



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**

The Medical College of Georgia provides 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. As part of its Worker's Compensation policy, the Medical College of Georgia also provides a return-to-work program as a means of returning employees to meaningful, productive employment following injury or illness.

### **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.

To provide a program designed to encourage employees to return to work following a work-related injury or illness. If an employee is able to work but is unable to return to his or her regular duties, this policy is designed to provide methods by which consideration may be given to allowing the employee to return to work in a modified or alternative assignment, when possible.

### **Entities Affected By This Policy**

All units and employees 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**

<b>Contact</b>	<b>Phone</b>	<b>e-mail/URL</b>
Director of Benefits/Data Management	706-721-3770	<a href="mailto:priley@mcg.edu">priley@mcg.edu</a>

## **Website Address For This Policy**

Not determined.

## **Related Documents**

None

## **Definitions**

**Disability** – An illness, injury or other medical condition, including pregnancy, that prevents an employee from performing the duties of his/her job. A disability can be total or partial.

**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.

**Emergency** – An injury that requires immediate medical attention.

**Modified/Transitional Assignment** – A temporary job modification that is provided when an employee returns from a work-related injury or illness to medically-restricted or modified duties. Duties assigned can be those identified in the employee's current job description with restrictions or another assignment at the discretion of management.

**Work-Related Injury/Illness** – An injury or illness that occurs on the job to an eligible employee for which benefits are awarded and payable by Workers' Compensation.

## **Overview**

In accordance with the regulations issued by the Georgia Department of Administrative Services (DOAS), the Medical College of Georgia 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 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.

MCG encourages injured employees to return to work as soon as it is reasonably possible in accordance with DOAS guidelines. The Human Resources Benefits staff should work with each employee and his/her department to develop opportunities to return to work in transitional capacities. A return to work program includes an assessment/identification of duties that can be performed during a period of transition to allow an injured employee to work even though he/she may be unable to resume his/her full duties.

If an employee is not physically capable of returning to full duty initially, the Return-To-Work program provides opportunities for offering the employee a temporary assignment in which the employee's regular position is modified to 1) accommodate the employee's physical capabilities or 2) perform a transitional assignment with alternate duties.

Assignment of any employee to a transitional position or modified regular position in accordance with the Return-To-Work Program requires review and approval from the Human Resources department. For faculty, the Human Resources division will work with the Provost to determine appropriate transitional work and compensation.

Participation in the Return-To-Work Program shall not be construed as acceptance, acknowledgment, or recognition by MCG, its management or its employees that an employee has a disability as defined by the Americans with Disabilities Act of 1990. If an employee sustains an injury or illness resulting in a disability under the Americans with Disabilities Act, it is the employee's responsibility to inform his or her supervisor or a person in a responsible management position when a disability under the Americans with Disabilities Act exists and that a reasonable accommodation is necessary to perform the essential functions of his or her job.

#### **ADA Compliance**

The Medical College of Georgia complies with the Americans with Disabilities Act of 1990 which prohibits discrimination against qualified individuals with disabilities. Nothing in this policy shall be used as the basis for illegal discrimination against any individual or group.

#### **FMLA Compliance**

The Medical College of Georgia complies with the Family and Medical Leave Act of 1993, and as amended. Should a work related injury or illness be covered by the FMLA, the institution will apply the provisions of the appropriate policy.

#### **Workers' Compensation/Return To Work Compliance**

It is a violation of the Return To Work Policy, procedures, and state and federal law to discharge or in any other manner discriminate against an employee because he or she:

- Files a Workers' Compensation claim in good faith;
- Hires a lawyer to represent his or her interests in a Workers' Compensation claim; and/or
- Institutes or causes to be instituted in good faith a proceeding with the Georgia State Board of Workers' Compensation.

#### **Workplace Safety**

The Medical College Georgia will make every reasonable effort to investigate the cause of the occupational injury or illness to determine what actions can be taken to prevent a reoccurrence of the injury or illness. An employee will not be placed into a transitional or regular position if such an assignment would place the employee or others in danger.

#### **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](http://doas.georgia.gov/vgn/images/portal/cit_1210/4/47/27136091IncidentReportOnly.pdf)

[http://doas.georgia.gov/vgn/images/portal/cit\\_1210/4/47/27136091IncidentReportOnly.pdf](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.

