

When an employee suffers a work related injury/illness, follow the steps below as needed.

❖ EMERGENCY:

- Respond immediately to determine the type of care needed (i.e. ambulance, emergency room)
- NOTE: The employee's supervisor may take the injured worker to the emergency room

➤ If the injury does not require medical treatment:

- Provide first aid care if needed
- Report as an Incident only by completing the WC Incident Report for Reporting Purposes Only form*
- Fax to the Office of Human Resources @ 404-232-1968 and file in the departmental employee file

In situations where you are unsure, have them seek treatment from a doctor by calling **AmeriSys Managed Care at 1-800-900-1582** and follow the procedures below

➤ If the injury requires medical treatment:

- The supervisor or HR Rep should call in the claim to DOAS at 1-877-656-7475 to complete the First Report of Injury. **Injuries should be called in within 24 hours of notification**
- Provide employee with a copy of the WC Bill of Rights and call **AmeriSys Managed Care 1-800-900-1582***
- If possible, have employee return to give you a status report on their condition

➤ If the injury requires lost time from work:

- Have employee complete a Leave Election Form* if the injury requires more than 7 calendar days of lost time from work (not including the date of injury)
- Report lost time as sick leave, vacation or leave without pay
- Follow-up doctors visits are to be charged to sick leave

➤ When leave has been exhausted (comp time, sick or annual):

- Supervisor or HR Liaison must complete a PAR to put the employee on leave without pay and submit to Human Resources.

➤ When employee returns to work:

- Notify the Office of Human Resources with a Release to Return to Work Form prior to returning to work. HR will review all medical information to determine if the employee can return with or without restrictions. HR will notify the supervisor the employee has been cleared to return.
- Supervisor or HR Liaison must complete a PAR to Return the employee from leave and submit to Human Resources.

NOTE:

- Employees receiving bills at home should give the healthcare facility the WC # and contact information for DOAS. If this fails, medical bills can be sent to the Office of Human Resources – Operations and Benefits Unit.
- Employees may be compensated for mileage and parking expenses to and from the doctor by completing the Mileage & Parking Reimbursement* form and faxing or mailing it to DOAS.

*Indicates that this form can be obtained from the OHR – Benefits webpage @ gvra.georgia.gov



ON-THE-JOB INJURY CHECKLIST

Employee Information	Name:		Employee ID#	
	Department		Date of Injury	
			WC #	
First Aid	<input type="checkbox"/> Given first aid care <input type="checkbox"/> Completed Incident Only Form <input type="checkbox"/> Filed form in departmental file			Additional Comments:
Medical Treatment	<input type="checkbox"/> Supervisor of Designee called in claim to DOAS at 1-877-656-7475 <input type="checkbox"/> Employee given a copy of the Bill of Rights and called AmeriSys Managed Care at 1- 800-900-1582 to obtain treatment <input type="checkbox"/> Received status report on employees condition			Additional Comments:
Lost time from work	<input type="checkbox"/> Received completed Leave Election Form <input type="checkbox"/> Reported lost time as sick leave, vacation or leave without pay			Additional Comments:
Paid Leave Exhausted	<input type="checkbox"/> Completed and submitted PAR to HR to begin leave of absence without pay <input type="checkbox"/> Completed Wage Statement <input type="checkbox"/> Faxed Leave Election Form and Wage Statement to DOAS at 404-657-1188			Additional Comments:
Returned to work	<input type="checkbox"/> Release to Return to work sent to HR <input type="checkbox"/> Completed and submitted PAR to HR to end leave of absence			Additional Comments:

Completed By: _____

Date: _____

-File in supervisor file-