



Medical College of Georgia

Administrative
Policy Library

**Workers' Compensation
On The Job Injuries**

CITATION REFERENCE

Official Title: Worker's
Compensation/On the job injuries

Abbreviated Title: Worker's
Compensation

Volume: Finance Division

Responsible Office: Human Resources

Originally issued: January 1, 1976

Revised: May 12, 2008

Policy Statement

It is the policy of the Medical College of Georgia to provide benefits for employees in the event of work related injuries, exposures, illnesses, or accidents. When an injury, accident, exposure or illness is sustained as a result of, out of or in the course of employment, an employee is eligible to receive benefits as outlined in the Georgia Workers' Compensation Law.

Reason For Policy

To provide employees and supervisors information concerning employee benefits and instructions for treatment of work related illnesses, injuries, accidents and exposures, and completion of the required forms.

Entities Affected By This Policy

All units of the Medical College of Georgia are covered by this policy.

Who Should Read This Policy

All employees of the Medical College of Georgia should be aware of this policy.

Contacts

Contact	Phone	e-mail/URL
Associate Vice President of Human Resources	706-721-3777	snorton@mcg.edu
Assistant Director of Benefits/Data Management	706-721-3770	priley@mcg.edu

Website Address For This Policy

www.mcg.edu/policies/documents/workerscomp.pdf

Related Documents

None

Definitions

DOAS – State of Georgia Department of Administrative Services

Authorized Treating Physician – An approved doctor, clinic or facility that may be used in case of a worker's compensation claim that requires treatment.

Overview

The Medical College provides Worker's Compensation coverage for all of its employees on all campuses statewide or if off campus, conducting business on behalf of the institution. All MCG and MCG leased employees must report promptly to their immediate supervisor any work related injury. If an employee requires treatment or has any lost work days for a work related accident, injury, exposure or illness, the employee must seek treatment by contacting the Georgia Department of Administrative Services (DOAS) at 1-877-656-7475 for assistance in selecting an Authorized Treating Physician. The provider of service should send any bills for treatment directly to DOAS in Atlanta.

Process/Procedures

Responsibilities

Employee Responsibility

All MCG and MCG leased employees must report promptly to their immediate supervisor any work related injury. If an employee requires treatment or has any lost work days for a work related accident, injury, exposure or illness, the employee must seek treatment by contacting the Georgia Department of Administrative Services (DOAS) at 1-877-656-7475 for assistance in selecting an Authorized Treating Physician. The provider of service should send any bills for treatment directly to DOAS in Atlanta.

Supervisor Responsibility

The supervisor is responsible for promptly reporting any accident, injury, exposure or illness that does not require medical treatment to the Benefits Section of Human Resources Division using the "Incident Notice Only" form which can be found at http://doas.georgia.gov/vgn/images/portal/cit_1210/4/47/27136091IncidentReportOnly.pdf

If immediate medical attention is needed for the injured employee, the supervisor will assist in obtaining the necessary treatment by contacting the Georgia Department of Administrative Services (DOAS) at 1-877-656-7475 for the employee if necessary. If emergency medical treatment is necessary, the injured employee must be directed or taken to the nearest hospital Emergency Room. If the doctor recommends that the employee not return to work immediately following a required treatment, the supervisor must notify the Human Resources Benefits Section by telephone Ext. 1-3836 on campus or 706-721-3836 off campus within 24 hours of injury, including the expected return date, if known. The Human Resources Benefits Section must also be advised of the

option selected by the employee whether the employee chooses to use sick leave, annual leave or leave without pay while out due to the covered injury.

As soon as possible after notification of a work related automobile accident or serious bodily injury, the supervisor should notify MCG Public Safety (Ext. 1-2911) An examination of the facts surrounding the accident will be made in an effort to prevent recurrence of the incident.

General Information

Medical Expenses

Charges for first aid treatment, hospital bills, prescription drugs, doctor's charges, etc., are covered provided the proper procedures are followed as outlined above for reporting the accident and treatment of the employee.

