Employee Work Related Injury/Illness Procedure

1. Scope
This procedure covers all employees of Kennesaw State University (KSU) that are injured or become ill while performing assigned job duties during assigned working hours.

2. Purpose
All KSU employees are covered by state Workers’ Compensation laws that may provide medical and income benefits if the employee is injured or becomes ill while performing assigned job duties during assigned working hours.

This written procedure prescribes the method and practice for reporting and investigating injuries/illnesses involving employees. This procedure is intended to provide a means to deal with all workplace injuries/illnesses in a standardized way and demonstrate compliance with workers’ compensation laws and regulations as well as the reporting requirements of Georgia State and the Department of Administrative Services (DOAS).

KSU’s Workers’ Compensation (WC) program is managed by the Workers’ Compensation Managed Care Organization (WC/MCO). KSU’s Human Resources (HR) Benefits department coordinates the WC claims process.

3. Procedure

   A. Medical Care

   If emergency medical care is needed, call Public Safety at 470-578-6666 or extension 6666 or 9-1-1

   The following facilities are recommended for emergency medical care:

   Life-Threatening: Urgent Care:
   Kennestone Hospital Wellstar Clinic
   677 Church Street 3805 Cherokee Street
   Marietta, GA 30060 Kennesaw, GA 30144
   770-793-5000 770-426-5665

   Immediately following an employee’s emergency medical care, the employee, or the employee’s designated representative, must notify the employee’s supervisor, who will make the appropriate notifications and complete required forms as defined in section 3.B Injury/Illness Reporting and Investigation.

   The supervisor should immediately contact HR at 470-578-6030 or extension 6030 to inform them of the injury/illness.

   Following any emergency medical care, employees are required to receive all subsequent medical care through the AMERISYS, INC. network of providers. Failure to use the network physicians will jeopardize payment of medical bills under workers’ compensation and the employee may be personally liable.

   The employee has the right to decline medical care. Regardless of acceptance or declination of medical care, the employee must complete and fill out the Workers’ Compensation Leave Election Form. If the employee chooses to receive workers’ compensation medical care, outside of regular first aid treatment, the employee must obtain the assigned claim number from HR. The employee must then call AMERISYS Managed Care at
Employee Work Related Injury/Illness Procedure

800-900-1582, selecting option #2, to obtain assistance with selecting an authorized treating physician and to schedule the first medical appointment. **The employee must do this before seeking medical care unless the injury requires emergency medical care.**

The supervisor may assist the employee in choosing a doctor or facility, but cannot choose for the employee or send an employee to any facility without the employee going through the AMERISYS approval.

The employee is responsible for keeping all scheduled appointments and continuing regular prescribed care, until they are fully dismissed from care. The employee is also responsible for obtaining and providing HR and their supervisor with a doctor’s status report, each and every time the employee is seen by a workers’ compensation physician or treatment is received.

**B. Injury/Illness Reporting and Investigation**

This procedure must be followed for any injury/illness arising out of and in the course of employment with KSU **regardless of whether or not medical care was received.**

**Step 1** – Employees are required to report all injuries/illnesses to their supervisor and/or the supervisor’s designee immediately (but no later than 24 hours). This notification must be made by the employee.

Employees are required to receive all medical care through the AMERISYS, INC. network of providers. Failure to use the network physicians will jeopardize payment of medical bills under workers’ compensation and the employee may be personally liable.

The employee is required to complete the Employee Report of Injury/Illness Form and return the completed form to their supervisor within 24 hours of the injury/illness.

**Step 2** – The Supervisor should immediately contact HR at 470-578-6030 or extension 6030 to inform them of the injury/illness. The supervisor must take any immediate actions necessary to prevent further injuries/illnesses (e.g. wipe up spills). If needed, the supervisor may call Public Safety or Environmental Health and Safety (EHS) for immediate assistance.

The Supervisor is responsible for printing out the Supervisors Packet from the HR website and ensure that all forms in the Supervisor Packet are completed and forwarded to the appropriate party. The supervisor is responsible to review all forms for validity and accuracy prior to forwarding to HR.

