

 <b>POLICY AND PROCEDURE</b>	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		<b>EFFECTIVE DATE:</b>	August 3, 2023	<b>Page 1 of 10</b>	
			<b>SUPERSEDES:</b>	2922.1B August 10, 2016		
			<b>OPI:</b>	RISK MANAGEMENT		
			<b>REVIEW DATE:</b>	August 3, 2024		
			<b>Approving Authority</b>	Thomas Faust Director		
	<b>SUBJECT:</b>	WORKERS' COMPENSATION				
	<b>NUMBER:</b>	2922.1C				
<b>Attachments:</b>	Attachment 1-2					

**SUMMARY OF CHANGES:**

Section	Change
	<i>Minor changes made throughout.</i>

**APPROVED:**



**8/3/2023**

**Thomas Faust, Director**

**Date Signed**

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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. 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 fully investigated, and processed promptly in accordance with Chapter 23 of the Comprehensive Merit Personnel Act, 7 D.C.M.R. 100, D.C. Office of Risk Management (DC ORM) Public Sector Workers' Compensation Program Guidance 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  - a. **Directives Rescinded**
    - 1) PP 2922.1B            Workers' Compensation (08/10/2016)
  - b. **Directives Referenced**
    - 1) PP 1280.2            Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences

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- 2) PM 1300.3 Health Information Privacy
- 3) PP 2921.1 Reporting Employee Accidents an On-the-Job Injuries
- 4) PP 3040.1 Employee Emergency Contacts
- 5) PM 6000.1 Medical Management
- 6) PP 6050.4 Mandatory Employee Drug and Alcohol Testing Program (MEDAT)

## 5. AUTHORITY

- a. D.C. Code § 1-623.01 *et seq.*, Public Sector Workers' Compensation
- b. 7 D.C.M.R. 100 *et seq.*, Public Sector Workers Compensation Regulations
- c. D.C Code § 24-211.02, Powers; Promulgation of Rules
- d. D.C. Code § 7-2361.11, Workers' Compensation Coverage Volunteer Health Practitioner

## 6. STANDARDS REFERENCED. None.

## 7. DEFINITIONS

- a. **Employees.** All DOC employees, 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 wage-loss benefits under the Public Sector Workers' Compensation Program.
- e. **D.C. Office of Risk Management.** Administers the Public Sector Worker's Compensation Program.

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## 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 shall provide written information to the supervisor concerning the nature and extent of injury/illness and fill out a DCDC 1 (Attachment 1) in accordance with PP 1280.2, Reporting and Notification Procedures for Significant incidents and Extraordinary Occurrences. The supervisor shall notify the Risk Manager and/or Workers Compensation Coordinator for next-steps.
  - 2) All affected employees must cooperate with department staff, the Risk Manager and DC ORM in the investigation of the claimed injury/illness.
  - 3) The affected employee's Supervisor shall immediately notify the Risk Manager of injuries which results in the death or probable disability of that employee. The Supervisor shall follow the procedures for "Filing an Incident Report" with ORM in § 8 (c).
- b. **Health Care**
- 1) If injuries occur on-site, the employee will be referred to the DOC Health Care Provider for first aid treatment as medically indicated.
  - 2) If injuries occur off-site, the employee may be referred to his or her own private physician or the Supervisor, Risk Manager or Workers' Compensation Coordinator may contact DC ORM and request for directed medical care.
  - 3) If the injury/illness is life threatening, the Supervisor or employee or witnesses shall dial 911 for emergency care and notify through the chain of command.
  - 4) The notified official shall advise the Risk Manager or the Workers Compensation Coordinator if the injury/illness is not life threatening, and refer the employee to DOC Health Care Provider, the employee's own private physician or receive directed medical care through DC ORM.

