



# Illinois Department of Corrections

## Administrative Directive

Number: <b>02.05.103</b>	Title: <b>Reporting Occupational Injuries and Illnesses and Processing Claims</b>	Effective: <b>2/1/2022</b>
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<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i>	<b>Rob Jeffreys</b> Director
<b>Supersedes:</b>	02.05.103 effective 12/1/2020	

<b>Authority:</b> 56 IAC 350.230, 350.240, 350.250, 350.260 and 350.270 730 ILCS 5/3-2-2 820 ILCS 305/5, 305/6 and 310/1	<b>Related ACA Standards:</b> 5-ACI-1B-17, 5-ACI-1C-01, 5-ACI-1C-04
<b>Referenced Policies:</b> 02.05.105 02.65.120	<b>Referenced Forms:</b> CMS 900-7 – Demands of the Job CMS 928 – Employee Injury Log IC-45 – Employee’s First Report of Injury or Illness IL3-2013 – Medical Authorization Form IL401-0012 – Workers’ Compensation Employees Notice of Injury IL401-0368 – Supervisor Report of Injury IL401-0370 – Workers Compensation Witness Report IL401-0994 – Initial Workers’ Compensation Medical Report OSHA Form 300 – Log of Work-Related Injuries and Illnesses OSHA Form 300 A – Summary of Work-Related Injuries and Illnesses OSHA Form 301 – Injury and Illness Incident Report

### I. POLICY

The Department shall ensure occupational injuries and illnesses are reported and Workers’ Compensation claims are processed in accordance with this directive.

### II. PROCEDURE

#### A. Purpose

The purpose of this directive is to establish a written procedure governing the responsibilities of staff when reporting occupational injuries and illnesses and processing Workers’ Compensation claims.

#### B. Applicability

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

#### C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

#### D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

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**E. General Provisions**

1. An injury or illness shall be considered occupational if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a pre-existing condition.
2. The Workers' Compensation Coordinator shall record all work site accidents, injuries and illnesses and promptly report to the Central Management Services (CMS) Risk Management Division any injuries and illnesses where other than first aid treatment was sought.
3. Employees shall have the right to review the Department's occupational injury and illness reports.
4. In the event of an occupational injury or illness, the employee shall have the right to:
  - a. Treatment by a physician of his or her choice. If the employee should elect treatment from his or her own physician, the employee must receive treatment within 24 hours, or as soon as physically possible.
  - b. Challenge the physician's or CMS' determination by filing a Workers' Compensation claim with the Illinois Workers' Compensation Commission.
  - c. Service connected sick leave in lieu of using accumulated benefit time in accordance with Administrative Directive 02.65.120.
  - d. Use sick leave or other accumulated benefit time if it is determined by a qualified physician that the employee does not require time off work to recover from an occupational injury or illness. The employee may be required to provide any documentation deemed necessary.

**F. Requirements**

In the event of an occupational injury or illness when the employee plans to file a Workers' Compensation Claim:

1. The employee shall:
  - a. Immediately notify his or her Supervisor.
  - b. Immediately contact the State's early intervention vendor, TriStar Risk Management, at 855-495-1554 who shall complete the Employee's First Report of Injury or Illness, Form IC-45. The form shall then be forwarded to the CMS Risk Management Division and the Workers' Compensation Coordinator.  
  
**NOTE:** If the employee is unable to contact TriStar Risk Management, his or her Supervisor shall make the call.
  - c. Complete all documentation required in accordance with Paragraph II.F.2.c.
2. The employee's Supervisor shall:
  - a. Immediately investigate the circumstances surrounding the incident.
  - b. Direct the employee to appropriate first aid service.
  - c. Within 24 hours, provide the employee with the following forms for completion:

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- (1) Workers' Compensation Employees Notice of Injury, IL401-0012.

**NOTE:** In cases of emergency when the employee is unable to complete the IL401-0012, the form shall be completed and signed by the employee's Supervisor. As soon as the employee is able to complete the form, a blank IL401-0012 shall be provided to the employee for completion and signature.

- (2) Initial Workers' Compensation Medical Report, IL401-0994.

- (3) Medical Authorization Form, IL3-2013.

- (4) Workers Compensation Witness Report, IL401-0370.

- d. Within 24 hours, complete the Supervisor Report of Injury, IL401-0368, and Demands of the Job, CMS 900-7, and forward both forms to the Workers' Compensation Coordinator.

- e. Ensure the injured employee and all witnesses that were in the area during the incident, regardless of whether they witnessed the incident, complete the Workers' Compensation Witness Report, IL401-0370. Employees who state they did not directly observe the incident shall so indicate on the IL401-0370, sign and date. In the event there were no witnesses, the injured employee shall so indicate on the IL401-0370.

**NOTE:** Witnesses shall be required to report any information later acquired concerning knowledge of the circumstances surrounding the occupational injury or illness.

- f. Notify the Workers' Compensation Coordinator via electronic mail if the employee is going to be off work more than the allowable service connected injury or illness days in accordance with Paragraph II.E.4.c.

- g. Ensure that all forms are completed by the employee and submitted to the Workers' Compensation Coordinator within four days of the initial notice of injury.

3. The Workers' Compensation Coordinator shall:

- a. Upon receipt of the IC-45 from the CMS Risk Management Division:

- (1) Review and correct any discrepancies on the IC-45 and sign and date same;

- (2) Obtain the completed forms from the employee and Supervisor and submit all forms to the CMS Risk Management Division.

