

## **SERENITY BEHAVIORAL HEALTH SYSTEMS**

**SUBJECT:** **WORKERS' COMPENSATION AND SPECIAL INJURY  
RETURN-TO-WORK PROGRAM**  
**POLICY NUMBER:** **HR-18.01**  
**EFFECTIVE DATE:** **October 1997**  
**SUPERSEDES:** **N/A**  
**LAST REVISION DATE:** **July 2009**

---

### **POLICY:**

It is the policy of Serenity Behavioral Health Systems (SBHS) to be concerned about the health and safety of all its employees. Supervisors should be alert to any situation which could result in potential injury or illness to employees, clients and customers. Employees are to immediately bring any potentially unsafe or unhealthful working condition to the attention of their supervisors for review and resolution.

When work-related injuries, illnesses or exposures to occupational diseases occur, all employees will be returned to work, whenever feasible, as quickly and safely as possible. SBHS has adopted a comprehensive Return-To-Work Program (RTWP) to accomplish this objective. Contact the workers' compensation coordinator for additional information regarding this program.

### **ELIGIBLE EMPLOYEES PROCEDURES:**

- I. All full-time and part-time employees in classified and unclassified positions, except for temporary and hourly employees, who are short term or hired for a specified project function, are eligible for the RTWP.
- II. Whenever a work-related injury, illness or exposure to occupational disease occurs, the employee is to be given work time to seek appropriate medical attention.
  - A. Medical treatment must be rendered by a physician in the network. Call 1-877-656-7475 found on the Official Notice of the pink Worker's Compensation poster for referral, unless an emergency situation exists. You will be referred to a physician at the time of the call. Failure to comply will result in non-payment of treatment by the Department of Administrative Services (DOAS) Workers' Compensation Program.

NOTE: An Official Notice (PINK POSTER), Bill of Rights for the Injured Worker, Workers' Compensation Fraud Notice and Workers' Compensation Reporting Instructions must be posted in prominent places at each work location.

- B. The employee should transport himself/herself, if possible, or may choose to contact a friend or relative for transportation.

**SUBJECT: Workers' Compensation and Special Injury Return-To-Work Program**

**Policy #HR-18.01**

**Page 2 of 6**

- C. If the injury/illness/exposure requires immediate medical attention and transportation is not otherwise available, the employee should be transported by the supervisor or qualified designee to the physician. Time used to transport the employee is considered work time.

**NOTE:** The driver must have a valid driver's license.

1. Where practicable, transportation should be provided using a SBHS vehicle.
  2. If a SBHS vehicle is not available, the supervisor or designee may determine that it is appropriate to use a personal vehicle to transport the employee.
  3. The supervisor or designee may be reimbursed for mileage, parking fees and other expenses incidental to the use of the personal vehicle for such transportation.
  4. It is the responsibility of the supervisor or designee to ensure that any personal vehicle used is insured against loss. SBHS does not insure private vehicles, even when they are used to conduct SBHS business.
- D. The employee, supervisor or designee is to present the completed Georgia Activity Analysis Form (See Attachment I) to the treating physician for review after the initial examination of the employee.

**NOTE:** A Georgia Activity Analysis Form is to be completed in advance and placed on file for every job within the program.

1. In the event of an emergency, appropriate medical attention for the employee should be sought immediately (e.g., call 911 or transport to an emergency room). In an emergency situation, treatment does not have to be provided by a physician in the network. All follow-up care must, however, be provided by a physician from the network.
  2. If the employee is dissatisfied with the physician selected from the network, a second selection from the network may be made without permission. Any further changes require permission from the appropriate SBHS workers' compensation coordinator or a Department of Administrative Services (DOAS) workers' compensation representative.
- E. After ensuring that proper medical treatment has been arranged, the employee or their immediate supervisor (if they are not able) is to report all injuries, illnesses and exposures to occupational disease that require medical treatment or result in time lost from work by calling TELECLAIM at (9) 1-877-656-7475 (See Attachment II).

**SUBJECT: Workers' Compensation and Special Injury Return-To-Work Program**

**Policy #HR-18.01**

**Page 3 of 6**

1. The report should be made immediately and in no case more than 24 hours from the time the supervisor or program manager has knowledge of the injuries, illnesses or exposures to occupational disease.
2. The supervisor or program manager should have a copy of the Georgia Activity Analysis Form available in order to respond to questions asked by the telephonic reporting system staff.

**NOTE:** If the injuries, illnesses, or exposure to occupational diseases do not require medical treatment and do not result in lost time from work, supervisors or program manager should complete a SBHS Incident Report and retain for their records. (See Attachment III) Should the employee require treatment or lose time away from work at a later date, the claim should be reported by calling TELECLAIM.

- F. A determination based on the Georgia Activity Analysis Form must be made by the treating physician regarding the employee's ability to immediately return to regular or modified duty.

1. If the physician is not able to release the employee immediately to regular or modified duty, the employee will not return to duty that day.

**NOTE:** The employee will not be charged leave for the absence from work on the day of the injury, illness or exposure to occupational disease.

2. The supervisor and/or program manager is to arrange follow-up contact with the employee within 24 hours to check on the employee's well being and begin preparation for a Transitional Employment Plan.