The **Supervisor Packet** includes the following:

- a. Employee Report of Injury/Illness Form— completed and signed by employee, reviewed and signed by the supervisor, forward to HR as soon as possible (no later than 24 hours).
- b. Workers’ Compensation Leave Election Form – reviewed and signed by employee, forwarded by the supervisor to HR. Appendix A.
- c. Employee Work Related Injury/Illness Procedure – leave a copy of this procedure with the employee.
- d. State Board of Workers’ Compensation Bill of Rights for the Injured Worker – leave with employee. Appendix B.
- e. Incident Investigation Report – to be conducted by supervisor and forwarded to EHS.
- f. Incident Witness Statement – completed by witness(s), forwarded to EHS by supervisor.
**Employee Work Related Injury/Illness Procedure**

**Step 3** – HR will file the workers’ compensation claim and make initial contact with the WC/MCO. The WC/MCO Medical Case Manager will then contact the employee directly to obtain further information regarding their illness/injury and provide information regarding the AMERISYS, INC. network of providers. HR will also make immediate notifications to Risk Management and EHS.

HR will communicate with the employee throughout the case.

**Step 4** – Thorough accident investigations will assist in determining why the injury/illness occurred, where they happen and assist in identifying any trends that might be developing. Identification is critical to preventing and controlling hazards and potential injuries/illnesses. *Preventing future injury/illness is the primary focus of the investigation.*

All injuries/illnesses must be investigated. The supervisor is required to conduct a thorough incident investigation. It is recommended that the supervisor involve the employee, a representative from EHS and any other knowledgeable person. Upon completion of the investigation, the supervisor must complete the Incident Investigation Report and forward to EHS.

EHS will review the report and ensure that hazards are monitored and the planned corrective action(s) are completed to prevent or reduce the risk of recurrence. The EHS procedure for Incident, Accident and Hazard Reporting and Investigations can be found at http://www.kennesaw.edu/ehs/.

**C. Record Keeping**

All documents relating to the injury/illness will be scanned into the employees personnel file and permanently saved. This is completed by HR Employee Data Services at the direction of HR Benefits.

**4. Roles and Responsibilities**

The roles and responsibilities that relate to this procedure are shown in Appendix C, the KSU Employee Injury/Illness Responsibility Matrix. A brief summary of the responsibilities are also shown below.

<table>
<thead>
<tr>
<th>Employee</th>
<th>Manager/Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report the injury/illness as soon as possible to their supervisor.</td>
<td>• Report to HR any injury/illness as soon as it occurs (no later than 24 hours)</td>
</tr>
<tr>
<td>• Complete the Employee Report of Injury/Illness Form, sign and forward to supervisor within 24 hours of incident, if possible.</td>
<td>• Complete actions required</td>
</tr>
<tr>
<td>• Complete the Workers’ Compensation Leave Election Form, sign and forward to supervisor</td>
<td>o Employee Report of Injury/Illness – receive completed form from employee, review and sign, forward to HR within 24 hours of receipt</td>
</tr>
<tr>
<td>• Participate in incident investigation as requested</td>
<td>o Workers’ Compensation Leave Election Form – review employee signed form and forward to HR</td>
</tr>
<tr>
<td></td>
<td>o Employee Work Related Injury/Illness Procedure – leave a copy of this procedure with the employee</td>
</tr>
<tr>
<td></td>
<td>o State Board of Workers’ Compensation Bill of Rights for the Injured Worker – leave a copy with the employee</td>
</tr>
<tr>
<td></td>
<td>o Incident Investigation Report – to be completed after incident</td>
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</tbody>
</table>
Employee Work Related Injury/Illness Procedure

