DALTON FIRE DEPARTMENT

Standard Operating Procedure

S.O.P.: GP- 12 Effective: 06/27/2017 Revised: 01/25/2022 Reviewed: 01/25/2022

Fire Chief Signature

DATE

Title: On Duty Injury / Workers' Compensation Procedures

Scope: All Personnel

Policy:

While you are actively at work, you are covered (with limited exceptions) under the city's workers compensation policy. This policy is designed to cover you should you become injured on the job. If you should become injured in any way, report the injury to your supervisor as soon as possible, but no longer than 24 hours after the occurrence.

Personnel should refer to the Georgia State Board of Workers' Compensation Official Notice posted in all locations for a list of approved physicians.

PROCEDURE:

Responsibilities of the injured employee:

Immediate advanced treatment required:

- If needed, contact 911 for an ambulance.
- Notify your supervisor immediately.
- Complete Georgia State Board of Workers' Compensation form WC-1 and submit to your supervisor as soon as possible after the injury. All injuries must be reported within 24 hours. If the employee is unable to complete the form due to the injury, the supervisor shall complete the form.
- See addendum in DFD documents.

- Notify your supervisor immediately.
- Treat the injury.
- Complete the Georgia State Board of Workers' Compensation form WC-1 and submit to your supervisor as soon as possible after the injury. All injuries must

be reported within 24 hours. If the employee is unable to complete the form due to the injury, the supervisor shall complete the form.

• If medical treatment is needed at a later date, contact administration for further assistance.

Responsibilities of the Supervisor:

Immediate advanced treatment required:

- Evaluate and provide first aid.
- Notify 911 for an ambulance if necessary.
- Notify the Shift Commander of the injury.
- Complete the Georgia State Board of Workers' Compensation form WC-1 (if not done so by the employee) and submit to <u>GMA Workers' Compensation</u> <u>Self-Insurance Fund (GMA WCSIF)administration</u> within 24 hours of the incident. <u>Submitting new claims can be completed using the following</u> <u>options:</u>
 - o Corvel Reporting Line 1800-685-4267 option 2
 - o Email: fno_fax@corvel.com
 - o <u>Fax: 1-866-777-1668</u>
- <u>Submit the Georgia State Board of Workers' Compensation form WC-1 to</u> <u>administration</u>
- See addendum in DFD documents

- Treat the injury.
- Ensure the Georgia State Board of Workers' Compensation form WC-1 has been completed and submitted to <u>GMA Workers' Compensation Self-</u> <u>Insurance Fund (GMA WCSIF) administration</u> within 24 hours of the incident.
- If NONE is checked under the Initial Treatment given by the employee, submit new claim as File Only-No Medical Treatment given in the subject line and email to the following:

 Email: fno_fax@corvel.com
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• Notify the Shift Commander.

Follow Up Physician and Rehabilitation

• It is the responsibility of the employee to schedule follow up and rehabilitation appointments. Do not pay for any treatment with your health insurance when being treated for a workers compensation claim.

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