - **Employers First Report of Injury DWC-1**- First Report of Injury
 - Any supporting hospital documentation may be provided in addition to the DWC-1 to assist the State Office of Risk Management in processing the claim.
 - **Texas Workers' Compensation Work Status Report DWC-73**- Provided by the treating facility
 - **Supplemental Witness Statement for First Report of Injury TFS-WC2** - Supervisor collects and submits all Supplemental Witness Statements.
 - **TFS Accident Investigation Report TFS WC-1 - Top section only is required to be submitted in the first 12 hours. The remainder is required within 10 days.**
- If the injury did not require medical attention, TFS IRD Agency Representative will NOT submit to the TFS Safety Officer to process. The paperwork will be filed securely, and in the event medical attention is required at a later date, the paperwork will be submitted at that time to begin the workman's compensation process.

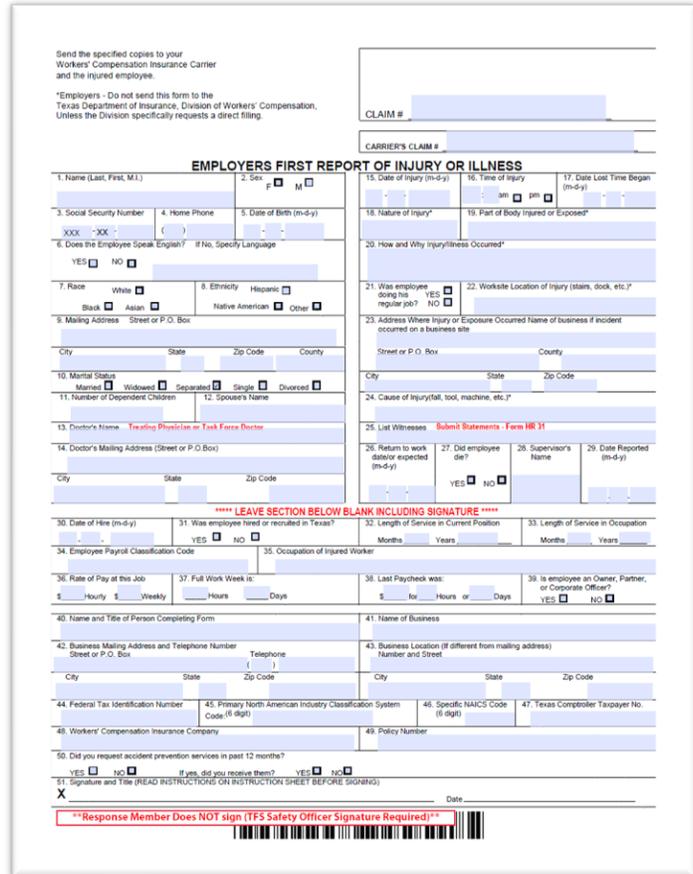
III. What Forms Do I Complete?

All required forms can be found at the following web address, [ticc.tamu.edu/incident response](http://ticc.tamu.edu/incident_response).

First Report of Injury DWC-1

Submit to the TFS Safety Officer within 12 hours of the injury to allow adequate amount of time for final submission of the paperwork to System Office of Risk Management (SORM) which is due within 24hours.

- Complete top two sections only.
- All other info is to be completed by TFS Safety.
- Response Members do not sign the form.



Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) _____ 2. Sex M F

3. Social Security Number _____ 4. Home Phone _____ 5. Date of Birth (m-d-y) _____

6. Does the Employee Speak English? YES NO If No, Specify Language _____

7. Race White Black Asian Native American Other 8. Ethnicity Hispanic Native American Other

9. Mailing Address - Street or P.O. Box _____
City _____ State _____ Zip Code _____ County _____

10. Marital Status Married Widowed Separated Single Divorced

11. Number of Dependent Children _____ 12. Spouse's Name _____

13. Doctor's Name *Teaching Physician or Task Force Doctor* _____

14. Doctor's Mailing Address (Street or P.O. Box) _____
City _____ State _____ Zip Code _____

15. Date of Injury (m-d-y) _____ 16. Time of Injury _____ 17. Date Lost Time Began (m-d-y) _____

18. Nature of Injury* _____ 19. Part of Body Injured or Exposed* _____

20. How and Why Injury/Illness Occurred* _____

21. Was employee doing his regular job? YES NO 22. Worksite Location of Injury (stairs, dock, etc.)* _____

23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

24. Cause of Injury/fall, tool, machine, etc.* _____

25. List Witnesses *Submit Statements - Form HR 31* _____

26. Return to work date or expected (m-d-y) _____ 27. Did employee die? YES NO

28. Supervisor's Name _____ 29. Date Reported (m-d-y) _____

**** LEAVE SECTION BELOW BLANK INCLUDING SIGNATURE ****

30. Date of Hire (m-d-y) _____ 31. Was employee hired or recruited in Texas? YES NO

32. Length of Service in Current Position _____ Months _____ Years _____ 33. Length of Service in Occupation _____ Months _____ Years _____

34. Employee Payroll Classification Code _____ 35. Occupation of Injured Worker _____

36. Rate of Pay at this Job _____ Hourly \$ _____ Weekly \$ _____ 37. Full Work Week is: _____ Hours _____ Days _____

38. Last Paycheck was: _____ for _____ Hours or _____ Days _____ 39. Is employee an Owner, Partner, or Corporate Officer? YES NO

40. Name and Title of Person Completing Form _____ 41. Name of Business _____

42. Business Mailing Address and Telephone Number _____ Telephone _____
City _____ State _____ Zip Code _____ 43. Business Location (if different from mailing address) _____
Number and Street _____ City _____ State _____ Zip Code _____

44. Federal Tax Identification Number _____ 45. Primary North American Industry Classification System Code (6 digit) _____ 46. Specific NAICS Code (8 digit) _____ 47. Texas Comptroller Taxpayer No. _____

48. Workers' Compensation Insurance Company _____ 49. Policy Number _____

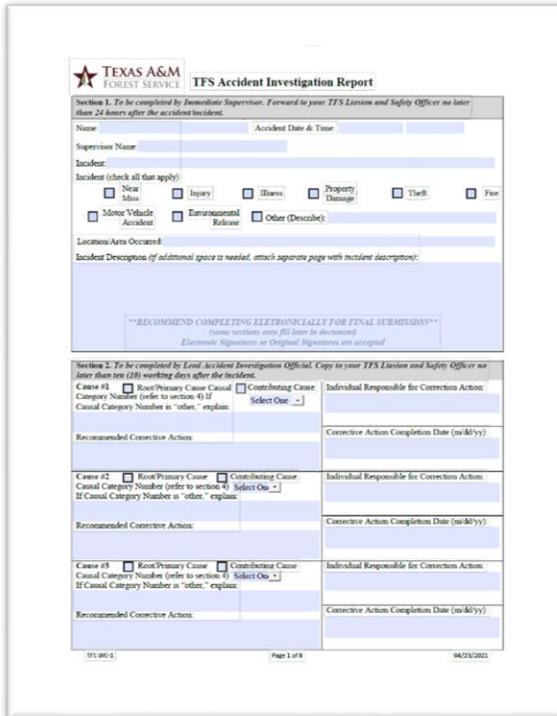
50. Did you request accident prevention services in past 12 months? YES NO If yes, did you receive them? YES NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)
X _____ Date _____

****Response Member Does NOT sign (TFS Safety Officer Signature Required)****

TFS Accident Investigation Report

TFS IRD Agency Representative completes top section only and submits along with **DWC-1** and **DWC-73**. The Remaining Accident Investigation Report is due to the TFS Safety Officer within 10 days after the injury for final submission



TEXAS A&M FOREST SERVICE TFS Accident Investigation Report

Section 1. To be completed by Immediate Supervisor. Forward to your TFS Liaison and Safety Officer no later than 24 hours after the accident incident.

