

**STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL RETARDATION**

**Procedure No:** II.D.PR.016  
**Subject:** Workplace Safety  
**Section:** Human Resources

**Issue Date:** September 28, 2006  
**Effective Date:** September 28, 2006  
**Revised Effective:** March 8, 2007

**A. Purpose:**

To establish procedures for the implementation and enforcement of the Department of Mental Retardation's Policy No. II.D.PO.016 on Workplace Safety.

**B. Applicability:**

This procedure applies to all employees of the Connecticut Department of Mental Retardation (DMR).

**C. Definitions:**

Attending Physician – Medical practitioner who is the primary medical caregiver of an employee with a compensable work-related injury or occupational disease. An attending physician must be an approved medical provider in the Managed Care Network to treat State of Connecticut employees in workers' compensation cases.

Concurrent Employment – Simultaneous employment by more than one employer. When an employee with a compensable work-related injury or occupational disease is concurrently employed, 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.

DMR Employee – Any person, full-time or part-time, who receives a salary or hourly wage from the Department of Mental Retardation and has a position control number assigned by DMR.

Form 1A – 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 207/Accident Report – 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 207-1 – 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.

Form 211- 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 (s)he 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 CO-715 – Office of State Comptroller's Form to Request for Use of Accrued Leave with Workers' Compensation (Employee's Choice).

Medical Documentation – Written documentation from an attending physician which states that the employee with a work-related injury or occupational disease is temporarily totally disabled, i.e., unable to work due to a compensable work-related injury or occupational disease, and includes the following:

- an indication that the employee is unable to work
- the date the inability to work began
- the cause of the inability
- the date the employee was seen by physician
- the expected date to return

An attending physician's statement, which does not include the above information, will not be considered appropriate medical documentation. Attending physicians should utilize the Third Party Administrator's Worker Status Report form to provide this information.

OSHA Form 300 - Log of Work-Related Injuries and Illnesses – A 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 and illnesses.

OSHA Form 300A - Summary of Work-Related Injuries and Illnesses. A 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 summary of the year's work-related injuries and illnesses. This should be posted from February 1 to April 30 of the year following the year covered by the report.

Restricted or Light Duty – Work prescribed by an employee's attending physician to fall within certain physical restrictions while the employee continues to heal from a compensable work-related injury or occupational disease.

Progressive Discipline – A series of corrective procedures involving increasing levels of discipline, designed to encourage an employee to improve area(s) of deficiency in his/her performance. The steps are: letter of warning, suspension, demotion, and dismissal.

Safety Committees – Regional committees that assist in establishing and maintaining a safe workplace and provide a process for employees to discuss safety issues within their respective region.

Temporary Total Disability – Temporary, but total, incapacity from 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 – A private party or organization, other than the employer, which administers workers' compensation claims.

Unauthorized Leave - 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.

Worker Status Report – The form provided by the Third Party Administrator to be completed by an attending physician following all evaluations related to the workers' compensation injury.

Workers' Compensation – Full or partial payment of lost salary, 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 Contact Person – An employee in the regional Human Resources office authorized by DMR to process workers' compensation paperwork.

Workers' Compensation Form Packet - A set of forms, provided by the department to be completed for all reported workers' compensation injuries, including but not limited to the following: Form 207, Form 207-1, Form 1A, Form 211 and Form CO 715.

#### **D. Implementation:**

##### **1. Supervisor's Responsibilities:**

- a. Supervisors shall ensure that all safety rules and procedures are followed.
- b. All supervisors shall ensure that their employees are properly trained to perform their jobs safely and use their training in the daily performance of their duties.
- c. When an employee suffers a work-related injury or illness and reports it to the supervisor, it is the supervisor's responsibility to investigate all injuries and submit the Form 207-1 along with the injury report, Form 207, to the Worker's Compensation contact person in the regional Human Resources office within 24 hours. (All accidents have causes, and when the causes are understood and addressed, accidents rates can be reduced and if employees at the regional level are empowered to identify and seek creative solutions to the causes of injuries, injury rates will decline.)
- d. The use of safe practices and equipment shall be considered as a factor in evaluating each employee's job performance, including three and six month review of new employees. The safety record is to be considered and included in the rating under the appropriate category. Such elements may include judgment, dependability or knowledge of work.

