

# ACCG

Insurance Programs



PLEASE READ THE INSIDE COVER FOR UPDATED REQUIREMENTS

Get Started **NOW** to meet the Application Deadline

**September 19, 2019**



**LGRMS**  
**RISK CONTROL**  
**ACCG | GMA**

# **\*\* UPDATES \*\***

- To be eligible for the ACCG Safety Discount during the 2020 policy year, the **requirements** must be completed in this booklet between October 1, 2018 and September 19, 2019. Apply for the Safety Discount and submit the **ACCG SAFETY DISCOUNT VERIFICATION FORMS** *no earlier than August 1<sup>st</sup> and no later than September 14<sup>th</sup>.*
- Members must have a Drug-Free Workplace Program, which includes a written policy regarding drug or alcohol use in the workplace. Appendix C is an UPDATED sample of the **Substance Abuse Policy**.
  - This policy shall NOT be applicable to employees subject to testing under the drug testing protocol established at the U.S. Department of Transportation since they are tested under their rules and regulations.
  - This policy DOES apply to job applicants and/or employees pertinent to safety sensitive positions as defined.
- **Contact Forms** [pages 26- 27] are to be used as needed for UPDATING staff changes during the year to assist in maintaining current records regarding insurance-related contacts. Members of the Workers' Compensation Program completed the initial form at the end of 2018; and Property & Liability Members will be sent an original form in early 2019.
- **TWO Webinar Series** will be conducted by LGRMS on different topics. If ALL of the assigned sessions in ONE of the WEBINAR SERIES are attended by the same employee, the training requirement will be met. This option is in addition to the Safety Coordinator attending the Safety Coordinator Modules

## **Workers' Compensation Members (ACCG-GSIWCF):**

- On the *Safety Discount Verification Form*, please highlight achievement(s) to illustrate progress on prior action item(s) from the Safety Action Plan.
- Frequently Asked Questions have been added for the Safety Action Plan. [pages 16-17]

## **Electronic Version and Forms Are Available Online**

- Legal-sized versions of the *Panel of Physicians* and *Bill of Rights for the Injured Worker*, along with this workbook, the Safety Action Plan template and fillable Safety Verification Forms are on our website: [www.accginsurance.org](http://www.accginsurance.org).



191 Peachtree Street NE Suite 700  
Atlanta, Georgia 30303  
p 800.858.2224  
fx 404.522.1897  
accg.org

DATE: **January 2019**

TO: **ACCG-IRMA Insurance Contacts & Safety Coordinators**  
**ACCG-GSIWCF Insurance Contacts & Safety Coordinators**

COPY: **ACCG-IRMA & ACCG-GSIWCF County Chairmen & Managers**  
**ACCG-GSIWCF Executive Directors**

FROM: **Penny J. Henderson**  
**ACCG Insurance Programs**

SUBJ: **ACCG Safety Discount Program**  
**ACCG - Interlocal Risk Management Agency 2020 - 2021 Policy Period**  
**ACCG - Group Self-Insurance Workers' Compensation Fund 2020 Policy Period**

**ACCG Insurance Programs** promote workplace safety by offering significant premium discounts for the members who elect to participate in the **ACCG SAFETY DISCOUNT PROGRAM**. Everyone benefits when safety is practiced in the day-to-day operation. A safer environment minimizes the severity of losses and injuries impacting the lives of the employees. Also, it can reduce the member's premium by controlling the losses and payouts to claims, thereby decreasing future insurance costs. Saving a life is the greatest advantage of the Safety Discount Program!

The **ACCG - Group Self-Insurance Workers' Compensation Fund Board of Trustees** has approved a 7.5% discount on the 2020 workers' compensation premium. The discount is available for both counties and authorities.

The **ACCG - Interlocal Risk Management Agency Board of Trustees** has approved a 5% safety discount, to a maximum of \$10,000 on the property and liability premium. This program is designed for counties to avoid or minimize the severity of their property and liability losses with an emphasis on law enforcement; therefore, the discount is **NOT applicable to authorities**.

Please review the specific standards outlined in the **2020 ACCG SAFETY DISCOUNT PROGRAM** booklet. Members of ACCG-GSIWCF and ACCG-IRMA must meet ALL of the requirements to earn the safety discount. Detailed instructions on 'HOW TO COMPLY' begin on page 7 in the workbook.

**THE SAFETY DISCOUNT PROGRAM IS AN ONGOING, YEAR-ROUND PROCESS.**

- EACH Insurance Program has a membership list on pages 20 & 22. If the member belongs to two Insurance Funds, both **SAFETY DISCOUNT VERIFICATION FORMS** must be completed to apply for the APPROPRIATE discounts. A map is provided on page 24 that contains a list for the AUTHORITIES.
- A **SAFETY DISCOUNT VERIFICATION FORM(S)** is to be signed by the County Chairman or the Executive Director (if your organization is not a county).
- The forms may be submitted by mail, fax or email. Please keep the originals for your records. If a 'confirmation upon receipt' is necessary, then please send via fax or email and retain your evidence of transmittal. [Page 18 #5]
- Send the **SAFETY DISCOUNT VERIFICATION FORM(S)**  
NO EARLIER than **August 1, 2019** and NO LATER than **September 19, 2019**.
- Once the requirements are met and the form(s) is submitted, the application process is finished. After ACCG receives the forms from the members, a copy is forwarded to Local Government Risk Management Services (LGRMS).
- If the Safety Discount application is NOT submitted, then your organization will NOT be eligible for the discount.

**If you have any questions about the ACCG SAFETY DISCOUNT PROGRAM, please contact me at 404-589-7834 or [phenderson@accg.org](mailto:phenderson@accg.org).**

cc: David Uhlman, ACCG Property & Casualty Insurance Program Director  
Dan Beck, Director of Local Government Risk Management Services

# LOCAL GOVERNMENT RISK MANAGEMENT SERVICES

Our members have access to an exceptional resource of safety and loss control expertise through Local Government Risk Management Services (LGRMS). Founded in 1988, LGRMS is a non-profit organization sponsored by the Insurance Programs of the Association County Commissioners of Georgia (ACCG) and Georgia Municipal Association (GMA). LGRMS' services are included at no additional charge to ACCG-IRMA and ACCG-GSIWCF members.

Each member of the ACCG Insurance Programs is assigned a LGRMS Loss Control Representative to provide expertise in loss control and safety. LGRMS Loss Control Representatives visit onsite to consult with members on existing loss issues, evaluate existing loss prevention and control efforts, and submit recommendations for suggested improvements. Steve Shields, Chris Ryan, Vincent Scott and Natalie Sellers are the LGRMS Loss Control Representatives. They are available to share their knowledge with the members in implementing and maintaining a successful safety program. Please see page 5 to find your region and Loss Control Representative.

LGRMS will perform an annual audit to confirm the safety criteria and training requirements have been met. Individual member losses are reviewed to help determine possible loss trends and help serve as a guide to focus member loss prevention and control activities.

LGRMS offers a wide range of training programs provided in various ways for employees, as well as all levels of management and elected officials.

- **Regional Training:** Half-day to full-day programs focusing on individual, management or technical topics. Teaching sites are located around the State of Georgia to make it easier for participants to attend. Programs include a course manual or handout materials.
- **Focused Series:** These classes are taught onsite at the member location for 1-2 hours.
- **Online Training:** A variety of courses, covering topics ranging from human resources, safety, management and law enforcement operations, are offered by LGRMS through **LocalGovU**, the leading provider of online training for public entities nationwide. These courses are available 24/7 from any computer at no additional cost. LGRMS also offers numerous webinars throughout the year on topics of interest to county governments.
- **Two Webinar Series** will be conducted by LGRMS on different topics. If the same employee from your organization attends ALL of the assigned sessions in ONE webinar series, the training requirement will be met.

A variety of publications are mailed throughout the year that cover employee safety, liability, and risk management topics that can be used by members in developing successful efforts to prevent losses.

Direct any inquiries to Tamara Chapman at LGRMS 678-686-6283. LGRMS can also be reached at 678-686-6279 or 800-650-3120 for technical assistance or contact your LGRMS Loss Control Representative noted on page 4.

## **DIRECTORY**

### **LOCAL GOVERNMENT RISK MANAGEMENT SERVICES**

**3500 Parkway Lane, Suite 110 • Norcross, Georgia 30092**

**678-686-6279 • 800-650-3120**

**Fax: 770-246-3149**

**GO TO [www.LGRMS.com](http://www.LGRMS.com) for an updated DIRECTORY**

**or EMAIL [LgrmsAdmin@lgrms.com](mailto:LgrmsAdmin@lgrms.com)**

#### **Loss Control Operations**

##### **BECK, DAN**

Director of Loss Control  
(Direct Line) 678-686-6280  
Email: [dbeck@lgrms.com](mailto:dbeck@lgrms.com)

##### **WATTS, DENNIS**

Training & Communication Manager  
(Direct Line) 678-686-6284  
(Business Cell) 404-821-3974  
Email: [dwatts@lgrms.com](mailto:dwatts@lgrms.com)

##### **CHAPMAN, TAMARA**

Office Manager  
(Direct Line) 678-686-6283  
Email: [tchapman@lgrms.com](mailto:tchapman@lgrms.com)

##### **STEPTER, CORTNEY**

Administrative Coordinator  
(Direct Line) 678-686-6282  
Email: [cstepter@lgrms.com](mailto:cstepter@lgrms.com)

#### **Health Promotion Services**

##### **ROBINSON, SHEREA**

Health Promotion Services Manager  
(Business Cell) 404-821-4741  
Email: [srobinson@lgrms.com](mailto:srobinson@lgrms.com)

##### **AMOS, CANDACE**

Health Promotion Services Representative  
(Business Cell) 404-416-3379  
Email: [camos@lgrms.com](mailto:camos@lgrms.com)

##### **RINEHART, PAIGE**

Health Promotion Services Representative  
(Business Cell) 404-295-4979  
Email: [prinehart@lgrms.com](mailto:prinehart@lgrms.com)

#### **Loss Control Representatives**

##### **SHIELDS, STEVE**

Northern Georgia Sr. Loss Control Representative  
(Business Cell) 404-416-3920  
Email: [sshields@lgrms.com](mailto:sshields@lgrms.com)

##### **SELLERS, NATALIE**

Loss Control Representative for Assigned Members  
(Business Cell) 404-904-0074  
Email: [nsellers@lgrms.com](mailto:nsellers@lgrms.com)

##### **RYAN, CHRIS**

Southwest Georgia Loss Control Representative  
(Business Cell) 229-942-2241  
Email: [cryan@lgrms.com](mailto:cryan@lgrms.com)

##### **SCOTT, VINCENT**

Southeast Georgia Loss Control Representative  
(Business Cell) 470-698-9614  
Email: [vscott@lgrms.com](mailto:vscott@lgrms.com)

#### **Public Safety Risk Consultants**

##### **TROTTER, DAVID**

Northern Georgia – Sr. Public Safety Risk Consultant  
(Business Cell) 706-491-4015  
Email: [dtrotter@lgrms.com](mailto:dtrotter@lgrms.com)

##### **EARL, MIKE**

Southeast Georgia – Public Safety Risk Consultant  
(Business Cell) 404-558-8525  
Email: [mearl@lgrms.com](mailto:mearl@lgrms.com)

##### **HYER, JULIE**

Southwest Georgia – Public Safety Risk Consultant  
(Business Cell) 404-615-2420  
Email: [jhyer@lgrms.com](mailto:jhyer@lgrms.com)



# FIELD REPRESENTATIVE REGIONS



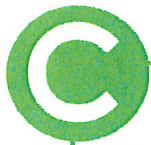
Northern Region  
**Steve Shields**  
 sshields@lgrms.com  
 404.416.3920



