

YOUTH SERVICES POLICY

Title: Worker's Compensation	Type: A. Administrative Sub Type: 2. Personnel Number: A.2.49
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References: ACA Standard 2-CO-1C-05 (Administration of Correctional Agencies); Louisiana Worker's Compensation Act, La. R.S. 23:1081; R.S. 23:1208.1; Civil Service Rule 11.21; YS Policy Nos. A.2.1 "Employee Manual", A.2.5 "Family and Medical Leave of Absence", A.2.7 "Drug-Free Workplace", A.2.19 "Commissioned Probation and Parole Officer-Juvenile/Special Agents", A.2.48 "Driver Safety Program" and C.1.8 "Firearms Training, Use and Revocation"	
STATUS: Approved	
Approved By: <i>William A. Sommers, Deputy Secretary</i>	Date of Approval: 11/17/2022

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish the procedures for income compensation when employees are unable to work due to a job-related injury or illness.

III. APPLICABILITY:

All employees of YS.

It is the Unit Head's responsibility to ensure that appropriate procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Hazardous Materials -- Any gaseous, liquid, or solid material which because of its quantity, concentration, or physical, chemical, or biological composition poses a substantial present or potential hazard to human health, the environment, or property when transported in commerce, or which material is identified or designated as being hazardous by rules and regulations adopted and promulgated by the secretary of the Department of Public Safety and Corrections pursuant to the Louisiana Administrative Procedure Act.

Louisiana Workforce Commission (LWC) – The state agency that oversees and regulates workers compensation. The agency's website is at www.laworks.net.

Occupational Health Clinic (OHC) - Any general hospital, or any other medical facility which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) routine commercial activities, such as pre-employment examinations, (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations, (3) routine workers' compensation cases, (4) routine medical evaluations involving establishment of product liability, (5) evaluations consigned to independent medical examiners, (6) employee physical programs, (7) employee wellness programs, or (8) employee drug testing programs.

Unit Head – For purposes of this policy, the Deputy Secretary, Probation and Parole Program Director, Youth Facilities Director – Statewide, Facility Directors and Regional Managers.

Unusual Occurrence Report (UOR) – A form/document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day an incident is observed or comes to the employee's attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs may also be submitted by email in any format. (Refer to YS Policy No. A.1.14)

V. POLICY:

It is the Deputy Secretary's policy to protect employees from the loss of income due to injuries that occur on the job. Eligible employees will be compensated under the "Louisiana Worker's Compensation Benefits" program.

VI. PROCEDURES:

- A. Should employees sustain an injury while on duty, the following steps shall be taken:
1. Employees shall notify their supervisor immediately;
 2. Supervisors shall report the incident to the Unit Head and the unit's Safety Officer as soon as practicable;
 3. If it appears from the nature of the accident that the injury occurred during the course and scope of the employment, the Unit Head and/or the unit's HR Liaison shall instruct the employee to report to the Occupational Health Clinic (OHC) or physician designated by the Unit Head to evaluate workplace injuries;

4. YS shall pay for the initial evaluation. Injured employees may, at their own cost, seek an evaluation and receive treatment from a physician of their own choosing after the initial evaluation directed by the designated OHC or physician; and
5. Only if one or more of the six factors listed below apply, then any employee directly involved in an on-duty accident or incident, and whose action or inaction may have been a causative factor of same, shall be required to immediately submit to drug and alcohol testing.
 - a. Reasonable Suspicion: Circumstances give rise to a reasonable suspicion of the employee's drug or alcohol use or impairment; or
 - b. Fatality: The accident or incident resulted in a fatality; or
 - c. Hazardous Materials Release: The accident or incident resulted in or caused the release of hazardous was as defined in La. R.S. 30:2173(2) or hazardous materials as defined in La. R.S. 32:1502(5); or
 - d. Involves an accidental and/or purposeful discharge of a firearm (refer to YS Policy nos. A.2.19 and C.1.8);
 - e. Following an accident/incident that results in property damage; or
 - f. While driving a state vehicle or personal vehicle [as authorized by the Undersecretary per YS Policy A.2.48] on state business and being involved in an accident/incident that results in bodily injury or property damage.

NOTE: Employees should be aware of the legal presumption of impairment under La. R.S. 23:1081 if an employee refuses, after being so directed, to submit to drug or alcohol testing as a result of an on-duty accident or incident. As a consequence of such refusal, benefits under the workers' compensation laws of State of Louisiana may be denied.

