



FLORIDA DEPARTMENT OF JUVENILE JUSTICE PROCEDURE

Title: Work-Related Injuries/Workers' Compensation/Alternate Duty Procedures

Related Policy: FDJJ – 1004.04

I. DEFINITIONS

Accident – An unexpected or unusual event or result that happens suddenly. It does **not** include mental or nervous injury due to stress, fright, or excitement. The term accident also does **not** include a disease, which results from fear or dislike of an individual's race, color, religion, sex, national origin, age, or handicap.

Adjuster – Workers' Compensation (WC) Carrier employee with overall responsibility for the handling of workers' compensation claims files including coordinating lost-time benefits when an injured person is unable to work and an employer resource for questions and issue resolution.

Alternate Duty – A temporary assignment to an alternate duty position that varies from the normal work assignment due to medical restrictions that have been placed upon an employee.

Alternate Duty Position – A position designated by the Department where an employee can perform beneficial, available, and necessary work commensurate with functional limitations due to medical restrictions.

Approved Workers' Compensation Physician – A medical physician authorized by the medical case management provider to provide medically necessary treatment to an employee who sustains a job-related injury.

Approving Authority – Bureau Chief, SES/SMS, Manager, or comparable level manager.

Average Weekly Wage – An average of salary received by the employee during the 13 whole weeks prior to the date of accident, excluding the week the accident occurred.

Carrier – The Division of Risk Management, Bureau of Claims Administration with the Department of Financial Services workers' compensation claims handling entity for all State of Florida agencies and universities.

Days – Calendar days.

Division of Workers' Compensation (DWC) – Division within the Department of Financial Services regulating workers' compensation throughout the State of Florida.

Essential Functions – The basic job duties and responsibilities an employee must be able to perform with or without reasonable accommodation.

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First Report of Injury or Illness (Form DWC-1) – A state mandated form used to report injury or death to the workers' compensation carrier.

Florida Workers' Compensation Uniform Treatment/Status Reporting (Form DWC-25) – State mandated form to be completed by the approved workers' compensation physician.

Functional Limitations – Medical restrictions documented by the approved workers' compensation physician or Health Care Provider.

Human Resources (HR) Liaison – An employee responsible for human resources for an office, facility or unit.

Indemnity Payments – Monetary benefits issued by the Carrier to replace a portion of the injured worker's salary when the employee is unable to work.

Injured Employee – An employee of the Department who sustains a non-work related injury or illness.

Injured Worker – Any employee of the Department, volunteer/intern and youth injured while performing community service in a DJJ facility who sustains a work-related injury or illness and has been approved by Risk Management for workers' compensation.

Injury – Personal injury or death by accident arising out of and in the course of employment and any diseases or infections naturally or unavoidably resulting from such injury.

Maximum Medical Improvement (MMI) – The date after which further recovery from, or lasting improvement to an injury can no longer be anticipated, based upon reasonable medical probability.

Medical Case Management Provider – A vendor contracted by the Carrier to provide medical case management services for the workers' compensation program.

Medical Documentation – [Form DWC-25](#), medical/treatment notes, work status slips, or discharge notes provided to the injured worker following a medical visit with the approved workers' compensation physician.

Medical Emergency – Conditions which are severe enough that the lack of immediate medical attention would result in: patient's life or health would be in serious jeopardy, vital bodily functions would be seriously impaired, serious and permanent dysfunction of a bodily organ or part would result.

Safety Committee – A group of employees at a facility or administrative office, appointed by the Facility Manager/Superintendent/Contract Provider who meets to discuss safety related issues. Safety Committees are required at each location with more than fifteen employees.

Waiting Period – The first seven (7) calendar days of an employee's workers' compensation disability. Career service, Select Exempt Service (SES) and Senior Management Service (SMS) employees are allowed

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to charge 40 hours of Administrative Leave (Code 0065) during this period. OPS employees are not compensated for this period by the agency. If an OPS employee is medically disabled for more than 21 days, the workers' compensation carrier will pay the employee retroactively for the 1st 40 hours.

Workers' Compensation Benefits – Insurance replacing part of an employee's wages if the employee is unable to work due to a work-related injury or illness. Benefits also include all authorized medical expenses from injuries, illness, or accidents considered work-related and compensable.

