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|  <p><b>CD-032300</b></p> | <h1 style="text-align: center;">NEW MEXICO<br/>CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i><br/> <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p> |                           |
|   | <b>ISSUE DATE:</b> 10/30/85   | <b>REVIEWED:</b> 06/29/18 |
|   | <b>EFFECTIVE DATE:</b> 11/13/85   | <b>REVISED:</b> 02/24/15  |
| <b>TITLE: Workers' Compensation and Early Return to Work</b>  |   |                           |

**AUTHORITY:**

- A. Americans with Disabilities Act.
- B. The Family and Medical Leave Act.
- C. Chapter 52, Workers' Compensation, NMSA, 1978, as amended.
- D. State Personnel Board Rule NMAC 1.7.10.13
- E. General Services Division Rule 91-703

**REFERENCE:**

- A. ACA Standard 2-CO-1C-05, *Standards for the Administration of Correctional Agencies*, 2<sup>nd</sup> Edition.
- B. ACA Standards 4-4048, 4-4062, *Standards for Adult Correctional Institutions*, 4<sup>th</sup> Edition.
- C. ACA Standards 4-APPFS-3D-26, *Standards for Adult Probation and Parole Field Services*, 4<sup>th</sup> Edition.
- D. ACA Standard 2-CI-1A-6, *Standards for Correctional Industries*, 2<sup>nd</sup> Edition.
- E. Governor's Executive Order No. 91-27

**PURPOSE:**

To provide specific guidelines for handling Workers' Compensation claims and the Early Return to Work Program and to ensure each work site has an accident reporting system. **[4-APPFS-3D-26] [2-CI-1A-6]**

**APPLICABILITY:**

All employees of the New Mexico Corrections Department (NMCD).

**FORMS:**

- A. **Release to Full Duty** form (*CD-032301.1*)
- B. **Doctor Visit/ Modified Work Assignment (Work Related)** form (*CD-032301.2*)
- C. **Doctor Visit/ Modified Work Assignment (Non-Work Related)** form (*CD-032301.3*)

**ATTACHMENTS:**

None

**DEFINITIONS:**

- A. American with Disabilities Act (ADA): Federal Legislation signed into law July 26, 1990. It is an anti-discrimination statute which requires that qualified persons with disabilities be given the same consideration for employment as individuals without disabilities.
- B. Appointing Authority: The level of authority within the NMCD that can authorize hire.
- C. AWOL: Absent Without Official Leave.
- D. Early Return to Work Program (ERTW): Modifications to duties in accordance with *State Personnel Board Rule 1 NMAC 7.10.13*. Early Return to Work assignments includes "Modified Duty Assignments" and "Temporary Duty Assignments" as defined in the policy. Such assignments may last for up to six (6) months, which may be extended with permission of the State Personnel Director for an additional six (6) months.
- E. Family and Medical Leave Act (FMLA): This act provides up to 12 weeks of unpaid, job-protected leave for eligible employees to tend to their own or a family member's serious medical condition, birth of a child or military exigency and up to 26 weeks of leave to care for a covered service member or veteran.
- F. LWOP: Leave without pay.
- G. Leave Time: Time accrued as sick leave, annual leave and compensatory leave.
- H. Modified Work Assignment (MWA): A Modified Work Assignment is given to an employee who can perform all of the essential functions of their job classification, but is unable to perform some of the non-essential functions of their job classification; which classification may be subject to reasonable accommodation. The employee is relieved of performing some of the non-essential functions of their classification.
- I. MMI: Maximum Medical Improvement.


- J. Pre-Existing Physical Impairment: A disclosure of a prospective employee's medical condition regardless of origin, which could or will affect the person's ability to perform the duties of the position for which the person applied. Medical histories are not public record and disclosures will be held confidential.
- K. RMD: Risk Management Division of the State of New Mexico.
- L. Root: Determination of main cause of a problem or a problematic event arrived at through a root cause analysis.
- M. Temporary Duty Assignment (TDA): A Temporary Duty Assignment is given to an employee who cannot perform all of the essential functions of their classification; for which classification it is not possible to reasonably accommodate the employee by relieving the employee of performing any essential functions (e.g., Correctional Officers and Correctional Officer Specialists). It is a temporary duty assignment comprised of a combination of duties from one or more positions.

**POLICY:**

The NMCD will comply with all provisions of the *New Mexico Workers' Compensation Act*, the *FMLA* and the *ADA* to ensure that all employees are aware that they are covered under the provisions of these laws.