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>investigation is completed, forward to EHS</td>
</tr>
<tr>
<td></td>
<td>o Incident Witness Statement – obtain statements from any</td>
</tr>
<tr>
<td></td>
<td>witnesses and forward to EHS</td>
</tr>
<tr>
<td>HR</td>
<td>• Ensure that injury/illness are properly communicated</td>
</tr>
<tr>
<td></td>
<td>• Ensure that claims are filed when there is medical treatment</td>
</tr>
<tr>
<td></td>
<td>and communicates with the employee as needed</td>
</tr>
<tr>
<td>EHS</td>
<td>• Review all incident investigations</td>
</tr>
<tr>
<td></td>
<td>• Track and document corrective actions to ensure timely follow-</td>
</tr>
<tr>
<td></td>
<td>up and completion</td>
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<tr>
<td></td>
<td>• Escalate issues when necessary</td>
</tr>
<tr>
<td></td>
<td>• Communicate corrective actions and revises related documents</td>
</tr>
<tr>
<td></td>
<td>when necessary</td>
</tr>
<tr>
<td>Risk Management</td>
<td>• Assist EHS in the control and mitigation of hazards</td>
</tr>
<tr>
<td>Public Safety</td>
<td>• Respond to all emergency medical treatment cases</td>
</tr>
<tr>
<td></td>
<td>• Assist in the control and mitigation of hazards.</td>
</tr>
</tbody>
</table>

A graphical summary of the employee and supervisors responsibilities are also shown in Appendix D, the KSU Employee Work Related Injury/Illness Flow Chart.

5. Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Injury/Illness</td>
<td>Any abnormal condition or disorder caused by exposure to the environment</td>
</tr>
<tr>
<td>Emergency Medical Care</td>
<td>Any illness/injury that the employee feels they need immediate medical</td>
</tr>
<tr>
<td></td>
<td>treatment. Examples include but not limited to:</td>
</tr>
<tr>
<td>Medical Treatment</td>
<td>Any illness/injury which resulted in treatment by a physician. May include</td>
</tr>
<tr>
<td>Work Related</td>
<td>Occurs while performing assigned job duties during assigned working hours</td>
</tr>
<tr>
<td>Responsibility Matrix</td>
<td>The matrix, also commonly referred to as the RACI, describes the participation by various roles in completing the tasks or deliverables for the process:</td>
</tr>
<tr>
<td></td>
<td>o R = responsible, those who do the work to achieve the task</td>
</tr>
<tr>
<td></td>
<td>o A = accountable, those who are ultimately accountable for the correct</td>
</tr>
<tr>
<td></td>
<td>and thorough completion of the deliverable or task</td>
</tr>
<tr>
<td></td>
<td>o C = consulted, those whose opinions are sought and with whom there is</td>
</tr>
<tr>
<td></td>
<td>two-way communication</td>
</tr>
<tr>
<td></td>
<td>o I = informed, those who are kept up-to-date on progress</td>
</tr>
</tbody>
</table>
6. Additionally Applicable and Referenced Documents
   A. EHS Incident Investigation & Hazard Reporting and Investigation, EOSMS – 0001

7. Appendix
   A. Workers’ Compensation Leave Election Form
   B. Georgia State Board of Workers’ Compensation Bill of Rights for the Injured Worker
   C. KSU Employee Injury/Illness Responsibility Matrix
   D. KSU Employee Work Related Injury/Illness Flow Chart
Appendix A: Workers’ Compensation Leave Election Form

WORKER’S COMP. LEAVE ELECTION FORM

To be remitted to:
Department of Administrative Services (DOAS)
Risk Management Division
Worker’s Compensation
200 Piedmont Ave., SE Suite 1208 West
Atlanta, GA 30334

Name of Injured Employee: ___________________________ Dept.: ___________________________

Date of Injury: __________

I was injured on the job at Kennesaw State University. If I lose time from work due to this injury, I request that I be paid as follows: (check one)

☐ From my accumulated sick leave followed by my accumulated vacation leave before receiving Worker’s Comp. benefits for loss of wages. I understand that after I have exhausted my accumulated sick and vacation leave, I will receive Worker’s Comp. benefits if the doctor determines I am still unable to work due to this injury.

☐ From Worker’s Comp. benefits for loss of wages if the doctor determines I am unable to return to work instead of receiving full pay from sick and vacation leave. I understand I will not be paid for the first seven (7) days unless I am out a minimum of twenty-one (21) days according to Georgia State Worker’s Comp. law.

☐ From my accumulated sick leave followed by accumulated vacation leave through _______ (date), at which time I wish to be paid Worker’s Comp. benefits for loss of wages if the doctor determines I am still unable to work.