Workers' Compensation (WC) Coordinator – An employee in the Bureau of Human Resources who oversees the workers' compensation process and ensures compliance.

Workers' Compensation (WC) Medical Case Manager – A nurse case manager with the medical case management provider responsible for authorizing medical treatment, referral processing and assisting with return to work plans for injured workers.

II. STANDARDS/PROCEDURES

Work Related Injuries / Worker Compensation

A. Reporting Work-Related Medical Emergencies:

1. The injured worker shall be transported to the nearest medical facility or call 911 for emergency assistance.
2. In the event of a **medical emergency**, the injured worker shall immediately report, as soon as practical, the injury to their supervisor.

B. Reporting Work-Related Non-Medical Emergencies:

1. In a **non-medical emergency**, the injured worker shall immediately report the injury to their supervisor or designee to document the injury.
2. The injured worker shall receive necessary first aid at the job site or call the medical case management provider for authorization and scheduling of treatment prior to proceeding to the designated physician or clinic. Injured workers may not seek treatment from his/her personal physician for a work-related injury.
3. The injured worker or their supervisor shall inform the provider of the employee's participation in the State of Florida/workers' compensation program.
4. Failure to obtain medical treatment from a participating medical provider will jeopardize workers' compensation benefits.
5. The injured worker shall follow the medical treatment as prescribed by the provider or approved workers' compensation physician.

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C. Medical Case Management Provider:

1. The case manager with the medical case management provider will contact the injured worker to assist in the medical treatment, referral process, and return to work plans.
2. The medical case management provider will allow for a one-time change in physicians, should the injured worker wish to see a specialist other than the one chosen by the approved workers' compensation physician.
3. All referrals must be coordinated by the case manager with the medical case management provider assigned to the injured worker.

D. Completion of First Report of Injury or Illness:

1. Immediately after the emergency has passed, a [First Report of Injury or Illness](#) (Attachment 1) form shall be completed by the injured worker, their supervisor or HR Liaison, and the claim reported via telephone to the medical case management provider to schedule treatment, if needed.
2. In a non-emergency, a [First Report of Injury or Illness](#) or Illness form shall be completed immediately and the claim reported to the medical case management provider via telephone, whether the injured worker needs medical treatment or not.
3. The [First Report of Injury or Illness](#) form must be signed and dated by the injured worker. If unavailable for signature, the form should be sent to the WC Coordinator and the employee's signature acquired as soon as the injured worker is available.
4. The HR Liaison shall forward the [First Report of Injury or Illness](#) form to the WC Coordinator via email to [HR Workers Compensation](#) within 48 hours, regardless of the need for medical attention.
5. The injured worker, the supervisor or HR Liaison may complete a [Report of Accident/Incident](#) form (Attachment 2) and forward a copy to the WC Coordinator to provide additional details of the accident.
6. If the injury results in the death of the employee, the supervisor or other designee must notify the Chief of Human Resources and WC medical case management provider immediately, but no later than 24 hours following the incident.
7. The WC Coordinator shall review the [First Report of Injury or Illness](#) form for completeness and provide a copy to the Senior Safety Specialist in the Office of Program Accountability. The Senior Safety Specialist shall distribute the [First Report of Injury or Illness](#) form to facility safety committees for review and corrective action if needed.

E. Time off Work:

1. Dual employment authorizations may be revoked while an employee is receiving workers' compensation benefits from the department if, after consultation with the Office of General Counsel, it is determined the employee's restrictions would prevent him/her from being able to work at his/her secondary employment. If revoked, a new dual employment authorization must be submitted and approved prior to an employee working secondary employment. (FDJJ 1002.07). Employees disabled for a workers' compensation injury are not eligible to

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receive sick leave donations. Workers' compensation absences will be counted toward the injured workers Family and Medical Leave Act (FMLA) entitlement, if eligible. (See FDJJ - 1002.03)