- A. All claims of Worker Compensation will be handled in compliance with the procedures in *CD-032301*.
- B. All employees shall practice safety in the work place and in operation of equipment at all times.
- C. Workers compensation shall be a part of the personnel policy manual. [4-4048]
- D. All incidents that result in injury to an employee are reported to the administrator or designee within a specified period of time. The administrator or designee will review the report and take appropriate corrective action. [2-CO-1C-05]


- E.** All employees who have direct contact with offenders shall receive an appropriate physical examination prior to job assignment. All other employees receive medical screening prior to job assignment. Employees receive re-examinations according to a defined need or schedule. **[4-4062]**



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

06/29/18  
Date

|   |  |                                  |
|---|--|----------------------------------|
|  <p><b>CD-032301</b></p> | <p><b>NEW MEXICO<br/>CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i><br/> <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p> |                                  |
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| <p><b>TITLE: Workers' Compensation and Early Return to Work</b></p>                                       |  |                                  |

**AUTHORITY:**

Policy *CD-032300*

**PROCEDURES:** [4-APPFS-3D-26] [2-CI-1A-6] [4-4062]

**NOTIFICATION/TREATMENT/EARLY RETURN TO WORK:**

**A. Employee Obligations:**

1. All employees shall immediately report to their immediate supervisor any accident or injury that has occurred during their normal work assignment.
2. All employees shall complete the **Workers' Compensation Notice of Accident** form (*NOA-1*), available through the Human Resources Bureau (HR), for any accident or injury that has occurred during their normal work assignment even if it is a minor accident or injury not requiring medical treatment and not resulting in loss of time from work.
3. All employees placed in a TDA or MWA approved by their physician, who refuse the assignment or by performing tasks or acts not consistent with or authorized by their TDA/MWA are in violation of their TDA/MWA and may be subject to disciplinary action.

**B. Immediate Supervisor Obligations:**

1. The immediate supervisor, in conjunction with the employee, shall complete the **Workers' Compensation Notice of Accident** form (*NOA-1*), if involved in any minor accident or injury not requiring medical treatment and not resulting in loss of time from work.

2. The immediate supervisor, in conjunction with the Fire Safety Program Manager, will investigate the accident scene to determine the root cause of the accident and will make necessary changes to reduce the likelihood of recurrence of the same type accident. They will complete the **Workers' Compensation First Report of Accident** form (*WCA EI.1*), (available through HR), describing all details related to the accident and a copy will be sent to the respective payroll officer and the state's contractor adjuster.
3. If the investigation produces evidence that the employee willfully or intentionally violated NMCD policy, the report will be submitted to the appropriate appointing authority for possible disciplinary action.

**C. Contractor Adjuster/Insurance Carrier:**

1. Will process the claim in its entirety and will file the claim with the *Workers' Compensation Administration*.

**D. Safety Program Director: [2-CO-1C-05]**

1. Will review the accident report and, if warranted, conduct a follow-up investigation.
2. Will follow-up on changes made to reduce the likelihood of recurrence of the same type of accident.
3. Report any noted problems to injured employee's adjustment to the work place, supervisor, or co-workers to the appointing authority for possible resolution.

**E. Labor Relations' Obligations:**

1. Will inform the employee of the Department's ERTW.
2. Will provide the employee with a list of the essential job functions or TDA for medical evaluation by the employee's treating physician.
3. In the event the employee's treating physician does not release the employee to return to normal duty, and a MWA or TDA is available, the physician will be advised of available work for evaluation.

- a. No employee will be permitted to return to full duty (or otherwise considered qualified to return to full duty) unless they have provided HR with a **Release to Full Duty** form (*CD-032301.1*)
  - b. It is the employee's responsibility to provide his or her treating physician with a blank **Release to Full Duty** form (*CD-032301.1*). If the treating physician completes said form, i.e., releases the employee back to full duty, the employee shall provide HR with an original copy of the form within three (3) working days of said release. It is the employee's responsibility to obtain the form from HR and provide it to his/her physician. Unless and until the employee provides HR with the **Release to Full Duty** form, the Department will assume that the employee has not been released to full duty and cannot perform the essential functions of his or her pre-injury, full duty position even if the employee has provided HR with treating physician's notes, reports opinions, letters, etc., that state that the employee can return to full duty.
4. If the employee declines a MWA or TDA that has been approved by the treating physician, HR will notify RMD with copies to the appropriate appointing authority and HR Administrator.
  5. HR will make the necessary arrangements to return the employee to work as soon as possible and complete the **Doctor Visit/ Modified Work Assignment (Work Related)** form (*CD-032301.2*) or the **Doctor Visit/ Modified Work Assignment (Non-Work Related)** form (*CD-032301.3*).
  6. HR will review Doctor's Query form after each visit to monitor the employee's progress.
  7. The employee may return to work in an MWA for up to 6 months. The MWA may be extended for up to 6 additional months if substantial progress in recovery has been demonstrated and return to full duty is anticipated within these 12 months. If the employee cannot return to full duty within 12 months, a copy of the employee's complete ERTW file will be forwarded to the Human Resources Bureau Chief (HRBC).
  8. The HRBC shall review the employees file to determine if State Personnel Board (SPB) rules as well as Department policy were followed.
  9. The HRBC shall notify the employee in writing that he or she should return to their position, or a position that he or she qualifies for, within ninety (90) days and that failure to do so may result in the employee being separated (without prejudice) from their position.