Signature of Injured Employee: ___________________________ Date: ___________________________

If mark is used, two witnesses are required:
1. ___________________________
2. ___________________________

Revised 3.24.2011
Appendix B: Georgia State Board of Workers’ Compensation Bill of Rights for the Injured Worker

GEORGIA STATE BOARD OF WORKERS’ COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-101, this is a summary of your rights and responsibilities. The Workers’ Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers’ Compensation Law provides for work-related injury or illness caused by an accident or exposure to an occupational disease.

Employee’s Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your benefits may be reduced if you die as a result of a pre-existing condition.

2. Your employer is required to post a list of all 61 doctors on the state certified Workers’ Compensation list. You may select a doctor from this list. If you do not select a doctor, the employer will provide you with a list of doctors. If you choose a doctor from outside the list, the employer may require you to pay for any treatment you receive.

3. Your authorized doctor, hospital, or treatment facility shall be informed of any change in your medical condition that may affect your eligibility for benefits. If you are hospitalized, your authorized doctor or hospital shall inform your employer and the Workers’ Compensation Board of the nature and extent of the injury.

4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be issued to you within 21 days after the first day you missed work. If you are out for more than 21 consecutive days due to your injury, you will be notified of this.

5. Accidents are deemed as either catastrophic or non-catastrophic. Catastrophic injuries involve amputations, certain paralysis, severe head injuries, brain damage, blindness, or a combination of these factors. If the injury is catastrophic, you may be entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area, contact the Georgia State Board of Workers’ Compensation at 404-986-9310.

6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than $500 per week for a job-related injury. You will receive these weekly benefits only if you are totally disabled, but not more than 100 weeks. If you are partially disabled and receive workers’ compensation, you may be entitled to receive medical rehabilitation benefits to help in recovering from the injury. These benefits will be reduced to two-thirds of your average weekly wage but not more than $500 per week, not to exceed 100 weeks.

7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than $250 per week for 10 weeks.

8. Your dependents, in the event you die as a result of an on-the-job accident, will receive burial benefits equal to your average weekly wage but not more than $500 per week. If you are permanently disabled with a child, the child will be entitled to receive two-thirds of the deceased parent’s income for 100 weeks, and to receive an additional two-thirds of the deceased parent’s income for 100 weeks if the child is under 18 years of age. If the child is over 18 and still a dependent of the deceased parent, the child will be entitled to receive two-thirds of the deceased parent’s income for 100 weeks, and to receive an additional two-thirds of the deceased parent’s income for 100 weeks if the child is unable to support himself.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

The State Board of Workers’ Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights and responsibilities. If you are injured on the job, call the Workers’ Compensation Board at 404-986-9310, outside the metro Atlanta area call 1-800-153-6282, or visit their website: www.dds.state.ga.us. If you think you need a lawyer and do not have one, you may contact the Lawyer Referral Service at (404) 371-0171 or 1-800-237-0292.

1. REVISION 07/2007 WC-BILL OF RIGHTS

Date: 7-1-2013 Page 7 of 9
### Appendix C: KSU Employee Injury/Illness Responsibility Matrix

<table>
<thead>
<tr>
<th>Injuy/Incident</th>
<th>Immediate</th>
<th>Preventive</th>
<th>Mitigation</th>
<th>Mitigation</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury/Incident Occurs</td>
<td>A</td>
<td>R</td>
<td>A.R</td>
<td>A.R</td>
<td>A.R</td>
</tr>
<tr>
<td>Key Actions to Prevent Future Injuries</td>
<td>I</td>
<td>C</td>
<td>I.C</td>
<td>I.C</td>
<td>I.C</td>
</tr>
<tr>
<td>Key Actions to Complete Employee Report of Injury/Illness</td>
<td>I.R</td>
<td>I</td>
<td>A.R</td>
<td>A.R</td>
<td>A.R</td>
</tr>
<tr>
<td>Supervisor Packet Notifications</td>
<td>I</td>
<td>C</td>
<td>I.C</td>
<td>I.C</td>
<td>I.C</td>
</tr>
<tr>
<td>Injury/Incident Investigation/Root Cause Analysis</td>
<td>I</td>
<td>C</td>
<td>I.C</td>
<td>I.C</td>
<td>I.C</td>
</tr>
<tr>
<td>Incident Investigation Review</td>
<td>I</td>
<td>C</td>
<td>I.C</td>
<td>I.C</td>
<td>I.C</td>
</tr>
<tr>
<td>Mitigation</td>
<td>I</td>
<td>C</td>
<td>I.C</td>
<td>I.C</td>
<td>I.C</td>
</tr>
</tbody>
</table>

