

Cherokee County School District Workers' Compensation Procedures

SUMMARY:

Workers' Compensation is an accident insurance program paid for by the Cherokee County School District that provides medical, rehabilitation and income benefits if an employee is injured on the job or suffers an illness that is work related. Workers' Compensation also provides benefits to dependents in the case of death arising out of a job-related injury or illness.

Each principal/facility supervisor must designate a Workers' Compensation Contact Person for his or her school/work location. The Workers' Compensation Contact Person will be the point of contact to assure the completion of required forms and will coordinate through the Office of Risk Management the reporting of injuries and requests for medical treatment.

NOTICE POSTING REQUIREMENTS:

The Official Panel of Physicians must be posted along with the Employee Bill of Rights, at each school/work site in conspicuous locations including the cafeteria, teacher's work room, and front office. More than one posting may be required due to the size or structure of larger facilities. Additional posters including notices in Spanish can be obtained from the Office of Risk Management as needed.

REQUIRED FORMS:

Workers' Compensation Election of Benefits Form

Employees losing time from work because of a work-related injury or illness have the option to elect to receive salary in lieu of workers compensation benefits by using accrued sick leave and/or vacation leave. In addition, if an injury arises out of an assault, the employee is entitled to paid leave for the first 7 days without the use of accrued sick or vacation leave. To elect this option, employees must complete this form and submit it to the Office of Risk Management. This form may be copied for the use of employees.

Mileage Reimbursement Request Form

For travel to and from the physician's office or pharmacy, for treatment related to an on the job injury or illness, the employee is eligible to receive travel expense reimbursement. Reimbursement requests may be submitted on this form. This form may be copied for the use of employees.

Employer's First Report of Injury or Occupational Disease

This form must be completed by the employee's supervisor and emailed (in Word format) to the Office of Risk Management within twenty-four (24) hours of the accident or first notice of injury/illness. Reporting is required even if the employee does not seek medical treatment. All the front sections of the form must be completed. This form is required by the State Board of Workers' Compensation and provides the employer's version of the accident along with other pertinent information.

Employee's Report of Injury or Occupational Disease0065

This form must be completed by the employee and emailed to the Office of Risk Management following an accident. This form is required even if medical treatment is not needed.

Supervisor's Accident Investigation Report

This form must be completed by the employee's supervisor and emailed to the Office of Risk Management within five days of the accident. The information obtained from this form will be used to enhance our loss prevention program. *For any unsafe conditions or employee training needs identified, the supervisor must take immediate corrective action.*

Questionable claims should be discussed directly with the Executive Director of Employee Resources.

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Pharmacy Letter with Card

This form must be given to the injured employee to take to the pharmacy when filling his/her first prescription. This is to ensure that the employee does not incur any out-of-pocket expense for prescriptions. The attached pharmacy card must be activated by the injured employee prior to filling the first prescription.

DRUG-FREE WORKPLACE

An employee who is injured on-the-job and who receives off-site medical treatment is required to submit to a substance abuse test immediately, and no later than 24 hours, following the work-related accident or injury to assure compliance with Board Policy GAM - Drug-Free Workplace Staff Rights and Responsibilities. Violation of this Policy by refusal to or failure to submit to the substance abuse test will subject an employee to disciplinary action up to termination. Substance abuse testing will take place at one of the urgent care medical facilities selected by the injured employee from the Panel of Physicians. Proper ID will be required. Compliance with this Policy is required even in the event of a serious medical emergency.

WORKERS' COMPENSATION BENEFITS:

1. The weekly benefit under Workers' Compensation is based on 66 2/3% of the employee's average weekly wage with a maximum set by state law. These benefits commence after a 7-day waiting period. Compensation for the 7-day waiting period becomes payable only if the employee is disabled from work for 21 consecutive days. Beginning on the eighth day of disability, an employee may be eligible to draw weekly benefits. Benefits will continue during the period of total disability.

**Note: An employee who is unable to work due to an injury arising out of a physical assault while on duty with Cherokee County School District will receive paid leave for the first seven days of a related absence and is not required to use accrued sick or vacation leave.*

2. Employees may elect to receive salary or hourly wages in lieu of Workers' Compensation benefits by using accumulated sick leave or other leave accrued. The employee must complete an Election of Benefits Form to receive salary in lieu of workers' compensation benefits.
3. All charges for authorized medical treatment will be billed directly to the Cherokee County School District for payment. Employees are eligible to receive mileage reimbursement for travel to and from the physician's office and pharmacy. The employee must complete a Mileage Reimbursement Request Form to receive payment.