Name: _____ Accident Date & Time: _____
 Supervisor Name: _____
 Incident: _____
 Incident (check all that apply):
 Near Miss Injury Illness Property Damage Theft Fire
 Motor Vehicle Accident Environmental Release Other (Describe): _____
 Location Area Occurred: _____
 Incident Description (if additional space is needed, attach separate page with incident description):

 RECOMMEND COMPLETING ELECTRONICALLY FOR FINAL SUBMISSION
 (Some sections may still have to be done on paper)
 Electronic Signatures or Original Signatures are accepted

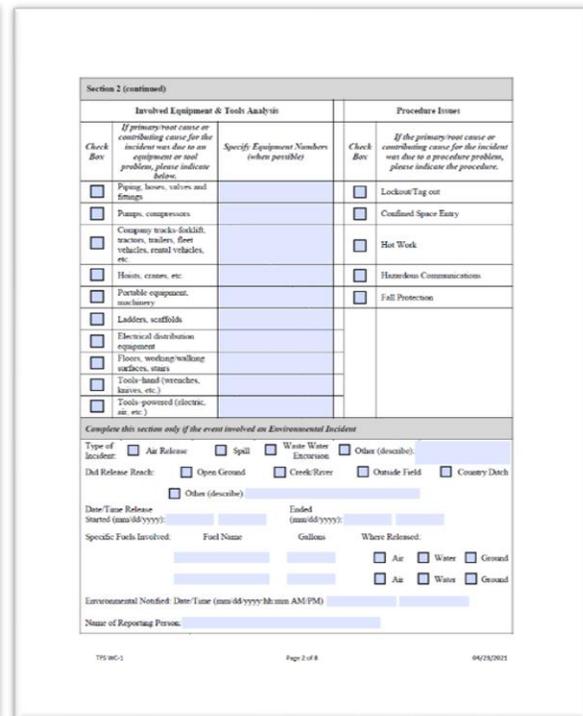
Section 2. To be completed by Lead Accident Investigation Official. Copy to your TFS Liaison and Safety Officer no later than ten (10) working days after the incident.

Case #1 Root/Primary Cause Causal Category Number (refer to section 4) Select One: ____
 Contributing Cause Causal Category Number is "other" explain: _____
 Individual Responsible for Correction Action: _____
 Recommended Corrective Action: _____
 Corrective Action Completion Date (mm/dd/yyyy): _____

Case #2 Root/Primary Cause Causal Category Number (refer to section 4) Select One: ____
 Contributing Cause Causal Category Number is "other" explain: _____
 Individual Responsible for Correction Action: _____
 Recommended Corrective Action: _____
 Corrective Action Completion Date (mm/dd/yyyy): _____

Case #3 Root/Primary Cause Causal Category Number (refer to section 4) Select One: ____
 Contributing Cause Causal Category Number is "other" explain: _____
 Individual Responsible for Correction Action: _____
 Recommended Corrective Action: _____
 Corrective Action Completion Date (mm/dd/yyyy): _____

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Section 2 (continued)

Involved Equipment & Tools Analysis		Procedure Issues	
Check Box	If primary root cause or contributing cause for the incident was due to an equipment or tool problem, please indicate below. Specify Equipment Numbers (where possible)	Check Box	If the primary root cause or contributing cause for the incident was due to a procedure problem, please indicate the procedure.
<input type="checkbox"/>	Piping, hoses, valves and fittings	<input type="checkbox"/>	Lockout Tag out
<input type="checkbox"/>	Pumps, compressors	<input type="checkbox"/>	Confined Space Entry
<input type="checkbox"/>	Company trucks, skidlift, tractors, trailers, fleet vehicles, rental vehicles, etc.	<input type="checkbox"/>	Hot Work
<input type="checkbox"/>	Haws, cranes, etc.	<input type="checkbox"/>	Hazardous Communications
<input type="checkbox"/>	Portable equipment, machinery	<input type="checkbox"/>	Fall Protection
<input type="checkbox"/>	Ladders, scaffolds		
<input type="checkbox"/>	Electrical distribution equipment		
<input type="checkbox"/>	Floors, walking/working surfaces, stairs		
<input type="checkbox"/>	Tools-hand (wrenches, knives, etc.)		
<input type="checkbox"/>	Tools-powered (electric, air, etc.)		