- **A**: Accountable - ultimately accountable
- **R**: Responsible - completes the task
- **C**: Consulted - opinions are sought
- **I**: Informed - kept up-to-date

### Task/Activity

- **Get immediate medical attention if necessary.**
- **Notify supervisor immediately (no later than 24 hours).**
- **Take any immediate actions necessary to prevent further injuries (e.g. wipe up spills, cordon off areas).**
- **Employee completes and signs report.**
- **Supervisor reviews and signs and forwards to HR.**
- **The supervisor must ensure that all forms are accurately completed and forwarded to the appropriate party.**
- **Employee Report of Injury/Illness.**
- **Workers’ Compensation Leave Election Form.**
- **Workers’ Compensation Reporting Procedure.**
- **State Board of Workers’ Compensation Bill of Rights for the Injured Worker.**
- **Incident Investigation Report.**
- **Incident Witness Statement.**

- **Incident Investigation Review.**
- **Determine the root cause and determine corrective actions to mitigate/control hazards.**
- **Track and document corrective actions to ensure timely follow-up and completion.**
- **Escalate issues when necessary.**
- **Communicate as needed.**
Employee Work Related Injury/Illness Procedure

Appendix D: KSU Employee Work Related Injury/Illness Flow Chart

NOTE: For Emergency Medical Care – Seek treatment IMMEDIATELY
Call Public Safety at 470-578-6666 or extension 6666 or 9-1-1

Then follow the process below

**Employee Responsibilities:**
A. Report all injuries/illnesses to their supervisor and/or the supervisor designee immediately (but no later than 24 hours). Notification must be made by the employee.
B. Complete the Employee Report of Injury/Illness Form, sign and forward to supervisor.
C. Complete the Workers’ Compensation Leave Election Form, sign and forward to supervisor.
D. Participate in incident investigation as requested.

**Supervisor Responsibilities:**
A. Employee Report of Injury/Illness – receive completed form from the employee, review and sign, forward to HR within 24 hours of receipt.
B. Workers’ Compensation Leave Election Form – review the employee signed document, forward to HR.
C. Employee Work Related Injury/Illness Procedure – leave a copy with the employee.
D. State Board of Workers’ Compensation Bill of Rights for the Injured Worker – leave a copy with the employee.
E. Incident Investigation Report – conduct incident investigation, complete report, forward a copy to Environmental, Health and Safety (EHS).
F. Incident Witness Statement – obtain statements from any witnesses and forward to EHS.

* All forms may be found in the Supervisor Packet. The Supervisor Packet may be found at https://web.kennesaw.edu/hr/content/job-injuries
The supervisor is responsible for reviewing all forms for accuracy and validity before forwarding to the appropriate party(s).

**Employee Responsibilities:**
A. Obtain claim number from HR.
B. Call AMERISYS Managed Care at 800-900-1582, selecting option #2, to obtain assistance with selecting an authorized treating physician and to schedule the first medical appointment. **The employee must do this before seeking medical treatment unless the injury requires emergency medical care.**
C. Keep all scheduled appointments and continue regular prescribed care, until fully dismissed from care.
D. Obtain and provide HR and their supervisor with a doctor’s status report, each and every time seen by a workers’ compensation physician or treatment is received.

**Supervisor Responsibility**

**Employee Responsibility**

**HR CONTACT INFORMATION:**
benefits@kennesaw.edu
470-578-6030 (phone)
470-578-9174 (fax)
https://web.kennesaw.edu/hr/benefits