



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:
Kennestone Hospital
677 Church Street
Marietta, GA 30060
770-793-5000

Urgent Care:
Wellstar Clinic
3805 Cherokee Street
Kennesaw, GA 30144
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



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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.



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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.

Employee	<ul style="list-style-type: none"> • Report the injury/illness as soon as possible to their supervisor. • Complete the Employee Report of Injury/Illness Form, sign and forward to supervisor within 24 hours of incident, if possible. • Complete the Workers’ Compensation Leave Election Form, sign and forward to supervisor • Participate in incident investigation as requested
Manager/Supervisor	<ul style="list-style-type: none"> • Report to HR any injury/illness as soon as it occurs (no later than 24 hours) • Complete actions required <ul style="list-style-type: none"> ○ Employee Report of Injury/Illness –receive completed form from employee, review and sign, forward to HR within 24 hours of receipt ○ Workers’ Compensation Leave Election Form – review employee signed form and forward to HR ○ Employee Work Related Injury/Illness Procedure – leave a copy of this procedure with the employee ○ State Board of Workers’ Compensation Bill of Rights for the Injured Worker – leave a copy with the employee ○ Incident Investigation Report –to be completed after incident

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	<ul style="list-style-type: none"> investigation is completed, forward to EHS <ul style="list-style-type: none"> ○ Incident Witness Statement – obtain statements from any witnesses and forward to EHS
HR	<ul style="list-style-type: none"> ● Ensure that injury/illness are properly communicated ● Ensure that claims are filed when there is medical treatment and communicates with the employee as needed
EHS	<ul style="list-style-type: none"> ● Review all incident investigations ● Track and document corrective actions to ensure timely follow-up and completion ● Escalate issues when necessary ● Communicate corrective actions and revises related documents when necessary
Risk Management	<ul style="list-style-type: none"> ● Assist EHS in the control and mitigation of hazards
Public Safety	<ul style="list-style-type: none"> ● Respond to all emergency medical treatment cases ● Assist in the control and mitigation of hazards.

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

Injury/Illness	<ul style="list-style-type: none"> ● Any abnormal condition or disorder caused by exposure to the environment while performing work during working hours
Emergency Medical Care	<ul style="list-style-type: none"> ● Any illness/injury that the employee feels they need immediate medical treatment. Examples include but not limited to: <ul style="list-style-type: none"> ○ Probable damage to major blood vessels or nerves ○ Profuse bleeding that cannot be stopped ○ Amputated body part, broken bone, eye injury ○ Head trauma, unconsciousness
Medical Treatment	<ul style="list-style-type: none"> ● Any illness/injury which resulted in treatment by a physician. ● May include physical therapy
Work Related	<ul style="list-style-type: none"> ● Occurs while performing assigned job duties during assigned working hours
Responsibility Matrix	<ul style="list-style-type: none"> ● The matrix, also commonly referred to as the RACI, describes the participation by various roles in completing the tasks or deliverables for the process: <ul style="list-style-type: none"> ○ R = responsible, those who do the work to achieve the task ○ A = accountable, those who are ultimately accountable for the correct and thorough completion of the deliverable or task ○ C = consulted, those whose opinions are sought and with whom there is two-way communication ○ I = informed, those who are kept up-to-date on progress



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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



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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.
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.
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. _____

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Appendix B: Georgia State Board of Workers' Compensation Bill of Rights for the Injured Worker

WC-BILL OF RIGHTS

GEORGIA STATE BOARD OF WORKERS' COMPENSATION BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-3-61.1, 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 you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

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 dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified INCMCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
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 mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$50 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 556-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$50 per week for a job-related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$34 per week, not to exceed 350 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 \$34 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$50 per week. A widowed spouse with no children will be paid a maximum of \$150,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies those benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or loss of the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

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 under the law. If you are calling in the Atlanta area the telephone number is (404) 556-3818, outside the metro Atlanta area call 1-800-635-0982, or write the State Board of Workers' Compensation at 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-8777 or 1-800-237-2629.

(7/2007)

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-556-3818 OR 1-800-635-0982 OR VISIT <http://www.sbwc.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO 15 YEARS IN PRISON AND \$100,000 FINE

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WC-BILL OF RIGHTS

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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*