Central Region  
**Natalie Sellers**  
 nsellers@lgrms.com  
 404.904.0074

## Natalie's Assigned Members

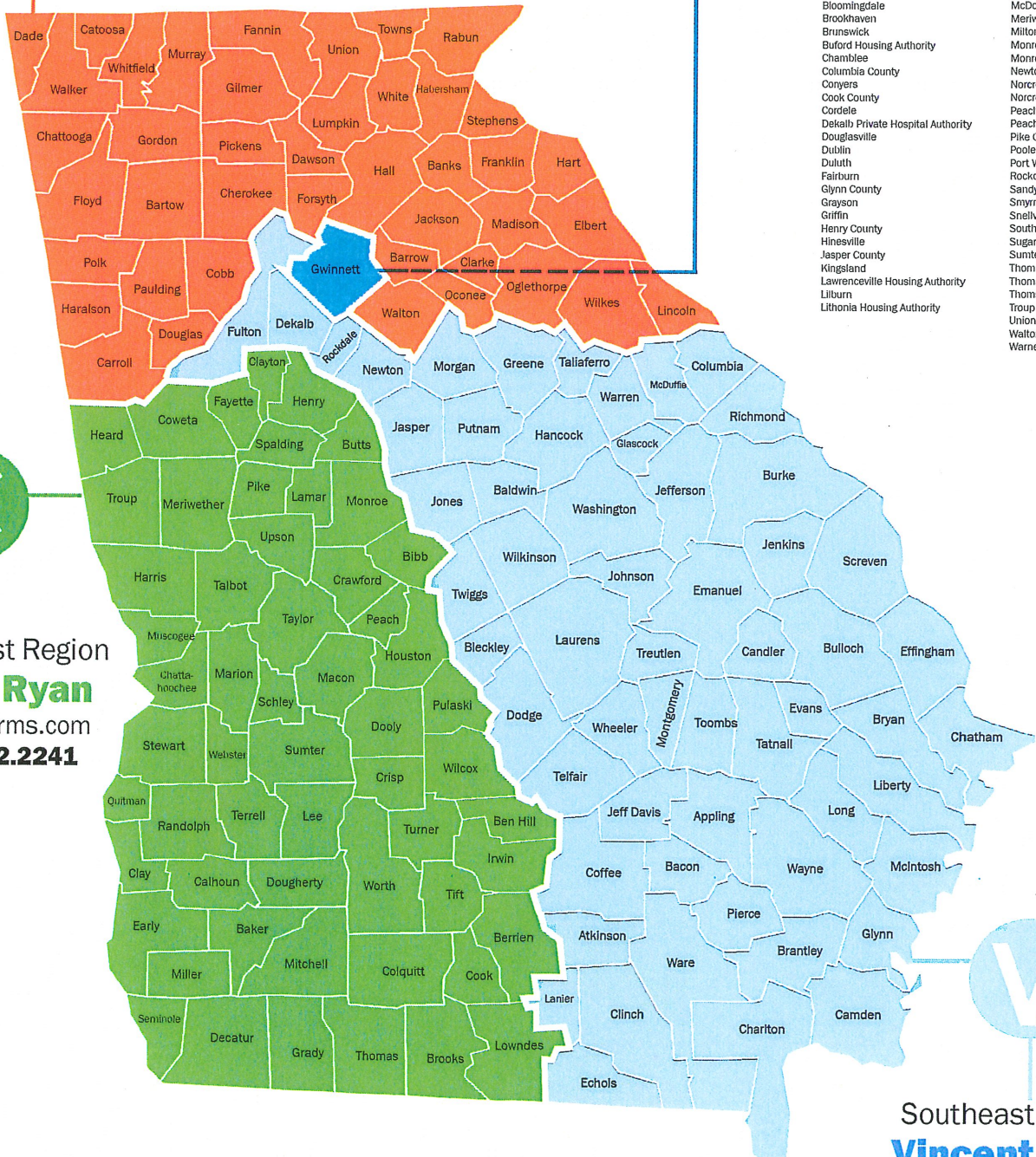
|                                   |                            |
|-----------------------------------|----------------------------|
| Appling County                    | Loganville                 |
| Barrow County                     | Lowndes County             |
| Berkeley Lake                     | Lumpkin County             |
| Bloomington                       | McDonough                  |
| Brookhaven                        | Meriwether County          |
| Brunswick                         | Milton                     |
| Burford Housing Authority         | Monroe County              |
| Chamblee                          | Monroe County              |
| Columbia County                   | Newton County              |
| Conyers                           | Norcross                   |
| Cook County                       | Norcross Housing Authority |
| Cordele                           | Peachtree City             |
| Dekalb Private Hospital Authority | Peachtree Corners          |
| Douglasville                      | Pike County                |
| Dublin                            | Pooler                     |
| Duluth                            | Port Wentworth             |
| Fairburn                          | Rockdale County            |
| Glynn County                      | Sandy Springs              |
| Grayson                           | Smyrna                     |
| Griffin                           | Snellville                 |
| Henry County                      | South Fulton               |
| Hinesville                        | Sugar Hill                 |
| Jasper County                     | Sumter County              |
| Kingsland                         | Thomas County              |
| Lawrenceville Housing Authority   | Thomasville                |
| Lilburn                           | Thomson                    |
| Lithonia Housing Authority        | Troup County               |
|                                   | Union City                 |
|                                   | Walton County              |
|                                   | Warner Robins              |



Southwest Region  
**Chris Ryan**  
 cryan@lgrms.com  
 229.942.2241



Southeast Region  
**Vincent Scott**  
 vscott@lgrms.com  
 470.698.9614



**LGRMS**  
**RISK CONTROL**  
**ACCG | GMA**

**Local Government Risk Management Services**  
 3500 Parkway Lane . Suite 110 . Norcross, GA 30092  
 Ph: 678.686.6279 . Toll Free: 800.650.3120 . Fax: 770.246.3149  
 www.lgrms.com



# **ACCG SAFETY DISCOUNT PROGRAM**

## **ELIGIBILITY REQUIREMENTS**

### **INTERLOCAL RISK MANAGEMENT AGENCY**

*[Property & Liability]*

*and*

### **GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND**

Members of the ACCG Insurance Programs who comply with the following safety incentive discount requirements will be eligible to receive a discount on their annual insurance premiums.

**ACCG-IRMA**  
**[Counties only]**

**5% discount**  
**[maximum of \$10,000]**

**July 1, 2020-21 Policy Year**

**ACCG-GSIWCF**

**7.5% discount**

**January 1, 2020 Policy Year**

The required procedures are the foundation for an effective safety program and are used as a basic guideline for implementing a loss control and safety program. ACCG Insurance Programs encourage the members to provide a safer workplace by adding additional procedures based on the needs of the organization.

The **ACCG SAFETY DISCOUNT VERIFICATION FORM** must be completed and submitted to ACCG Insurance Programs by **September 19, 2019**. Local Government Risk Management Services will be notified and will make an appointment to conduct the safety audit. Once the confirmation is received from LGRMS indicating the member has passed their audit, the discount will be applied to the renewal insurance premium.



**THE REQUIREMENTS BELOW APPLY TO MEMBERS OF BOTH INSURANCE PROGRAMS.**

HOW TO COMPLY with the following standards to receive the safety discount.

- ☐ 1. **A SAFETY COORDINATOR MUST BE APPOINTED.** The Safety Coordinator may be any person who works in the organization. A new position does not need to be created in order to comply with these standards. One individual may serve as the ACCG-IRMA and ACCG-GSIWCF Safety Coordinator. The Safety Coordinator is responsible for working with management to coordinate the actions below.

**SAFETY COORDINATOR RESOLUTION [Appendix A]**

- **ATTEND SAFETY COORDINATOR MODULES I, II, OR III** training presented by Local Government Risk Management Services (LGRMS). The Safety Coordinator is required to take one Safety Coordinator class per year until they have completed all of the modules. Once all three sessions have been attended by the Safety Coordinator, the **SAFETY COORDINATOR TRAINING MODULES** will not need to be repeated, as long as the Safety Coordinator does not change. In the event a new Safety Coordinator is appointed by the member, the new Coordinator will need to complete the training. Other employees may also attend this training.
- **COORDINATE QUARTERLY SAFETY MEETINGS.** A minimum of four safety review meetings must be held each year. If all four of the meetings have not taken place by the time the **SAFETY DISCOUNT VERIFICATION FORM** is due, they must be scheduled to take place in quarterly increments throughout the policy year. A record of the meeting, including topics discussed and a sign-in sheet to verify those in attendance should be maintained to document compliance with this requirement. LGRMS will provide assistance in implementing and holding safety meetings, if requested.
- **COORDINATE SAFETY TRAINING AND IMPLEMENT SAFETY RULES** for supervisors and employees. The Safety Coordinator will ensure that appropriate documentation is posted at or near job-sites that instruct injured employees how they should proceed in the event of an on-the-job accident.
- **COORDINATE SAFETY INSPECTIONS** to help identify potential claim exposures. Items to be documented for periodic inspections are all county vehicles, buildings & grounds, equipment & machinery, and work practices & procedures. LGRMS can provide county members with checklists and other assistance to help comply with this requirement.

- **REVIEW ALL INCIDENTS AND ACCIDENTS [INJURY OR PROPERTY DAMAGE]** involving employees and the general public to determine the cause. Make recommendations for improvements to prevent or minimize future occurrences. Document and maintain records and implement follow-up actions.

The following is a suggested timetable for the Safety Coordinator:

**October, November and December.**

- Complete the final quarterly safety meeting.
- Review all incidents and accidents.
- Participate in LGRMS audit.

**January, February and March.**

- Hold a safety meeting for the first quarter to review all incidents and accidents.
- Register an employee to attend an LGRMS course.
- Register to attend the LGRMS Safety Coordinator Modules I, II, and III until all are completed.
- Conduct safety inspections.

**April, May and June.**

- Conduct another quarterly safety meeting.
- Review all incidents and accidents.
- Ensure an employee will participate in a LGRMS workshop.
- Attend a LGRMS safety coordinator training course, if necessary.
- Comply with the other pertinent standards listed in the workbook.

**July, August and September.**

- The third quarterly safety meeting is to be convened.
- Confirm at least one employee has attended an LGRMS course to satisfy both the IRMA and GSIWCF training requirement.
- Review all incidents and accidents.
- Coordinate safety inspections with LGRMS Field Representative.
- Meet all of the remaining eligibility requirements.

**SUBMIT Safety Discount Verification Form from August 1, 2019 to September 19, 2019**

- ☐ 2. An **EMPLOYEE** from your organization must attend a minimum of **ONE TRAINING SESSION** administered by Local Government Risk Management Services, in addition to the Safety Coordinator attending the Safety Coordinator Modules previously described. The training can be on any topic LGRMS presents other than Health & Wellness workshops.

**ALL TRAINING IS TO BE SCHEDULED / COMPLETED BY SEPTEMBER 19, 2019.**

To meet the deadline, consider taking advantage of the LGRMS training opportunities earlier in the year due to fewer courses being available in the last quarter. **Onsite courses DO apply towards the training requirement.** LGRMS will conduct at least two **Webinar Series** on different topics. If the same employee attends ALL of the assigned sessions of ONE Webinar Series, the training requirement will be met. This option is in addition to the Safety Coordinator attending the Safety Coordinator Modules.

**Online courses** (except for the LGRMS Webinar Series mentioned above) and **Health & Wellness Workshops do NOT apply toward the Safety Discount.** A schedule of training programs administered by LGRMS may be viewed on their website [www.lgrms.com](http://www.lgrms.com) or obtained by calling 800-650-3120.

**The single factor that most often prevents the members from receiving the Safety Discount is NOT completing the training requirement.**

- ☐ 3. Members agree to cooperate and support the efforts of **LOCAL GOVERNMENT RISK MANAGEMENT SERVICES** and are required to respond to LGRMS' recommendations in writing within ninety (90) days following a loss control visit. Although the member does not have to conform to the recommendations explicitly, they must take the initiative in developing a plan to address the issue or provide an explanation as to why this opportunity for improvement was not taken.
- ☐ 4. The member shall implement and oversee a **DRUG-FREE WORKPLACE PROGRAM** to include, at a minimum, the following:
- A **DRUG-FREE WORKPLACE NOTICE** on all employment applications and/or in the personnel policy.
  - A written **DRUG-FREE WORKPLACE POLICY** regarding drug or alcohol use in the workplace.

**MODEL SUBSTANCE ABUSE POLICY** [Appendix B]

Exhibit A Observation Checklist

Exhibit B Pre-Employment Consent & Release Form

Exhibit C Safety Sensitive Positions

- ☐ 5. A **SEAT BELT POLICY** must be implemented and enforced by the member. The purpose of this policy is to establish mandatory seat belt use as an organizational priority and designate responsibility for implementation and enforcement. It is essential that DRIVERS and PASSENGERS use their seat belts while traveling on official company business.

The **SEAT BELT POLICY** applies to all employees and occupants of any vehicle driven by employees, including rentals and personal vehicles when used on official company business. The driver of the vehicle is responsible for enforcing seat belt use by all occupants. When possible, it is also the employee's duty to use a seat belt while operating equipment.

The member shall emphasize to the new employee the county/authority recognizes that seat belts are extremely effective in preventing injuries and loss of life in a crash. This commitment will be demonstrated by requiring a **SEAT BELT POLICY** and taking reasonable steps to enforce compliance with the policy. Managers and supervisors have an obligation to strongly encourage seat belt usage by communicating the benefits to their employees, monitoring compliance, evaluating effectiveness and taking disciplinary action against violations.

**SEAT BELT POLICY [SAMPLE 1 & 2]**

[Appendix B]

# ACCG

## INTERLOCAL RISK MANAGEMENT AGENCY

*[Property & Liability]*

The following requirements apply only to COUNTY MEMBERS of the ACCG - Interlocal Risk Management Program (ACCG-IRMA). AUTHORITIES are NOT eligible for the ACCG-IRMA safety discount.

☐ 1. **POLICY MANUALS** must be in place as follows:

- A **PERSONNEL POLICY MANUAL** must be in place for all **COUNTY DEPARTMENTS**.  
This can be one policy manual or multiple policy manuals covering all county departments. All personnel policies must have a documented annual review and update. These policies should be included:
  - Hiring / Termination
  - Employee / Supervisor Training
  - Harassment
  - EEOC & Non-Discrimination
  - Email / Internet Policy
  - Drug Free Workplace
  - Motor Vehicle
- **SHERIFF OFFICES** must have a written **POLICY MANUAL** in place. The manual must have a documented annual review and update. The manual should be based on “*Georgia Sheriffs’ Association Georgia Standards*”. These policies should be included:
  - If different from County -**
    - Hiring / Termination
    - Employee / Supervisor Training
    - Harassment
    - EEOC & Non-Discrimination
  - Plus -**
    - Motor Vehicle Operations
    - Pursuit
    - Use of Force
    - Arrests
    - Internal Affairs



- **SHERIFF OFFICES WITH JAIL FACILITIES** must have a written **POLICY MANUAL** in place. The manual must have a documented annual review and update. The manual should be based on “*Georgia Sheriffs’ Association Georgia Standards for Adult Pretrial Detention Facilities*”.

