Maryland Department of
Juvenile Services
Treating • Supporting • Protecting

POLICY

SUBJECT: Accident-Work Related Injury Leave
NUMBER: HR-408-12
APPLICABLE TO: All employees
EFFECTIVE DATE: July 26, 2012
REVIEW DATE: July 26, 2013

APPROVED: 7/27/12
Sam Abed, Secretary

I. POLICY

Each employee in the State Personnel Management System, except a temporary employee, is entitled to work-related accident leave if the employee sustains a disabling personal injury that would be compensable under the Maryland Workers' Compensation Act and a physician examines the employee and certifies that the employee is disabled because of the injury.

This policy establishes the procedures that shall be followed whenever a DJS employee sustains a work-related injury and requests work-related accident leave.

II. AUTHORITY

A. Md. Code, Human Services Article, §9-203.
B. Md. Code, State Personnel and Pensions Article, § 9-701 through § 9-705.
C. COMAR 17.04.11.07

III. DIRECTIVES/POLICIES RESCINDED

A. Work Related Accidents and Accident Leave, 01.03.13R

IV. FAILURE TO COMPLY

Failure to comply with the Secretary's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed and are attached to the policy.

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PROCEDURES

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I. DEFINITIONS

A. *Work-related Injury* – A disabling personal injury that would be compensable under the Maryland Worker's Compensation Law.

B. *Injured Workers' Insurance Fund* – An independent agency responsible for determining whether an employee's injury is compensable under the Maryland Worker's Compensation Law.

C. *Work-related Accident Leave* – Leave granted to an employee, except a temporary employee, for an injury which would be compensable under the Maryland Workers' Compensation Law.

D. *Temporary Employee* - A contractual or an emergency employee.

E. *Health Care Provider* – A medical doctor who is authorized to practice medicine or surgery by the state in which the doctor practices; if authorized to practice in a state performing within the scope of that authority; a chiropractor, a clinical psychologist; a dentist; a licensed certified social worker – clinical; a nurse midwife; a nurse practitioner; a podiatrist; an accredited Christian Science practitioner; or a health care provider as defined by the Federal Family Medical Leave Act.

II. PROCEDURES

A. Notification, Investigation and Documentation

1. An employee who is involved in an accident or sustains an injury while on duty shall:

i. provide oral or written notice of the accident to the employee's appointing authority or designee immediately after the accident occurs;

ii. complete a report of injury in conjunction with their supervisor, and provide this report and any available medical provider reports to the employee's appointing authority or designee within three (3) working days after the accident or injury occurs;

iii. complete and deliver to their supervisor a Request for Third Party Information form in cases where an automobile accident has occurred with another automobile; and

iv. provide the initial certification by a health care provider of the employee's absence due to a work-related injury or accident to the supervisor and any subsequent certification by a health care provider of any changes in the employee's expected return to work date.

2. The employee's supervisor, following notification of an accident, shall complete the following tasks.

i. Provide immediate medical attention to the employee. In a life threatening or an emergency situation, call 911. For less severe injuries that are not critical or life threatening, provide first aid. The employee may seek treatment from their own health care provider or from Concentra. If the employee chooses to go to Concentra, complete the *Concentra Authorization for Examination or Treatment* form and refer the injured employee to the nearest Concentra Medical Center. A list of Concentra Medical Centers and Network Sites is on the DJS Intranet.

ii. If an employee refuses to report to a Concentra Medical Center for treatment, document the employee's refusal to report to a Concentra Medical Center for treatment by having the employee indicate the refusal in writing.

iii. Call the Risk Manager within 24 hours to report all injuries.

iv. Within 3 days of the injury, report the injury to the Injured Workers' Insurance Fund (IWIF) using one of the three methods below:
   a) Call the First Report of Injury Hotline at: 1-888-410-1400; or
   b) Fax the details to IWIF at 410-494-2002; or
   c) For facilities assigned an IWIF username and password, report the injury electronically on the IWIF on-line claims service website at **https://www.iwif.com**

v. Provide the IWIF representative with any requested information. Record the claim number provided by the IWIF representative and communicate the claim number to the injured employee.

vi. Investigate and document the injury promptly. The supervisor shall complete the following tasks and forms (these forms are on the DJS Intranet under a section entitled "Personnel/Work Related Injury"):
   a) Provide to and have the injured employee complete and sign the *IWIF Employee's Report of Injury form,* and the *Authorization to Release and Re-Disclose All Medical Information and Records form* as soon as possible. For employees absent due to illness from the injury, mail these forms by certified mail to the employee and direct the employee to complete and return the forms to the supervisor.

b) If applicable, have witnesses complete the *Accident Witness Statement form.*

c) Complete the *Supervisor's Accident Investigation form* and the *Workers Compensation Employer's First Report of Injury or Illness Accord 4 form.*

d) Complete an *Accident Leave Request* form and attach medical documentation that certifies the employee is unable to work due to the injury on the job, or if management is unable to reasonably and safely implement modified duty.

e) Complete the *First Report of Injury Supplement* information regarding days of absence, if any.

f) Have the employee complete the *Request for Third Party Information* if the employee was involved in an automobile accident.

g) Provide an employee who is able to work but requires medical treatment the *IWIF Accident Leave Request – Medical Treatment Verification form.* The employee is to be directed, and is responsible for having, the health care provider verify the employee's receipt of medical treatment, physical therapy, etc. This verification form is to be faxed to IWIF and submitted to OHR with other injury documents.

h) Report any requested accommodation to the Office of Fair Practice/Equal Opportunity Office. If applicable, complete the *Accommodation Letter* from the supervisor to the employee that advises whether or not the supervisor is able to safely implement modified duty to temporarily accommodate any recommended medical restrictions. This letter is to be sent to the employee by certified mail and regular mail, and a copy to the DJS Office of Human Resources (OHR.)

vii. Complete a *Personnel Transmittal Form* signed by an Authorized Requestor.

viii. Forward all the above-referenced documents to OHR within three work days with any medical documentation provided. Use the Accident Report Check List (on the DJS Intranet) to track the documents.

ix. Fax <u>all</u> medical certificates related to the work related injury received from personal medical providers or the Concentra Medical Center, and the *IWIF Accident Leave Request – Medical Treatment Verification form* to the IWIF Claims Adjustor at **410-339-4061**.

III. <u>DIRECTIVES/POLICIES REFERENCED</u>

A. No policies referenced.

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DJS POLICY AND STANDARD OPERATING PROCEDURES
Statement of Receipt and Acknowledgment of Review

SUBJECT: Accident-Work Related Injury Leave
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I have received and reviewed a copy (electronic or paper) of the above titled policy. I acknowledge that I have read and understood the document, and agree to comply with it.

SIGNATURE

PRINTED NAME

DATE

THE ORIGINAL COPY MUST BE PLACED IN YOUR PERSONNEL FILE.