

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal #17-15</p>	<p align="center">Policy # 3.27</p>
<p>Applicability: {x} All DJJ Staff { } Administration { } Community Services { } Secure Facilities (RYDC's and YDC's)</p>	<p>Related Standards & References: O.C.G.A. §34-9-1 <i>etseq.</i> State Personnel Board Rule 478-1-.16 Rules and Regulations of the State Board of Workers' Compensation ACA Standards: 4-JCF-6B-02, 3-JDF-1B-17 DJJ 3.65, 8.5</p>	
<p>Chapter 3: PERSONNEL</p>	<p>Effective Date: 12/20/17 Scheduled Review Date: 12/20/18</p>	
<p>Subject: WORKERS' COMPENSATION</p>	<p>Replaces: 2/24/16 Office of Human Resources</p>	
<p>Attachments: A – Workers' Compensation Payment Selection/Leave Form B – Report of Injury C – Incident Notice Only</p>	<p>APPROVED:  _____ Avery D. Niles, Commissioner</p>	

I. POLICY:

Employees of the Department of Juvenile Justice who sustain work related injuries or experience occupational diseases that arise out of and in the course of their employment shall be entitled to receive workers' compensation benefits as provided by state law.

II. DEFINITIONS:

Accumulated Paid Leave: Includes FLSA compensatory time, sick leave, deferred holiday time, annual leave and state compensatory time.

Department of Administrative Services (DOAS): The state agency designated to administer the Workers' Compensation program for state employees.

Director: For the purposes of this policy, the staff member responsible for the overall operation of a Regional Youth Detention Center (RYDC), Youth Development Campus (YDC), Community Services Office, Central Office, or other DJJ owned, operated, or contracted facility.

Employee: For purposes of this policy, all full-time employees, part-time employees and contract workers.

Injury or Personal Injury: An injury arising out of and in the course of employment.

Managed Care Organization: A professional organization certified by the State Board of Workers' Compensation for the purpose of examining and treating employees who sustain work related injuries or occupational diseases.

Occupational Disease: Those diseases which arise out of and in the course of the particular trade, occupation, process, or employment to which the employee is exposed.

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Workers' Compensation Coordinator: The staff member within the Office of Human Resources designated to coordinate workers' compensation claims and serve as the Department's liaison to the Department of Administrative Services.

III. PROCEDURES:

- A. The Department will ensure that employees are advised of their rights and responsibilities under the Workers' Compensation program and understand who to contact for treatment of work-related injuries or occupational diseases. The employee's supervisor will document the employee's review of the Workers' Compensation program on the on-the-job checklist. The local Human Resources representative at each work site will help employees file and process workers' compensation claims.
- B. An employee who has a work related injury or occupational disease must notify his/her immediate supervisor within 30 days of the injury or discovery of the occupational disease.
 1. If the employee fails to report the injury or occupational disease within 30 days, the employee's benefits under the Workers' Compensation program may be denied.
 2. Employees will not be reimbursed for treatment of work related injuries or occupational diseases prior to giving the Department notice of the injuries or occupational disease.
- C. Special Incident Reporting:
 1. An employee must report any injury or occupational disease that occurs during work hours to his/her immediate supervisor. The employee must submit the report by completing the Report of Injury Form (Attachment B) and a Special Incident Report (SIR) (8.5, Special Incident Reporting). The employee must complete a Special Incident Report even if medical treatment is not required or anticipated.
 2. The Special Incident Report must set forth the details of the injury or occupational disease and include the statements of any witnesses to the injury.
 3. If the employee is unable to complete the Special Incident Report, the employee's supervisor or shift supervisor must complete the SIR.
 4. At the time of the supervisor's administrative review, he/she will complete the Incident Notice Only Form (Attachment C).
 5. If the employee indicates an intention to seek medical care, the supervisor must report the injury to the Managed Care Organization and inform the employee of the designated location to receive medical treatment/services.
 6. The supervisor will forward the Special Incident Report (and all attached witness statements), the Report of Injury Form and the Incident Notice Only Form to the facility/program/office Director or Assistant Director. The

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facility/program/office Director or Assistant Director will notify the local Human Resources representative that a Special Incident Report has been filed.

