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 **Approved: /s/**Terrence W. Macy/GD

## Policy Statement

It is the policy of the Department of Developmental Services (DDS) to support our employees and keep them from harm. Workplace accidents are costly and divert essential services from the people we serve. Therefore, it is our objective to prevent injury and promote the health and safety of our employees.

**To achieve this policy objective DDS commits to the following:**

* 1. Train and teach safety procedures.
	2. Provide equipment and necessary apparel to prevent injuries.
	3. Follow procedures identified by the Department of Administrative Services (DAS) - Workers’ Compensation Division and the respective governing Collective Bargaining Unit agreement for the employee.
	4. Maintain a mechanism for collecting data and disseminating information regarding Workers’ Compensation claims for trend analysis and injury prevention.
	5. Have regular Regional Safety Committee Meetings comprised of Bargaining Unit Members and Managers to discuss any safety concerns and address them promptly.
1. **PURPOSE**

The purpose of this policy is to prevent work-related accidents through workplace safety and to outline the responsibilities of the Agency in partnership with its employees. The additional purpose of the policy is to instruct Employees, Supervisors, Managers and Workers’ Compensation Liaisons regarding the procedure to follow and responsibility of each should a work-related injury occur.

1. **APPLICABILITY**

This policy and procedure applies to all employees of the Connecticut Department of Developmental Services (DDS).

1. **DEFINITIONS**

“Concurrent employment” means when an employee with a compensable work-related injury or occupational disease has another job, the basic compensation rate is based upon the average weekly wages from ALL jobs the employee is unable to work as a result of the injury or disease.

“DDS employee” means any person, full-time, part-time, durational, per-diem or temporary who receives a salary or hourly wage from the Department of Developmental Services and has a position control number assigned by DDS.

“Form WCC-1A/Filing Status and Exemption” means Workers’ Compensation Commission Form WCC-1A used by an employee with a compensable work-related injury or occupational disease, to report federal tax filing status and number of claimed exemptions for determining workers’ compensation benefits.

“Form WC-207/First Report of Injury” means the State of Connecticut Form (for State employees) required to be completed by a Supervisor in case of an employee’s work-related injury or occupational disease.

“Form DDS-207-1/Supervisor’s Accident Investigation Report DDS-207-1” means the supervisor is required to complete this form based upon his/her investigation of the incident in which an employee sustained a work-related injury or occupational disease. (This is an Agency developed form and is subject to revisions as needed. To ensure you have the most recent form please locate the current form on the J:Drive.)

“Form Per-WC-208/Physician’s Worker Status Report” means the Department of Administrative Services form used by a Network Medical Provider to document a patient’s ability to perform work. As a routine the form is completed following all Network Provider evaluations related to the Worker’s Compensation injury.

“Form WC-211” means the DAS (Department of Administrative Services) Concurrent Employment/Third Party Liability Form, per WC-211 requests employees with a compensable work-related injury or occupational disease to complete this form for every workers’ compensation claim he or she files. If the claim is for Temporary Total or Temporary Partial disability benefits, employee must advise the employer of any other earnings while receiving these benefits. Failure to do so may result in civil and/or criminal liability.

“Form WC-715” means the Office of State Comptroller’s Form to Request for Use of Accrued Leave with Workers’ Compensation (Employee’s Choice).

“Letter of Direction” means a non-disciplinary letter designed to explain expectations to an employee that made a policy, protocol, procedure, or work rule error. Usually this includes what the error was and how the employee needs to respond to future events and to avoid any further issues that resulted in the error.

“Medical documentation” means written documentation from a Network Medical Provider who treats an injured worker with a work-related injury or occupational disease. Network Medical Providers should use the Department of Administrative Services Worker Status Report (Per-WC-208) to provide this information. The documentation must include the following to be considered for a worker who has either a temporary partial or total work disability due to a compensable work-related injury or occupational disease:

1. the date the employee is unable to work or the effective date the work restrictions began and nature of those restrictions;
2. the cause of the inability;
3. the date the employee was seen by Network Medical Provider; and
4. the expected date to return, follow-up Network Medical Provider visit or referral to a Workers’ Compensation Managed Care Network approved specialist.

“Network medical provider” means a medical provider that is part of the Workers’ Compensation Managed Care Network for the State of Connecticut where the employee established treatment for a compensable work-related injury or occupational disease. Treatment establishment occurs after the second visit with the same medical provider.

“OSHA Form 300 - Log of Work-Related Injuries and Illnesses” means the form required by the U.S. Department of Labor Occupational Safety and Health Administration to be prepared and maintained by an employer to record work-related injuries or occupational disease.

“OSHA Form 300A - Summary of Work-Related Injuries and Illnesses” means the form required by the U.S. Department of Labor Occupational Safety and Health Administration to be prepared and posted after the end of each calendar year to provide a numeric summary of the year’s work-related injuries and illnesses. The particulars of an injury and occupational disease remain confidential and only the summary numeric data published. This should be posted from February 1 to April 30 of the year following the year covered by the report.

“Payment without prejudice” means a discretionary payment made without accepting a Workers’ Compensation claim, usually recommended by a Workers’ Compensation Commissioner and granted by either the Third Party Administrator (Insurance Company/TPA) Hearing Representative or an Assistant Attorney General representing the Agency at a Workers’ Compensation Hearing.

“Progressive discipline” means a series of corrective procedures involving increasing levels of discipline, designed to encourage an employee to improve any area of deficiency in their performance. The steps are: letter of warning, suspension, demotion, and dismissal. Please Note: A Counseling or a Letter of Direction is not disciplinary in nature.

“Regional Human Resources Workers’ Compensation Liaison” means an employee authorized by DDS to process workers’ compensation claims.

“Restricted or Light Duty” means a physical capacity prescribed by an employee’s Network Medical Provider that corresponds to an employee’s ability to do work while the employee continues to heal from a compensable work-related injury or occupational disease.

“Safety Committees” means the regional committees that assist in the establishment and maintenance of a safe workplace. Their objective is to provide a process for employees to discuss safety concerns within their respective region to reduce possible risk of injury to employees.

“Subrogation” means the substitution of one person or group by another in respect of a debt or insurance claim, accompanied by the transfer of any associated rights and duties. Typically, an insurance company which pays its insured consumer for injuries and losses then sues the party which the injured person contends caused the damages to him or her. (An example of this would be a person falling while on a community outing at a store. Workers’ Compensation would pay the debt first and then recoup the debt they paid from the store.)

“Temporary alternative duty” means a work assignment developed for the injured worker who has a work capacity but is restricted from returning to their regular job. The objective of the assignment is to transition the employee to their regular job within a period of not greater than ninety (90) days and may run concurrently with any Collective Bargaining Unit provisions.

“Temporary partial disability” means temporary incapacity, but not total incapability to work. The employee with a compensable work-related injury or occupational disease may be able to perform a temporary alternative work assignment during this level of incapacity.

“Temporary total disability” means temporary, but total, incapacity to work of an employee with a compensable work-related injury or occupational disease. During a period of total incapacity, an employee is unable to perform **ANY** type of work and is eligible for Temporary Total Disability benefits.

“Third Party Administrator or TPA” means a private party or organization, other than the employer, which administers workers’ compensation claims.

“Unauthorized leave” means any period of time that an employee remains away from work without proper authorization, regardless of whether the employee has sufficient accrued sick, vacation or other leave time.

“Workers’ compensation” means full or partial payment of lost wages, medical bills, or other benefits or payments required by the Workers’ Compensation Act to employees who have received compensable work-related injuries and occupational diseases.

“Workers’ Compensation Form Packet” means the set of forms, provided by the department to be completed for reported workers’ compensation injuries as applicable, including but not limited to the following: Form WC-207, Form DDS-207-1, Form WC-208, Form WCC-1A, Form WC-211 and Form WC 715.

“Workers’ Compensation Managed Care Network” means the list of Network Medical Providers approved by the State of Connecticut to treat State of Connecticut employees for work-related injuries.

1. **IMPLEMENTATION**
2. **Workplace Safety**

**Employee Responsibility**

* + - 1. Attend all safety training and practice what you learned specific to your job title. Failure to comply with all mandatory trainings to perform your duties in a safe and efficient manner may subject you to disciplinary action.
1. Use the personal protective equipment and safety equipment as provided by DDS.
2. Be aware of your surroundings and exercise caution when working with or near equipment.
3. Perform all job functions in a safe manner this includes but is not limited to:
	1. Safe lifting procedures
	2. Prevention and management of assaultive behaviors
	3. Use of available health and safety equipment
	4. Fire evacuation procedures

**Immediate Supervisor or In-charge Responsibility**

1. Ensure employees receive training as prescribed by their Collective Bargaining Unit Contracts and the DDS Work Rules.
2. Employee’s performance is tied to their safety record (not injury record) of the employee and that they follow safety rules and procedures.

**Manager/Higher Level Supervisor Responsibility**

1. Ensure that all employees under your supervision are aware of their rights and responsibilities pursuant to this policy.
2. Ensure that all employees under your supervision are made aware of departmental safety procedures, rules, and guidelines, either by training or written notification.
3. Ensure that all staff receives appropriate on-going training based upon job requirements and their respective Collective Bargaining Unit Agreements.
4. Investigate all injuries documented, **within 48 hours of the date of injury** and report back to the Regional Human Resources Workers’ Compensation Liaison, using the DDS 207-1, Supervisors’ Accident Investigation Report.
5. Managers are accountable for ensuring the safety and well-being of their subordinate staff. Therefore, it is a part of each manager’s and supervisor’s performance evaluation.

**Regional Human Resources Workers’ Compensation Liaison’s Responsibilities**

1. Coordination of the Workers’ Compensation activity between the Third Party Administrator (TPA), Manager, Supervisor, Payroll, Workers’ Compensation Commission, Department of Administrative Services, Network Medical Providers and the employee.
2. The Regional Human Resources Workers’ Compensation Liaison or designee is responsible for updating the OSHA 300, “Log of Work-Related Injuries and Illnesses” and posting the OSHA 300A, “Summary of Work-Related Injuries and Illnesses” annually from February 1 to April 30, as required by law.
3. **Accident Reporting**

**Employee Responsibility**

1. If you sustain a work-related injury, report the injury to your supervisor or designee immediately and before going off duty as referenced in DDS Work Rule 26**. You may NOT complete your own First Report** of Injury or call the report into the Third Party Administrator’s Injury Reporting Hot Line. It is your responsibility to assist the supervisor or designee with completion of an injury report.
2. In an **emergency**, seek immediate medical attention or call 911. Once medical evaluation is complete, immediately following contact your Regional Human Resources Office for further direction.
3. In **non-emergency** situations and prior to obtaining medical treatment, obtain a Workers’ Compensation Packet and participate in First Report of Injury and associated paperwork completion as outlined in the DAS procedure.
4. You must return to your Regional Human Resources Office the Filing Status and Exemption Form (1A); Request for Use of Accrued Leave with Workers Compensation Form (DAS-715); and DAS Concurrent Employment and Third Party Liability Form (WC 211) **within 48 hours** of a lost time injury, failure to comply with this timeline **may result in a delay of your Workers’ Compensation benefits**.
5. If you lose time from work:
	1. Daily call your supervisor until you are certain your Workers’ Compensation claim is established, otherwise you risk payroll coding of ULUNC (No Call/No Show) and may be subject to disciplinary action.
	2. Provide your Regional Human Resources Workers’ Compensation Liaison and the TPA (Third Party Administrator) with copies of Medical Documentation including a Workers’ Status Report from each medical appointment with your Network Medical Provider to document any absence from work **within 24 hours** of every visit. Delays in receipt of medical documentation **may result in delays of your receipt of workers’ compensation benefits.**

* 1. It is your responsibility to **call** the Regional Human Resources Workers’ Compensation Liaison after each medical appointment to report your progress or **once every two weeks**.
1. If your Network Medical Provider **returns you to work with restrictions**, you must call the Regional Human Resources Workers’ Compensation Liaison **immediately after completion** of your Network Medical Providers’ appointment for instructions regarding development of a “Temporary Alternative Assignment”.
2. If your Network Medical Provider returns you to **regular duty without restriction**, you must call the Regional Human Resources Workers’ Compensation Liaison and your supervisor or designated charge at your worksite **immediately following** your Network Medical Providers’ appointment for instructions to return to your regular job. If your appointment concludes after regular business hours you must call your designated charge and you must bring your return to work medical note with you if you are scheduled to work that shift.

**Immediate Supervisor or In-charge Responsibility**

If an injury occurs:

1. Ensure the employee receives **medical treatment** based on the emergent situation. This may include calling 911 if the injury warrants, calling for additional employee assistance and staying with the injured employee until emergency support arrives.
2. Complete necessary **injury reporting forms** (e.g. - WC-207 and DDS 207-1). If the employee is not available to provide all information begin the injury reporting forms with the assistance of the Regional Human Resources Workers’ Compensation Liaison. **No employee shall complete their own First Report of Injury**.
3. **Never** enter a consumer name on any Workers’ Compensation paperwork.
4. **The supervisor or designated charge must sign and date the paperwork once complete**.
5. **Phone** in the First Report of Injury to the injury reporting hot line as listed on the WC-207. Failure to report the injury/occupational disease can result in delaying medical treatment and Workers’ Compensation Benefits to the injured worker. Note the Reference Number in the designated area at the top of the WC-207 form.
6. **Complete the Supervisors Accident Investigation Report (Form DDS-207-1) as follows**:
7. **Observe** the accident area and document all safety issues related to the accident on the DDS 207-1.
8. Talk to witnesses and **obtain information**, take notes immediately following the incident.
9. **Identify** any unsafe condition on the DDS 207-1.
10. Send the completed portion of the DDS 207-1 to your Regional Human Resources Workers’ Compensation Liaison with a copy of the form to your Manager or Supervisor **immediately** so they may complete the DDS 207-1 investigation. Keep in mind it is the employees’ responsibility to report any unsafe condition to their Manager or Supervisor.
11. **Call** your Regional Human Resources Workers’ Compensation Liaison to let them know an injury occurred and the investigation is now in the hands of the supervisor or manager of the section and to determine appropriate coding of the employee timesheet.
12. Supervisors Accident Investigation Report form DDS-207-1 **shall not** be given to the injured employee.

**Manager/Higher Level Supervisor Responsibility**

1. **Complete** the DDS 207-1 received by the Supervisor or designated charge and send it to the Regional Human Resources Liaison for review.
2. **You must Cooperate** with the Regional Human Resources Workers’ Compensation Liaison to investigate claims and provide the following information timely:
	1. A completed DDS-207-1, Supervisors Accident Investigation Report. You must document any violations of protocols or precipitating factors that caused the injury.
	2. Consumer related documentation as requested by the Regional Human Resources Workers’ Compensation Liaison as needed for claim evaluation purpose.
3. **Identify** unsafe conditions and make sure that you report to the Safety Committee any uncorrected or unresolved issues. (E.g. remove, repair, or replace damaged equipment; submit work orders as needed etc.)
4. If you identify an **unsafe condition** it is your responsibility to take corrective actions.
5. If you identify an **unsafe practice** it is your responsibility to review the matter for possible corrective or disciplinary action as referenced under the Compliance section of this policy and the corresponding DDS Work Rules.
6. **Return** the physically able employee to work as soon as possible without jeopardizing the safety of the employee, co-workers or consumers. This includes but is not limited to the development of temporary alternative duty assignments with assistance from the Regional Human Resources Workers’ Compensation Liaison.
7. **Share** with the Regional Human Resources Workers’ Compensation Liaison any issues that could impact the Workers’ Compensation claim for benefits such as but not limited to: Attendance; discipline; denied vacation; other employment and the like.

**Regional Human Resources Workers’ Compensation Liaison’s Responsibilities**

1. Ensure the **Third Party Administrator** has the correct electronic information based on the WC-207, and all associated paperwork to document a lost time accident and to confirm the **injured employee is paid correctly**.
2. **Coordinate** with the Manager or Higher-Level Supervisor to investigate claims including but not limited to providing data relevant to the claim and facilitate a safe return to work, which may include assisting in the development of temporary alternative duty assignments appropriate to **Bargaining Unit Work**. As needed, the Liaison may request information outside the claims environment that may impact the claim for Workers’ Compensation benefits such as but not limited to: Attendance, discipline, denied vacation or other employment.
3. Provide **options** available to the employee who has permanent restrictions and cannot return to their former position.
4. **Policy Compliance**

**Employee Responsibility**

1. If you sustain a work-related injury, and you fail to report your injury, lose time and fail to provide medical documentation your benefits may be delayed, additionally your payroll may be coded to Unauthorized Unpaid Leave (ULU). Five (5) consecutive days of Unauthorized Unpaid Leave (ULU) may be considered job abandonment under Personnel Regulation 5-243-1 (a). No employee timesheet shall be coded Workers’ Compensation Direct Pay (WCDIR) unless medical documentation from a Network Medical Provider complies with the guidelines set forth by the State of Connecticut and the Third Party Administrator. Additionally, you may be adversely impacted through a loss of medical benefits.
2. If you provide a Network Medical Provider’s statement, that does not include the information as referenced in the definition of Medical Documentation, it may not be considered appropriate Workers’ Compensation medical documentation and may be unacceptable for Workers’ Compensation purposes. This means the medical information missing from the Physician’s Worker Status Report (WC-208) or other medical reports may not qualify for payment under the guidelines established by the State of Connecticut and the Third Party Administrator.
3. Your Network Medical Provider should utilize the Third Party Administrator’s Worker Status Report form to provide Medical Documentation information. Therefore, it is your responsibility as the employee to bring a copy of the Physician’s Worker Status Report to your Network Medical Provider. **In the absence of complete medical documentation there is no authority to pay Workers’ Compensation benefits**.
4. You must complete all applicable paperwork included in the DDS Workers’ Compensation Packet and return it to the Regional Human Resources Workers’ Compensation Liaison **within 24 hours from initial lost time**.
5. **Your home address and phone number must be current with the Regional Human Resources Department** **as referenced in the DDS Work Rules**.
6. You are responsible for any and all payroll deductions while out on a work-related disability if you choose to continue this coverage. It is your responsibility to contact all non-State sponsored entities where you have deductions if you wish to continue this coverage. State sponsored benefits such as medical, dental or State sponsored group life coverage notifications occur through the State Payroll System. Failure to pay appropriate premium deductions during any period of disability while you are off the payroll will result in loss of that coverage. Reinstatement of that coverage is policy based by either the Office of the State Comptroller or the Department of Administrative Services policies, practices and protocols.
7. If you have a work capacity and receive a check from the Third Party Administrator for “Temporary Partial” benefits, you need to call the Regional Human Resources Workers’ Compensation Liaison to assist in the **possible** preparation of a temporary alternative assignment. Failure to call the Regional Human Resources Workers’ Compensation Liaison may result in denial of benefits and may result in disciplinary action.
8. If at any time you receive a check from the State of Connecticut payroll and the Workers’ Compensation (TPA-Insurance Company) for the same period of time, it is your responsibility to contact your Regional Human Resources Workers’ Compensation Liaison before your cash the check. Failure to do so may result in a fraud investigation and compromise future benefits.