**NOTE:** If the employee refuses to sign the IL3-2013, the Workers' Compensation Coordinator shall document the refusal and sign and date same. Another staff member shall witness the refusal and sign and date the form.

- b. Review the completed forms submitted by the employee and Supervisor and enter minor injuries and illnesses requiring first aid treatment only and resulting in no lost time or medical bills on the Employee Injury Log, CMS 928.

- c. Notify the CMS Workers' Compensation Adjuster by telephone when it is apparent that the employee will not return to work within the allowable service connected injury or illness days, or when the employee has used the allowable time and begins to use his or her accumulated benefit time, regardless of the amount of time actually used or requested.

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- d. Determine if the employee would prefer to use accumulated sick leave, other benefit time, or apply for Temporary Total Disability (TTD) benefits in accordance with Administrative Directive 02.05.105 if the employee is unable to return to work after using the authorized number of service connected injury or illness days.

**G. Report Requirements**

1. In accordance with the Occupational Safety and Health Administration (OSHA), the Workers' Compensation Coordinator shall be required to maintain standardized forms used to document any occupational injury or illness:
  - a. That results in:
    - (1) Death;
    - (2) Loss of consciousness;
    - (3) Days away from work;
    - (4) Restricted work activity or job transfer; or
    - (5) Medical treatment beyond first aid.
  - b. That involves:
    - (1) Cancer;
    - (2) Chronic irreversible disease;
    - (3) Fractured or cracked bone; or
    - (4) Punctured eardrum.
  - c. That is diagnosed as occupational related by a physician or other licensed health care professional including, but not limited to:
    - (1) Any needle stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
    - (2) Any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
    - (3) Any case of tuberculosis (TB) as evidenced by a positive skin test or as diagnosed by a physician or other health care professional after exposure to a known case of active TB; or
    - (4) Any case where an employee's hearing test (audiogram) reveals that:
      - (a) The employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears; and
      - (b) The employee's total hearing level is 25 decibels or more above audiometric zero in the same ear(s) as the STS.
2. The Workers' Compensation Coordinator shall be required to maintain the following:

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- a. The Log of Work-Related Injuries and Illnesses, OSHA Form 300, to classify occupational injuries and illnesses and to note the extent and severity of each case.

**NOTE:** A separate confidential list shall be kept for cases involving privacy concerns such as an injury or illness to an intimate body part or to the reproductive system, an injury or illness resulting from a sexual assault, a mental illness, a case of HIV infection, hepatitis or tuberculosis, a needle stick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material, and other illnesses if the employee independently and voluntarily requests that his or her name not be entered on the log.

- b. The Summary of Work-Related Injuries and Illnesses, OSHA Form 300 A, to identify the annual totals of categorized occupational injuries and illnesses. The completed form shall be:
  - (1) Signed by the Workers' Compensation Coordinator; and
  - (2) Posted next to the Notice to Employees bulletin by February 1 of the year following the year covered by the form and kept posted until April 30 of that year.
- c. The Injury and Illness Incident Report, OSHA Form 301, or suitable substitute that contains the same information to serve as a supplementary record of recordable occupational illnesses and injuries.

**NOTE:** The IC-45 may be used as a suitable substitute.

3. A separate log shall be maintained for each facility or physical location and shall be retained for a period of no less than five years following the end of the year that the record was established.
4. Questions concerning injury and illness reporting requirements and related forms shall be directed to the Illinois Department of Labor, Safety Inspection and Education Division at 217-782-9386 or [www.osha.gov](http://www.osha.gov).

## **H. Service Connected Appointments**

When a compensable service connected injury or illness requires appointments with a doctor, dentist or other health care provider, the employee shall be allowed, with Supervisor approval, to attend such appointments without the loss of pay or utilization of accumulated benefit time. The employee shall be allowed up to two hours of time off only if the appointment cannot be scheduled for non-work hours in accordance with Administrative Directive 02.65.120.

## **I. Medical Expenses**

1. In the event the injury or illness becomes the subject of payment of benefits under the Workers' Compensation Act, the employee shall be required to restore the Department the dollar equivalent that duplicates payment received if sick leave or other accumulated benefit time is used. The employee's benefit account shall be credited as appropriate.
2. Medical treatment or examination bills for a service connected injury or illness shall be forwarded to the Workers' Compensation Coordinator by the employee, physician or hospital, as appropriate.
  - a. If the bill being submitted has previously been paid by the employee, the employee shall indicate that reimbursement is being sought.

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- b. If expenses for other than the occupational injury or illness are included, the employee shall identify the expenses related to the occupational injury or illness.
  - 3. In preparing and submitting bills for payment, the Workers' Compensation Coordinator shall:
    - a. Ensure that the applicable Workers' Compensation forms, as identified in Paragraph II.F., have been prepared and submitted to CMS Risk Management Division.
    - b. Review the medical treatment bills and question the employee, physician or hospital, as applicable, if obvious discrepancies are detected. If supporting medical documentation has not been submitted with the bills, the Workers' Compensation Coordinator shall request documentation from the provider.
 

**NOTE:** Each medical bill shall be marked showing the Central File number (assigned by TriStar to identify the correct employee injury).
  - 4. Upon receipt of the original medical bills, the CMS Risk Management Division must review the documentation and approve or reject each claim as applicable. If the claim is approved, the claim must be scheduled for payment.
  - 5. The Workers' Compensation Coordinator shall monitor submitted claims by reviewing the CMS Workers' Compensation System.
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