- B. Supervisors shall verbally report all incidents involving an employee, and shall complete a UOR prior to the end of their tour of duty on the day of the accident to the Unit Head/designee. All incidents and near misses must be reported even if the incident does not result in loss of time or incur medical expenses. If an injury requires the employee to miss more than seven (7) consecutive days, the employee is eligible for Worker's Compensation benefits.

It is the responsibility of the employee to contact the Unit's Human Resources (HR) Liaison to complete a UOR.

It is the supervisor's responsibility to notify the Unit's HR Liaison in the event the employee is seriously injured and unable to do so.

The Unit's HR Liaison shall complete a "Worker's Compensation – First Report of Injury or Illness" (see attached LWC-WC 1A-1 Form), with supporting documentation, and forward to the Department of Public Safety Human Resource (DPS/HR) office, to be reported to the Office of Risk Management (ORM) within five (5) days of receipt.

All absences related to the injury shall be recorded as worker's comp leave (LD).

- C. The employee can request Family Medical Leave Act (FMLA) time while on worker's compensation leave. The employee must meet the criteria for FMLA as described in YS Policy No. A.2.5 "Family and Medical Leave of Absence." If the employee is eligible for FMLA leave, the unit's HR Liaison should notify the employee in writing that the leave is covered under FMLA and will run concurrent with worker's compensation.
- D. DPS/HR shall report the employee's wages to the ORM. This amount must include paid overtime, premium, shift differential, or any other taxable income paid by YS during the four (4) weeks prior to the date of injury. The employee is eligible for weekly compensation at the rate of 66 and 2/3% (percent) of his weekly wage, not to exceed a stated maximum amount. This compensation shall continue until the employee is released by the physician to return to duty. Medical expenses incurred for a work related injury shall be covered by the ORM up to the amount covered by the established fee schedules.
- E. If the employee has been granted approved leave (sick, annual or compensatory) for the absence, the worker's compensation check shall be used to buy back a portion of the leave used. The amount of leave to buy back shall be calculated by DPS/HR, based on the employee's average weekly wage, and restored to the employee. If the employee has exhausted all leave and is on leave without pay, the workers' compensation check shall be forwarded to the employee.

NOTE: Employees do not earn leave on hours purchased from worker's compensation checks.

- F. If the employee requests that the worker's compensation check be mailed to their designated address and elects not to buy back leave, the Unit's HR Liaison shall change the coding in ISIS to reflect leave without pay for the value that could have been bought back.

- G. An employee CANNOT receive both a payroll check and a worker's compensation check for lost time from work.
- H. All medical expenses shall continue to be paid until the employee is released from the physician's care. If an employee is on FMLA and leave without pay, the agency shall be responsible for paying the employee and employer shares of group health and life premiums, subject to reimbursement by the employee. Miscellaneous insurance premiums shall remain the responsibility of the employee.
- I. Copies of all checks shall be maintained by DPS/HR, and deposited by DPS/HR. Worker's compensation checks expire in 60 days and shall be deposited within that timeframe by DPS/HR.
- J. DPS/HR shall communicate to timekeepers the appropriate timekeeping codes to be utilized when an employee is on worker's compensation leave.
- K. DPS/HR shall notify the applicable retirement system when an employee is out due to a worker's compensation injury and is placed in leave without pay.
- L. The Unit's HR Liaison shall be responsible for notifying DPS/HR and ORM when the employee returns to work, retires or terminates employment.

Previous Regulation/Policy Number: A.2.49

Previous Effective Date: 04/26/2019

Attachments/References: LWC-WC IA-1 – First Report of Injury or Illness Form
LWC Rights and Responsibilities Brochure

WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE			
		JURISDICTION		JURISDICTION CLAIM NUMBER			
		INSURED REPORT NUMBER				EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	
		INDUSTRY CODE		EMPLOYER FEIN		LOCATION #	PHONE #
CARRIER/CLAIMS ADMINISTRATOR							
CARRIER (NAME, ADDRESS, & PHONE #)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)			
		TO					
		CHECK IF APPROPRIATE					
		SELF INSURANCE <input type="checkbox"/>					
CARRIER FEIN		POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN			
AGENT NAME & CODE NUMBER							
EMPLOYEE/WAGE							
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE		
ADDRESS (INCL ZIP)		SEX		MARITAL STATUS			
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN			
PHONE		# OF DEPENDENTS		OCCUPATION/JOB TITLE			
				EMPLOYMENT STATUS			
				NCCI CLASS CODE			
RATE PER:		<input type="checkbox"/> DAY WEEK	<input type="checkbox"/> MONTH OTHER:	DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE?		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
OCCURRENCE/TREATMENT							
TIME EMPLOYEE BEGAN WORK	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE () CANNOT BE DETERMINED	<input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE		
					DATE EMPLOYER NOTIFIED		
					DATE DISABILITY BEGAN		
CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED			
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE			
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.							
					CAUSE OF INJURY CODE		
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT			
				<input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HOURS <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED			
OTHER							
WITNESSES (NAME & PHONE #)							
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE			PHONE NUMBER		

**OFFICE OF
WORKERS' COMPENSATION
ADMINISTRATION (OWCA)**

△ Fraud
(800) 201-3362

△ Hearings
(800) 201-2499

△ Medical Services
(800) 201-2494

△ Occupational Safety & Health
Administration (OSHA)
Consultation/Safety
(800) 201-2497

△ Records Management
(800) 201-3457

△ Second Injury Board and
Finance & Audit
(800) 201-2493

<http://bit.ly/OWCACourts>



An employer or employee seeking additional information regarding any question or dispute about an on the job injury may contact one of the ten Workers' Compensation Courts located in the employee's domicile, the location of the accident, or the employer's principal place of business.



The Louisiana Bar Foundation Kids' Chance Scholarship Program provides scholarships to the children of Louisiana workers who have been killed or permanently and totally disabled in an accident compensable under a state or federal Workers' Compensation Act or law. Too young to think about college or vocational school? Sign up for Planning for the Future now and when the time is right, Kids' Chance will reach out to you.

www.raisingthebar.org



Educating Children of Injured Workers

INJURED ON THE JOB



EMPLOYEE AND EMPLOYER RIGHTS AND RESPONSIBILITIES



The Department of Labor

All employers must provide workers' compensation insurance for their employees to secure the payment of medical and indemnity for work-related injuries and/or disease.

Employee Rights

- △ Medical treatment 66 2/3% of wages*
- △ Vocational Rehabilitation*
- △ Choice of physician
- △ Death benefit*
- △ Lump sum payment for catastrophic losses*

Employer Responsibilities

- △ Pay for all reasonable and necessary medical treatment
- △ Pay indemnity benefits*
- △ Select and pay for a vocational rehabilitation counselor to assist the worker to return to the workforce*

*When Appropriate



<http://bit.ly/FAQWorksComp>

Independent Medical Exam (IME) L.S.A.- R.S. 23:1123

If a dispute arises as to the condition or capacity of the injured worker, any party may request the appointment of a medical practitioner to examine the injured employee.

Appeal Medical Treatment Denial L.S.A.- R.S. 23:1203.1

If any dispute arises as to whether the recommended care, services, or treatment is in accordance with the medical treatment schedule, or whether a variance is reasonably required, any aggrieved party shall file an appeal with the OWCA Medical Director by filing a Disputed Claim for Medical Treatment or 1009.

After issuance of the decision by the Medical Director, any party who disagrees with the decision, may then appeal by filing a Disputed Claim for Compensation or 1008.

You Should Know

I am not getting my workers' compensation check. What should I do?

First, you should contact your employer or your employer's insurance carrier. If you cannot resolve the problem with them, you should contact your nearest Workers' Compensation Court. You may want to discuss the filing of a Form LWC-WC-1008.

See QR Code on Back for Court List

Can my employer fire me because I filed a workers' compensation claim?

Under Louisiana Law, your employer cannot terminate your employment because you filed a workers' compensation claim. However, your employer does not have to keep a job open for you or make one available when you are able to return to work.

Pertinent Forms

- △ 1008 Disputed Claim for Compensation
- △ 1009 Disputed Claim for Medical Treatment
- △ 1010 Health Care Provider Request for Treatment
- △ 1011 Request for Compromise or Lump Sum Settlement
- △ 1015 Request for IME or Independent Medical Exam
- △ 1020 Employee's Monthly Report of Earnings
- △ 1025.EE Employee Certificate of Compliance
- △ 1025.ER Employer Certificate of Compliance



<http://bit.ly/OWCADownloads>

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