PROCEDURES TO FOLLOW WHEN AN ACCIDENT OCCURS:

- ***In the case of a serious medical emergency, call 911 in accordance with established procedures at the school/ work-location.*** Any subsequent follow-up treatment must be obtained from an approved panel physician and coordinated through the Office of Risk Management.
- Act promptly and positively to the employee's first notice of injury or illness. Take time to handle the injury properly – listen to the employee and take notes of your conversation regarding how the accident occurred, and document potential witnesses. Additional investigation may be necessary as determined by the Office of Risk Management and coordinated through the Principal/Facility Supervisor.

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- If medical treatment is requested, direct the employee to choose a physician from the Panel of Physicians and immediately notify the Office of Risk Management.
- Complete the Employer's First Report of Injury Form and immediately email (in Word format) it to the Office of Risk Management. *All injuries must be reported, even if no doctor visit is requested.* Complete all sections of this form.
- Document any time missed from work and the reason for the absence.

WORKERS' COMPENSATION CONTACT INFORMATION:

OFFICE OF RISK MANAGEMENT

Phone: (770) 704-4257 or (770) 704-4264

Fax: (770) 721-6309

After-hours contact: 770-704-4215

WORKERS' COMPENSATION PANEL OF PHYSICIANS

Marietta Eye Clinic 100 Old Ball Ground Hwy., Ste A Canton, GA 30117 770-479-2195	Northside Family Medicine & Urgent Care 684 Sixes Rd, Ste. 125, Ste A Holly Springs, GA 30115 678-426-5450 M-Sun 8 a.m. – 8 p.m.	WellStar Cherokee Health Park Urgent Care 1120 WellStar Way, Ste. 105 Holly Springs, GA 30114 678- 494-2500 M-Sun 8 a.m. – 8 p.m.
Northside Hospital Orthopedic Institute Dr. Matthew Simmons (General/Concussions) 470 Northside Cherokee Blvd. Ste. 180 Canton, GA 30115 770-517-6636	Pinnacle Orthopaedics Dr. R. Brandon Burris (General) Dr. Clark Glass (General) Dr. Michael Hull (Foot/Ankle) Dr. Michael Kuzmanski (Shoulder/Knee) Dr. Trevor Starnes (Hand/Upper Extremity) Dr. Scott Swayze (General) 720 Transit Ave., Ste. 202 Canton, GA 30114 770-345-5717 1505 Stone Bridge Pkwy, Suite 200 Woodstock, GA 30189 770-926-9112	Resurgens Orthopaedics Dr. Glenn Jonas (Elbow/Hand/Wrist/Shoulder) Dr. Robert Kelly (Knee/Shoulder) Dr. Michelle Perez (Spine) Dr. Gary Simon (Knee/Shoulder) Dr. Doug Widener (General) 1495 Hickory Flat Hwy., Ste. 200 Canton, GA 30115 678-505-4455 2230 Towne Lake Pkwy., Ste. 100 Woodstock, GA 30189 770-592-4424

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CLAIM REPORTING REQUIREMENTS FOR EMPLOYEES:

Immediately (within 24 hours) following a work-related illness/injury, or upon first noticing any symptoms, an employee is required to report the injury to his/her supervisor. Reporting is required even if the employee does not request medical treatment. Delayed reporting may jeopardize an employee's eligibility for benefits.

An injured employee may report the injury/illness to the Supervisor, Principal or the Workers' Compensation Contact Person at their school/work location. Notice may also be provided directly to the Office of Risk Management.

EMPLOYEE EDUCATION:

All employees receive information regarding workers' compensation reporting requirements and procedures for obtaining medical treatment through annual SafeSchools Training. Brochures are also available for employees and can be printed from the SharePoint site. The brochure should be provided to an employee at the time an on-the-job injury is reported. It is designed to answer basic questions related to workers' compensation benefits.

EMPLOYEE ACKNOWLEDGEMENT

By reading this policy I do hereby certify that I have read and understand that immediately (within 24 hours) following any work-related illness/injury, or upon first noticing any symptoms, I am required to report the injury to my immediate supervisor or Workers Compensation contact person at my school/work location. I further agree that I understand the function of the Workers' Compensation Panel of Physicians posted at each school/work location and that I am required to choose a physician from the Panel for treatment of a work-related injury. I understand unauthorized medical treatment (non-Panel physicians) will not be covered by Workers Compensation Insurance and will be my own responsibility. In the event of a serious medical emergency, I may go to any hospital or emergency clinic. However, the emergency care visit must be immediately reported to my immediate supervisor and any subsequent follow-up treatment must be obtained from a Panel physician and coordinated through the Office of Risk Management.

Please note that completion of this policy course as part of the online training plan functions as an electronic signature and is considered a valid confirmation of acceptance and compliance.