

STEPS TO TAKE WHEN AN INJURY OCCURS ON THE JOB:

1) Report the injury.

If you are injured at work, even if the injury does not appear to be serious, you must notify your supervisor immediately. Your supervisor will provide guidance to you in obtaining appropriate medical care and, as is required, will report your injury to GAB Robins/MedInsights, the Workers' Compensation Managed Medical Care Provider and Insurer, through the injury reporting hotline at 1-800-828-2717. Your supervisor will also complete the form *PER WC-207, Report of Occupational Injury or Disease to an Employee*, and return it to the workers' compensation coordinator, so that the agency will have a record of your injury, and information essential to determining your eligibility to receive workers' compensation benefits.

2) Seek necessary medical treatment from a physician, walk-in clinic, or hospital that is a member of the GAB Robins/MedInsights Network of providers.

In order to be eligible to receive workers' compensation benefits you must obtain medical treatment from a member of the GAB Robins/MedInsights Provider Network. A directory of Network Medical Providers is available through the personnel office for your location or, information on network providers in your area may be obtained by telephone from the injury reporting hotline at 1-800-828-2717. You may select a physician, walk-in clinic, or hospital from the directory yourself or follow the injury reporting hotline's recommendation. *If you have a life threatening injury, please call 911 and seek treatment immediately at the nearest hospital emergency room. Required workers' compensation reporting should be completed after the medical emergency has been addressed.*

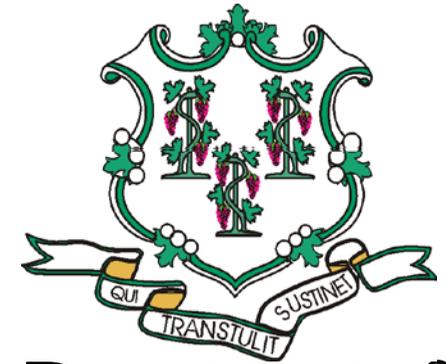
3) If you are incapacitated* due to your injury for more than three calendar days.

Contact, or ask your supervisor to contact the workers' compensation coordinator at the Human Resources Division in Central Office at (860) 424-5073, to find out if either the extent of your injury or the circumstances under which you sustained your injury require you to complete the forms *CO-715, Request for Use of Accrued Leave with Workers' Compensation (Employee's Choice); PER WC-211, Concurrent Employment/Third Party Liability; and the WCC-1A, Filing Status and Exemption*. *Please note that you must have written certification from a network medical care provider for all dates of incapacity for which you are required to be absent from work. Please do not ask your network medical care provider to post date any note certifying your need to be absent. If you cannot treat with your selected provider on the same day you begin your absence from work, please seek medical attention instead from a network walk-in clinic. Ask them to provide a written certification of your absence until such time as you can be seen by your selected network medical care provider.

4) If your treating physician finds that you are totally or partially disabled for one month or longer.

If you are totally or partially disabled by a network medical care provider for one month or more, or have any temporary work duty restrictions which will last one month or more, you are required to provide written certification updating your medical condition and work capacity every 30 days. Failure to provide certification updates from a network medical care provider, could impact your eligibility to continue to receive workers' compensation benefits.

State of Connecticut



Department of Social Services

WORKERS' COMPENSATION PROGRAM

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DEPARTMENT OF SOCIAL SERVICES HEALTH AND SAFETY POLICY

At the Department of Social Services the health and safety of our employees are of paramount importance. We are committed to providing a healthy and hazard-free work environment for our valued employees.

To ensure a reasonable degree of uniformity of safety policies and practices, I am re-emphasizing selected features of the Department of Social Services' safety management plan. This is our commitment that employee safety must continue to be an integral part of our daily work operations throughout the agency.

All employees share in the responsibility to promote worker safety. Managers should oversee the administration of safety practices in their organization, be aware of accident statistics, and take appropriate action to ensure continued improvement in our agency safety record. Appropriate Central Office managers must be proactive in addressing department-wide concerns.

