



## DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS

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# Program Statement

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OPI: HRM  
Number: 2922.1  
Date: December 6, 2011  
Subject: Workers' Compensation

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1. **PURPOSE AND SCOPE.** To establish procedures for the D.C. Department of Corrections (DOC) Workers' Compensation Program to ensure compliance by all employees.
  - a. To provide a safe and healthful working environment for employees in an effort to keep job-related injuries and occupational exposures to an absolute minimum.
2. **PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. DOC will administer a worker's compensation program consistent with the District of Columbia laws and will assist employees who have sustained work-related injuries/illnesses with returning to work, consistent with their physical/mental capabilities and physician release.
  - b. Claims will be filed promptly, fully investigated, and processed in accordance with D.C. Office of Risk Management Disability Compensation Program (DC ORM) and this directive.
3. **NOTICE OF NON-DISCRIMINATION**
  - a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code section 2-1401.01 et seq., (hereinafter, "the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
4. **DIRECTIVES AFFECTED**
  - a. **Directives Rescinded.** None

**b. Directives Referenced**

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|----|-----------|---|
| 1) | PS 1280.2 | Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences |
| 2) | PM 1300.3 | Health Information Privacy  |
| 3) | PS 2921.1 | Reporting Employee Accidents and On-the-Job Injuries  |
| 4) | PS 3040.1 | Employee Emergency Contacts   |
| 5) | PS 6000.1 | Medical Management  |
| 6) | PS 6050.4 | Mandatory Employee Drug and Alcohol Testing Program (MEDAT)                                   |

**5. AUTHORITY**

- a. D.C. Code § 1-1501. 01 et seq., Workers' Compensation
- b. D.C. Code § 1-623.01 et seq., Public Sector Workers' Compensation
- c. D.C. Code § 7-2361.11, Workers' Compensation Coverage
- d. Occupational Safety and Health Act (OSHA) of 1970
- e. District of Columbia Municipal Regulations Title 7, Chapter 1 Disability Compensation
- f. District of Columbia Municipal Regulations Title 7, Chapter 31, Office of Risk Management: Termination, Suspension, or Reduction of Disability Compensation Benefits.

**6. STANDARDS REFERENCED**

- a. American Correctional Association (ACA) 4<sup>TH</sup> Standards for Adult Local Detention Facilities: 4-ALDF-7D-14, 4-ALDF-7E-01.

**7. DEFINITIONS**

- a. **Employees.** All DOC employees, contractors, interns and volunteers.
- b. **Work-related Injury/Illness.** An accident arising out of and in the course of performing job duties.
- c. **Occupational Exposure.** A disease arising out of and in the course of duty.

- d. **Workers' Compensation Leave.** A type of leave from employment which results from an employee's incapacity to work, and which has been determined to have resulted from an injury or occupational disease such that the employee is entitled to the District of Columbia Government Workman's' Compensation.
- e. **D.C. Office of Risk Management.** Oversees the management and operation of the Public Sector Worker's Compensation Program with the help of Sedgwick CMS, or Third-Party Administrator (TPA).

## 8. PROCEDURES

- a. **Reporting a Work-Related Injury/Illness.** An employee shall immediately inform his/her supervisor of any work related injury/illness sustained while on duty, regardless of the degree of seriousness. If the employee's immediate supervisor is not at work at the time of the injury/illness, the employee shall report the incident to the next person in their chain of command.
  - 1) The affected employee and all witnesses will provide written information to the supervisor and/or Risk Manager concerning the nature and extent of injury/illness and fill out a DCDC Form 1 (Attachment 1) in accordance with *PS 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences*.
  - 2) All affected employees will cooperate with department staff, the Risk Manager and DC ORM in the investigation of the claimed injury/illness.
- b. **On-site Health Care**
  - 1) The employee will be referred to Unity Health Care for first aid treatment as medically indicated. All provided treatment will be documented and submitted to the employee's Supervisor.
  - 2) If the injury/illness is not life threatening, the employee will be referred to their own private physician. If injuries or illness is life threatening, the Supervisor or employee witnesses shall dial 911 for emergency care and notify through the chain of command.
- c. **Filing a Claim with D.C. Office of Risk Management (ORM).** An employee with a work-related illness or injury can apply for workers' compensation benefits regardless of who was at fault, the employee, the employer, a co-worker, a customer, or some other third party.

- 1) Employee must report the work injury to his/her supervisor immediately after the incident.
  - 2) Employee's immediate supervisor shall immediately report any injury to ORM Call Center at (888) 832-2524.
  - 3) The Call Center will generate a claim and assign a claim number.
  - 4) The claim will be submitted electronically to Sedgwick CMS.
  - 5) Claim Forms will be sent to the injured employee immediately.
  - 6) No later than three (3) days after the initial report, employer shall report the claim in writing using *a Form 1, the Employer & Employee First Report of Injury or Occupation Disease (Attachment 3) and Form 2, Supervisors Report (Attachment 4)*.
  - 7) The injured or ill employee has thirty (30) days to complete and return claim forms, as well as, a medical authorization form.
  - 8) Within twenty-four (24) hours of receipt of a claim, Sedgwick CMS will contact the employee's supervisor, the injured or ill employee and treating physician.
- d. **Workers' Compensation Coverage.** Any employee who sustains a work related injury may be eligible to receive the following benefits depending on the nature of his or her injury:
- 1) Medical benefits for work-related injuries/illness;
  - 2) Wage-loss benefits for time off;
  - 3) Rehabilitation Costs;
  - 4) Compensation for permanent or partial disability; and
  - 5) Death benefits for dependents.
- e. **Injury/Illness Not Covered By Workers' Compensation**
- 1) Injuries suffered while an employee was not on the job, and

