

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Policy Name: Workers Compensation		
Policy Number: 104.22	Effective Date: 5/27/2020	Page Number: 1 of 8
Authority: Commissioner	Originating Division: Administration and Finance Division (Human Resources)	Access Listing: Level I: All Access

I. Introduction and Summary:

Georgia Department of Corrections (GDC) employees who sustain a work related injury or experience an occupational disease that arises out of and in the course of their employment shall be entitled to receive Workers' Compensation (WC) benefits as provided by state law.

II. Authority:

- A. O.C.G.A. §§: 34-9-1, *et seq.*, and 45-7-9;
- B. Ga. Comp. R. & Regs. 478-1-.16 ;
- C. GDC Standard Operating Procedures (SOPs) 205.01 Fitness for Duty, 104.21 Americans with Disabilities Act, 104.23 Return to Work Program, 104.37 Working Hours, Overtime, And Compensatory Time, 104.39.03 Injury Leave with Pay, 104.39.04 Leave without Pay, 104.39.06 Sick Leave, 104.39.12 Family and Medical Leave (FMLA), 104.39.13 Leave Donation Program, 104.61 Performance Management, and 104.66 Teleworking; and
- D. ACA Standards: 2-CO-1C-05; 2-CO-1B-11; 1CTA-1-B-09; 1-CTA-3B-07; 5-ACI-1B-17 (ref. 4-4041), 5-ACI-7B-08 (ref. 4-4473), 4-ACRS-7D-28, and 4-ALDF-7D-14.

III. Definitions:

- A. **Transitional Employment** - Any temporary or Modified Duty assignment that allows an injured and/or ill employee to return to work and remain productive until the employee is able to perform their regular, full-time duties within an established timeframe (See 104.23, Return to Work Program).
- B. **Modified Duty** - A temporary job modification that is provided when an employee returns from a work-related injury or illness to prescribed medically-restricted duties. Duties assigned can be those identified within the employee's current job description with medically certifiable restrictions or another assignment at the discretion of management. However, modifications that are permanent or long-term in character (i.e., being performed more than three months after the injured employee has returned to duty) are not authorized without prior approval of the Director, Human Resources.

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IV. Statement of Policy and Applicable Procedures:

A. All employees are responsible for immediately reporting any accident/injury to their local human resources office, supervisor and/or duty officer. Any injury or illness arising out of and in the course of employment is a compensable work-related injury, unless injury arises out of willful misconduct, including fighting, horseplay or any accident related to alcohol or drug use.

NOTE: An employee approved to Telework is covered by the Workers' Compensation Act. The home workspace of an employee is considered to be an extension of GDC workspace. The state's liability for work-related accidents or injuries will continue during the approved work schedule and in the employee's designated work location. The employee is covered in the course of the actual performance of official duties at the alternate workplace.

1. Supervisors must be familiar with the **OFFICIAL NOTICE FOR MEDICAL TREATMENT** and the **BILL OF RIGHTS FOR THE INJURED WORKER**. It is mandatory that both be displayed in a conspicuous location on the Official Bulletin Board in all GDC work locations.
2. If an injury does not require medical treatment beyond simple first aid, the supervisor or designee will complete the Employee Incident Notice (Attachment 1) and place it in the employee's local medical file.
3. All work-related injuries will require an Employee Incident Notice which should document the employee's name and contact information, applicable dates, time of injury, type of injury, a description of events leading to injury and witness information to be signed by the supervisor or designee. Additional witness statements may be attached and added to the employee's local medical file as needed.
4. Injuries requiring medical attention or lost time from work must be reported to the Workers' Compensation Managed Care Organization (WC/MCO) at: **1-877-656-RISK (7475)**.

NOTE: This report should be made immediately, but not later than 24 hours, after the injury/illness occurs. The MCO requires as much descriptive

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information as possible regarding the individual and the accident, injury, or illness.

5. The HR representative or supervisor must be able to provide the following information to the WC/MCO:
 - a. Name, Address, Telephone Number, Social Security Number, Date of Birth and Gender of Injured Employee;
 - b. Name of Employing Agency/Facility, Work Address, E-mail Address and Telephone Number;
 - c. Injury Specifics: Body part injured and Type of Injury;
 - d. Hourly, Weekly or Monthly Wage;
 - e. Name, Address, Telephone Number, and Fax Number of Healthcare Provider or Hospital; and
 - f. Whether the employee has returned to work and if time from work was lost.