These evaluations shall be based on safety record, not injury record. If any injury occurs while an employee is working safely, the incident will not detract from his/her safety record or performance evaluation. If an employee is observed working unsafely, regardless of whether or not (s)he is injured, the incident will be reflected negatively in his/her rating. Any safety infraction may be subject to progressive discipline.

- e. Performance appraisals for a supervisor shall include an assessment of how effectively (s)he implements and enforces safety procedures and documents the implementation and enforcement.
- f. Performance appraisals for managers may include an objective of the manager's effectiveness in applying appropriate safety measures in cooperation with the department safety efforts.
- g. Supervisors and managers who are aware of, or through reasonable diligence should have known of, the existence of a safety hazard or safety infraction, but fail to take proper action, may be subject to disciplinary action. Ongoing health and safety issues should also be brought to the attention of the regional safety committee.
- h. The supervisor is the responsible party to complete and file the proper paperwork and begin the Workers' Compensation process and as such shall:
  - i. **Medical Attention** - If the injury/illness is life threatening, call 911 and stay with the employee until (s)he has been transported to the Hospital or Emergency Medical

Center. If non-life threatening injury/illness, interview the injured employee in order to complete the Workers' Compensation form packet and direct employee to the appropriate Medical Center for initial evaluation and treatment.

- ii. **Complete or Arrange for the Completion of the Workers' Compensation form packet** – If employee is unavailable, employee detailed information such as employee ID, address, SSN, etc. can be obtained from the Human Resources office.
- iii. **Call Injury Reporting Line** - Call the Injury Reporting Hotline **1-800-828-2717** to report the injury. Failure to report the injury/ illness may result in a delay of benefits to the employee.
- iv. **Contact Human Resources** - Send the completed Workers' Compensation form packet to the Worker's Compensation contact person in the regional Human Resources office within 24 hours.
- v. **Follow-up with Employee** - Call the employee periodically to check on the person's progress. If medical condition allows, employees are required to communicate with their supervisor at least once every two weeks or after every medical appointment or to report a change in work status.
- vi. **Proper coding of Timesheet** - Ensure accurate coding of employee's timesheets.
- vii. Take prompt and appropriate action to report and correct, if possible, any unsafe conditions or actions, which are reported to or observed by the supervisor or manager.
- viii. Refer specific questions should be referred to the Worker's Compensation contact person in the regional Human Resources office.

## **2. Employee's Responsibilities:**

- a. It is each employee of the Department of Mental Retardation who carries the greatest responsibility for protecting his or her own safety and that of the people we serve.
- b. An employee who incurs a work-related injury or occupational disease is required to report to the immediate supervisor at the time of occurrence or before going off duty. Appropriate forms must be completed by the supervisor and immediately submitted to the Workers' Compensation contact person in the regional Human Resources office. The employee shall provide the supervisor with all necessary information to complete the Workers' Compensation form packet.

The injured employee is responsible for having his/her attending physician complete the Worker Status Report and for returning it to the Workers' Compensation contact person within 24 hours of any and all evaluations. Failure to do so may result in a delay of benefits and/or an unauthorized leave coding on the employee's timesheet.

- c. Each employee shall perform all job functions in a safe manner including but not limited to:
  - i. Safe lifting procedures
  - ii. Prevention and management of assaultive behaviors
  - iii. Use of available health and safety equipment
  - iv. Fire evacuation procedures
- d. Each employee shall report to his/her supervisor any unsafe actions or conditions and take appropriate remedial action in order to assist in alleviating such conditions. Ongoing health and safety issues should also be brought to the attention of the regional safety committee.

- e. Employees must comply with all mandatory trainings in order to perform their duties in a safe and efficient manner. An employee that fails to be in compliance with these requirements will be subject to disciplinary action.
- f. Even when staff are well-trained, experienced and have appropriate resources, one moment of inattention or failure to follow prescribed safety guidelines, or a lapse in judgment can lead to dire consequences. Each employee is individually responsible to be attentive and vigilant as they carry out their duties. It is the responsibility of the department employees to follow safety procedures set forth by DMR.