All managers should ensure that their employees are properly trained in accident prevention techniques and that their employees use the training every day in the performance of their duties. Safety management is an important part of every supervisor's role and supervisors are responsible for the safety of their work groups.

While safety manuals and management attention to accident prevention are important components of a safety program, it is each employee who carries the greatest responsibility for protecting his or her own health. This is consistent with the goals of the Department and the high level of concern for safety expressed in the collective bargaining process. Persons with questions or suggestions about safe working conditions should pursue them through the proper reporting chain.

Jeanne M. Anderson
Director of Human Resources
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WORKERS' COMPENSATION COMMONLY ASKED QUESTIONS

1) What is Workers' Compensation?

Workers' Compensation is a program established and governed by state law that provides, when eligibility criteria are met, benefits to an employee who is injured on the job or who contracts a work-related disease. Workers' compensation benefits may include payment of injury-related medical expenses, compensation for time lost from work because of the injury, and compensation for permanent injury.

2) How long do I have to report a work related injury?

To retain benefit eligibility, injuries must be reported within one year of occurrence and occupational diseases must be reported within three years of the initial manifestation of symptoms. Failure to report a work-related injury or work-related disease in a timely manner may negatively affect your eligibility to receive benefits to which you otherwise may have been entitled.

3) How do I code my time out of work due to the injury while my claim is still pending a decision?

The date of injury is always coded as a full day of regular time, even if you did not remain at work the entire day. All employees whose injury results in *less than 7 days of incapacity* after the date of injury, are responsible for covering the first 3 days with their own accrued leave balances or with unpaid medical leave. This time will **not** be considered for lost time benefits. Days 4,5, and 6, or all days of a period of incapacity which totals 7 days or more will be considered for lost time benefits and, except as noted below, you may use time from any of your own accrued leave balances or unpaid medical leave to cover injury-related absences that occur on these days while a decision is being made on your claim. When determining days of incapacity, all calendar days in which you are incapacitated are counted - not just days you were scheduled to work.

(Note: P-2 and District 1199 bargaining unit employees also have the option of using the WWCP time code to receive their full pay from the agency for a limited period of time. All time and corresponding pay associated with the use of WWCP, must be paid back to the agency after a decision has been made on your claim; regardless of whether the claim was approved or not

Please contact the workers' compensation coordinator at (860) 424-5073 for more information.)

4) Who will pay my medical bills and lost time benefits* that are related to my injury?

Once your claim is approved, all related medical expenses and lost time benefits for full or partial days of incapacity, will be paid by GAB Robins/MedInsights, the Workers' Compensation Managed Medical Care Provider and Insurer for all State of Connecticut employees.

**(Please note that lost time benefits can only begin if you have been incapacitated for more than three calendar days after the date of injury.)*

5) What should I do if my network medical provider releases me to restricted duty work on a short-term temporary basis?

Bring a copy of your restrictions to your supervisor for review and forward a copy to the workers' compensation coordinator at Central Office. The Department of Social Services will make every effort to try to accommodate your *temporary* work duty restrictions. Please be aware that you will be responsible for providing updated medical documentation for any temporary work duty restrictions that will be in effect for more than 30 days. Failure to provide updated medical documentation on the continuing need for short term temporary work duty restrictions may hinder the Agency's ability to honor those restrictions. Work duty restrictions which are long-term (*greater than three months*) or permanent in nature should be addressed through the Affirmative Action Division under the ADA program.

6) What can I do if my claim is contested?

If your claim is disputed, you will need to prove that your injury or disease is work-related by producing evidence at an informal Hearing (such as medical reports and statements by witnesses) to back up your claim. If your claim is denied, you should request an informal Hearing from the Connecticut Workers' Compensation Commission District Office which serves the town in which you were injured. Please contact the workers' compensation coordinator at (860) 424-5073 for more information.