



PERSONNEL POLICY

SUBJECT: WORKERS' COMPENSATION POLICY

DATE: January 1, 2017

Number: 340-16

I. Statement of Policy

It shall be the policy of Fulton County to provide medical care and indemnity compensation to employees injured or disabled on the job or who may suffer an occupational illness. The availability of injury related leave and compensability of any claim and/or occupational illness shall be in accordance with the Georgia Workers Compensation Act and Fulton County Board of Commissioners approved policy.

II. Background and Applicability

This policy shall apply to all Fulton County employees, officers, directors, agencies and departments. This policy shall not apply to Fulton County retirees and/or independent contractors.

III. Establishment and Implementation of Procedure

The County Manager, in consultation with the Chief Human Resources Officer and the County Attorney, is authorized to establish and modify, as needed, a procedure for implementing this policy.

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PERSONNEL PROCEDURE

SUBJECT: WORKERS' COMPENSATION

DATE: February 1, 2018

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I. Background

Fulton County maintains a self-funded Workers' Compensation Plan which is administered and managed by the County's Risk Management - Workers Compensation Division (Finance Department). County employees injured and/or disabled as a result of a work related accident/illness are eligible for benefits under the Fulton County Workers' Compensation Plan. An employee's injury or illness must be in accordance with the general requirements for coverage under the County's Self-Funded Workers Compensation Plan.

II. General Requirements

The general requirements for an employee's injury/illness to be covered under the County's Workers Compensation Plan are: (1) the injury must be the result of an accident; (2) the accident must occur while the employee is in the course and scope of his or her employment; and (3) the accident must arise out of his or her employment. Only injuries/illnesses that arise out of and in the course of an employee's employment and that result from work-related hazards or dangers in the workplace will be covered. No Workers' Compensation benefits shall be provided for an injury or death due to the employee's willful misconduct, or for an injury or death due to intoxication by alcohol, or being under the influence of marijuana or a controlled substance, except as the same may have been lawfully prescribed by a physician for such employee and taken in accordance with such prescription.

III. Employee Reporting Requirements

Any Fulton County employee who may be injured or disabled on the job, or who is exposed to or suffers an occupational illness of any kind, is required to immediately report such incident or condition to his or her immediate supervisor, an agent, or an authorized representative of supervision. The initial report may be made orally, however a completed Workers Compensation Occupational Injury Report must be submitted to the Workers Compensation Division (Risk Management/Workers Compensation Division), within 48 hours after the accident, injury or illness. Failure to submit timely reports may endanger or delay payments to the affected employee.

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IV. Notice to Controvert

A claim that fails to satisfy the requirements for coverage under the County's Workers Compensation Plan will be rejected. The employee will be provided with a copy of the "Notice to Controvert," which will also be filed with the State Board of Workers' Compensation. A Notice to Controvert shall provide the employee with notice that the County will not voluntarily commence benefits or authorize certain medical expenses.

V. Responsibilities

A. Supervisors

It shall be the responsibility of all supervisors to immediately investigate and report, in writing through their normal channels of authority, any accident, employee injury or suspected occupational illness involving an employee under his or her direct supervision. Supervisor shall inform the Workers Compensation Division, at the time of the incident, whether the injured individual is a County retiree or independent contractor. The Workers Compensation Occupational Injury Report form must be completed and signed by the affected employee and his or her immediate supervisor and department head. The injury reporting form is available in all departments and on the County Portal.

If at the time of the accident/incident an affected employee is unable to complete the injury reporting form, his or her immediate supervisor shall continue to be required to submit the injury report to the Workers Compensation Division within the designated timeframe.

B. Finance Department

1. Workers Compensation staff are responsible for processing all paperwork, reporting required claims information to the State Workers' Compensation Board, approval of medical treatment, and coordination of employee return-to-work (Modified Duty) activities with the affected employee's supervisor and/or department head.
2. Payroll information must be submitted, in a timely manner, to the Workers Compensation Division to ensure the affected employee receives an indemnity payment at the same time as he or she would normally receive their regular payroll check. It shall be the sole responsibility of the affected employee's user department to immediately notify the Workers Compensation Division when an employee is off from work due to a work related incident or injury.
3. The Workers Compensation Supervisor is authorized by this policy to resolve and facilitate the payment of employee indemnity

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compensation and medical bills. Any payment or award other than for indemnity compensation or medical bills, which is authorized in this policy, shall require the prior review and approval by the Fulton County Risk Manager. The finance Department (Accounts Payable Division) is responsible for issuing checks based on the information transmitted, as described in this Paragraph.