- G. As soon as the employee is released to work activities, the employee will be asked to meet with the Transitional Employment Team to develop a Transitional Employment Plan. (See Attachment IV)

**NOTE:** Time spent by the employee in Transitional Employment Team meetings will be considered work time.

1. The plan will specify the following:
  - a. Start and end date of transitional duty;
  - b. Specific duties to be performed;
  - c. Signature of both the supervisor and injured/ill employee; and
  - d. Next review date.
2. Responsibilities and duties identified for the employee must be of value to SBHS while ensuring the employee's safety at all times.

**SUBJECT: Workers' Compensation and Special Injury Return-To-Work Program**

**Policy #HR-18.01**

**Page 4 of 6**

3. If possible, tasks should be similar to the employee's regular work and within workers. If this is not feasible, however, other alternatives should be considered utilizing the following guidelines:

- a. Focus on unique skills and abilities of the employee
- b. Consider duties outside of the employee's regular work program
- c. Provide tasks which add value to services normally provided by SBHS
- d. Explore training or other on-the-job learning experiences to help enhance the skills of the injured/ill employee
- e. Allow an injured/ill employee to share skills through mentoring other employees
- f. Provide employees with special projects, which need to be completed

**MONITORING TRANSITIONAL EMPLOYMENT PLANS:**

- I. As the employee's medical condition improves, the Transitional Employment Team will meet periodically to revise the plan to increase activities. This should help the employee gain strength and endurance to expedite the transition to regular employment.
- II. The plan should be reviewed on a regular basis during the Transitional Employment Team meetings; assignments should be changed periodically to reflect improvement in the employee's physical capacities, as documented by the treating physician.
- III. Transitional Employment will continue for that period of time-determined necessary and appropriate, up to ninety (90) calendar days.

**PROVIDING REASONABLE ACCOMODATION:**

- I. If an employee is unable to resume regular duties within ninety (90) days the Transitional Employment Team will initiate a reasonable accommodation evaluation in order to comply with Title I of the Americans with Disabilities Act (ADA). Because of the complex nature and responsibilities of SBHS under this Act, the Human Resource Department will coordinate this process to ensure compliance with all related statutes.
- II. Affected employees will be active members of the Transitional Employment Team as it relates to reasonable accommodation, and their opinions and input will be solicited.
- III. When it is determined that the team either needs assistance with reasonable accommodation or no accommodation can be identified, the employee will be referred to DOAS Worker's Compensation Program rehabilitation evaluation.

**SUBJECT: Workers' Compensation and Special Injury Return-To-Work Program**

**Policy #HR-18.01**

**Page 5 of 6**

**NON-COMPLIANCE WITH RTWP:**

In the event that an employee refuses (or otherwise through his/her actions declines) to participate in the RTWP, the Human Resource Department should be notified. Refusal to return to work and refusing to follow directives given by a supervisor in a job where the responsibilities and duties have been approved by the treating physician may jeopardize an employee's workers' compensation/special injury benefits.

**FAMILY LEAVE:**

- I. A work-related injury, illness or exposure to occupational disease may qualify as a serious health condition under family leave. An employee may be placed on available family leave during the workers' compensation/special injury absence, which may run concurrently.
- II. At some point during the employee's absence, the treating physician providing medical care pursuant to worker's compensation/special injury may certify that the employee is able to return in a transitional employment position.
  - A. If the employer offers such a position, the employee is permitted but not required to accept the position.
  - B. If the employee does not accept the transitional employment position, the employee may no longer qualify for payments from the worker's compensation/special injury benefit plan, but the employee is entitled to continue on family leave, either until the employee is able to return to the same or equivalent job the employee left or until the 12 week family leave entitlement is exhausted, whichever is first.
- III. If the employee returning from a worker's compensation/special injury absence due to an injury, illness or exposure to occupational disease is an individual with a qualifying disability, he or she will have rights under the ADA.

**TRANSITIONAL EMPLOYMENT TRACKING FORM:**

Supervisors are to complete the Transitional Employment Tracking Form (See Attachment V) to maintain awareness of employees on worker's compensation/special injury leave.

**REFERENCES:**

- I. State Law (O.C.G.A. 34-9-1 and 34-9-367 – Workers' Compensation)
- II. State Law (O.C.G.A. 45-7-9 – Special Injury)
- III. Rules of the State Personnel Board – Rule 16

**SUBJECT: Workers' Compensation and Special Injury Return-To-Work Program  
Policy #HR-18.01**

**Page 6 of 6**

**ATTACHMENTS:**

- I. [GEORGIA ACTIVITY ANALYSIS](#) SBHS Form 518
- II. [CLAIMS REPORTING INSTRUCTIONS](#) SBHS Form 519
- III. DOAS INCIDENT REPORT
- IV. [TRANSITIONAL EMPLOYMENT PLAN](#) SBHS Form 122
- V. [TRANSITIONAL EMPLOYMENT TRACKING](#) SBHS Form 123
- VI. [ACKNOWLEDGMENT OF WORKERS' COMPENSATION TREATMENT](#)  
SBHS Form 716

**APPROVAL SECTION:**

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date

**RESCISSION SECTION:**

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

**REVIEW SECTION:**

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date