

 <p>DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS</p> <p>POLICY AND PROCEDURE</p>	EFFECTIVE DATE:	August 10, 2016	Page 1 of 10	
	SUPERSEDES:	2922.1A November 6, 2013		
	OPI:	HUMAN RESOURCE MANAGEMENT		
	REVIEW DATE:	August 10, 2017		
	Approving Authority	Thomas Faust Director		
	SUBJECT:	WORKERS' COMPENSATION		
	NUMBER:	2922.1B		
Attachments:	Attachment 1-2			

SUMMARY OF CHANGES:

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

APPROVED:



Thomas Faust, Director

8/10/2016

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.
 - 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 - a. **Directives Rescinded**
PP 2922.1 Workers' Compensation (11/06/13)

 - 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. Public Sector Workers Compensation District of Columbia Municipal Regulations Title 7, Chapter 1
- b. Public Workers' Compensation Benefits; D.C. Code § 1-623.01 et seq.
- c. D.C Code § 24-211.02, Powers; Promulgation of Rules
- d. D.C. Code § 7-2361.11, Workers' Compensation Coverage Volunteer Health Practitioner
- e. Occupational Safety and Health Act (OSHA) of 1970

6. **STANDARDS REFERENCED** None

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.

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- e. **D.C. Office of Risk Management.** Oversees the management and operation of the Public Sector Worker's Compensation Program, which is administered by its Third Party Administrator (TPA), CorVel.

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 concerning the nature and extent of injury/illness and fill out a DCDC Form 1 (Attachment 1) in accordance with PP 1280.2, Reporting and Notification Procedures for Significant incidents and Extraordinary Occurrences. The supervisor will notify the Risk Manager for next-steps.
 - 2) All affected employees will cooperate with department staff, the Risk Manager and DC ORM in the investigation of the claimed injury/illness.
 - 3) The Supervisor of the affected employee, 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 a Claim" 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. All provided treatment will be documented and submitted to the employee's Supervisor.
 - 2) If injuries occur off-site, the employee will be referred to their own private physician.
 - 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.

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- 4) The notified official shall advise the Risk Manager. or 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 or within 24-hours.
 - 2) Employee's immediate supervisor shall immediately report any injury to ORM 24-Hour Accident Hotline at (888) 832-2524 within 24 hours. No later than three (3) days after the initial report, the official supervisor shall report the claim, in writing, utilizing the Supervisor's Report Form 2 (Attachment). The employee shall document the incident on the Employer and Employee First Report of Injury or Occupational Disease Form 2 (Attachment). t.
 - 3) The 24-Hour Accident Hotline will generate a claim and assign a claim number.
 - 4) The claim will be submitted electronically to the TPA.
 - 5) The TPA will send the injured employee the C-Forms (claim f) package 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) 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

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5) Death benefits.

e. Injury/Illness Not Covered By Workers' Compensation

- 1) Injuries suffered while an employee was not on the job.
- 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) Benefits are not provided for 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 Benefits are not provided when:

- 1) The award of compensation was for a specific period of time which has expired;
- 2) The death of the claimant;
- 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, notwithstanding that the claimant has been directed to undergo vocational rehabilitation;
- 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;
- 8) The claimant's failure to cooperate with the subrogation process;
- 9) Controversion of the claim for two (2) years;

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- 10) Retirement of the claimant;
 - 11) Clear evidence that the claimant has knowingly and willfully received benefits to which he or she was not entitled;
 - 12) The cessation or lessening of a compensable injury;
 - 13) The condition is no longer causally related to the claimant's employment with the District government;
 - 14) The condition has changed from a total disability to a partial disability;
 - 15) The Program has offered the claimant a modified duty position and the claimant has refused to accept the position;
 - 16) The Program determines based upon strong compelling evidence that the Initial Determination was in error; or
 - 17) 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 supervisor is to:
- a. Ensure the employee is provided the opportunity to receive medical attention (if necessary) immediately.
 - b. Report any injury to ORM 24-Hour Accident Hotline at (888) 832-2524 within 24 hours. Once employee provides the Supervisor with ORM Forms 1 and 2, the Supervisor must complete and return the forms within three (3) days to the employee for submission to the TPA..
 - c. Supervisor shall notify DOC Risk Manager and the agencies 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 needs to:

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- a. Report any work related injury/illness or occupational exposure to 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. Employee must 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.
- b. Employee shall document all facts and causes of the accident or medical emergency.
- c. Employee shall 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 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;
 - 3) Updated Employee Emergency Contact Form (Attachment 2); and
 - 4) Copy of Return to Work Certificate (when applicable).

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.

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- 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. NOTICE OF RETURN TO WORK

- a. The employee will contact the Risk Manager 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 be required to notify the Office of Risk Management 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 will work with the employee's supervisor to return the employee to his/her assignment.
- d. The Supervisor shall notify the Risk Manager 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.
- e. 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.

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Attachment

Attachment 1 – DCDC Form 1

Attachment 2 –Employee Locator Sheet

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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)

DCDC-1
EOR#_____

Actions Taken (In chronological order with times listed)

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

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

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

N/A

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 _____