2. If the injured worker is required to be out of work due to any work-related injury, the employee shall:
 - a. Submit medical documentation from the approved workers' compensation physician for the specified period he/she will be unable to work.
 - b. Provide his/her immediate supervisor or designee a copy of medical documentation immediately following the medical visit.
 - c. Ensure his/her timesheet is provided, prior to payroll deadline, for each bi-weekly pay period.
3. It is imperative the supervisor or HR Liaison immediately notify the WC Coordinator of any changes in the status of the injured worker/employee, specifically date returned to work, off work, etc.
4. Career Service, SES, and SMS employees will be paid regular hours from the date of the injury/accident for any time spent waiting for and engaging in medical treatment up to the time the employee is either admitted to a medical facility or released by the medical provider.
5. An employee who sustains a job-connected disability that is compensable under the Workers' Compensation Statute (F.S. 440) and is not able to return to work on a full-time basis, shall be carried in full pay status for a period not to exceed seven (7) calendar days immediately following the injury, for a maximum of forty (40) work hours if taken intermittently, without being required to use accrued leave credits. The administrative leave code to use for this time is 0065-Disability Pay. OPS employees are not compensated for this period by the agency. If they are medically disabled for more than 21 days, the workers' compensation carrier will pay the employee retroactively.
 - a. If the employee has not been released to return to work by the approved workers' compensation physician at the end of the waiting period, the employee may choose to use accrued compensatory, annual, sick or LWOP in coordination with the normal workers' compensation benefits (60L-34.0061). Workers' compensation benefits are paid at 66 2/3% of an employee's average weekly wage.
 - b. For each eight-hour workday an employee who is unable to work, the employee may charge up to 2.75 hours of accrued leave and 5.25 hours of Leave Without Pay (LWOP, Code 0060). The workers' compensation carrier (Division of Risk Management) will pay the employee for the LWOP hours in a separate check from the DJJ salary warrant. If the employee elects not to use accrued leave, or after the employee has exhausted all accrued leave, the employee shall revert to normal workers' compensation benefits, or the employee's case may be reviewed by an agency appointed physician and the agency shall determine what action they wish to take, such as the possibility of returning the employee to alternate duty, carrying the employee in full pay status, or granting the employee Leave Without Pay (Code 0060).

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6. When the employee returns to work from a job-related disability, the employee shall be granted additional administrative disability leave (Code 0065 on timesheet), up to and not to exceed six (6) workdays or forty-eight (48) hours for follow-up examinations, treatment, or physical therapy only.
 - a. This leave is not intended to be used for days off to recuperate and may not be used in that manner.
 - b. This leave is not required to be charged in eight (8) hour increments.
 - c. The comments section of the timesheet should reference the date of accident for tracking purposes.
7. Career Service, SES, and SMS employees receiving indemnity payments from the carrier; continue to earn their full bi-weekly leave accruals each pay cycle.

F. Benefit Deductions:

1. Injured workers who unable to work for more than the initial forty (40) hours, are receiving benefit payments from the workers' compensation carrier, and have elected not to charge any accrued leave credits will be responsible for ensuring their insurance premiums and other miscellaneous deductions remain current.

G. Maximum Medical Improvement:

“In no event shall the employee be allowed to continue performing the alternate duties once maximum medical improvement has been determined by the Division of Risk Management...”

1. The WC Coordinator receives notification the injured worker has been assigned maximum medical improvement (MMI) by the approved workers' compensation physician.
2. The WC Coordinator provides documentation and the MMI letter to the facility Superintendent or Manager and copies the HR Liaison.
3. The Superintendent or manager shall contact the injured worker's supervisor to advise of maximum medical improvement determination and permanent work restrictions.
 - a. If there are no permanent work restrictions, the Superintendent or Manager advises employee and immediate supervisor and the employee returns to regular pre-injury duties.
 - b. If the injured worker has permanent work restrictions preventing him/her from returning to pre-injury duties:
 - i. The HR Liaison conducts a search of Department vacancies within 100-mile radius to place employee.
 - ii. If no vacancies exist, informs immediate supervisor.

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4. The supervisor, upon notification from the HR Liaison that the employee is unable to perform regular duties and no vacancies exist, shall request, from DJJ legal office, termination for Inability to Perform Assigned duties.
5. The supervisor shall follow regular protocol for termination of employees.
6. The supervisor shall inform the HR Liaison of the determination of employment status.
7. The HR Liaison shall, in turn, inform the WC Coordinator of determination of employment status.
8. The Superintendent or Manager signs the MMI letter and returns it to the WC Coordinator to be maintained in the workers' compensation file.
9. The WC Coordinator shall inform the carrier adjuster of the determination of employment status.