- ☐ 2. **COUNTY JAIL FACILITIES** which are operated by the **SHERIFF’S OFFICE** should be staffed to permit jailers and dispatchers to perform separate job duties. A *Georgia Sheriffs’ Association Staffing Analysis & Report* is recommended to help determine proper staffing levels for the jail operations. These policies should be included:
  - Inmate Medical
  - Jail Suicide Prevention
  - Civil Rights

- ☐ 3. **MOTOR VEHICLE REPORTS (MVR)** must be obtained on **ALL** employees before they are allowed to drive county vehicles. Automobiles are a major source of liability losses for county government. The purpose of this requirement is to assist in determining the risks of drivers that are behind the wheel of county vehicles.

While it is a good policy to put policies in place to restrict the driving of employees with poor driving records, this is not a requirement to receive the safety discount. ACCG will continue to allow the counties to make their own decisions as to who will drive county vehicles during the course of employment.

# ACCG

## GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

The following requirements apply to ALL members of the  
ACCG - Group Self-Insurance Workers' Compensation Fund (ACCG-GSIWCF).

- ☐ 1. The following **PERSONNEL AND ADMINISTRATIVE PROCEDURES** are to be included during the **EMPLOYEE ORIENTATION** for each new employee:

- The **PANEL OF PHYSICIANS** and the **BILL OF RIGHTS FOR THE INJURED WORKER** must be explained to each new employee by the member. A signature is required from each new employee indicating this has been accomplished.
- A valid **PANEL OF PHYSICIANS** must be posted and maintained in prominent places at each work site as required by Georgia law.

**PANEL OF PHYSICIANS** [Appendix D]  
LEGAL SIZE VERSION AT [www.accg.org](http://www.accg.org)

- A valid **BILL OF RIGHTS FOR THE INJURED WORKER** must be posted and maintained in prominent places at each work site as required by Georgia law.

**BILL OF RIGHTS FOR THE INJURED WORKER** [Appendix E]  
LEGAL SIZE VERSION AT [www.accg.org](http://www.accg.org)

- Explain the policies that are relevant to the employee's position  
(e.g. **SEAT BELT POLICY, RETURN TO WORK POLICY**, etc.)

- ☐ 2. The member must have a **RETURN TO WORK POLICY** in place to encourage various departments to accommodate the use of transitional employment, if an injured employee is unable to perform normal job duties during their recovery period. The member must make a reasonable good-faith effort to return an injured worker to work at a modified job, if approved by the doctor. The ACCG Claims Administration Services representative will notify the member when an employee has been released to modified duty, but it will be the member's responsibility to perform a reasonable search to determine if a position is available.

**RETURN TO WORK POLICY [SAMPLE]** [Appendix F]

## SAFETY ACTION PLAN

|         |  |              |  |
|---------|--|--------------|--|
| Member: |  | Time Period: |  |
|---------|--|--------------|--|

### Loss Trend Analysis – Top Office/Departments by Loss Type by % of Claims Dollars

| #1 Focus Office / Department: |                   |                     |
|-------------------------------|-------------------|---------------------|
| #                             | Loss Type (Cause) | % of Claims Dollars |
| 1                             |                   |                     |
| 2                             |                   |                     |
| 3                             |                   |                     |

| #2 Focus Office / Department: |                   |                     |
|-------------------------------|-------------------|---------------------|
| #                             | Loss Type (Cause) | % of Claims Dollars |
| 1                             |                   |                     |
| 2                             |                   |                     |
| 3                             |                   |                     |

### Action Items

| #1 Focus Office / Department |             |                     |             |        |
|------------------------------|-------------|---------------------|-------------|--------|
|                              |             | Loss Types Focus    |             |        |
|                              |             | Risk Reduction Goal |             |        |
| #                            | Action Item | Owner's Name        | Target Date | Status |
| 1                            |             |                     |             |        |
| 2                            |             |                     |             |        |
| 3                            |             |                     |             |        |

| #2 Focus Office / Department |             |                     |             |        |
|------------------------------|-------------|---------------------|-------------|--------|
|                              |             | Loss Types Focus    |             |        |
|                              |             | Risk Reduction Goal |             |        |
| #                            | Action Item | Owner's Name        | Target Date | Status |
| 1                            |             |                     |             |        |
| 2                            |             |                     |             |        |
| 3                            |             |                     |             |        |

Please Print Name

Signature

|                                                      |  |  |
|------------------------------------------------------|--|--|
| Top Elected Official /<br>Administrator /<br>Manager |  |  |
| Leader of #1                                         |  |  |
| Leader of #2                                         |  |  |

### ☐ 3. SAFETY ACTION PLAN

The Safety Action Plan requirement was first implemented for the 2017 ACCG-GSIWCF Safety Discount and is an ongoing requirement for the ACCG-GSIWCF members. It is important for the leadership and the safety team to understand the root cause and factors contributing to their workers' compensation losses. An analysis provides valuable information on where to focus loss control efforts in the future to prevent or mitigate losses.

In July, ACCG will provide the member with loss history to assist in an updated analysis. The safety coordinator, county leadership and/or safety team are to:

- review the progress that has been made
- agree on risk reduction goals for the next year
- update the Safety Action Plan

The Safety Action Plan template is provided on the opposite page.

Members need to complete the action items that were developed to reach their risk reduction goals. The LGRMS Loss Control Field Representatives can assist in this process upon request and will ask about your progress.

A place is provided to highlight the accomplishment(s) at the bottom of the **Safety Discount Verification Form**. Once the Safety Action Plan is developed and approved as required for the 2020 Safety Discount, **please send a signed copy along with the Safety Discount Verification Form**.

# ACCG SAFETY ACTION PLAN

## FREQUENTLY ASKED QUESTIONS

*\* Ensure the Safety Action Plan is “SMART”:  
Specific, Measurable, Achievable, Results-focused and Time-bound.*

- 1. What is the purpose of the ACCG Safety Action Plan Process?**
  - a. The purpose of this process is to ensure that the organization’s leaders are aware of their loss trends and that they have a plan to assist in the reduction of these loss trends.
- 2. Who develops the Safety Action Plan?**
  - a. The Safety Coordinator works with the leaders of the organization to develop the Safety Action Plan based on an analysis of the organization’s loss trends.
- 3. Where is a fillable Safety Action Plan found?**
  - a. A fillable Safety Action Plan is located on the ACCG website under Insurance Programs within the Safety Discount section. <https://www.accg.org/insurance/gsiwcfdiscount.php>
- 4. How does the member receive a Loss Trend Analysis and why?**
  - a. ACCG Insurance Programs will send each member a *Loss Trend Analysis* report in July.
  - b. The report helps the Safety Coordinator identify the two Focus Offices / Departments and the top associated causes or loss types.
  - c. Additional *Loss Trend Analysis* reports can be requested from your LGRMS Loss Control Field Representative.
- 5. How are the Focus Offices / Departments identified?**
  - a. Typically, these would be the departments with the largest losses (Costs/ Claims #s); and/or the departments with the best opportunity to impact their trends.
- 6. How are the Loss Types Focuses Identified.**
  - a. *Loss Types* are the causes or loss categories that generate the largest losses (Costs/ Claims #s); and/or the causes with the best opportunity to impact the loss trends.

**7. How is a Risk Reduction Goal set?**

- a. Once a Loss Type Focus is selected, then the Safety Coordinator works with the leaders of the Focus Offices /Departments to set the Risk Reduction Goal.

For example: The Loss Type Focus is motor vehicle incidents. Over the last 3 years, an average of 10 motor vehicle incidents has occurred per year. A suggestion would be to set a Risk Reduction Goal between 2 to 4 incidents.

- \* The important thing is to select a goal, and review that goal on a monthly or at least quarterly basis against the progress of the team.

**8. How is a Safety Action Plan developed to address the Loss Type Focus?**

- a. The leaders of the Focus Offices /Departments will start by identifying the root cause of this loss type.
- b. Once the root cause has been identified, develop action items to eliminate that root cause.
- c. Action Items should focus on changing the culture (e.g. leadership commitment, employee engagement, policy change/update, training, and accountability).

**9. Who needs to sign the Safety Action Plan?**

- a. The top elected official or County Manager / Administrator, plus the leaders of the two Focus Offices / Departments, are to review and sign the Safety Action Plan.

**10. Why does the Safety Action Plan need to be signed?**

- a. This ensures the organization's leaders are aware of the loss trends and are committed to a plan to assist in the reduction of these losses.

**11. When does the Safety Action Plan need to be completed and submitted?**

- a. The Plan will need to be completed and submitted by **September 19<sup>th</sup>** along with the **Safety Discount Verification Form**.
- b. The Safety Coordinator and leaders of the two Focus Offices / Departments will review the Safety Action Plan at least on a quarterly basis to ensure implementation and goal progress.

**12. When does the ACCG Safety Discount Verification Form need to be submitted?**

- a. No earlier than **August 1st** and no later than **September 19th**.

# SAFETY DISCOUNT VERIFICATION FORM INSTRUCTIONS

1. Complete the appropriate **SAFETY DISCOUNT VERIFICATION FORM** in the workbook.

The SAFETY DISCOUNT VERIFICATION FORM is also posted on our website.

Visit [www.accg.org](http://www.accg.org) AND FOLLOW THE PATH [MEMBERS SERVICES / INSURANCE PROGRAMS / {PROGRAM} / SAFETY DISCOUNT PROGRAM / SAFETY DISCOUNT FORM]

2. Copy the SAFETY DISCOUNT VERIFICATION FORM for the appropriate Insurance Program in which your organization participates.

- Counties            Member of ACCG - IRMA            page 21
- Counties            Member of ACCG - GSIWCF            page 23
- Authorities        Member of ACCG - GSIWCF            page 25

**DEFINITION OF AUTHORITY:**

**Separate company created to provide specific services to their citizens.**

**EXAMPLES: Libraries, Water & Sewer, Development and Airport Authorities, etc.**

3. Present the FORM(s) for signature to the County Chairman or the Executive Director of the Authority [organization].
4. Scan & Email, Fax or Mail the applicable SAFETY DISCOUNT VERIFICATION FORM.
  - Send only 1 copy for each membership in the appropriate Insurance Program.
  - Originals are not necessary. Keep the original for your records.
5. Confirmation of Receipt:
  - ❖ Faxed document: Set-up a transmission confirmation receipt using own location's fax machine.
  - ❖ To Email a scanned attachment: Use the Options tab located at the top of a new email. Request a 'delivery receipt' and/or a 'read receipt' for evidence of transmission.
  - ❖ U.S. Postal Service Mail delivery: Request a 'signature upon receipt' Form from the mailman.
6. The application process is complete when the requirements are met and the SAFETY DISCOUNT VERIFICATION FORM is submitted for each Insurance Program in which the organization is a member.

SAFETY DISCOUNT VERIFICATION FORMS may be submitted  
upon completion until the CUT-OFF DATE of **September 19, 2019.**



# SAFETY DISCOUNT VERIFICATION FORM QUESTIONS

○ **Do you know if your organization is a county or an authority?**

- ACCG Insurance Programs insures 2 types of members: **COUNTIES & AUTHORITIES**
- **County** – the largest territorial division for local government within a state [Georgia has 159 Counties].  
County Governments are NOT Authorities.
- **Authority** – A separate company that provides specific services to their citizens. [Examples are Water & Sewer, Library, Development, Recreation, Airport & Housing]  
Usually 'AUTHORITY' is part of the organization's legal name.

*IF YOU DO NOT KNOW -*

- *SEE THE MEMBERSHIP LISTS (PAGES 20 & 22) OR MEMBERSHIP MAP (PAGE 24)*
- *CALL YOUR LGRMS FIELD REPRESENTATIVE*
- *EMAIL [phenderson@accg.org](mailto:phenderson@accg.org)*

○ **Is your organization a member of one or both of the following Insurance Programs?**

- ACCG – Interlocal Risk Management Agency (ACCG–IRMA)  
*[PROPERTY & LIABILITY]*
- ACCG – Group Self-Insurance Workers' Compensation Fund (ACCG–GSIWCF)  
*[WORKERS' COMPENSATION]*

*IF YOU DO NOT KNOW -*

- *ACCG-IRMA & ACCG-GSIWCF MEMBERSHIP LISTS ARE ON PAGES 20 & 22.*
- *AUTHORITIES ARE LISTED ON THE MEMBERSHIP MAP ON PAGE 24.*

○ **The SAFETY DISCOUNT VERIFICATION FORMS can be sent  
No earlier than August 1, 2019 and No later than September 19, 2019.**

- Each applicable form for the appropriate Insurance Program will only need to be submitted once for the calendar year.
- Copy the forms provided in this workbook or use the fillable forms on the website.  
[www.accg.org](http://www.accg.org)
- The Safety Discount Verification Form will not be sent in a separate mailing.