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- c. **Report of Injury with D.C. Office of Risk Management (ORM).** Generally, 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 or within 24-hours and submit written notice in writing in person or by mail by completing form DCDC 1 within 30 days of the injury.
  - 2) The immediate supervisor shall make an initial report of injury to DC ORM through the Public Sector Workers' Compensation Program's online portal found on ORM's website within twenty-four (24) hours of learning of the injury, and preferably before the end of the shift during which the supervisor learned of the injury. No later than three (3) days after receipt of a grant access link requesting additional information from the Program, the immediate supervisor shall log onto the online portal through the grant access link and submit the requested information through the online portal.
  - 3) The online portal will generate a claim and assign a claim number.
  - 4) The Public Sector Workers' Compensation Program will send the injured employee the claim forms for immediate completion.
- d. **Eligible Benefits for Injured Employees.** 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) Continuation of pay (COP) (for traumatic injuries)
  - 2) Medical benefits for work related injuries/illness,
  - 3) Wage loss benefits for lost time,
  - 4) Vocational Rehabilitation,
  - 5) Transportation for qualified visits to a physician,
  - 6) Administrative Leave for medical treatment after return to work,
  - 7) Compensation for permanent disability; and

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8) Death benefits.

**e. Injury/Illness Not Covered by Workers' Compensation**

- 1) Injuries that did not arise out of and in the course of his/her employment.
- 2) Injuries caused by an employee's willful misconduct or intention to bring about the injury, or that are caused by the intoxication of the injured employee.
- 3) Mental stress or an emotional condition resulting from an action taken involving: employees work performance, assignment or duties, promotion or denial of promotion, adverse personnel action, transfer, retrenchment or dismissal, provision of employment benefits.

**f. Workers Compensation Wage-loss Benefits may cease upon:**

- 1) Expiration of an award of compensation that was for a specific period of time;
- 2) The death of the claimant for reasons unrelated to the work injury;
- 3) Clear evidence that the claimant has returned to work;
- 4) Clear evidence that the claimant has been released to return to work;
- 5) The claimant has been released to or has returned to work on a part-time or modified duty basis;
- 6) The claimant has been convicted of fraud in connection with the claim;
- 7) The claimant's failure to participate in vocational rehabilitation, failure to cooperate with the Program's request for a physical examination by a treating or Additional Medical Examination (AME) physician, or failure to follow prescribed and recommended courses of medical treatment; failure comply with affidavit of earnings requests;
- 8) Controversion of the claim for two (2) years;
- 9) Receipt of other remuneration from the District (i.e. retirement benefits);

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- 10) Clear evidence that the claimant has knowingly and willfully received benefits to which he or she was not entitled;
- 11) The cessation of a compensable injury;
- 12) Evidence showing that the employee's inability to work is no longer causally related to the claimant's work injury;
- 13) A change from a total disability to a partial disability;
- 14) The employee's refusal of a modified duty position offered to the employee;
- 15) The Program determines based upon strong compelling evidence that the Initial Determination was in error; or
- 16) Any other ground demonstrating that the law requires the claimant's benefits to be modified.

**9. SUPERVISOR'S RESPONSIBILITIES.** When an employee reports a work-related injury or illness to his or her supervisor, the immediate supervisor shall:

- a. Ensure the employee is provided the opportunity to receive immediate medical attention, if necessary.
- b. Supply all information identified in the online portal and upload all available supporting documentation through the online portal at the time the report of injury is submitted.
- c. Complete and submit supplemental reports to ORM as requested. The supplemental reports shall contain, but not be limited to:
  - 1) Statements from witnesses describing his or her observations of the work injury. Statements may confirm or refute the employee's allegations concerning the accident or injury;
  - 2) Statements, when requested, that contain additional details of the accident or incident;
  - 3) Statements regarding whether the employee, to the immediate supervisor's knowledge, had a similar injury or incident prior to the

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alleged injury, and if so, full details of the prior injury or incident and, if available, associated medical reports; and

- 4) Statements of other injuries or incidents of a similar character and the full details.

- d. Notify DOC Risk Manager, Workers' Compensation Coordinator, and the agency's Family Medical Leave Act (FMLA) Coordinator.