### 3. Process:

- a. The injured employee shall first notify his or her supervisor of the injury, and then if medically necessary report to the local medical facility as soon as possible. In deciding when an injured employee can leave the unit, he or she should take into consideration the seriousness of the injury and available client coverage.
- b. Upon notification by the injured employee, the employee's direct supervisor or his/her designee shall investigate the facts of the accident and complete the First Report of Injury (Form 207), the Supervisor's Accident Investigation Report (Form 207-1) and any other forms required by the department. Names of clients shall not appear on the forms. The supervisor shall sign and date the form and call the Injury Reporting Hotline at 1-800-828-2717. The supervisor will then return the WC207, 207-1 and all other forms to the Workers' Compensation contact person within 24 hours after injury notification.
- c. An employee who claims temporary total disability due to a work-related injury must submit proper medical documentation to the Workers' Compensation contact person. An employee shall not be coded "WCDIR" on the timesheet until the proper medical documentation is received by the Workers' Compensation contact person.
  - o If the department, in consultation with the third party administrator, determines that a claim should be contested, the department will notify the employee and make other arrangements to officially record the absence.
- d. The injured employee is responsible for having the physician who initially examines him/her complete the Worker Status Report and for returning it to the Workers' Compensation contact person within 24 hours of the examination.
- e. If the employee is later examined or treated by a second physician, the employee is responsible for having that physician complete a Worker Status Report and for submitting it to the Workers' Compensation contact person within 24 hours of the examination.
- f. Employees shall forward all medical documentation to the Workers' Compensation contact person who shall forward them to the state's third party administrator within three (3) working days of receiving them.
- g. At all times, it is the employee's responsibility to keep the agency informed of the status of his/her disability.
- h. When the injured employee is released to return to regular duties, (s)he must immediately notify the Workers' Compensation contact person and his/her supervisor and provide the appropriate medical documentation prior to returning to work.
- i. If the injured employee is released to work with temporary restrictions, accommodations will be made whenever possible to return the employee to work within their restrictions. The Workers' Compensation contact person must receive a Worker Status Report from the attending physician clearly indicating what the nature and expected duration of the employee's restrictions.

If the injured employee's temporary restrictions can be accommodated, the Workers' Compensation contact person will notify the injured employee by telephone. This notification shall occur in a manner, which gives the employee as much notice as possible of his/her return to work date and the procedure to be followed when returning to duty. Times and dates of attempts to contact the employee shall be documented and kept on file. Restricted/light duty assignments are limited to 60 days with a possible extension of an additional 30 days. Exceptions may be made on a case-by-case basis. While on restricted or light duty the employee cannot work any overtime except as provided for by specific bargaining unit contract provisions.

- j. If a medical update is received indicating that the employee will permanently not be able to return to his/her regular position or perform regular duties, the case will be handled on an individual basis by the local Human Resource/Workers' Compensation office.
- k. If the employee does not return on the expected date, the Workers' Compensation contact person or designee shall contact the employee by telephone or certified mail. If the employee fails to provide a satisfactory explanation for his/her absence, disciplinary action, including dismissal, may result.
- l. The Workers' Compensation contact person or designee shall also be 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.

**E. References:**

1. Statutes:
  - a. C.G.S. Chapter 568, Sections 31-275 through 31-355a, "Workers' Compensation Act."
  - b. C.G.S., Sec. 5-142 through 5-151, "Disability Compensation and Death Benefits."
2. Rules, Regulations and DMR Policies and Procedures:
  - a. 29 CFR Part 1904, "Occupational Health and Safety Regulations."
  - b. DMR Work Rules, #24 and #26.
3. Other:
  - a. DMR Website: [http://www.dmr.state.ct.us/publications/centralofc/eh\\_S09.htm](http://www.dmr.state.ct.us/publications/centralofc/eh_S09.htm)
  - b. DAS Website: [http://www.das.state.ct.us/HR/HR\\_Managers.asp](http://www.das.state.ct.us/HR/HR_Managers.asp)
  - c. Worker's Compensation Commission Website: <http://wcc.state.ct.us/index.html>

**F. Attachments:**

None.