Complete this section only if the event involved an Environmental Incident

Type of Incident: Air Release Spill Waste/Water Discharge Other (describe): _____
 Did Release Reach: Open Ground Creek/River Outside Field County Ditch
 Other (describe): _____
 Date/Time Release Started (mm/dd/yyyy): _____ Ended (mm/dd/yyyy): _____
 Specific Fuel Involved: Fuel Name: _____ Gallons: _____ Where Released:
 Air Water Ground
 Air Water Ground
 Environmental Notified: Date/Time (mm/dd/yyyy hh:mm AM/PM) _____
 Name of Reporting Person: _____

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IV. What do I present to the hospital and pharmacy?

TFS Workman's Compensation Letter that explains this injury is being filed as a work-related injury.

NOTE:

ALL Emergency Rooms/Occupational Medical Facilities accept workman's comp, but some general practice/family doctors do not.

When following up with your primary care doctor after the initial treatment, confirm that they accept workman's comp claims. If they do not, you will need to find another doctor if you choose to pursue the claim.

Paying for Treatment

- There should be **NO** out of pocket expenses for the response member if the claim is set up correctly at the initial time of medical treatment
- The **TFS Workman's Compensation Letter** should be given to the pharmacy if prescriptions are needed

Reminder – Response Members should **NOT** give personal insurance information to the treatment facility or a pharmacy

- After the claim has been submitted, the response members will be contacted by the TFS Safety Officer, who will provide you with a case worker information.



TEXAS A&M
FOREST SERVICE

Date

Under the Texas Labor Code, the patient, _____ is identified as an employee of the Texas A&M Forest Service and is currently deployed as a member of an All-Hazard Incident Management Team or Texas Intrastate Fire Mutual Aid System. They are seeking treatment related to an on the job injury and is being filed as a Workman's Compensation claim. Please submit claim information to:

State Office of Risk Management (SORM)
P.O. Box 13777
Austin, TX 78711-3777

Additional SORM contact information:

www.sorm.state.tx.us
Main – 877-445-0006
Fax – 512-370-9025

Our members have been instructed not to provide any personal insurance information. In order to avoid any out of pocket expenses, please ensure the claim is filed accordingly for workman's compensation at the initial time of treatment.

We greatly appreciate your efforts during this time. If you have any questions please allow 72 hours for us to submit the necessary paperwork to the TFS Safety Office. After that time if you have questions and SORM is not able to assist, please contact the TFS Safety Officer at (979) 458-6697 or Safety@tfs.tamu.edu.

Texas A&M Forest Service
200 Technology Way | College Station, TX 77845

V. What happens after my paperwork is sent to the TFS Safety Office?

- TFS – Safety forwards the claim to the State Office of Risk Management to be processed
- When an adjuster is assigned, they will contact TFS-Safety to verify the information provided and investigate the claim. It is imperative to include all the information requested to avoid any delays in processing your claim
- The adjuster will call TFS-Safety periodically to obtain updates or to verify that the employee has returned to work. It is the injured Response Member’s responsibility to contact TFS-Safety if there are any changes in their status
- For the injured Response Member to be eligible for any future trainings or deployments following their work-related injury, they are requested to forward the release signed off by the treating physician to the TFS Safety Officer. This is typically an updated DWC-73 form.
- If a response member receives a bill related to the injury, they will need to contact their adjuster to answer any questions.

TFS-ALL HAZARD & TIFMAS

Workman's Comp Check List

All paperwork is due to the TFS IRD Agency Representative within 12 hours of the injury.

TFS IRD Agency Representative

- TIFMAS 979-218-2404
- All-Hazard IMT 979-224-8236
- Email: agencyrep@tfs.tamu.edu

TFS Environmental Health & Safety Officer

- Phone: 979-458 6697
- Email: safety@tfs.tamu.edu

(DWC-1) Employers First Report of Injury

- Complete only section 1 and 2
- *Do not sign*, TFS Safety is required to sign off
- At the time of treatment or receiving prescriptions, provide Response Member letter identifying as a Workman's Comp related injury

(DWC-73) Work Status Report

- Provided by the treating facility (required to submit with DWC-1)

(TFS WC-2) Supplemental Witness Statement

- Supervisor collects info from any witnesses and submits along with DWC-1
- For multiple witnesses, each person completes a form

(TFS WC-1) TFS Accident Investigation Report

- TFS IRD Agency Representative completes top section ONLY and submits along with DWC-1 and DWC-73 (remaining accident investigation is due to TFS Safety Officer 10 days following injury)