NOTE: If the employee refuses medical treatment due to a work-related injury, the employee must give a written statement regarding the refusal. The statement must be placed in the employees' medical file.

6. Medical treatment should be rendered only by the authorized healthcare provider, as directed by the MCO dispatcher or MCO Case Nurse.
7. In a true emergency situation, supervisors should ensure that the injured employee receives immediate attention from the nearest medical facility or emergency room. After the emergency is over, any further treatment must be provided only as directed by the MCO or the DOAS claims specialists.

NOTE: An injured employee may be treated by medical personnel employed by GDC or an on-site contractor only if there is a need to stabilize the employee prior to transporting to the nearest medical facility or emergency room.

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8. When possible, the supervisor or designee should transport the injured employee to receive medical attention if the condition of the employee allows it. However, if there is any doubt about the seriousness of the employee's condition, an ambulance should be called to transport.
9. If the employee chooses to use an unauthorized physician after being made aware of the approved healthcare providers by the MCO, the Department/DOAS will not be liable for payment of medical costs. If an employee is dissatisfied with the services of the authorized healthcare provider, he or she can be approved by DOAS/WC for one change to another healthcare provider from the MCO Group.
10. Once an injury is reported, the supervisor (or designated representative) must ensure that appropriate parties are promptly made aware of the employee's condition and medical status. An HR representative should also provide the healthcare provider with specific information about the injured worker's job duties/description, as soon as possible. (Use the official job description or WC – 240a Job Analysis form, attached to SOP 104.23, Return-to-Work Program).

B. Notice of Injury and Leave Election Form: An employee, who loses time from work, must complete a "Notice of Injury and Leave Election Form" (Attachment 2) to notify their local HR Representative of their desire to continue receiving their full pay by use of accrued compensatory time, sick, annual and/or personal leave, or to receive wage payments from DOAS/WC.

1. The HR representative or supervisor must complete the WC – 6 Wage Statement when requested by the DOAS/WC claims specialist to determine the injured employee's benefit entitlement.
2. The employee is entitled to receive two thirds of his/her average weekly wage, not to exceed the maximum amount provided by law at the time of injury, illness or exposure to occupational disease.
3. Employees must wait seven (7) calendar days to qualify to receive WC Wage Loss Payments. Usually no payment is due for the first week of disability.
4. Entitlement to benefits for the first seven (7) calendar days of disability or any portion of that time, requires the employee to be disabled and out of work for

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at least twenty-one (21) consecutive calendar days, and the first seven (7) calendar days must have been designated as leave without pay. The authorized healthcare provider must verify the employee's disability and absence from work.

5. In the event available leave is inadequate to cover the entire period of disability (in excess of the first 7 calendar days of disability) the employee is entitled to weekly benefits as of the day the leave is exhausted.
6. Employees who choose to receive workers' compensation payments in lieu of accrued leave (compensatory, sick, annual) for lost salary will be placed in a leave without pay status. Employees cannot receive workers' compensation payments and regular salary (i.e., use of accrued compensatory time, sick, annual or personal leave) at the same time.
7. Employees who are absent due to an injury or illness compensable by workers' compensation may not solicit or receive Donated Leave, if they elect to receive WC benefits.
8. DOAS/WC must be notified immediately every time the employee's work status changes (either to leave without pay, return to pay status utilizing accrued leave, or a return to work). The local HR Representative must complete the necessary Personnel Action Request (PA) forms and submit promptly to the assigned HR Technician in Corrections Human Resources Management (CHRM).

NOTE: Absences due to a workers' compensation claim which qualifies as a serious health condition will be designated as Family Leave.

C. Medical expenses arising from a work-related injury, illness or exposure to occupational disease are covered if the claim is accepted by the DOAS Workers' Compensation Program. This may include hospital bills, prescribed drugs, ambulance charges, healthcare provider fees and other medical expenses.

1. The DOAS/WC claims specialist will work closely with the injured employee and the authorized healthcare provider to ensure that all necessary arrangements are made and authorized prior to scheduling major surgical procedures, MRI/CT scans, or physical therapy.