10. During the ninety (90) day period, the Human Resource Bureau (HR) shall review Department job vacancies to determine if the employee can be permanently reassigned to another position under the following circumstances:
  - a. MMI has been reached and the employee cannot perform one or more of the essential functions of the present job classification with or without an accommodation.
  - b. MMI is not attained within 12 months for a MWA or TDA.
  - c. The employee reports that he or she will be unable, due to a permanent disability, to perform the essential job functions of his or her present position.
  - d. The Department will make reasonable efforts to find suitable vacant positions within the agency at the same or lower midpoint than the midpoint of the pre-injury/pre-illness position for which the employee, (either with or without reasonable accommodation,) either; meets the requirements and can perform the essential functions of the job or the Department certifies that the employee holds qualifications and abilities necessary for successful job performance and can perform the essential functions of the job.
  - e. If approval is granted by the appointing authority, the local HR administrator will inform the HRBC who will proceed to request an exemption to the recruitment process through the State Personnel Office (SPO).
  - f. If no suitable position is available or if the employee rejects an alternative employment offer, the appointing authority shall proceed with a notice of contemplated separation in accordance with State Personnel Board Rule 1.7.10.13 Separation without Prejudice.

**F. General Counsel:**

If no suitable vacant positions exist, the Office of General Counsel shall review the case to determine if all appropriate measures have been taken to return the employee to work.

**G. Appointing Authority:**

After review is completed, if a position is not available or if the employee rejects an alternative employment offer, the appointing authority shall take action to separate the employee.



## H. Benefits Administration:

1. Upon adjudication by the *Workers' Compensation Administration* that the injured employee is entitled to benefits:
  - a. The employee will be given credit for a full workday on the date of the injury without charging it to sick leave.
  - b. The next five (5) working days are chargeable to sick leave, if the employee has sick leave available, or if sick leave has been exhausted, annual leave may be used at the employee's option. In either case, the employee must request the leave by completing form *SPB-001*.
  - c. After the first seven consecutive calendar days, when an employee is unable to work, Workers' Compensation will commence paying the employee 66 2/3% of the average gross weekly wage (or the maximum weekly payment specified by law, whichever is less).
  - d. Starting on the eighth consecutive calendar day, 1/3 of the employee's missed time is charged to sick leave until it has been exhausted and then to annual leave, in accordance with the following scale:
    - 1) 2.7 hours per day for full-time employees.
    - 2) 2 hours per day for three-quarter time employees.
    - 3) 1.4 hours per day for half-time employees.
    - 4) Indicated on the time sheet, "*On Workers' Compensation Coverage*", sick and/or annual leave must be requested by the employee by completing Form *SPB-001*.
  - e. When an employee has exhausted his or her accrued leave, the employee must request Leave without Pay using **Request for Leave without Pay** form (*CD-032801.1*) in maximum increments of 30 calendar days. A statement must accompany the request from the employee's treating physician indicating when the employee might be expected to return to duty. This option is only available if the treating physician indicated that the employee cannot return to work to MWA or TDA or such duty is not available.

- f. The employee will be informed when leave without pay has been granted for thirty (30) calendar days (or less if so requested). If he or she is unable to return to work after thirty (30) calendar days (or less, if less was requested and approved), they must submit a second request for LWOP a minimum of five (5) working days prior to the expiration of the approved leave or they will be charged AWOL and may be subject to disciplinary action including dismissal. LWOP cannot exceed thirty (30) calendar days for probationary employees or twelve (12) consecutive months for permanent employees, unless approved by the employee's Division Director.)
- g. If the employee fails to return to work as directed, the appointing authority will proceed with disciplinary action or separation from employment in accordance with *SPB Rule 1 NMAC 7.10.12* or *7.10.13* and *Department Policies*.
- h. If an employee is absent from work for two (2) consecutive calendar days, Workers' Compensation insurance retroactively pays the employee for the first seven (7) days he or she was absent from work. Since these seven (7) days have already been paid by sick leave, it is necessary that the employee's supervisor notify the appropriate payroll officer in writing that the employee has been absent for twenty-eight (28) days. The payroll officer will set up an accounts receivable for 66 2/3% of the amount paid to the employee for the days of sick or annual leave in that seven (7) day period. An hour's adjustment will be used to reinstate the twenty-seven (27) (2.3 of 40) hours leave to the employee's records.