H. Death in the Line of Duty:

1. The SES Manager, or comparable level employee, is designated to notify the family in person of an employee death in the line of duty. A grief counselor or appropriate religious representative shall accompany the SES Manager, or comparable level employee. The family should be provided information about the Employee Assistance Program (EAP) provider.
2. The HR Liaison shall notify the WC Coordinator within 24 hours of an employee's death.
3. The supervisor or HR Liaison shall notify the HR Benefits Coordinator of an employee's death via telephone or email to [HR Benefits](#).

I. Medical Bills:

1. Injured workers, with claims considered compensable by Risk Management, are not responsible for payment of any medical bills from authorized medical treatment relating to their workers' compensation injury.

J. Fraud:

1. Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of committing insurance fraud, punishable as provided in s. [817.234](#), F.S.
2. Any public officer or employee who is convicted of a specified offense committed prior to retirement, or whose office or employment is terminated by reason of his or her admitted commission, aid, or abetment of a specified offense, shall forfeit all rights and benefits under any public retirement system of which he or she is a member, except for the return of his or her accumulated contributions as of the date of termination.
3. Any information related to workers' compensation fraud can be reported to the Department of Financial Services hotline by calling 1-877-693-5236 or on the Internet at <http://www.myfloridacfo.com/fraud/> or the WC Coordinator.

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Alternate Duty

A. Guidelines:

1. An employee shall be considered as a candidate for alternate duty when the approved workers' compensation physician or health care provider provides medical documentation that the employee can perform beneficial work for the Department.
2. An employee shall be precluded from continuing workers' compensation benefits or authorized paid leave if an alternate duty assignment is rejected.
3. Employees shall perform alternate duty assignments commensurate with his/her functional limitations and restrictions, as assigned on the [Form DWC-25](#) or pursuant to medical documentation from the health care provider.
4. Employees shall continue to receive his/her regular hourly rate of pay while performing alternate duty.
5. Employees on workers' compensation shall receive full pay, by a combination of regular hourly rate of pay and workers' compensation benefits, if his/her alternate duty hours are less than a normal work period.
6. Employees on workers' compensation shall not be eligible to perform alternate duty assignments upon receipt of Maximum Medical Improvement documentation (see Section II.G.).
7. An employee must be able to perform the essential functions of his/her regularly assigned duties with or without an accommodation, upon reaching Maximum Medical Improvement.
8. Employees shall complete and submit timesheets in a timely manner while on workers' compensation and or alternate duty.

B. Alternate Duty Positions:

1. Assistant Secretary or Executive Leadership Team (ELT) member will review their program area's positions in their program area and identify and designate alternate duty positions.
2. The program area Assistant Secretary or ELT member will establish a tracking system for all alternate duty positions and employee requests for alternate duty positions, including requests from employees who have non-work-related injuries.
3. The program area Assistant Secretary or ELT member will ensure the alternate duty position is evaluated every 30 days to determine if the position is still needed and the person in the position qualifies.
4. If there are more employees requesting alternate duty than there are designated alternate duty positions, employees will be rotated out of the alternate duty position so another employee who has requested alternate duty may be placed in that position for 30 days or until released to full duty, whichever occurs first.
5. The Department will not create positions in response to an employee's request for alternate duty. Alternate duty assignments must be beneficial to the Department, of which the employee can perform, given his/her functional limitations and restrictions. Thus, the employee must be otherwise qualified for the position (i.e., certified juvenile detention officer, certified juvenile probation officer, etc.).

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6. Employees shall only be assigned to alternate duty positions within his/her assigned program area.

C. Approval Process:

Supervisors

1. Upon being notified by an approved workers' compensation physician or health care provider an injured worker or injured employee cannot perform his/her regularly assigned duties, the supervisor shall determine if a designated alternate duty position is available.
2. If a position is available, the supervisor shall notify the injured worker or injured employee, in writing, of the duties to be performed; hours of work; expected length of time for the alternate duty assignment; and the physical location of the alternate duty assignment and reporting supervisor by completing the [Notification Letter of Alternate Duty](#) (Attachment 3). **PLEASE NOTE:** For injured workers only, a copy of the notification letter of alternate duty should be sent to the WC Coordinator to be maintained in the workers' compensation file.
3. If a position is not available, the supervisor shall notify the injured worker or injured employee, in writing by completing the [Notification Letter of No Alternate Duty Available](#) (Attachment 4). **PLEASE NOTE:** For injured workers only, a copy of the notification letter of no alternate duty available should be sent to the WC Coordinator to be maintained in the workers' compensation file.
4. The Supervisor shall provide the injured worker or injured employee with written notification, prior to implementing changes in alternate duty assignment.
5. The Supervisor shall notify the WC Coordinator, of any adjustments to an injured worker's alternate duty assignment. This does not apply to injured employees.
6. The Supervisor shall ensure the initial alternate duty position assignment does not exceed 30 days, unless an approved workers' compensation physician re-examines the injured worker to determine a possible return to normal duties. If there are more employees requesting alternate duty than there are designated alternate positions, the supervisor will ensure employees are rotated out of the alternate duty position so another employee who has requested alternate duty may be placed in that position for 30 days or until released to full duty, whichever occurs first.
7. The Supervisor shall reinitiate this process should the injured worker or injured employee provide medical documentation of a change in the limitations originally provided by an approved workers' compensation physician or health care provider.
8. The supervisor shall ensure as functional limitations and restrictions improve, as stated by an approved workers' compensation physician or health care provider, the injured worker or injured employee duties will be adjusted accordingly, assisting the employee to return to his/her regularly assigned duties.

WC Coordinator

1. The WC Coordinator shall receive information from the injured worker's supervisor or HR Liaison of any adjustments to the alternate duty assignment.

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2. The WC Coordinator shall maintain medical documentation concerning the injured workers' injury and any alternate duty provided.
3. The WC Coordinator shall advise the carrier of the injured worker's alternate duty arrangement and ensure all paperwork regarding the workers' compensation injury and alternate duty assignments, if any, are maintained in a confidential file, separate from the official personnel file.
4. The WC Coordinator shall, within two (2) working days of receipt, advise the carrier of any adjustments to hours of work of the injured worker or termination of the injured worker's alternate duty assignment.

III. RESPONSIBILITY AND DUTIES

A. WC Coordinator:

1. Receives and logs [First Report of Injury or Illness \(Form DWC-1\)](#).
2. Provides assistance to circuit offices, facilities and injured workers regarding workers' compensation questions.
3. Receives and routes all [Form DWC-25](#) received from the medical case management provider to facility staff and HR Liaisons.
4. Provides employee information to WC carrier, payroll, and attendance/leave sections.
5. Maintains all records of injured workers performing alternate duties and coordinates with HR Liaisons to track alternate duty assignments.
6. Verifies timesheets for injured workers are completed each bi-weekly pay period. Submits and approves timesheets if they have not been completed.

B. HR Liaisons:

1. Coordinates with WC Coordinator regarding the injured employees work status, disability leave usage, alternate duty assignments, return to work and other Workers' Compensation/Alternate Duty activities.
2. Forwards the [First Report of Injury or Illness](#) form to the WC Coordinator via email to [HR Workers Compensation](#) within 48 hours, regardless of the need for medical attention.
3. May complete a [Report of Accident/Incident](#) form and forward a copy to the WC Coordinator to provide additional details of the accident.

C. Supervisors:

1. Reports injury to administrative staff within office or facility regarding the injured employee's work status, disability leave hours, and date injured worker is released/returns to work.
2. Completes injured worker's timesheet by payroll deadline if the employee fails to complete.

D. Injured Worker:

1. Reports injury to supervisor.

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2. Follows treatment plan of the approved workers' compensation physician.
3. Keeps supervisor informed of work status by providing medical documentation following each medical visit.
4. Completes timesheet by payroll deadline each bi-weekly pay period.

E. Injured Employee:

1. Reports injury to supervisor.
2. Keeps supervisor informed of work status by providing medical documentation following each medical visit.
3. Completes timesheet by payroll deadline each bi-weekly pay period.

F. Assistant Secretary/ELT Member:

1. After consultation with the appropriate Assistant General Counsel, approves alternate duty assignments and continuation of alternate duty.

IV. ATTACHMENTS

Attachment 1 - [First Report of Injury or Illness \(Form DWC-1\)](#)

Attachment 2 - [Report of Accident/Incident](#)

Attachment 3 - [Notification Letter of Alternate Duty](#)

Attachment 4 - [Notification Letter of No Alternate Duty Available](#)