- 2) Injuries suffered when an employee's conduct violated agency policy.
9. **SUPERVISOR'S RESPONSIBILITIES.** When an employee reports a work-related injury or illness to his or her supervisor, the supervisor is to:
    - a. Ensure the employee is provided the opportunity to receive medical attention (if necessary) immediately.
    - b. Provide required forms and ensure completion of forms as soon as possible to ensure proper filing in accordance with DOC and DC ORM.
    - c. Advise the employee of his/her responsibility to submit medical evidence of disability as soon as possible to expedite the claim.
  10. **EMPLOYEE RESPONSIBILITIES.** When a DOC employee is injured at work or experiences an occupational exposure due to work-related reasons, he or she needs to:
    - a. Report any work related injury/illness or occupational exposure to his or her immediate supervisor without delay.
    - b. Complete the appropriate DOC forms in accordance with *PS 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences* and return them to his or her supervisor as soon as possible but no later than 24 hours of the accident or occurrence.
    - c. Employee shall document all facts and causes of the accident or medical emergency.
    - d. Employee shall notify his or her supervisor as soon as possible after being seen by Unity Health Care to inform the supervisor of his or her:
      - 1) Medical diagnosis,
      - 2) And if employee was referred to his or her own private physician.
    - e. Keep the DOC Risk Manager informed of medical status including submitting medical updates as required or deemed necessary.
  11. **DOC RISK MANAGER RESPONSIBILITIES**
    - a. The Risk Manager shall complete and submit supplemental reports to the ORM as requested. Said reports shall contain:
      - 1) Statements from witnesses confirming or refuting the employee's allegations concerning the accident or injury;

- 2) Statements, where requested, to give additional details of the accident or incident;
  - 3) Statements regarding whether the employee had a similar disability prior to the alleged injury, and, if so, full details of the prior disability or incident and associated medical reports; and
  - 4) Statements of other injuries or accidents of a similar character and the full details.
- b. Review and assess the claimant's current and projected medical status. All responsibilities for facilitating a return to work must be explored.
  - c. The Risk Manager or designee shall review the log of occupational injuries and illnesses to determine patterns or potential problems. Whenever a problem is noted, or when accidents or illnesses are occurring more frequently than expected, the Risk Manager or designee shall work with other responsible parties to resolve the problem.
  - d. The Risk Manager shall maintain working files on all Workmen's Compensation cases, to include but not limited to:
    - 1) Approved Workmen's Compensation letter and assigned case number,
    - 2) Copy of Disability Certificate from attending physician;
    - 3) Updated Employee Emergency Contact Form (Attachment 2); and
    - 4) Copy of Return to Work Certificate (when applicable).
  - e. The Risk Manager or designee shall also develop a program to make staff aware of the program. Staff awareness can be developed in a number of ways including, but not limited to:
    - 1) announcements at roll call,
    - 2) posters,
    - 3) signs at hazardous sites.

## **12. PAYROLL PROCEDURES**

- a. An employee incurring a work-related injury/illness will be paid his/her regular rate of pay for the remainder of the first day of the accident without a deduction from annual and sick leave.

- b. The first three (3) days of any disability resulting from a work related injury shall be charged to the sick/annual leave of the injured employee.
- c. Upon receipt of a claim for continuing compensation, the employee shall continue to receive his or her regular salary for twenty-one (21) days (unless the employee was hired before January 1, 1980, in which case the continuation of pay is for forty-five (45) days).
- d. An employee who has incurred a work-related injury/illness may elect to use accumulated sick or annual leave while awaiting the decision as to whether he/she will receive workers' compensation benefits.
- e. If the compensation claim is approved, the continuation of pay expires; leave is paid at a basic rate of 66 2/3% of the employee's salary.
- f. DOC Time and Attendance office will carry the employee in a Leave Without Pay (LWOP) status until his/her return to work.

### 13. RETURNING EMPLOYEES TO WORK

- a. The employee will contact the Risk Manager when his or her treatment professional authorizes his/her return to work.
- b. If the treatment professional authorizes the employee's return to work without restrictions, or with minimal restrictions (i.e., does not require the removal of essential job functions, change the nature of the work, or remove the employee from a normal rotation), the Risk Manager will work with the employee's supervisor to return the employee to his/her assignment.
- c. The Risk Manager will work with the employee to identify options and time lines should the employee be unable to return to his/her permanent position.

A handwritten signature in black ink, appearing to read 'Thomas Faust', with a stylized, cursive script.

Thomas Faust  
Acting Director

Attachment

Attachment 1 – DCDC Form 1

Attachment 2 – Emergency Employee Contact Form

Attachment 3 – Employer and Employee First Report of Injury or Occupational Disease (ORM)

Attachment 4 – Supervisor's Report (ORM)