**I. Fire/Safety Program Manager:**

- 1. Will examine all accident reports and work with the Facilities Safety and Sanitation Officer (FSSO) and Operations Manager where required, and take whatever corrective action is deemed necessary to prevent similar accidents in the future.
- 2. Will ensure that each accident report will be discussed at the monthly safety meeting immediately following the accident. If appropriate, an analysis of the accident, the root cause and basic preventive measures will be discussed in this meeting.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

06/29/18  
Date

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Release to Full Duty**

I have reviewed the ADA job description for the position of \_\_\_\_\_

and I am releasing \_\_\_\_\_ (employee name) to full duty, with no restriction,

based on the physical demands of the position. This release to full duty is effective

\_\_\_\_\_ (Date).

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**NEW MEXICO CORRECTIONS DEPARTMENT  
RISK MANAGEMENT DIVISION  
DOCTOR VISIT/MODIFIED WORK ASSIGNMENT (WORK RELATED)**

EMPLOYEE IS TO RETURN THIS COMPLETED FORM TO HIS/HER  
EMPLOYER AT THE CONCLUSION OF **EACH AND EVERY** DOCTOR VISIT

DATE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_ is a State of New Mexico, Corrections Department employee. An alleged on the job injury was reported by this employee on \_\_\_\_\_ which may require treatment as you determine. Please complete the data below so that a claim may be process by the Worker's Compensation adjusting firm. The adjusting firm has to make the decision as to whether the claim is compensable and the employee should be considered to be responsible for payment of your charges until that determination is made.

Thank you for your cooperation in this matter.

\_\_\_\_\_  
Human Resource Supervisor Agency/Division Phone

1. Diagnosis \_\_\_\_\_

2. Was the employee released today? Yes  No

3. X-ray(s)? Today: Yes  No  Previously: Yes  No

4. Medication prescribed? Yes  No  Continued

Will medication affect job performance? Yes  No

5. Can employee return to normal duty at this time? Yes  No

6. If "No", can employee return to work on a limited/restricted basis? Yes  No

7. If "Yes" to #6, what restrictions?  No reaching above shoulder  No pushing/pulling

No climbing of stairs or ladders  No operation of machinery  No lifting over \_\_\_\_\_

No repetitive waist bending  No kneeling/squatting  Limited/no use of \_\_\_\_\_

Other \_\_\_\_\_

How long will restrictions last? Until next visit \_\_\_\_\_ other date \_\_\_\_\_

8. When is next scheduled visit? \_\_\_\_\_

9. Other comments \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT  
RISK MANAGEMENT DIVISION  
DOCTOR VISIT/MODIFIED WORK ASSIGNMENT (NON-WORK RELATED)**

EMPLOYEE IS TO RETURN THIS COMPLETED FORM TO HIS/HER  
EMPLOYER AT THE CONCLUSION OF **EACH AND EVERY** DOCTOR VISIT

DATE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_ is a State of New Mexico, Corrections Department employee. In order to accurately determine his or her working status, please complete the data below so that a determination may be made whether to return the employee to full duty or return the employee to a modified work assignment (light duty).

Thank you for your cooperation in this matter.

\_\_\_\_\_  
Human Resource Supervisor Agency/Division Phone

1. Diagnosis \_\_\_\_\_

2. Was the employee released today? Yes  No

3. X-ray(s)? Today: Yes  No  Previously: Yes  No

4. Medication prescribed? Yes  No  Continued

Will medication affect job performance? Yes  No

5. Can employee return to normal duty at this time? Yes  No

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No climbing of stairs or ladders  No operation of machinery  No lifting over \_\_\_\_\_

No repetitive waist bending  No kneeling/squatting  Limited/no use of \_\_\_\_\_

Other \_\_\_\_\_

How long will restrictions last? Until next visit \_\_\_\_\_ other date \_\_\_\_\_

8. When is next scheduled visit? \_\_\_\_\_

9. Other comments \_\_\_\_\_