4. Workers Compensation Division is responsible for providing each department with an employee injury report which will identify their respective workers compensation claims and claim cost.

C. Employees

All employees are responsible for adhering to the above-stated workers compensation procedures and subsequent to each doctor visit, updating his or her immediate supervisor as to his or her medical condition and workers compensation return-to-work status.

VI. Post-Accident/Injury Procedures

- A. Posted Panel of Physicians: Employees are eligible for claims consideration for treatment rendered by those medical providers listed on the County's Panel of Physicians. An exception would involve medical treatment provided by a physician as the direct result of a referral from a medical provider listed on the Panel of Physicians. The County's Panel of Physicians will be conspicuously posted in common areas within County buildings and facilities including, but not limited to, designated employee break rooms/kitchens and network copy machine areas. Employees can contact the Workers Compensation Division for details and additional information regarding the Posted Panel of Physicians.
- B. Medical Transportation: In the event of an emergency, it shall be the acceptable practice to request trained medical assistance, via the calling of emergency 911, to attend to the affected employee. An emergency shall be defined as an unforeseen occurrence or combination of circumstances which calls for immediate action or remedy—pressing necessity or exigency. The payment and/or reimbursement of medical transportation (ambulance) expense will only be acceptable for payment under the County's Workers Compensation Plan in cases where the medical responder and/or EMT deemed it necessary to transport the affected employee.
- C. Dire Emergencies: In an emergency situation, an employee injured on the job may receive medical treatment at any medical facility. However, if

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he or she is not hospitalized, upon release from the emergency treatment facility, the employee must be seen at one of the Panel of Physicians medical facilities prior to the start of his or her next regularly scheduled work shift.

- D. Billing: Necessary billing to the County for services rendered will be sent to the Workers Compensation Division by the authorized treatment facility. The physician or nurse in charge at the medical facilities should be informed by the employee that he or she is a Fulton County employee, so that such employee will not be billed personally for services rendered. In a non-emergency situation, the affected employee should contact the Workers Compensation staff prior to his or her visit to a facility listed on the Panel of Physicians. This practice will allow a representative from the Workers Compensation staff to contact the applicable medical facility in order to authorize treatment and insure timely services are provided.

- E. Reimbursement: Employees will be reimbursed for qualified out of pocket expenses where work related injuries are covered under the County's Workers Compensation Plan. Employees will be reimbursed for mileage to and from authorized doctors, hospitals, etc. Employees will also be reimbursed for required prescriptions, medical aids, etc., as prescribed by an authorized treating physician and paid for by the employee. Mileage forms are available from the Workers Compensation staff. The mileage rate for Workers Compensation Reimbursement is set by the State Workers Compensation Board.

- F. Post-Accident Drug and Alcohol Testing

Notwithstanding anything contained herein to the contrary, any employee may be required to submit to a drug and/or alcohol test in the event he or she is involved in a work-place accident in which one or more of the following occurs: (1) the accident involves a fatality; (2) the accident involves an injury to any person requiring treatment away from the scene of the accident; or (3) as a result of the accident, the employee receives a citation for any violation of state or local law.

Any employee subject to post-accident drug and/or alcohol testing based on the factors above must refrain from consuming alcohol for eight hours following the accident or until he or she submits to a drug and alcohol test, whichever comes first. The employee must remain available for testing, and if he or she is not, his or her lack of availability will be considered as a refusal to take the test. An employee's failure to adhere to the requirements of this section will result in the same consequences as if the employee had submitted to the test and the result was positive.

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In addition to alcohol, a post-accident test may test for drugs. Any drug testing may test for the presence of controlled substances referred to or identified in Schedules I-V of O.C.G.A. §§ 16-23-25 through 16-13-29 and Schedules I-V of 21 C.F.R. Part 1308, as amended.

No drug or alcohol test results may be used as evidence in a criminal action against the employee except by order of a court of competent jurisdiction. However, a positive drug or alcohol test may subject the employee to disciplinary action for violation of other Fulton County policies and procedures and/or may result in a rejection of a claim for Workers Compensation benefits. A refusal to submit to testing will result in the same consequences as if the employee had submitted to the test and the result was positive. Any post-accident drug and/or alcohol test shall comply with the privacy and confidentiality procedures set forth in Personnel Procedure Number 336-16.

Nothing contained herein should be construed to delay any necessary medical attention for injured people following an accident, or to prohibit an employee or any other person from seeking appropriate medical or other assistance.