7. If the employee has indicated that medical treatment/services will not be sought, the facility/program/office Director or Assistant Director will file the Special Incident Report as "in-house".
 8. If the employee has indicated that medical treatment/services will be sought, the facility/program/office Director or Assistant Director will forward a copy of the Special Incident Report (and all attached witness statements) to the Workers' Compensation Coordinator.
 9. If a Special Incident Report has been filed as "in-house" and the employee subsequently elects to receive medical treatment/services for the reported injury or occupational illness, the facility/program/office Director or Assistant Director will immediately forward the Special Incident Report (and all attached witness statements) to the Workers' Compensation Coordinator.
- D. The Workers' Compensation Coordinator will notify DOAS when an employee is unable to work as a result of a work-related injury or occupational disease.
- E. The local Human Resources representative will immediately notify the Workers' Compensation Coordinator of all developments related to an employee who is receiving workers' compensation. The Workers' Compensation Coordinator will notify DOAS when the employee is able to return to work.
- F. Medical Treatment / Services:
1. All requests for medical treatment or services for work-related injuries or occupational diseases must be processed through the Department's designated Managed Care Organization within 30 days of the injury or discovery of the occupational disease.
 2. If the employee is unable to file the claim, the employee's supervisor or the local human resources representative (or designee) must file the claim on the employee's behalf. (If the incident occurs during work hours but outside of the employee's normal work site, the work site's supervisor or the employee's supervisor will file the claim on the employee's behalf.)
 3. Medical treatment must be rendered by a physician authorized by the Managed Care Organization, unless emergency treatment is necessary.
 4. In cases of emergency, emergency medical services (911) will be called to transport the employee to the nearest hospital.
 5. An employee who is dissatisfied with the physician selected by the Managed Care Organization may make a one-time change to another physician within the Managed Care Organization without prior authorization of the State Board of Workers' Compensation. To change physicians, the employee must contact the Managed Care Organization.

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G. Medical Payments:

1. DOAS will pay medical expenses arising from treatment of a work-related injury or occupational disease, provided DOAS accepts the employee's claim for Worker's Compensation benefits. (This includes hospital bills, prescribed drugs, ambulance charges, physician fee and other medical expenses.)
2. Expenses associated with a work-related injury or occupational disease are not covered under the employee's State Health Benefits Plan.

H. Leave and Wage Payments:

1. An employee who is unable to work as a result of a work-related injury or occupational disease is entitled to receive weekly income benefits during the time of absence from work, provided that the absence exceeds 7 calendar days. An employee who is absent for more than 21 consecutive calendar days will be entitled to receive weekly income benefits for the first 7 calendar days of their absence.
2. The employee must select one of the following options:
 - Use some or all of his/her accumulated paid leave; or
 - Receive workers' compensation payments for lost salary during the period of the employee's absence from work. (An employee will not receive workers' compensation payments and regular salary [i.e., use of accumulated paid leave] at the same time.)
3. The employee must provide written notification of his/her selection by completing a Workers' Compensation Payment Selection/Leave Form (Attachment A).
4. If the employee elects to use accumulated paid leave, the leave will be deducted in the following order:
 - Deferred holiday time;
 - Fair Labor Standards Act (FLSA) compensatory time; and
 - Sick leave, annual leave or state compensatory time (in any order).
5. If the employee is unable to make a selection prior to the absence from work, the local human resources representative will:
 - Mail a Workers' Compensation Selection/Payment Form to the employee by registered mail return receipt requested;
 - Instruct the employee to return the form to the local Human Resources representative within 2 weeks of the date of receipt; and
 - Inform the employee that if the form is not returned within the specified 2 week period the employee will be placed on leave without pay until a selection is made or the employee returns to work, whichever is sooner.

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6. During the 2 weeks provided for leave selection, the absence will be charged to accumulated paid leave (as outlined in Section H.4.). If paid leave is unavailable, the employee will be placed on leave without pay.
 7. In the event sufficient leave is unavailable to cover the entire period of absence, the employee will be entitled to weekly workers' compensation benefits as of the day the employee's leave was exhausted.
 8. Employees who choose to receive workers' compensation payments for lost wages will be placed on leave without pay. If the employee is placed on leave without pay, the Workers' Compensation Coordinator will notify the employee that he/she is responsible for continuing payments for health insurance coverage and flexible benefits until the employee is returned to active pay status.
 9. Appropriate retroactive adjustments will be made to the employee's pay and leave records if:
 - The employee chooses to receive workers' compensation payments after being placed on paid leave as specified in Paragraph 6 above; or
 - The absence exceeds 21 consecutive calendar days.
- I. A work-related injury or occupational disease may qualify as a serious health condition under the Family Medical Leave Act. (See DJJ 3.65, Family and Medical Leave, for the employee's right to FML during the period in which they are unable to work as a result of a work-related injury or occupational disease.) The Office of Human Resources may administratively place an employee on FML based on the workers' compensation medical documentation.
- J. Denial of Workers' Compensation Benefits:
1. No compensation is allowed for an injury or occupational disease or death due to an employee's:
 - Willful misconduct, including an intentional self-inflicted injury, or growing out of his or her attempt to injure another;
 - Intoxication by alcohol;
 - Being under the influence of marijuana or a controlled substance, except for controlled substances lawfully prescribed by a physician and taken as prescribed;
 - Willful failure or refusal to use a safety appliance or perform a duty required by law; or
 - As otherwise provided by law.
- K. A current Bill of Rights for the Injured Worker and Workers' Compensation Fraud Notice must be permanently and prominently posted on the official bulletin board of each office/facility.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO