


POLICY TITLE: WORKERS' COMPENSATION		PAGE 1 OF 3
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CHAPTER 3: PERSONNEL		
	STATE OF MAINE DEPARTMENT OF CORRECTIONS	PROFESSIONAL STANDARDS: See Section VII
	Approved by: <u><i>Martin Magnusson</i></u> Signature of Commissioner	
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I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

Entire Maine Department of Corrections

III. POLICY

It is the policy of the Department of Corrections to provide a safe working environment for staff and to ensure that all work-related illnesses and injuries incurred by staff receive prompt, appropriate attention and to provide workers' compensation case management services for employees as needed.

IV. CONTENTS

Procedure A: Orientation
 Procedure B: Supervisor Notification
 Procedure C: Treatment
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 Procedure E: Lost Time
 Procedure F: Case Management
 Procedure G: Return to Work

V. ATTACHMENTS

None

VI. PROCEDURES

Procedure A: Orientation

1. Each new employee with the Department of Corrections shall be trained, during orientation, how to report a workplace illness/injury. They shall be provided the name of the person to report the injury and the name and location of the primary care provider.

Procedure B: Supervisor Notification

1. All workplace injuries must be immediately reported to the area supervisor to ensure proper treatment.
2. All injuries must be reported to Personnel within twenty-four (24) hours or by the following workday should an injury occur on a weekend.
3. The injured employee must be given an employee injury packet containing the following items when medical treatment or lost time is involved:

Employee's Report of Injury
Schedule of Dependent(s) and filing status statement
Limited Certificate Authorizing Written Release of Medical
Health Care Information
Workers' Compensation Reimbursement Form
Workers' Compensation Time Reporting Form

4. The employee must fill out the Employee's Report of Injury. The supervisor must complete the Employer's Report of Injury and all other supporting documents must be completed and forwarded to the Personnel Office and the Department's Worker's Compensation Coordinator immediately. The Department's Worker's Compensation Coordinator shall electronically file and forward all required documentation to the Worker's Compensation Director.

Procedure C: Treatment

1. When a Supervisor is informed of a work related illness/injury, regardless of the extent, the supervisor shall ensure a medical examination and treatment is available to the affected individual. Employees needing immediate medical attention shall be sent to the ten (10) day Medical Care Provider, unless an illness/injury takes place after hours and in this instance, the employee shall go to the nearest hospital emergency room. Transportation shall be provided to employees who are unable to drive. In the case of extreme emergency, a Rescue Unit shall be called for transportation and the employee shall be taken to the nearest hospital emergency room. The Department's Worker's

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Compensation Coordinator must be notified of any employee losing one day or more of work time due to a workplace illness or injury.

Procedure D: Personnel Procedures

1. Initiating a Workers' Compensation Claim: Upon receiving an Employee Injury report and the supervisor's Employers Injury Report, the Department's Worker's Compensation Coordinator shall initiate a computer generated First Report of Injury and forward it to Employee Health and Benefits, Worker's Compensation Division along with a cover sheet and all required documentation as outlined on the cover sheet. This report must be submitted within seven (7) days of notice or knowledge of a workplace illness/injury.

Procedure E: Lost Time (One (1) day or more)

1. If an employee loses one (1) or more days of work due to a work related illness or injury, it must be reported on the First Report of Injury. Employees are required to use either sick or vacation time to cover the first seven (7) days of lost time, after that they would receive compensation from Employee Health and Benefits, Workers' Compensation Division. Data must be entered into the ATS Worker's Compensation Program for any changes in claim status, i.e. employee returns to work.

Procedure F: Case Management

1. When it becomes necessary to involve a Case Manager, a request must be filled out and forwarded to the Workers' Comp Division. A Case Manager shall follow the progress of the injured employee and shall coordinate a successful return to work plan.

Procedure G: Return to Work

1. Supervisors should make every effort to assist the injured employee in returning them to their prior position. Every effort should be made to provide work assignments that will bring minimum physical stress upon an injured employee.

VII. PROFESSIONAL STANDARDS

None

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