VII. Injury Leave and Lost Time

- A. Injury Leave: Injury leave may be granted to Fulton County Affected Employees only in cases where the employee's injury has been designated a catastrophic injury, as defined by State Worker's Compensation Law. Injuries must arise out of and in the course of employment as defined by law. Injury Leave may be granted only upon written recommendation of the Appointing Authority, reviewed by the Personnel Director, and approved by the County Manager. Any injury leave extending beyond thirty (30) calendar days must also be approved by the Board of Commissioners. A physician's certificate must be furnished for all injury leave requests. If Injury Leave is approved, an employee may utilize their paid accrued leave or remain on leave without pay for the duration of the approved Injury Leave.

- B. Compensable Injuries: shall be handled in the following manner: As per the State Workers Compensation Act, an employer is not required to pay indemnity benefits (wages) for the first seven days of lost time. The employee shall be required to select the method of leave to be used to provide his or her compensation for the first seven (7) days of lost time. The employee may elect to use either leave without pay (LWOP) or his or her available leave. After the first seven days, the employee shall choose

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one of the following: (1) using available leave that totals full salary; or (2) receiving Workers Compensation benefits only, which would total approximately two-thirds of his or her average weekly wage, not to exceed the maximum Workers Compensation indemnity benefits as governed by the State Board of Workers' Compensation. The Workers' Compensation Occupational Injury Report shall reflect the employee's selection.

Where an employee's available leave is selected, his or her Workers Compensation indemnity benefits shall begin after all leave is exhausted. Time expended for authorized doctors' appointments not to exceed two hours shall be absorbed by the employee's user department. Authorized doctors' appointments in excess of two hours for special tests will also be absorbed by the user department.

All time away from work due to a job-related injury must be authorized in writing from one of the approved treating facilities or from their referrals. All excuses will have an arrival and departure time to allow the department to monitor the actual time an employee is at the authorized treating facility.

Departments will send time sheets/records with attached authorized medical excuses to the Workers Compensation Division, to the attention of the Workers Compensation Supervisor. Employees must note on the time sheet/record under Injury/WC, the hours used due to a medical appointment. Medical Time (MT) should be noted beside the hours used as a result of a compensable job related injury. Employees must have a doctor's excuse from an authorized treating facility to accompany each MT notation on the time sheet/record; otherwise, the leave will be charged to his or her personal leave time or leave without pay.

An employee who is treated by an authorized treating physician prior to/or after the employee's work day or on the employee's off day is not entitled to compensatory time.

- C. Second Job: An employee who is injured on the job while employed by Fulton County, and who is placed on a "no" work or "limited" work status by the authorized treating physician, shall not work a second job.
- D. Treatment of Choice: Nothing in this Procedure shall abridge the right of an employee to seek medical attention at any facility of his or her choosing. The employee shall however be personally responsible for the payment of any charge resulting from the medical treatment provided. The County shall not be financially responsible for any unauthorized treatment.
- E. Treatment No-Show: Failure by an employee to report for a scheduled doctor's appointment may result in the loss of his or her workers

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compensation benefits. It is the responsibility of the employee to pay for any charges for a no-show office visit. Employees' refusal to accept and/or cooperate with doctors' recommended rehabilitation can result in the suspension or reduction of compensation benefits.

- F. Post-Doctor Visit Updates: Employees shall update his or her supervisor and the Workers Compensation Division as to his or her work status following each doctor's visit.

VIII. Return to Work (Modified/Transitional Duty)

- A. Limited and Regular Duty: Immediately upon an employee's release by his or her authorized treating physician to return to work, whether to limited or regular duty, it shall be his or her "sole" responsibility to notify his or her immediate supervisor and the Workers Compensation Division. Contact and emergency information for the Workers Compensation Division is provided on the Notice to all County Employees (posted Panel of Physicians).
- B. Modified/Transitional Duty: In cases where an employee is released to return to work, with work limitations, his or her authorized treating physician will be provided and required to complete a Modified/Transitional Duty "Physician's Approval Form." This document will provide specific details regarding the employee's work limitations, projected time frame for release to regular duty and any physician's comments. Upon approval by the authorized treating physician, the employee will be notified by his or her supervisor that a temporary modified/transition duty position is available and the date and time on which he or she is expected to return to work.

Modified/Transitional Duty is designed to provide "temporary work assignments" for employees released by their authorized treating physician, for return to work with specific work limitations. These modified/transitional duty positions are temporary and will not "transition" into full-time, permanent positions. Employees on modified/transitional duty shall be assigned and perform specific duties in compliance with all work restrictions established by his or her authorized treating physician. An employee's refusal of "Suitable Employment" in a temporary modified/transitional duty position can result in the suspension or reduction of his or her compensation benefits.

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