	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.01.10
		SUPERSEDES (Policy No. & Date): 493.01.10 of February 07, 1986	
	SUBJECT: ACCIDENTS AND WORKER'S COMPENSATION CLAIMS		Page 1 of 5

1.0 PURPOSE

To delineate procedures that shall be followed in the reporting of accidents and the filing of worker's compensation claims.

2.0 SCOPE

The policy applies to all Correctional Division personnel.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Comptrollers Memorandum, 1985-21.
- b. DSSH, Director's ICF, 07-09-1985.
- c. DSSH Policies and Procedures, 5.6.0.02, Accidents Involving State Motor Vehicles.

.2 Definitions

Work Period: The normal eight (8) hours shift or watch period to which an employee is assigned, plus any overtime required on that same shift or watch.

4.0 POLICY

All employees of the Corrections Division shall maintain and operate equipment and facilities in safe conditions at all times in order to prevent the occurrence of accidents. Accident reporting shall be done in a timely and efficient manner.

5.0 PROCEDURES

- .1 State employees on Oahu injured in any way while performing assigned duties shall:
 - a. Complete and sign four (4) copies of Form WC-5, "Employee's Claim for Compensation," as soon as possible after injury.

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- b. The employee's supervisor shall complete and submit four (4) copies of WC-1, "Employer's Report of Industrial Injury," during the work period involved.
 - c. In the event the employee needs the services of a physician, four (4) copies of Form WC-2, "Attending Physician's First Report" shall be completed and submitted.
 - d. All copies of the required forms shall be forwarded immediately to the Corrections Division Office.
- .2 State employees on the Neighbor islands shall:
- a. Prepare the same number of copies, within the same time period, as stated above in .1, a-d.
 - b. Send the original of Form WC-5, "Employee's Claim for Compensation," Form WC-1, "Employer's Report of Industrial Injury" and Form WC-2, "Attending Physician's First Report," to the Worker's Compensation Office on their respective island.
 - c. Forward the remaining three (3) carbon copies to the Corrections Division Office.
 - d. Carrier Case Report, Form WC-3, shall be completed by the Department's Fiscal office after all the necessary papers have been completed, determination made, and award received. The Corrections Division Office will then send a completed set of papers to the employee involved.
- .3 If employees do not require the services of a physician, they shall complete four (4) copies of WC-5, "Employee's Claim for Compensation," and the supervisor shall complete four (4) copies of Form WC-1, "Employer's Report of Industrial Injury," indicating at the top left-hand corner of the forms, "FOR RECORDS ONLY" to close the case. On Oahu forward four (4) copies to the Corrections Division Office. On Neighbor Islands, send the original to the Worker's Compensation Office of the respective island and forward the remaining three (3) copies to the Corrections Division Office.
- .4 Supervisor Accident Report, Form DSSH 0124, (10/84), shall be compiled by the Branch Safety representative for all accidents regardless of employee injury or

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not and forwarded to the Department Safety Officer via the Corrections Division Personnel clerks.

- .5 Other procedures notwithstanding, the Department Safety Officer requires 24-hour notification on all employee injuries in order to expedite that office's processing of the case. Where necessary, reports are expected to be delayed beyond that time limit. Telephone communication is needed.
- .6 Any inmate/ward or juvenile parolee under the jurisdiction of the Department who because injured shall have completed for them, two (2) copies of Form DSSH 3821 (12/85), "Inmate or Parolee Injury Report," within 24 hours of the injury. The original shall be filed in the active file of the inmate or parolee and the remaining copy shall be forwarded to the Corrections Division office.
- .7 Any collision, upset or property damage resulting from the operation of any State-owned vehicle shall be reported on ASC 309 R 22, "Automobile Accident Report," within the work period involved.
 - a. Three (3) complete copies shall be forwarded immediately to the Corrections Division office.
 - b. Any incident that results in death, major injury, or major property damage shall be reported immediately to the DEPC and

Alexsis Risk Management, INC 1221
Kapiolani BLVD, Suite 901
Honolulu, Hawaii 96814

Phone (808)531-2011 or 544-1397
 - c. In case of an accident, the driver and their supervisor should be guided by the following procedure:
 1. Driver should use the accident report card, fill out the details of the accident at the scene and give it to his/her supervisor or business office as soon as possible during the work period. They should report personal injury or serious property damage to their supervisor, immediately, by phone.

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2. Is it the supervisor or business office's responsibility to report the accident immediately by phone to the claims department of Alexis Risk Management, INC.
 3. A written report must follow within five (5) working days using standard accident forms, Automobile Loss Notice, furnished by the insurance company. Send the original and two (2) copies to FISCAL.
 4. State employees using DAGS, Motor Pool Vehicles are requested to follow "Accident Reports" of DAGS, Central Motor Pool Rules and Regulations in reporting accidents instead of the procedure outlined above.
- d. For accidents occurring on the Neighbor Islands employees should be guided by the following procedure:
1. Driver should use the accident report card to fill in the details of the accident at the scene and submit it to his/her supervisor or business office as soon as possible during the work period. They should then report any personal injuries or serious property damage to their supervisor, immediately, by phone. The supervisor shall inform Alexis Risk Management, INC, by phone, of the accident and personal injury.
 2. For minor accidents without injury, submit the original and two (2) copies of the accident report (standard forms) by mail to FISCAL. The claims representative may contact you by phone to give instructions and inform claimant of their approval repair shop on that respective island.
 3. For all major accidents (especially where injury is incurred), call Alexis Risk Management, INC. Tell the operator to reverse the toll charge. Your completed accident report must follow by mail within five (5) working days.
- On weekends, have the operator advise the answering service that it is an emergency and that you are representing the State of Hawaii.
- e. If necessary, a claim adjuster may be sent to Honolulu. The limits of liability of the State's Auto fleet are:


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1. Bodily Injury Liability:
\$300,00 on each person

2. Property Damage:
\$50,000 limit each accident

APPROVAL RECOMMENDED:


JAN 0 1 2024

Deputy Director for Corrections Date

APPROVED:


JAN 0 1 2024

DIRECTOR Date

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