Payment for Lost Time

The Workers' Compensation Law provides benefits of 66 2/3% of an employee's average weekly earnings up to a maximum of \$525.00 per week. No compensation is allowed for the first seven calendar (7) days of incapacity (including the day of the injury) unless the employee is incapacitated for 21 consecutive work days following the injury, in which event compensation is allowed for the first seven days of incapacity, if an employee has not used accrued leave.

Employee Options

An employee has the following options on the use of Sick Leave or Annual Leave for absence due to a Workers Compensation claim:

Use accrued sick or annual leave for the first seven (7) calendar days in order to be paid full salary, and then elect to receive Workers' Compensation during the remaining period of injury-related absence, or

Exhaust all accrued sick leave and annual leave (in that order) and then receive Workers' Compensation, or

Retain all accrued sick leave and annual leave, and after the seven (7) day waiting period (without pay), receive Workers' Compensation during the remainder of the injury-related absence.

Note: If an employee has no accrued sick or annual leave, any absence during the first seven (7) days must be Leave Without Pay (LWOP).

Human Resources Responsibility

The Human Resources Benefits Section shall forward a copy of any report to the Environmental Health & Safety Division.

The responsibilities each party has in connection with Worker's Compensation , are:

(Party)	(Responsibility)
Assoc. V.P. for Human Resources	Responsible for adoption, oversight and

	updates for this policy
All Medical College of Georgia faculty, employees, and students	Responsible for adhering to the Administrative Policies of the Medical College of Georgia.
Injured Employee's Supervisor	<p>The supervisor is responsible for promptly reporting any accident, injury, exposure or illness that does not require medical treatment to the Benefits Section of Human Resources Division using the "Incident Notice Only" form.</p> <p>If immediate medical attention is needed for the injured employee, the supervisor will assist in obtaining the necessary treatment by contacting the Georgia Department of Administrative Services (DOAS) at 1-877-656-7475 for the employee if necessary. If emergency medical treatment is necessary, the injured employee must be directed or taken to the nearest hospital Emergency Room.</p>
Human Resources/Benefits Section	The Human Resources Benefits Section shall forward a copy of any report to the Environmental Health & Safety Division.
Injured Employee's Responsibility	All MCG and MCG leased employees must report promptly to their immediate supervisor any work related injury. If an employee requires treatment or has any lost work days for a work related accident, injury, exposure or illness, the employee must seek treatment by contacting the Georgia Department of Administrative Services (DOAS) at 1-877-656-7475 for assistance in selecting an Authorized Treating Physician. The provider of service should send any bills for treatment directly to DOAS in Atlanta.

Forms

Employee's Report of Accident/Injury – To be used when an accident, injury, illness or exposure results in the employee seeking medical treatment.

<http://www.mcg.edu/hr/benefits.htm> (MCG Website)

http://doas.georgia.gov/vgn/images/portal/cit_1210/19/53/107920168Employee%20Report.pdf (DOAS Website)

Incident Only Form – Institution internal report of incidents not requiring medical attention. http://www.mcg.edu/hr/documents/Incident_Only.pdf (MCG Website)
http://doas.georgia.gov/vgn/images/portal/cit_1210/16/55/107918612Incident%20Notice.pdf (DOAS Website)

Leave Election Form: Choose the option of payment to be received when injured on the job. If an employee is going to be out of work the employee will need to complete this form so that DOAS and MCG knows how the employee wants to be paid. (accrued annual or sick leave, WC, or Leave Without Pay)

<http://www.mcg.edu/hr/LeaveElectionForm> (MCG Website)
http://doas.georgia.gov/vgn/images/portal/cit_1210/46/7/107915886Leave%20election.pdf (DOAS Website)

Wage Statement Form - Used by the Human Resources Division to report the wages of a worker who must be out of work over a period of 7 days.

http://doas.georgia.gov/vgn/images/portal/cit_1210/46/3/107913795wage%20statement.pdf (DOAS Website)

Appendices

None