### **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.

### **Transitional Duty for Occupational Injuries and Illnesses**

Upon an employee's release to return-to-work activities, the employee will meet with the supervisor to determine whether the employee can return to his or her regular duties. If the employee cannot immediately return to his or her regular duties, the employee may be given a special assignment as follows:

A. Assignment to the employee's *regular position* with temporarily modified duties designed for an employee who is temporarily unable to function at full capacity in the regular position due to work-related illness or injury, but who is expected to return to

regular duties within 90 days. Such duty modification requires the certification of the employee's treating physician. Once the physician certifies that an employee can return to work with temporarily modified duties, the supervisor must return the employee to work and provide the modified duties based on the employee's physician-certified medical restrictions.

B. Return to work to a *transitional position* with different duties designed for employees who are temporarily unable to function at full capacity in the regular position due to work-related illness or injury, but who are expected to return to regular duties within 90 days. The employee must possess the knowledge, skills, and abilities required to function in the transitional position. Such temporary reassignment is to be used only when temporarily placing the employee in the transitional position would provide mutual benefits to MCG and the employee, and when no current employee would be displaced by such reassignment. Such temporary reassignment requires the certification of the employee's treating physician. Once the physician certifies that an employee can return to work with different duties, the supervisor must return the employee to work in the transitional position and adhere to the employee's physician-certified medical restrictions.

### **Department Responsibilities**

When requested to provide modified or transitional duties, managers are expected to actively assess the workplace for appropriate tasks and duties to encourage the employee's return to work. As a part of this determination, transitional duties must meet MCG staffing needs and must accommodate the employee's medical restrictions while taking into consideration the welfare and safety of the employee, co-workers, students, and customers.

An employee who returns to work in a special assignment may be assigned to another work site within MCG, depending upon the availability of vacant positions or the limitations and abilities of the employee. An employee will not be placed into a position if such assignment would displace another current employee.

### **Duration of Transitional Duty Assignments**

The duration of the transitional duty assignment will be determined on a case-by-case basis by the employee's department in consultation with MCG's Return-to-Work (RTW) Coordinator or designee, but will not normally exceed 90 days. If it is determined that the employee has long-term restrictions that result in the inability to perform the essential functions of the regular position, the provisions of the Americans with Disabilities Act (ADA) and other applicable laws will be evaluated to determine suitability for employment.

### **Bona Fide Offer of Modified or Transitional Employment**

Assignment to any of the type of position described in this policy will be documented in a 'bona fide offer of modified or transitional employment' letter to the employee. The 'bona fide offer of modified or transitional employment' letter shall include the following information:

- The type of position offered and the specific duties
- A statement that MCG is aware of and will abide by the physical limitations under which the treating physician has authorized the employee to return to work
- The maximum physical job requirements
- The wage of the job
- The expected assignment duration
- A statement that MCG cannot guarantee that a position will be available should the employee fail to accept the assignment
- The name of the person whom the employee can contact for answers to questions about the assignment, job modifications, or other relevant leave provisions

The employee may accept or reject the bona fide offer of employment. The employee should be informed that rejection of the bona fide offer of employment may jeopardize continued temporary income benefits (if applicable). If the employee accepts the bona fide offer of employment, then the employee shall perform the duties of the position for the term of the assignment or until the employee is able to return to full duty, whichever is sooner. If the employee rejects the bona fide offer of employment, then the employee remains off-work until the end of any approved leave period or until the employee is certified by the health care provider to return to full duty.

If the employee is unable to return to full duty by the end of the assignment period and/or by the end of the employee's approved leave period, then the employee's continued employment with MCG shall be considered based upon the business necessity of filling the employee's position. Nothing in this policy shall be construed as requiring an institution to retain an employee who is not able to return to work following a workplace injury, and such decisions regarding continued employment will be the sole discretion of management with appropriate consideration and attention given to relevant laws.

#### **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.

#### **Use of Sick Leave or Annual Leave**

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).

**Return to Work**

MCG encourages injured employees to return to work as soon as it is reasonably possible in accordance with DOAS guidelines. The Human Resources Benefits section works with employees & their department to develop opportunities to return to work in transitional capacities. MCG's return to work program includes an assessment/identification of duties that can be performed during a period of transition to allow an injured employee to return sooner than he or she might otherwise.

**Process/Procedures**

None beyond those processes described in the Overview above.

**Responsibilities**

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

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. <a href="http://doas.georgia.gov/vgn/images/portal/cit1210/4/47/27136091IncidentReportOnly.pdf">http://doas.georgia.gov/vgn/images/portal/cit1210/4/47/27136091IncidentReportOnly.pdf</a></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> <p>Participate in Return to Work Program.</p> <p>See Overview for more information.</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	<p>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.</p> <p>Participate in Return to Work discussions/process/program.</p> <p>See Overview for more information.</p>

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

## **Appendices**

None