**10. EMPLOYEE RESPONSIBILITIES.** When a DOC employee is injured at work or experiences an occupational exposure due to work-related reasons, he or she shall:

- a. Notify his or her immediate supervisor, and complete the appropriate DOC forms in accordance with PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.
- b. Return the DCDC 1 report to his or her supervisor as soon as possible but no later than 24 hours after the accident or occurrence.
- c. Notify his or her supervisor as soon as possible after being seen by the DOC Health Care Provider or referral to his/her own private physician.

**11. DOC RISK MANAGER RESPONSIBILITIES**

- a. 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.
- b. The Risk Manager or designee shall maintain working files on all Workers' Compensation cases, to include but not limited to:
  - 1) Approved Workmen's Compensation letter and assigned case number,
  - 2) Copy of Disability Certificate;
  - 3) Updated Employee Locator Sheet (Attachment 2); and
  - 4) Copy of Return to Work Certificate (when applicable).



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## 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) work days after 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 Continuation of Pay (COP), 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 starting the employee's next scheduled work day.
- 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 wage-loss compensation claim is approved before COP expires, COP will cease and compensation will be 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 FMLA (where applicable) and/or Leave Without Pay (LWOP) status until his/her return to work.

## 13. NOTICE OF RETURN TO WORK

- a. The employee will contact the Risk Manager, Workers' Compensation Coordinator, or designee in accordance with this directive when his or her treatment professional authorizes his/her return to work.
- b. In all cases reported to the Office of Risk Management, the DOC Risk Manager shall notify the ORM immediately when the claimant returns to work or when the injury ceases.
- c. If the treatment professional authorizes the employee's return to work full duty 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 or Workers'

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Compensation Coordinator will work with the employee's supervisor to return the employee to his/her assignment.

- d. The employee Supervisor shall notify the Risk Manager or Workers' Compensation Coordinator if, after the claimant returns to work, he/she has a re-occurrence of the same injury causing the employee (claimant) to stop work again. Upon receipt of such report, the Risk Manager or Workers' Compensation Coordinator should report it to DC ORM.
- e. The Risk Manager or Workers' Compensation Coordinator will work with the employee to identify options and time lines should the employee be unable to return to his/her permanent position.

**Attachment(s):**

Attachment 1 – DCDC 1 Employee Report of Significant Incidents/Extraordinary Occurrence

Attachment 2 – Employee Locator Sheet



**D.C. DEPARTMENT OF CORRECTIONS**  
**EMPLOYEE REPORT OF SIGNIFICANT INCIDENT/EXTRAORDINARY OCCURRENCES**  
(Type or Print)

**Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Shift:** \_\_\_\_\_ **Post:** \_\_\_\_\_

**Type of Occurrence:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time of Occurrence:** \_\_\_\_\_

Inmates Involved Name and DCDC	Staff Involved Name and Title	Witness Inmate and/or Staff

**Complete detailed description of incident (if force was used, include events leading up to the use of force)**

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DCDC-1  
EOR#\_\_\_\_\_

**Actions Taken (In chronological order with times listed)**

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**Descriptions of Weapons, if any. (Include photocopy if possible)**

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**Describe injuries to staff or inmates and medical attention required (if any)**

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**If force was used, describe type, (i.e. physical, chemical agent, baton, etc.)**

N/A

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**DEPARTMENT OF CORRECTIONS  
EMPLOYEE LOCATOR SHEET**

Employee's Name: \_\_\_\_\_  
(Last/first, Middle)

Title/Grade/Step/Series: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Place of Duty: \_\_\_\_\_  
(Institution, Building and Office)

Duty Phone Number: \_\_\_\_\_

Duty Cell Phone/Pager Number: \_\_\_\_\_

**PERSONAL INFORMATION**

Current Home Address: \_\_\_\_\_  
(Street/Apt. No.)

\_\_\_\_\_  
(City/State/Zip Code)

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**P R I M A R Y C O N T A C T**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/Apt. No.) (City/State/Zip Code)

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

**S E C O N D A R Y C O N T A C T**

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/Apt. No.) (City/State/Zip Code)

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date Form Completed \_\_\_\_\_