**Immediate Supervisor or In-charge Responsibility**

1. Supervisors or designated charge that fails to complete the appropriate paperwork as cited above may be subject to disciplinary action.

**Manager/Higher Level Supervisor Responsibility**

1. Supervisors and managers are required to act on known safety hazards or safety infractions, failure to take proper action may result in discipline.

**FAILURE TO PERFORM JOB FUNCTIONS SAFELY OR TO FOLLOW SAFETY PROCEDURES MAY RESULT IN PROGRESSIVE DISCIPLINE. DDS WILL REFLECT YOUR SAFETY RECORD IN YOUR PERFORMANCE EVALUATION.**

1. **REFERENCES**
2. Connecticut General Statutes (C.G.S.):
3. Chapter 568, Sections 31-275 to 31-355a, inclusive, “Workers’ Compensation Act.” C.G.S.
4. Sections 5-142 to 5-151, inclusive, “Disability Compensation and Death Benefits.” C.G.S.
5. Section 5-244, “Transfer or separation from service because of infirmities.” C.G.S.,
6. Federal Rules, State Regulations and DDS Policies and Procedures:
	1. 29 CFR Part 1904, “Occupational Health and Safety Regulations.”
	2. Section 5-243-1 “Resignation from state service” of the Regulations of Connecticut State Agencies
	3. DDS Work Rules.

 3. Other:

1. DAS Website: <http://www.das.state.ct.us/HR/HR_Managers.asp>
2. Worker’s Compensation Commission Website: <http://wcc.state.ct.us/index.html>
3. **ATTACHMENTS**

II.D.PR.016 Attachment A: [DAS First Report of Injury WC 207 Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_A_DAS_First_Report_of_Injury_WC_207_Form.pdf)

II.D.PR.016 Attachment B: [DDS Supervisor’s Accident Investigation Report 207-1 Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_B_DDS_Supervisors_Accident_Investigation_Report_207_1_Form.pdf)

II.D.PR.016 Attachment C: [WCC Filing Status and Exemption 1A Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_C_WC_Filing_Status_and_Exemption_1A_Form.pdf)

II.D.PR.016 Attachment D: [DAS Concurrent Employment Third Party Liability WC 211 Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_D_DAS_Concurrent_Employment_Third_Party_Liability_WC_211_Form.pdf)

II.D.PR.016 Attachment E: [DAS Request for Use of Accrued Leave with Workers’ Compensation WC 715 Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_E_DAS_Request_for_Use_of_Accrued_Leave_with_Workers_Compensation_WC_715_Form.pdf)

II.D.PR.016 Attachment F: [DAS Physicians Workers’ Status Report WC-208 Form](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_F_DAS_Physicians_Workers_Status_Report_WC_208_Form.pdf)

II.D.PR.016 Attachment G: [DDS Work Rules](https://portal.ct.gov/DDS/HR/DDSHandbook/DDS-Handbook-DDS-Work-Rules)

II.D.PR.016 Attachment H: [Acknowledgement of Receipt of Workplace Safety and Accident Reporting Procedure](https://portal.ct.gov/-/media/DDS/AdminManual/IIDHumanResources/IIDPR016_Attachment_H_Acknowledgement_of_Receipt_of_Workplace_Safety_and_Accident_Reporting_Procedur.docx)

This procedure replaces Policy No.: II.D.PR.016, Subject: Workplace Safety Issued: September 28, 2006 and Procedure No.: II.D.PR.016, Subject: Workplace Safety; Issued: September 28, 2006.