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NOTE: If the authorized healthcare provider prescribes medication for the injured or ill employee, the WC/Managed Care prescription drug program permits the employee to obtain prescriptions at a designated pharmacy, at no charge to the employee.

2. Expenses connected with a work-related injury, illness or exposure to occupational disease are excluded under the State Health Benefit Plan or other group plans.
 3. If treatment that is not covered by workers' compensation is required, or if workers' compensation benefits terminate, employees should seek treatment from their personal healthcare providers.
- D. An eligible employee who becomes physically disabled as a result of a physical injury incurred in the line of duty and caused by a willful act of violence committed by a person other than a fellow employee shall be entitled to regular compensation, up to a maximum of 180 work days, for the period of time that the employee is physically unable to perform the duties of employment (see GDC SOP 104.39.03, Injury Leave with Pay).

When the injured or ill employee is preparing to return to work, management must require medical certification of the individual's health/condition, including specific information about any physical limitations or job restrictions imposed by the authorized healthcare provider (see GDC SOP 104.23 Return to Work, Attachment 1 & 2, WC – 240 Notice to Employee of Offer of Suitable Employment and WC – 240a Job Analysis Form).

- E. If DOAS/WC denies the injured employee's claim, the employee is entitled to receive written notice (from DOAS) explaining the reasons for the denial. The Claims Administrator will accomplish this by using Form WC-1 (Employer's First Report of Injury), which is filed with the State Board of Workers' Compensation (via the DOAS Claims Specialist). The employee has a right to request a hearing before the Board if he or she disagrees with DOAS/WC's denial.
- F. The Workers' Compensation Act limits the extent to which an aggravation (re-injury) of a pre-existing condition or injury is compensable. Aggravation of a pre-

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existing condition will be “compensable” only if found to be the cause of the disability. Once the aggravation resolves, and the injured employee returns to the pre-injury condition, the claim will no longer be compensable.

NOTE: Compensation under these conditions will be made as provided by the Georgia Subsequent Injury Trust Fund. Local HR representatives will provide documentation regarding pre-existing conditions and if the claim is substantiated, the Department will be reimbursed some of the costs. There will be no difference whatsoever in the benefit paid to an eligible employee.

- G. It is essential that management support and encourage the employee’s safe return to appropriate work, as soon as the authorized healthcare provider believes it is medically advisable. Contact should be maintained with the employee and the authorized healthcare provider to ensure the employee has an incentive to return to work, as soon as the authorized healthcare provider indicates return to work is advisable and appropriate.
- H. The injured employee is required to inform the local HR representative of any change in his/her condition, outcome of medical appointments, and/or return to work status.
- I. Supervisors/HR staff must keep the WC claims specialist informed regarding the status of an injured employee.
- J. If the employee has been released to return to work with prescribed medical limitations through Transitional Employment or Modified Duties and the employee refuses to attempt the employment plan, DOAS/WC can suspend WC benefits.
- K. A recuperating employee is allowed a 15-workday grace period to attempt to return to a transitional or Modified Duty assignment following a work-related injury or illness without fear of losing WC benefits.
- L. Absences due to a work-related injury or illness will not affect eligibility for salary increases except that performance-based increases cannot be granted to

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an employee who is absent 50% or more of their rating period unless specifically provided by law.

M. An employee whose absence was designated as Leave Without Pay due to a work-related injury or illness may purchase (within 6 months of return to State employment) up to 12 months of retirement service - in a five-year period - by paying employee contributions plus 4% interest (compounded annually). The period of time and cause must be certified by the Department.

N. Any employee who willfully makes any false or misleading statement for the purpose of obtaining or denying any benefit or payment, or who receives and

retains any income benefits to which he or she is not entitled shall be guilty of a misdemeanor. Upon conviction, he/she shall be punished by a fine of not less than \$1,000 or more than \$10,000, or by imprisonment up to 12 months, or by both.

V. Attachments:

Attachment 1: Employee Incident Notice

Attachment 2: Notice of Injury and Leave Election Form

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachment 1 shall be retained in the local medical file until replaced by the official copy of the WC-1, Employer's First Report of Injury. Upon completion, Attachment 2 shall be retained permanently in the local and official HR file.