|            |                                                       |            |                                                     |            |                                                            |
|------------|-------------------------------------------------------|------------|-----------------------------------------------------|------------|------------------------------------------------------------|
| 10/09/1987 | Appling County                                        | 12/01/1995 | Fannin County                                       | 07/01/1994 | Paulding County                                            |
| 10/01/2010 | Atkinson County                                       | 01/01/2015 | Fannin County Water Authority                       | 11/12/2008 | Paulding County Airport Authority                          |
| 07/01/2010 | Atkinson County Solid Waste Authority                 | 01/14/2003 | Flint River Regional Library                        | 04/01/2007 | Paulding County Industrial Building Authority              |
| 01/01/2006 | Bacon County                                          | 04/01/2005 | Floyd County                                        | 05/04/2004 | Pierce County                                              |
| 05/01/2000 | Baker County                                          | 12/31/2001 | Forsyth County                                      | 12/31/1997 | Pike County                                                |
| 03/01/2003 | Baldwin County                                        | 11/24/1993 | Franklin County                                     | 12/01/2009 | Pike County Parks and Recreation Authority                 |
| 10/01/1987 | Banks County                                          | 08/22/2012 | Franklin County Industrial Building Authority       | 03/01/1996 | Polk County                                                |
| 01/01/2003 | Bartow County                                         | 02/15/2005 | Gilmer County                                       | 06/12/2012 | Polk County Water, Sewage & Solid Waste Authority          |
| 05/01/2005 | Bartow-Cartersville Joint Development Authority       | 08/01/2015 | Glascok County                                      | 01/15/2004 | Pulaski County                                             |
| 02/01/2003 | Bartram Trail Regional Library System                 | 04/25/2009 | Glynn County                                        | 10/18/2003 | Putnam County                                              |
| 01/21/2003 | Bleckley County                                       | 10/01/1991 | Gordon County                                       | 04/06/1992 | Rabun County                                               |
| 02/15/2015 | Brantley County                                       | 12/31/1987 | Grady County                                        | 01/24/2015 | Randolph County                                            |
| 11/01/1988 | Bryan County                                          | 01/01/1996 | Greene County                                       | 07/01/1991 | Rockdale County                                            |
| 04/15/2004 | Bulloch County                                        | 10/01/2007 | Greene County Recreation Complex                    | 01/01/2002 | Satilla Regional Water & Sewer Authority                   |
| 12/01/1998 | Butts County                                          | 09/20/2016 | Habersham County                                    | 12/31/2002 | Schley County                                              |
| 02/01/1998 | Butts County Water & Sewer Authority                  | 04/01/2007 | Hancock County                                      | 10/01/1987 | Screven County                                             |
| 12/05/2017 | Candler County                                        | 03/05/2014 | Haralson County                                     | 06/15/2008 | Seminole County                                            |
| 01/01/2003 | Carroll County Water Authority                        | 10/01/2002 | Harris County                                       | 07/01/2003 | Sinclair Water Authority                                   |
| 06/01/1991 | Charlton County                                       | 01/01/2003 | Hart County                                         | 04/01/1997 | South Georgia Regional Library System                      |
| 03/05/2003 | Chattooga County                                      | 04/01/2007 | Hart County Water & Sewer Authority                 | 07/01/2004 | Southwest Georgia Regional Commission                      |
| 01/01/2017 | City of Dublin & County of Laurens                    | 10/01/2002 | Heard County                                        | 12/31/1999 | Stephens County                                            |
| 10/01/1987 | Dev Authority                                         | 02/19/1992 | Henry County                                        | 10/06/2005 | Stephens County Development Authority                      |
| 10/01/1987 | Clay County                                           | 06/01/2002 | Henry County Library System                         | 07/17/1988 | Stewart County                                             |
| 02/01/2011 | Clinch County                                         | 07/01/2000 | Houston County                                      | 07/17/1988 | Stewart County Water & Sewer Authority                     |
| 08/01/2006 | Clinch County Development Authority                   | 04/01/2011 | Houston County Development Authority                | 01/01/2004 | Sumter County                                              |
| 01/01/2005 | Coastal Plain Regional Library                        | 07/10/1988 | Jackson County                                      | 05/01/2011 | Talbot County                                              |
| 07/01/1991 | Coffee County                                         | 10/04/1988 | Jasper County                                       | 04/26/2003 | Taliaferro County                                          |
| 10/01/1994 | Colquitt County                                       | 03/15/2001 | Jasper County Water & Sewer Authority               | 11/01/2004 | Tattnall County                                            |
| 07/24/2003 | Columbia County                                       | 03/02/2005 | Jeff Davis County                                   | 12/31/2012 | Taylor County                                              |
| 06/07/1997 | Conyers-Rockdale Library System                       | 07/01/1993 | Jefferson County                                    | 10/05/1992 | Telfair County                                             |
| 12/12/2000 | Cook County                                           | 01/01/2003 | Jefferson County Library System                     | 07/01/1992 | Terrell County                                             |
| 09/01/2001 | Crawford County                                       | 05/15/2015 | Jenkins County                                      | 05/14/1993 | Thomas County                                              |
| 03/05/1998 | Crisp County                                          | 10/26/1992 | Johnson County                                      | 05/23/2011 | Thomas County Public Library                               |
| 03/01/1995 | Cusseta-Chattahoochee Unified Government              | 04/19/2005 | Jones County                                        | 02/01/1991 | Tift County                                                |
| 03/01/1998 | Dade County                                           | 02/20/1988 | Lamar County                                        | 07/01/1996 | Towns County                                               |
| 07/12/2013 | Dawson County                                         | 12/31/2000 | Laurens County                                      | 07/01/1991 | Treutlen County                                            |
| 01/24/2005 | DeKalb County Private Hospital Authority              | 01/13/2003 | Lee County                                          | 10/01/2009 | Treutlen County Development Authority                      |
| 10/01/2004 | Decatur County                                        | 07/15/2003 | Lee County Utilities Authority                      | 01/01/2006 | Tri County Joint E-911 Authority                           |
| 03/14/2012 | Development Authority of Bartow County                | 04/01/1994 | Long County                                         | 08/01/1992 | Turner County                                              |
| 10/01/2002 | Development Authority of DeKalb County                | 08/17/2012 | Lower Chattahoochee Regional Transit Authority      | 11/06/1993 | Twiggs County                                              |
| 01/22/2001 | Development Authority of Jefferson County             | 07/01/1994 | Lowndes County                                      | 10/01/1987 | Unified Government of Georgetown-Quitman County            |
| 07/20/2012 | Development Authority of Monroe County                | 09/19/1997 | Lumpkin County                                      | 04/01/1998 | Unified Government of Webster County                       |
| 10/01/2004 | Development Authority of Rabun County                 | 01/01/2001 | Lumpkin County Water & Sewerage Authority           | 02/11/2002 | Union County                                               |
| 05/25/1999 | Development Authority of Washington County            | 01/15/2001 | McDuffie County                                     | 09/11/1997 | Upper Oconee Basin Water Authority                         |
| 09/01/2003 | Dodge County                                          | 05/30/2002 | McIntosh County                                     | 02/23/2000 | Valdosta-Lowndes Co. Conference Center & Tourism Authority |
| 10/01/2002 | Douglasville - Douglas County Water & Sewer Authority | 07/01/2002 | McIntosh County Industrial Development Authority    | 06/04/1995 | Valdosta-Lowndes County Airport Authority                  |
| 12/01/2007 | Early County                                          | 04/01/2006 | Meriwether County                                   | 07/01/2007 | Walton County                                              |
| 02/03/1995 | Eatonton-Putnam Water & Sewer Authority               | 08/04/2010 | Meriwether County Water & Sewerage Authority        | 07/15/1994 | Ware County                                                |
| 10/01/1987 | Echols County Consolidated Government                 | 08/31/2004 | Middle Flint Regional 911 Authority                 | 02/18/2017 | Warren County                                              |
| 01/01/2017 | Effingham County                                      | 03/26/1995 | Miller County                                       | 01/12/1988 | Washington County                                          |
| 10/01/2000 | Elbert County                                         | 01/17/1992 | Mitchell County                                     | 10/01/2002 | Washington County Airport Authority                        |
| 10/01/2002 | Emanuel County                                        | 02/01/1999 | Monroe County                                       | 10/01/1987 | Wayne County                                               |
| 01/01/1999 | Emanuel County Development Authority                  | 09/08/2002 | Montgomery County                                   | 07/01/1999 | White County                                               |
| 12/01/2016 | Fall Line Regional Development Authority              | 04/03/1991 | Morgan County                                       | 01/01/2003 | Whitfield County                                           |
|            |                                                       | 09/25/2017 | Moultrie Colquitt County Parks Recreation Authority | 01/19/2003 | Wilcox County                                              |
|            |                                                       | 10/01/2016 | Murray County                                       | 08/03/1993 | Wilkinson County                                           |
|            |                                                       | 10/01/1987 | Oconee County                                       | 07/01/2016 | Worth County                                               |
|            |                                                       | 07/15/1997 | Oconee County Industrial Development Authority      |            |                                                            |
|            |                                                       | 04/15/1988 | Oglethorpe County                                   |            |                                                            |



# COUNTY

[159 COUNTY GOVERNMENTS]

## INTERLOCAL RISK MANAGEMENT AGENCY

[Property & Liability]

### SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - IRMA [property & liability] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and September 19, 2019

The members of the Board of Commissioners of \_\_\_\_\_ County  
(Name of County)

hereby verify that they fully comply with the requirements of the Safety Discount Program.

\_\_\_\_\_  
County Chairman Signature

\_\_\_\_\_  
Date

- The appointed **ACCG – IRMA Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

#### TRAINING REQUIREMENTS

- **SAFETY COORDINATORS**

☐ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III \_\_\_\_\_  
(COURSE / DATE)

- **ANY MEMBER EMPLOYEE**

☐ ATTEND ONE LGRMS TRAINING COURSE \_\_\_\_\_  
(COURSE / DATE)

**QUARTERLY SAFETY MEETINGS** ☐ OCT - DEC ☐ JAN - MAR ☐ APR - JUN ☐ JUL - SEP

#### PROGRESS ON SAFETY EFFORTS

- NOTE ACCOMPLISHMENT(S) OF SAFETY EFFORTS OVER THE LAST 12 MONTHS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send 1 COPY ONLY (if applicable) to **Penny Henderson** to one of the following:

**Fax 404-522-1897 / Email [accginsurance@accg.org](mailto:accginsurance@accg.org)**

**ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303**



# GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

Workers' Compensation  
172 Members / January 2019

|            |                                                        |            |                                                   |            |                                                            |
|------------|--------------------------------------------------------|------------|---------------------------------------------------|------------|------------------------------------------------------------|
| 07/01/1982 | ACCG                                                   | 07/2/1982  | Greene County                                     | 03/1/2002  | Pulaski County                                             |
| 02/24/1983 | Appling County                                         | 07/27/2004 | Greene County Recreation Complex                  | 07/1/1982  | Putnam County                                              |
| 07/22/1982 | Atkinson County                                        | 10/1/2016  | Habersham County                                  | 03/12/1983 | Rabun County                                               |
| 07/23/1997 | Atkinson County Solid Waste Authority                  | 09/1/2000  | Hancock County                                    | 11/6/2009  | Randolph County                                            |
| 09/21/1983 | Bacon County                                           | 10/1/2009  | Haralson County                                   | 07/28/1984 | Rockdale County                                            |
| 05/22/1985 | Baker County                                           | 01/1/1990  | Harris County                                     | 02/24/1994 | Roddenbery Memorial Library                                |
| 09/12/1982 | Banks County                                           | 10/8/1982  | Hart County                                       | 01/01/2002 | Satilla Regional Water & Sewer Authority                   |
| 10/15/1992 | Barrow County                                          | 09/25/2007 | Hart County Water & Sewer Utility                 | 04/29/1985 | Schley County                                              |
| 05/29/1991 | Bartow County *                                        | 01/1/2002  | Heard County                                      | 07/22/1982 | Screven County                                             |
| 02/01/2003 | Bartram Trail Regional Library System                  | 03/17/1992 | Henry County *                                    | 01/10/1992 | Screven-Jenkins Regional Library                           |
| 08/01/1991 | Ben Hill County                                        | 06/1/2002  | Henry County Library System                       | 06/15/1995 | Seminole County                                            |
| 01/22/1986 | Berrien County                                         | 05/11/1995 | Housing Authority Of Fulton County                | 01/1/2009  | Sinclair Water Authority                                   |
| 01/10/1986 | Bleckley County                                        | 11/20/2009 | Irwin County                                      | 07/3/2012  | Solid Waste Authority of Crisp County                      |
| 03/1/1983  | Brantley County                                        | 10/31/1985 | Jackson County                                    | 04/1/1997  | South Georgia Regional Library System                      |
| 01/29/1983 | Bryan County                                           | 02/23/1983 | Jasper County                                     | 07/1/2004  | Southwest Georgia Regional Commission                      |
| 07/2/1982  | Bulloch County                                         | 7/14/1986  | Jeff Davis County                                 | 06/1/2005  | Spalding County *                                          |
| 08/6/1986  | Burke County                                           | 10/1/2009  | Jefferson County                                  | 01/1/1997  | Stephens County                                            |
| 04/1/1990  | Calhoun County                                         | 03/1/2008  | Jefferson County Library System                   | 07/20/1988 | Stewart County                                             |
| 01/10/1986 | Candler County                                         | 04/14/1986 | Jenkins County                                    | 01/1/1991  | Sumter County                                              |
| 05/13/1985 | Carroll County *                                       | 04/3/1983  | Johnson County                                    | 12/4/1982  | Talbot County                                              |
| 01/1/2002  | Carroll County Water Authority                         | 02/26/1983 | Jones County                                      | 07/1/1982  | Taliaferro County                                          |
| 01/23/1989 | Catoosa County                                         | 11/30/1983 | Lamar County                                      | 02/7/1986  | Tattnall County                                            |
| 05/5/1986  | Charlton County                                        | 01/1/2010  | Lamar County Solid Waste Authority                | 04/29/1985 | Taylor County                                              |
| 01/1/1986  | Chattooga County                                       | 11/30/1983 | Lanier County                                     | 08/1/1984  | Telfair County                                             |
| 01/1/2017  | City of Dublin & Laurens County Development Authority* | 07/1/1982  | Laurens County                                    | 09/1/1988  | Terrell County                                             |
| 02/22/1984 | Clay County                                            | 05/27/1986 | Lee County                                        | 07/22/1982 | Thomas County                                              |
| 12/19/1986 | Clinch County                                          | 09/2/1991  | Liberty County                                    | 07/14/1992 | Thomas County Public Library                               |
| 11/4/1988  | Coffee County                                          | 11/7/2015  | Lincoln County                                    | 08/17/1982 | Tift County                                                |
| 01/1/2006  | Colquitt County                                        | 07/14/1986 | Long County                                       | 04/27/1989 | Toombs County                                              |
| 01/1/1983  | Columbia County *                                      | 07/22/1982 | Lowndes County *                                  | 10/1/1996  | Towns County                                               |
| 06/10/2003 | Conyers-Rockdale Library System                        | 10/30/2009 | Lumpkin County                                    | 07/1/1982  | Treutlen County                                            |
| 04/7/1983  | Cook County                                            | 01/1/2012  | Lumpkin County Water & Sewerage Authority         | 01/4/2006  | Tri County Joint E-911 Authority                           |
| 01/1/2012  | Crawford County                                        | 07/29/1987 | Macon County                                      | 12/15/1982 | Troup County *                                             |
| 07/5/1985  | Crisp County                                           | 10/11/1985 | Madison County                                    | 02/8/1983  | Turner County                                              |
| 04/19/1990 | Crisp County Power                                     | 01/11/1983 | Marion County                                     | 03/10/1992 | Twiggs County                                              |
| 03/16/1984 | Cusseta-Chattahoochee Unified Gov't.                   | 12/1/1983  | McDuffie County                                   | 06/14/1984 | Unified Government of Georgetown-Quitman County            |
| 07/5/1985  | Dade County                                            | 01/1/1994  | McIntosh County                                   | 04/29/1985 | Unified Government of Webster County                       |
| 12/30/1982 | Dawson County                                          | 01/1/2018  | Meriwether County                                 | 4/20/1991  | Union County                                               |
| 07/10/1983 | Decatur County                                         | 08/31/2004 | Middle Flint Regional 911 Authority               | 11/1/2011  | Valdosta-Lowndes Co. Conference Center & Tourism Authority |
| 05/31/1993 | Desoto Trail Regional Library                          | 09/28/1992 | Middle Georgia Regional Commission                | 07/1/1995  | Valdosta-Lowndes County Airport Authority                  |
| 01/1/2009  | Dodge County                                           | 06/24/1986 | Miller County                                     | 02/1/2002  | Walker County                                              |
| 10/8/1982  | Dooly County                                           | 02/19/1983 | Mitchell County                                   | 04/1/2001  | Walton County *                                            |
| 01/1/2018  | Douglasville-Douglas Co. Water & Sewer Authority*      | 10/8/1982  | Monroe County                                     | 06/2/1983  | Ware County                                                |
| 11/13/2009 | Early County                                           | 03/30/1984 | Montgomery County                                 | 03/16/1993 | Warren County                                              |
| 12/1/2007  | Eatonton-Putnam Water & Sewer Authority                | 02/25/1983 | Morgan County                                     | 07/1/1993  | Washington County *                                        |
| 12/18/1983 | Echols County Consolidated Government                  | 08/1/2008  | Newton County *                                   | 03/21/1985 | Wayne County                                               |
| 09/1/1982  | Effingham County                                       | 02/26/1983 | Oconee County                                     | 10/18/1983 | Wheeler County                                             |
| 01/1/2017  | Elbert County                                          | 03/22/1993 | Oconee Regional Library                           | 04/29/1985 | White County                                               |
| 07/1/1982  | Emanuel County                                         | 01/5/1988  | Oglethorpe County                                 | 11/5/2009  | White County Water Authority                               |
| 04/15/1983 | Evans County                                           | 05/13/1985 | Paulding County                                   | 09/1/2002  | Whitfield County *                                         |
| 04/3/1984  | Fannin County                                          | 05/2/2018  | Paulding County Industrial Building Authority     | 02/7/1986  | Wilcox County                                              |
| 02/19/1993 | Flint River Regional Library                           | 10/8/1982  | Peach County                                      | 01/1/2013  | Wilkes County                                              |
| 01/01/2019 | Floyd County*                                          | 02/7/1986  | Pickens County                                    | 08/17/1982 | Wilkinson County                                           |
| 04/12/1986 | Franklin County                                        | 11/15/1983 | Pierce County                                     | 04/29/1985 | Worth County                                               |
| 08/29/1982 | Gilmer County                                          | 12/31/1983 | Pike County                                       |            |                                                            |
| 02/27/1986 | Glascok County                                         | 02/23/2012 | Pike County Parks and Recreation Authority        |            |                                                            |
| 07/1/2012  | Glynn County *                                         | 06/1/2008  | Pike County Water & Sewerage Authority            |            |                                                            |
| 06/25/1984 | Gordon County                                          | 04/9/1985  | Polk County                                       |            |                                                            |
| 12/19/1986 | Grady County                                           | 08/1/1990  | Polk County Water, Sewage & Solid Waste Authority |            |                                                            |

\* Large Deductible Member



# COUNTY

[159 COUNTY GOVERNMENTS]

## GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

### SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - GSIWCF [workers' comp] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and September 19, 2019

The members of the Board of Commissioners of \_\_\_\_\_ County  
(Name of County)  
hereby verify that they fully comply with the requirements of the Safety Discount Program.

\_\_\_\_\_  
County Chairman Signature

\_\_\_\_\_  
Date

- The appointed **ACCG – GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

#### TRAINING REQUIREMENTS

- **SAFETY COORDINATORS**

☐ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III \_\_\_\_\_  
(COURSE / DATE)

- **ANY MEMBER EMPLOYEE**

☐ ATTEND ONE LGRMS TRAINING COURSE \_\_\_\_\_  
(COURSE / DATE)

**QUARTERLY SAFETY MEETINGS** ☐ OCT - DEC ☐ JAN - MAR ☐ APR - JUN ☐ JUL - SEP

#### SAFETY ACTION PLAN PROGRESS

- DEVELOP A CURRENT SAFETY ACTION PLAN AND SEND A SIGNED COPY ALONG WITH THIS FORM.
- HIGHLIGHT ACHIEVEMENT(S) OVER THE LAST 12 MONTHS ON PRIOR SAFETY ACTION PLAN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send 1 COPY ONLY (if applicable) to **Penny Henderson** to one of the following:

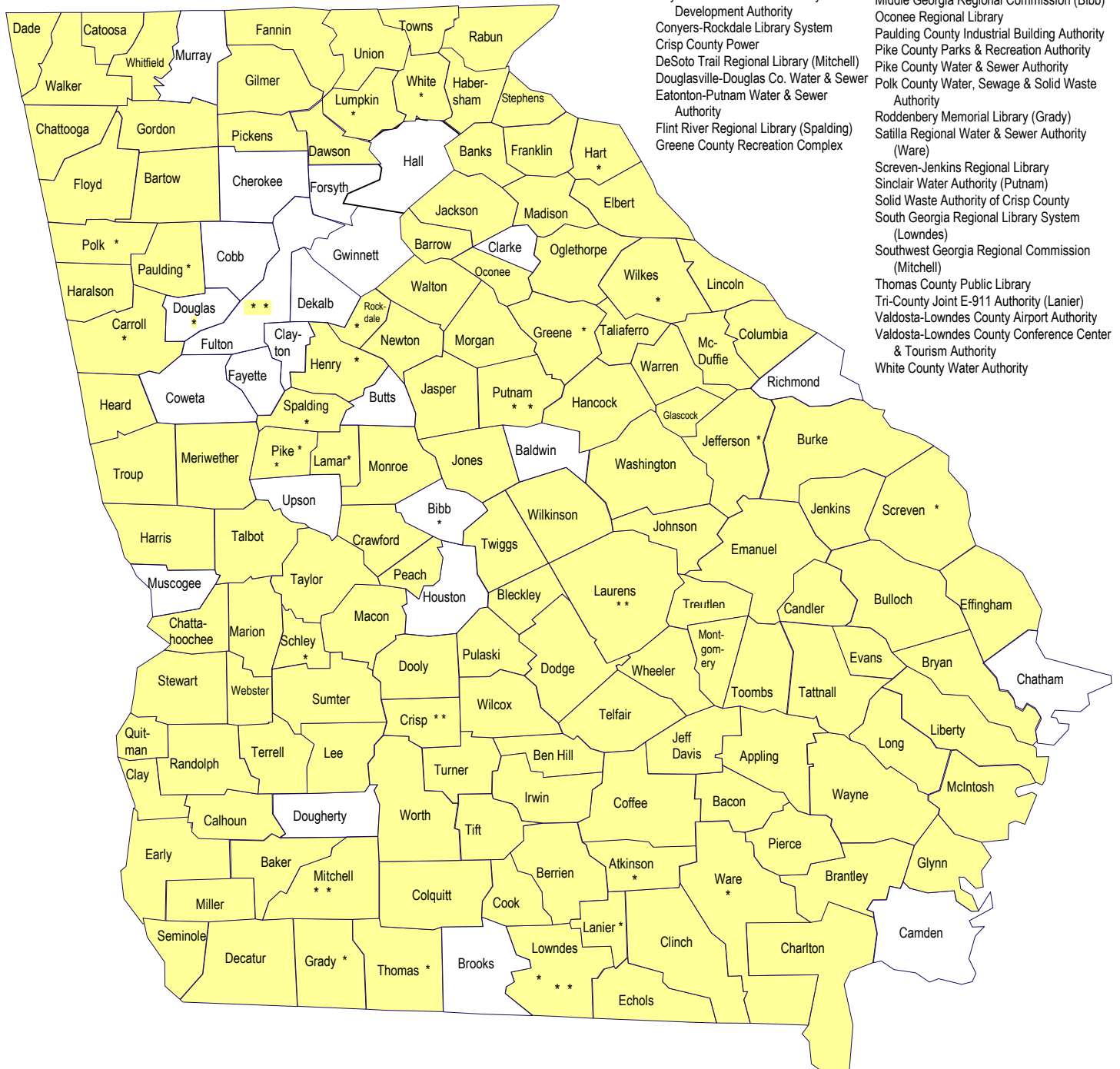
**Fax 404-522-1897 / Email [accginsurance@accg.org](mailto:accginsurance@accg.org)**

**ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303**



# GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

172 Members / January 2019





# AUTHORITY Only

[NOT A COUNTY GOVERNMENT]

**DEFINITION OF AUTHORITY:** Separate companies created as a means of providing specific services to their citizens

**EXAMPLES:** Water & Sewer, Libraries, and Development Authorities

## GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

### SAFETY DISCOUNT VERIFICATION FORM

If the AUTHORITY is a member of the ACCG - GSIWCF [workers' comp] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and September 19, 2019

Director of the \_\_\_\_\_ Authority hereby  
(Name of Organization)  
verifies that the organization fully complies with the requirements of the Safety Discount Program.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

- The appointed **ACCG – GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

#### TRAINING REQUIREMENTS

- **SAFETY COORDINATORS**

☐ COMPLETE SAFETY COORDINATOR MODULES I, II, OR III \_\_\_\_\_  
(COURSE / DATE)

- **ANY MEMBER EMPLOYEE**

☐ ATTEND ONE LGRMS TRAINING COURSE \_\_\_\_\_  
(COURSE / DATE)

**QUARTERLY SAFETY MEETINGS** ☐ OCT - DEC ☐ JAN - MAR ☐ APR - JUN ☐ JUL - SEP

#### SAFETY ACTION PLAN PROGRESS

- DEVELOP A CURRENT SAFETY ACTION PLAN AND SEND A SIGNED COPY ALONG WITH THIS FORM.
- HIGHLIGHT ACHIEVEMENT(S) OVER THE LAST 12 MONTHS ON PRIOR SAFETY ACTION PLAN.

Send 1 COPY ONLY (if applicable) to **Penny Henderson** to one of the following:

**Fax 404-522-1897 / Email [accginsurance@accg.org](mailto:accginsurance@accg.org)**

**ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303**



# CONTACT FORM

UPDATE STAFF CHANGES AS NEEDED

## INTERLOCAL RISK MANAGEMENT AGENCY [IRMA - Property & Liability Policy]

I hereby appoint the **following contacts** for \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
Signature of County Chairman  
Or Executive Director of Authority

\_\_\_\_\_  
Date

- The appointed **ACCG-IRMA Insurance Contact** is \_\_\_\_\_  
(Insurance Contact receives invoices & renewals for property & liability)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG-IRMA Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG-IRMA Claims Contact** is \_\_\_\_\_  
(Claims Contact is responsible for reporting property & liability claims / Additional Claims Contacts may be listed on reverse side)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG-IRMA Human Resource Liaison Contact** is \_\_\_\_\_  
(H R Liaison is authorized to communicate with ACCG-IRMA appointed employment attorney)

Position \_\_\_\_\_ Email: \_\_\_\_\_

Please EMAIL completed Contact Form to [accginsurance@accg.org](mailto:accginsurance@accg.org)

FAX 404-522-1897





# CONTACT FORM

UPDATE STAFF CHANGES AS NEEDED

## GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND [ACCG-GSIWCF – Workers' Compensation]

I hereby appoint the **following contacts** for \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
Signature of County Chairman  
Or Authority Executive Director

\_\_\_\_\_  
Date

- The appointed **ACCG–GSIWCF Insurance Contact** is \_\_\_\_\_  
(Insurance Contact receives invoices & renewals for workers' compensation)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG–GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The appointed **ACCG–GSIWCF Claims Contact** is \_\_\_\_\_  
(Claims Contact is responsible for reporting workers' compensation claims / Additional Claims Contacts may be listed on reverse side)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- The **ACCG–GSIWCF Payroll Audit Contact** is \_\_\_\_\_  
(Audit Contact receives audit notifications & provides requested documents for worker's compensation audit)

Position \_\_\_\_\_ Email: \_\_\_\_\_

Please EMAIL completed Contact Form to [accginsurance@accg.org](mailto:accginsurance@accg.org)

FAX 404-522-1897

# Notes

# APPENDICES

# **SAFETY COORDINATOR RESOLUTION**

**WHEREAS,** \_\_\_\_\_ County has agreed to establish the position of Safety Coordinator to establish and oversee a safety program to assist with the loss prevention efforts of the county;

**WHEREAS,** the Safety Coordinator will be responsible for insuring compliance with certain safety rules and regulations that protect the well-being of county employees and the general public;

**WHEREAS,** the Safety Coordinator will be responsible for:

- Establishing and coordinating safety meetings and self-inspections to identify safety related hazards;
- Coordinating and implementing safety rules and training for supervisors and employees and/or making recommendations to management regarding such items;
- Reviewing and/or investigating all employee accidents for causes and making recommendations for improvements and corrections;
- Conducting periodic safety self-inspections of all vehicles, buildings, grounds, equipment and machinery, and work practices and conditions to determine potential injury exposures;
- Documenting and maintaining inspection records and implementing any follow up actions; and

**WHEREAS**, the Safety Coordinator can ensure that qualifications have been met that will enable the county to receive a substantial discount on their insurance costs.

**NOW THEREFORE BE IT RESOLVED** that the position of Safety Coordinator is established for \_\_\_\_\_ County.

**RESOLVED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BOARD OF COMMISSIONERS OF  
\_\_\_\_\_ COUNTY, GEORGIA  
\_\_\_\_\_, CHAIRMAN

ATTEST:

\_\_\_\_\_  
County Commissioner or Clerk

Adopted: \_\_\_\_\_

## SEATBELT POLICY – SAMPLE 1

1. \_\_\_\_\_ County has declared that all passengers, including the driver, riding in a vehicle owned by \_\_\_\_\_ County are required to properly wear installed seat belts when operating a \_\_\_\_\_ County vehicle.

Exceptions are as follows:

- a. Tractors/equipment not equipped with “Roll-Over Protection System” (ROPS)
- b. Specialized construction equipment.
- c. Prisoners/suspects of law enforcement officers being transported for short distances in the back seat of the vehicle when restraining devices or other documented circumstances prevent the proper wearing of seat belts.
- d. Other exceptions must be requested in writing giving a full justification. Requests will be addressed to the [Risk Management/HR/other] Department for approval.

2. Failure to use a seat belt is a serious safety violation and is not to be taken lightly. It is a known fact that seat belts can and do help reduce the severity of injuries when they are properly used. Proper use constitutes proper adjustments as well as proper latching of the unit. Employees who receive an auto allowance or for any other reason for operating their personal vehicle on \_\_\_\_\_ County business are required to wear their seat belts in their personal vehicles as well as those in \_\_\_\_\_ County vehicles. To bring employees into compliance with this policy:

**First Offense:** Will result in a written warning;

**Second Offense:** Will result in a two-day suspension without pay.

**Third Offense:** Will result in the loss of driving privileges for those who drive  
\_\_\_\_\_ County vehicles;

**Offense for Those who receive auto allowance:** Will be the forfeiture of that allowance.

## SEATBELT POLICY – Sample 2

### *Required Seat Belt Use:*

\_\_\_\_\_ County values the lives and safety of its employees. It is estimated that seat belts reduce the risk of death in a motor vehicle crash by 45%, therefore \_\_\_\_\_ County has adopted the following policy concerning employee seat belt usage.

All employees and their passengers are required to use a seat belt when traveling in any vehicle while in the course of conducting \_\_\_\_\_ County business. The requirement applies to business travel in a vehicle owned by \_\_\_\_\_ County, in a rental vehicle or in a vehicle owned by an individual employee, regardless of whether the employee is compensated for the use of his/her vehicle.

If an employee is provided a county-owned vehicle that is used in the course of his/her employment and is also available for that employee's personal use, that employee, together with all passengers who occupy the vehicle at anytime and for any purpose, whether business-related or personal, are required to use seat belts at all times the vehicle is in motion.

The use of seat belts is to be considered a condition of employment with this company. Failure to abide by this stated policy will be considered a breach of that condition of employment and subject the person in violation to disciplinary action, including suspension and possible termination.

## **SAMPLE SUBSTANCE ABUSE POLICY**

### **I. Policy Statement**

It is the position of \_\_\_\_\_ that alcohol and controlled substance abuse is a significant health problem in the United States today. The costs involved with this problem include human costs, such as lost jobs, morale problems, injuries, illnesses, and deaths; as well as economic costs, such as property damage, absenteeism, tardiness, lost productivity, increased health insurance costs, and the costs involved in replacing and retraining new employees. Further, in professions that serve the public, alcohol and substance abuse represents a real danger to the health and safety not only of the employees themselves, but also of the constituents served by those employees.

It is the objective of \_\_\_\_\_ to provide safe and effective public service. To meet this objective, the problem of alcohol and controlled substance abuse must be identified, confirmed and defeated. To achieve this, \_\_\_\_\_ has developed a comprehensive alcohol and controlled substance abuse policy.

This policy shall not be applicable to those employees subject to testing under the drug testing protocol established by the United States Department of Transportation (“USDOT”) codified at 49 C.F.R. Part 40. Any and all employees covered by the USDOT drug testing protocol will be tested pursuant to the rules and regulations codified by the USDOT.

### **II. Definitions**

Within this Substance Abuse Policy and on any accompanying forms, the following terms shall have the meanings associated therewith:

- 1) **Controlled Substance** shall have the meaning and include the substances defined as “controlled substances” in the Georgia Controlled Substances Act, O.C.G.A. § 16-13-20, et seq. and specifically § 16-13-21(4) as said Act shall appear from time to time.
- 2) **Safety Sensitive Position** shall be those positions where inattention to duty or errors in judgment by the employee or applicant while on duty will have the potential for significant risk of physical harm to the employee, other employees, or the general public. For purposes of this policy, those positions involved in drug interdiction, or having unsupervised access to prisoners, inmates, pre-trial detainees or contraband shall be considered safety sensitive positions. A list of such positions is attached as Exhibit C.



- 3) **Confirmed Positive Result.** Whenever an initial test for drugs or alcohol is found to be positive, the laboratory will carry out additional tests pursuant to laboratory testing guidelines to confirm that the initial positive indication was correct. If the second procedure also indicates the presence of drugs or alcohol, the test result will be considered a confirmed positive result.
- 4) **Medical Review Officer** shall mean a properly licensed physician who reviews and interprets the results of drug tests and evaluates those results together with medical history and any other relevant biomedical information to confirm positive results.

### **III. Drug and alcohol use prohibited.**

Alcohol and controlled substance use by employees during assigned working hours, in buildings or on the grounds, or otherwise while on official business shall be prohibited. This shall include the use or possession of controlled substances, the abuse of prescription medications, the possession of prescription medications by anyone other than the person for whom the medication was prescribed (except as required by official duty), and the use or abuse of alcohol. This prohibition (and the procedures set forth below) is in addition to any other drug and alcohol policy, including any policies or programs required by federal or state law.

### **IV. Types of testing to be implemented**

- 1) **Pre-employment testing:** Because substance abuse is not easily detectible in an applicant without the provision of a drug and alcohol screening, and because the safety and health of employees and the health and safety of citizens depend upon a workforce free from drug and alcohol abuse, all job applicants being considered for safety sensitive positions shall be required to pass a drug and/or alcohol screening test prior to being hired. All job applicants for safety sensitive positions shall be informed in advance that such testing shall be required, and postings for all safety sensitive positions shall include a notice of this testing requirement. Pre-employment testing shall take place only after an offer of employment has been made but before employment actually commences.
- 2) **Random and periodic drug testing:** Employees in all positions designated as safety sensitive, including those involved in drug interdiction, or having unsupervised access to prisoners, inmates, pre-trial detainees or contraband shall be required to submit to a drug and alcohol screening test at random or on a periodic basis from time to time as determined by the department head and the personnel director. To prevent any claim of unfair targeting, the date of any periodic testing will be randomly selected.

**3) Drug and/or alcohol screening test based on reasonable suspicion:**

- a. Any employee shall be required to submit to drug and/or alcohol testing when there is reasonable suspicion to believe that such employee is under the influence or effects of drugs and/or alcohol during assigned working hours or while otherwise on duty or in control of government property.
- b. Reasonable suspicion means a reasonable belief based on specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Situations that may give rise to a conclusion that an employee is under the influence of drugs and/or alcohol include, but are not limited to, the following:
  - i. An employee is involved in a physical or verbal altercation on the job.
  - ii. An employee has an excessive number of incidents or accidents on the job.
  - iii. An employee exhibits unusual behavior such as slurred speech or unsteady walking or movement on the job.
  - iv. An employee has an odor of alcohol or marijuana on their person on the job.
  - v. An employee is in possession of alcohol, drugs, or drug paraphernalia on the job.
  - vi. An employee is observed using illegal drugs or alcohol or has exhibited the symptoms and manifestations of being impaired due to alcohol or drug use.
  - vii. An employee has caused or contributed to an accident while on the job.
- c. In the event a supervisor determines that reasonable suspicion exists that an employee is under the influence of drugs and/or alcohol, the supervisor shall immediately report the incident to his/her immediate supervisor or department head and shall complete the form entitled *Observation Checklist* (Exhibit A).
- d. The determination of whether reasonable suspicion exists shall be made by the department head or, in his/her absence, by the highest-ranking supervisory staff on-duty at the time.

- e. Following the determination that reasonable suspicion exists, the facts underlying the determination of reasonable suspicion shall be disclosed to the employee at the time the demand to submit to testing is made. The employee shall be transported to and from the testing site by the employee's supervisor or a designee. Following the testing procedure, the person transporting the employee shall make appropriate arrangements to transport the employee home.
  - f. Supervisors shall be required to document in writing, by the next working day, the specific facts, symptoms or observations that formed the basis for their determination that reasonable suspicion existed to warrant the testing of an employee. All documents created in connection with the determination of reasonable suspicion shall be forwarded to \_\_\_\_\_.
- 4) **Testing after accidents or injury:** An employee in a safety sensitive position, an employee involved in the interdiction of illegal drugs, or an employee who, in his/her job duties, is given unsupervised custody of prisoners or contraband shall be subject to a drug and alcohol test conducted when, while on duty or just prior to going on duty:
- a. The employee is operating a vehicle and/or equipment causing damage or bodily injury; or
  - b. The employee is involved in a fatality; or
  - c. The employee is cited with a traffic violation; or
  - d. The employee sustains a work-related injury requiring medical treatment beyond first aid.

**V. Prescription drug use**

- 1) Any employees using prescription medication while on the job shall do so in strict accordance with medical directions. It is the employee's responsibility to notify the prescribing physician of the duties required by the employee's position and to ensure the physician approves the use of the prescription medication while the employee is performing his/her duties.

- 2) The abuse and/or inappropriate use of legally prescribed drugs, including the performance of duties when the employee knows or should know that he or she is potentially impaired due to prescription drug use, is prohibited and shall be deemed a violation of this policy. Job performance or attendance deficiencies resulting from use shall be cause for disciplinary action up to and including termination. If any employee's behavior or job performance gives rise to a reasonable suspicion that the employee is abusing or inappropriately using prescription medication, the employee may be required to submit to drug testing and to take leave until such time as the employee is cleared to return to work by the employee's physician, the Medical Review Officer, and the personnel director.
- 3) Employees and job applicants for safety sensitive positions shall provide [Laboratory] with a list of those prescriptions and over-the-counter medications the employee recently has used when their drug tests show a positive result for prescription drug use. The list of medications shall be disclosed only to the Medical Review Officer who will determine whether the positive result was due to the lawful use of any of the listed medications.

## **VI. Consent**

Before a drug and alcohol test is administered, employees and job applicants for safety sensitive positions will be asked to sign a *Consent Form* (Exhibit B) authorizing the test and permitting release of test results to the employer and the Medical Review Officer. The consent form shall provide a space for employees and job applicants to acknowledge that they have been notified of the requirements of this policy.

## **VII. Refusal to consent**

- 1) Job applicants: Any applicant for a position for which pre-employment drug and/or alcohol screening is permitted by law who refuses to consent to a drug and/or alcohol test shall be denied employment, and any conditional offer of employment shall immediately be rescinded.
- 2) Employees: Any employee who refuses to sign the required consent form or to submit to a drug and/or alcohol test as required shall be deemed to have violated this policy.
- 3) No show: Employees who fail to appear at the designated collection site to submit to a required drug and/or alcohol test when so directed shall be deemed to have refused to submit to the test and shall be deemed to have violated this policy. A "no show" shall include any attempt to adulterate a test sample or otherwise frustrate, impair, or otherwise impede the testing process.

- 4) Diluted sample: An employee or applicant who produces a drug specimen that results in a negative-dilute result (a specimen that results in a negative result for drugs, but contains enough fluids that the specimen is concerned diluted) shall be deemed to have refused consent unless the employee consents to a second drug test and takes the second drug test within forty-eight (48) hours of the negative-dilute result. The second drug test shall be administered via hair or saliva testing.

#### **VIII. Testing laboratory guidelines**

- 1) All testing procedures shall be administered and accounted for by an approved laboratory and/or medical facility operating in compliance with the National Institute of Drug Abuse (NIDA) or College of American Pathologists (CAP) guidelines.
- 2) Urine samples shall be provided in a private restroom stall or similar enclosure so that employees and applicants may not be viewed while providing the sample, unless circumstances require monitored testing. Outer garments, bags, briefcases, purses, or other containers will not be permitted into the test area. The water in the commode shall be colored with dye to protect against dilution of test samples.
- 3) If the drug and/or alcohol test is to be conducted using a specimen other than urine (e.g. hair, saliva, blood, etc.), the sample shall be collected in a manner consistent with the privacy of the employee and the need to minimize the possibility of adulteration and/or mislabeling of the sample.
- 4) Whenever an initial test for drugs and alcohol is found to be positive, the laboratory will then carry out additional tests pursuant to laboratory testing guidelines to confirm that the initial positive indication was correct. If the second procedure also indicates the presence of drugs or alcohol, the test result is considered a Confirmed Positive Result.
- 5)

#### **IX. Confidentiality of test results**

To the extent allowed by law, all information from an employee's or job applicant's drug and alcohol screening shall be confidential and only available to the Medical Review Officer, department head, \_\_\_\_\_ and those with a need to know at the discretion of \_\_\_\_\_. Disclosure of test results to any other person, agency, or organization shall be prohibited unless written authorization is obtained from the employee or job applicant or the disclosure is otherwise permitted by law. In any case, the results of an initial positive drug or alcohol test shall not be released until the results are confirmed.

**X. Violations of this policy**

Notwithstanding any progressive policy to the contrary, a positive test, a no-show and a refusal to consent shall all result in termination.

**XI. Employee assistance program**

Referrals to an employee assistance program or rehabilitation program shall be made in accordance with established employee assistance policies, if any.

**XII. Drug and alcohol convictions**

Consistent with the Federal Drug-Free Workplace Act of 1988, employees shall report to his or her department head within five (5) working days any arrest or conviction made under a criminal drug or alcohol law and any charge made under a drug or alcohol law for which conviction could cause the loss of driving privileges. The \_\_\_\_\_ shall then investigate and make appropriate recommendations to the \_\_\_\_\_, who shall make an appropriate employment decision consistent with the personnel policies.

# EXHIBIT A

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## OBSERVATION CHECKLIST

### Physical Signs or Conditions

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Walking</p> <ul style="list-style-type: none"> <li>- Stumbling</li> <li>- Swaying</li> <li>- Staggering</li> <li>- Holding On</li> <li>- Unable to Walk</li> <li>- Unsteady</li> <li>- Falling</li> </ul> <p>2. Standing</p> <ul style="list-style-type: none"> <li>- Swaying</li> <li>- Sagging at knees</li> <li>- Rigid</li> <li>- Unable to stand</li> <li>- Feet wide apart</li> <li>- Staggering</li> </ul> <p>3. Speech</p> <ul style="list-style-type: none"> <li>- Shouting</li> <li>- Silent</li> <li>- Whispering</li> <li>- Slow</li> <li>- Rambling</li> <li>- Mute</li> <li>- Slurred</li> <li>- Slobbering</li> <li>- Incoherent</li> </ul> <p>4. Demeanor</p> <ul style="list-style-type: none"> <li>- Cooperative</li> <li>- Polite</li> <li>- Calm</li> <li>- Sleepy</li> <li>- Crying</li> <li>- Silent</li> <li>- Talkative</li> <li>- Excited</li> <li>- Sarcastic</li> <li>- Fighting</li> </ul> | <p>5. Actions</p> <ul style="list-style-type: none"> <li>- Resisting communications</li> <li>- Fighting</li> <li>- Withdrawn or improperly talkative</li> <li>- Spends excessive amount of time on telephone</li> <li>- Displays violent behavior</li> <li>- Avoids talking with supervisor regarding work issues</li> <li>- Has exaggerated sense of self-importance</li> </ul> <p>6. Eyes</p> <ul style="list-style-type: none"> <li>- Bloodshot</li> <li>- Watery</li> <li>- Dilated</li> <li>- Glassy</li> <li>- Droopy</li> <li>- Closed</li> </ul> <p>7. Appearance/Clothing</p> <ul style="list-style-type: none"> <li>- Unruly</li> <li>- Messy</li> <li>- Dirty</li> <li>- Partially dressed</li> <li>- Body excrement stains</li> <li>- Stains on clothing</li> <li>- Having odor</li> <li>- Neat</li> <li>- Clean</li> </ul> <p>8. Breath</p> <ul style="list-style-type: none"> <li>- Alcoholic odor</li> <li>- Faint alcoholic odor</li> <li>- No alcoholic odor</li> </ul> <p>9. Accidents</p> <ul style="list-style-type: none"> <li>- Taking needless risks</li> <li>- Disregard for safety of others</li> <li>- Higher than average accidents on the job</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**EXHIBIT B**  
**PRE-EMPLOYMENT DRUG TESTING**  
**CONSENT AND RELEASE FORM**

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I understand that \_\_\_\_\_ (“county”) has established drug testing policies and procedures to test for current illegal drug use by applicants seeking safety-sensitive positions.

I acknowledge that a copy of the county’s policies and procedures are attached hereto. I further acknowledge that I have had the opportunity to fully review the policies and procedures prior to affixing my signature down below.

I understand that a conditional offer of employment has been extended to me for a position identified by the county as safety-sensitive.

I further understand that the current use of illegal drugs prohibits me from being employed by the county in a safety-sensitive position.

I further understand that I have the right to refuse to submit to the drug test.

I further understand that a refusal to take the drug test will result in an irrevocable withdrawal of the conditional job offer.

After being apprised of my right to refuse to take a drug test, I hereby consent to submit to a drug test and to furnish a sample of my urine, hair and/or blood for the purpose of determining the drug content thereof.

I hereby acknowledge that I am aware that \_\_\_\_\_ is a drug free workplace.

I authorize \_\_\_\_\_ and its personnel to collect the specimen or specimens for these tests and to forward them to a testing laboratory designated by the medical provider for analysis.

I further agree to and hereby authorize the release of the results of said test and associated documentation to \_\_\_\_\_.

In consideration of the drug testing services being rendered and paid on my behalf, I further agree to hold harmless from any liability the county and its employees, officers and agents in addition to the \_\_\_\_\_ and its employees, officers and agents arising in whole or in part, out of collection of specimen(s), testing, and use of the information from said testing in connection with \_\_\_\_\_’s consideration of my suitability for employment even if the county or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

(Applicant signature-next page)



Applicant:  
Print Name: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Guardian Signature (if applicant/employee under 18): \_\_\_\_\_

- |                                         |                                                     |
|-----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> DRUG TEST      | <input type="checkbox"/> PRE-EMPLOYMENT             |
| <input type="checkbox"/> BLOOD ALCOHOL  | <input type="checkbox"/> CAUSE/REASONABLE SUSPICION |
| <input type="checkbox"/> BREATH ALCOHOL | <input type="checkbox"/> POST-ACCIDENT              |
|                                         | <input type="checkbox"/> RANDOM                     |
|                                         | <input type="checkbox"/> FOLLOW-UP TREATMENT        |
|                                         | <input type="checkbox"/> OTHER _____                |

**EXHIBIT C**  
**SAFETY SENSITIVE POSITIONS**

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List Employee Positions which pose a risk of substantial bodily harm during performance of employees' duties or use of equipment provided: (See II Definition #2 on Page 34)

# Notes

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

# OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY  
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,  
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

**State Board of Workers' Compensation**

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
or 1-800-533-0682  
<http://www.sbwc.georgia.gov>

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

(Additional doctors may be added on a separate sheet)  
The insurance company providing coverage for this business  
under the Workers' Compensation Law is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
address

\_\_\_\_\_  
phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P1 (7/2006)

## **THE PANEL OF PHYSICIANS**

### **What is a posted Panel of Physicians?**

A posted *Panel of Physicians* is a list of doctors from whom your employees may seek treatment if injured on the job. Although a minimum of six doctors are to be listed, representing six different medical practices, additional physicians are recommended. All of these doctors are to be updated on the most recent version of the State Board's Form WC-P1. This is displayed along with the *Bill of Rights for the Injured Worker*.

The Georgia State Board of Workers' Compensation requires all employers to post these legal-sized documents in a conspicuous area in any location where employees are working. A Spanish version will also need to be posted for Spanish-speaking employees.

### **Who is to be included to ensure a valid Panel of Physicians?**

A valid *Panel of Physicians* will comprise of no more than two industrial clinics, and at least one of the doctors listed should represent a minority group. An ophthalmologist and an orthopedic surgeon are also to be included on the Panel. It is recommended that no less than two orthopedic practices be available to enhance the likelihood that the employees are able to obtain an appointment swiftly.

### **Why is a valid Panel of Physicians so important?**

Besides being required by law, having a valid *Panel of Physicians* posted at all times is a vital component in controlling the cost of workers' compensation claims. Employees are required to seek treatment by physicians listed on the Panel. If a valid Panel is not in place at the time of a work-related injury, the employee will no longer be required to seek treatment with those on the Panel and may seek medical treatment from any physician of their choosing. When this occurs, the employer must pay for this treatment and will lose control over medical costs.

Furthermore, these providers will be able to treat and closely monitor the employees on a consistent basis, since they are familiar with the Employer's Workers' Compensation program. They will be able to offer temporary transitional work assignments when warranted, and will remain committed in returning the employee to work as quickly as possible.

## Frequently Asked Questions

### **How does a valid Panel of Physicians benefit the employer?**

- A valid *Panel of Physicians* allows the employer to ensure that its employees are receiving quality, objective medical care from a physician familiar with Workers' Compensation, which in turn controls the cost of your Workers' Compensation claims and helps to minimize your premiums.

### **Is the employer required to post a valid Panel of Physician?**

- Yes. It is required by the Georgia State Board of Workers' Compensation. In the event that your Panel does not meet the requirements, your employees will be allowed to see any physician they choose. An invalid Panel may jeopardize eligibility for the ACCG Safety Incentive Discount Program.

### **Is the employer responsible for informing the employees of the posted Panel of Physicians?**

- Yes. The employees need to know the location of the Panel of Physicians at the time of hire. They are to be directed to the Panel of Physicians when they are injured and assisted in setting the appointments with the doctors of their choosing.

### **Must the Panel of Physicians be posted on pink paper?**

- No. It is recommended that it be posted on pink paper for easy identification, however, there will be no penalty if it is not.

### **Can several doctors from the same practice be placed on the Panel of Physicians?**

- Yes. However, if several different doctors are listed from one practice, physicians from five other practices will still need to be placed on the Panel. As an alternative, individual practices could be listed instead, and all doctors in that practice would be qualified to treat your employees.

### **What are the best practices regarding the selection of physicians?**

- Select those that will give the best medical care to your injured workers.
- Do not select physicians that have the injured worker return time and again, with no apparent progress, when they possibly need to be seen by another doctor or specialist who is more knowledgeable in the proper treatment for the specific injury. The worker will get back to work sooner and the medical cost will be less.
- Remember, you as an employer are in control of your Panel, and you can remove a physician from your Panel at any time. Be sure to notify the physician of that decision and update your posted *Panel of Physicians*.

**Should the doctors be contacted that are placed on the Panel of Physicians?**

- Yes. The physicians will have to agree to be available for the employees under Workers' Compensation and be familiar with the *Return to Work Program* and your concern for the injured worker. The providers are to be contacted once every six months by the Employer to determine that the doctors who are still practicing are giving the best medical care for the employees and doing a good job for the employer.

The *Panel of Physicians* is no longer valid, if even one doctor listed is not available to the employees at any given time.

**How often does the Panel of Physicians need to be updated?**

- The form itself needs to be updated whenever the *Georgia State Board of Workers' Compensation* revises its documents. The State Board requires that the most recent version of the *Panel of Physicians* and the *Bill of Rights for the Injured Worker* be used. The existing Panel will also need to be updated any time a change in physician or the medical practice is made.

**Do older versions of the Panel of Physicians need to be retained when revisions are made?**

- Yes. A master copy of each updated *Panel of Physicians* with the effective date is to be filed. The particular Panel that was in place at the time of an employee's injury may need to be referenced.

**Does the most recent version of the Bill of Rights for the Injured Worker need to be posted alongside the Panel of Physicians?**

- Yes. Otherwise, the *Panel of Physicians* may be deemed invalid.

**Where may the forms for the Panel of Physicians and Bill of Rights be found?**

- Go to <http://sbwc.georgia.gov> and select "Forms" under "Publications and Forms".

If you have any questions, contact ACCG Claims Administration Services  
404-522-5222 or 877-421-6298

WC-BILL OF RIGHTS

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$383 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$383 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$575 per week. A widowed spouse with no children will be paid a maximum of \$230,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

### Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).



# --- COUNTY

## RETURN TO WORK POLICY

### **PURPOSE OF POLICY:**

County (“the county”) strives to assist employees with returning to work as quickly, productively and safely as possible following an occupational or non-occupational injury/illness. This policy is not intended to cover those situations where a person’s injury/illness permanently prevents that employee (with or without accommodation) from performing one or more essential duties of the position that the employee occupied at the time of the occurrence of the injury/illness. In those situations, the county’s *Americans with Disabilities Act* (“ADA”) policy will be applicable. Instead, this policy applies to an employee with temporary medical limitations who, upon being released to full duty sometime in the future, is expected to be able to perform the essential duties of the position he/she occupied when their injuries/illnesses occurred (“permanent position”).

### **BENEFITS**

Many benefits result from encouraging employees to get well and return to work as soon as possible, including:

- Employees feel more productive, return to wages sooner and are likely to return to their pre-injury jobs more quickly.
- Employers can better control the workers’ compensation claim costs and reduce short-term and long-term disability costs when the employee experiences an occupational injury/illness.

### **TEMPORARY TRANSITIONAL ASSIGNMENTS**

When possible, the county will make temporary transitional assignments available on a non-discriminatory basis to injured/ill employees to minimize or eliminate time lost from work. The county defines “transitional assignment” as a temporary light-duty, limited-duty or modified-duty work assignment within the employee's medically-prescribed limitations and job, knowledge, skills and abilities (“KSA’s”). The term “temporary transitional assignment” appearing in this Policy is synonymous with the term “transitional assignment.”

#### **A temporary transitional assignment can take one of the following forms in the county:**

1. A temporary modification of the injured/ill employee’s current job so as to eliminate those non-essential job duties that are inconsistent with the employee’s medical limitations (“job modification”). In certain circumstances, a job modification within the meaning of this policy could include acquiring or modifying equipment that would permit the injured/ill employee to perform essential job duties that could not be performed without that equipment.

2. A temporary placement of the injured/ill employee into a vacant permanent position for which the employee is qualified and medically capable of performing (“vacant position assignment”). This type of temporary assignment shall cease by no later than the time the permanent position is filled.

3. The assignment of various outstanding or future tasks or projects for which the employee is qualified and medically capable of performing (“project assignment”). [Example: The County’s road department has been tasked by the county manager to ensure that the county’s road map correctly inventories all county roads by current name. Although this project was assigned four (4) months ago, the department has not been able to assign any staff to complete this project for a variety of organizational reasons. Assuming the injured/ill employee is qualified and medically-capable, this project could be assigned to an injured/ill employee.]

Although the county appreciates the benefits of temporary transitional assignments, it nonetheless recognizes that medically-prescribed limitations and KSA’s vary greatly among injured/ill employees. Additionally, the county’s organizational needs will vary over time due to a variety of factors outside of the county’s control. As a result, an injured/ill employee may be denied a temporary transitional assignment even though a colleague with substantially similar limitations and KSA’s was previously granted transitional work because the organizational needs of the county were different when the colleague received the assignment.

Additionally, because the organizational needs of the county vary over the course of time and because it may become evident that an injured/ill employee is not suited for a particular temporary assignment, it may be necessary for the county to discontinue an injured/ill employee’s temporary transitional assignment prior to the employee being medically cleared for full duty return to his/her permanent position. Consequently, the county cannot guarantee a transitional assignment for any particular duration and is under no obligation to offer, create or encumber any specific position for purposes of offering placement to such a position.

To maximize the opportunity for a temporary transitional assignment, temporary transitional assignment opportunities will be considered in all departments, not just the department where the employee’s permanent position is situated.

Because the constitutional offices of Sheriff, Tax Commissioner, Probate Judge and Superior Court Clerk are legally separate and distinct from the county, those offices are not considered departments within the meaning of this policy. The county cannot place an injured/ill county employee into one of those constitutional offices without the consent of the applicable constitutional officer. In appropriate and limited circumstances, the county will consider hosting an employee from a constitutional office for a temporary transitional assignment, if an acceptable written agreement is executed by and between the county and the constitutional officer.

All transitional assignments must have specific start dates, be productive, flexible, and based on medical progress and the county’s needs. Duties must never be demeaning or appear worthless in any way.

In the event an employee refuses a temporary transitional assignment (outside the employee’s *Family and Medical Leave Act* (“FMLA”) benefits period) for which the employee is qualified and medically capable of performing, the county is not obligated to provide an alternative assignment. If applicable, the county will notify the insurance carrier of the employee’s refusal of the transitional assignment.

## **PROCEDURES:**

The county necessarily has limited knowledge concerning the state of the injured/ill employee's health, when an employee is absent from work due to an injury or illness. Also; the county may not know of the employee's desire to return to work prior to being released to full duty to his/her permanent position. As a result, the injured/ill employee is responsible for communicating to the county his/her desire for a temporary transitional assignment, unless it is a work-related injury/illness. In that case, it is the county's responsibility to communicate to the employee the availability and details of a temporary transitional assignment.

An employee with an injury/illness unrelated to work who desires a temporary transitional assignment must request a *Request for Temporary Transitional Assignment Form* ("Form") from Human Resources and forward the Form to the attending physician for completion. An employee with a work-related injury/illness does not need to request the Form; instead, the county shall follow the procedures as set forth in the *Georgia Workers' Compensation Act* for the return to a temporary transitional assignment.

To be eligible for a temporary transitional assignment, the injured/ill employee shall return the Form as completed by the attending physician within 24 hours of the Form's completion. The injured/ill employee will not be eligible for consideration for a temporary transitional assignment unless and until the completed Form is timely returned to the county. However, nothing in this *Return to Work Policy* shall prohibit or limit the county's ability to return an employee to work pursuant to the *Georgia Workers' Compensation Act*.

Because of the various restrictions on employment and communication that are imposed by the FMLA, no injured/ill employee shall request or submit a Form while on FMLA leave.

### **Job modification**

#### **Medical limitations only affecting non-essential job duties**

If the medical limitations, outlined in the Form, will only require the elimination or modification of the nonessential aspects of the employee's permanent position, [*i.e.* the employee is medically-capable of performing all essential job duties of the employee's permanent position]; the appropriate designee will assess whether the elimination or modification of the employee's nonessential job duties consistent with the medical limitations outlined in the Form would undermine the organizational mission of the department. If the county designee determines that the elimination of the non-essential job duties, consistent with the medical limitations outlined in the Form, would not undermine the organizational mission of the department, the employee will be offered a temporary transitional assignment in the form of a job modification.

#### **Medical limitations only affecting essential job duties**

Alternatively, to the extent that the medical limitations outlined in the Form only prevent the injured/ill employee from performing one or more essential job duties, the appropriate county designee (with the injured/ill employee's input) will assess the following:

1. Whether the county's acquisition or modification of equipment would permit the injured/ill employee to perform those essential job duties; and
2. Whether the acquisition or modification of such equipment can be acquired or modified without the county incurring significant difficulty or expense. If both assessments are answered in the affirmative, the employee will be offered a temporary transitional assignment in the form of a job modification.

### Medical limitations affecting both non-essential and essential job duties

In the event that the medical limitations, outlined in the Form, prevent the injured/ill employee from performing a combination of essential and non-essential job duties, a job modification will be the result. However, the modification will only be appropriate, if eliminating the non-essential job duties does not undermine the organizational mission of the department and the acquisition or modification of necessary equipment would not require significant difficulty or expense.

### Vacant position assignment

If it is determined that a job modification is not appropriate, then the appropriate county designee will identify all permanent county positions that are vacant and forward to the injured/ill employee a list of those positions along with their corresponding job descriptions for his/her review. Within seven (7) business days of receiving that list and accompanying job descriptions, the employee shall identify in writing and forward to the county designee the vacant positions for which he/she is qualified. If the appropriate county designee concludes that the employee is qualified for one or more of the positions identified by the injured/ill employee, the designee shall forward the job description(s) to the employee who, upon receipt, shall present the job description(s) for review and approval by the attending physician.

If the attending physician approves the placement of the injured/ill employee in more than one of the positions reflected in the job descriptions, the county shall assign the injured/ill employee to the position that is the most critical from the county's perspective. If the attending physician approves the placement of the injured/ill employee into only one position, the county will place the injured/ill employee into that position.

### Project assignment

If job modification is not viable and there are no vacant permanent positions for which the employee is qualified and medically-capable of performing, the appropriate county designee will contact all department heads to ascertain whether there are any outstanding or prospective projects on which the injured/ill employee could capably assist, taking into account the nature of the project, the injured/ill employee's work history with the county, the injured/ill employee's previous work history and the injured/ill employee's KSA's. If one or more of the department heads identifies a project on which the injured/ill employee could capably assist the department, the appropriate county designee in consultation with the applicable department head(s) will prepare a temporary transitional job assignment description(s) that comprehensively describes the aspects of the project(s), including physical requirements. Upon completion, that transitional job assignment description(s) shall be forwarded to the injured/ill employee who, upon receipt, shall present the description(s) for the attending physician's review and approval.

If the attending physician approves the placement of the injured/ill employee in more than one of the project assignments reflected in the job descriptions, the county shall assign the injured/ill employee to the project assignment that is the most critical from the county's perspective. If the attending physician approves the placement of the injured/ill employee into only one project assignment, the county will place the injured/ill employee into that position.

### Non-occupational injuries/illnesses

The county's knowledge of an employee's medical condition is especially limited in the event of a non-occupational injury/illness. In that scenario, the county's ability to consider the injured/ill employee for a temporary transitional assignment entirely depends upon the employee's cooperation in providing medical documentation regarding the injury/illness. When necessary, the injured/ill employee shall provide a signed, written medical release prepared by the county to facilitate the production of that documentation. Unless indicated otherwise herein, other aspects of this policy apply equally to all injured/ill employees regardless of whether the injury or illness arises out of county employment.

### **JOB OFFER**

Upon completion of the Form and the attending physician's approval of a temporary transitional assignment, a written assignment offer letter will be prepared by the county's designee and mailed to the employee's last known address. The letter will note the doctor's approval and the start date, hours, wage, and location of the transitional work assignment. The employee shall be required to sign the letter indicating his or her acceptance or refusal of the assignment offer and to timely return the letter to Human Resources. Copies of the job description, work releases and job offer letter will be forwarded to the insurance carrier (when applicable).

Temporary transitional assignments are developed based on a variety of factors, including the physical capability of the injured/ill employee, the needs of the county and the availability of those assignments. The county will determine appropriate hours, shifts, duration and locations of all temporary transitional assignments. The county reserves the right to determine the availability, appropriateness and continuation of all transitional work assignments.

Any employee returning to a temporary transitional assignment must not exceed the duties of the position or go beyond the doctor's restrictions. Supervisors will monitor work performance to ensure the employee does not exceed the requirements set by the attending physician. Nonetheless, it is the injured/ill employee's obligation to be familiar with the medical limitations and to refrain from exceeding those limitations.

If any medical restrictions change, the injured/ill employee must immediately notify his or her supervisor and provide Human Resources with a copy of the new medical release.

It is the responsibility of the injured/ill employee or that employee's supervisor to notify Human Resources immediately of any work-related injuries, any employee absences from the temporary transitional assignment or of any changes in the assignment. The county's designee will communicate with the insurance carrier and/or attending physician as necessary.

### Inability to offer an injured/ill employee a temporary transitional assignment

If the county is unable to offer an injured/ill employee a temporary transitional assignment because job modification, vacant position assignment and project assignment are not viable options at the time of the request, the employee will remain on leave until such time as future employment action is appropriate.

### Successive Form Submissions

The county's inability to offer an injured/ill employee a temporary transitional assignment in response to the injured/ill employee's submission of a Form should not discourage the injured/ill employee from submitting subsequent Forms in the future. The county recognizes that an injured/ill employee's medical limitations could vary over time and, as a result, a job modification, vacant position assignment and/or a project assignment could become viable options at some future date. To the extent that an injured/ill employee with an injury/illness unrelated to work desires to be reconsidered for a temporary transitional assignment, the employee shall initiate the review process outlined herein by submitting a new Form. The reconsideration of an injured/ill employee for a temporary transitional assignment shall be initiated by the county consistent with the *Georgia Workers' Compensation Act*.

### Relationship with Americans Disability Act ("ADA") and Family and Medical Leave Act (FMLA)

Nothing in this policy shall be construed as eliminating or modifying the county's obligations under the ADA or the FMLA. The county fully complies with the ADA and the FMLA. To the extent that anything in this Policy is inconsistent with the ADA and/or the FMLA, those inconsistent aspects of the Policy shall necessarily yield to the ADA and FMLA. Inquiries about the ADA or FMLA in the context of this or any policy should be directed to Human Resources.

### Relationship with the Georgia Workers' Compensation Act

Nothing in this policy shall be construed as eliminating or modifying the employee's and/or the county's obligations under the *Georgia Workers' Compensation Act* or depriving an injured/ill employee and/or the county of the rights conferred by that statutory framework. To the extent that anything in this Policy is inconsistent with the *Georgia Workers' Compensation Act*, those inconsistent aspects of the Policy shall necessarily yield to state law.

### [OPTIONAL] Pay reductions while an employee is working a temporary transitional assignment

The rate of compensation that the county has established for the injured/ill employee in his/her permanent position is necessarily aligned and commensurate with the scope of the duties and responsibilities inherent in that permanent position. Necessarily, any temporary transitional assignment will implicate a different set of duties and responsibilities. To reflect that organizational reality, an injured/ill employee's compensation will be reduced during the pendency of the temporary transitional assignment by \_\_\_\_%.

Upon returning to his/her permanent position, the employee's full compensation will be reinstated immediately.

Send the **SAFETY DISCOUNT VERIFICATION FORM(S)**

*NO EARLIER* than **August 1, 2019**

and

*NO LATER* than **September 19, 2019**

If you have any questions about the **ACCG SAFETY DISCOUNT PROGRAM**,  
please contact Penny Henderson at 404-589-7834 or [phenderson@accg.org](mailto:phenderson@accg.org).