

STATE OF NEVADA

Supervisor Workers' Compensation Checklist

EMPLOYEE _____ EE ID# _____ INJURY DATE _____

** All parts of this checklist must be completed with "date accomplished" or "not applicable."*

Reporting:

_____ **Notice of Injury (C-1)** completed by Employee as soon as possible after incident/accident, but not more than 7 days. (Nevada Revised Statutes 616C.015)

_____ **Supervisor's Accident Investigation** completed (immediately if possible, not later than 48 hours). Obtain written witness statements if applicable. (Nevada Revised Statutes 618.383)

_____ **Employer's Report of Injury (C-3) Form** completed by supervisor, (if employee seeks medical treatment) and sent to the third party administrator and/or designated agency representative within 3 days.

_____ **Employer's Wage Verification Form** completed by supervisor or payroll clerk and sent to the Third Party Administrator and/or designated agency representative. (Nevada Revised Statutes 616C.045)

_____ Forward a copy of the C-3 and Supervisor's Accident Investigation Report to the Agency Safety Coordinator and the Risk Management Office.

Injured Worker

_____ Provide employee with: 1) Employee's Responsibility Form, 2) Physical Assessment Form, 3) Workers' Compensation Leave Options Form, 4) Refer to Risk Management website, risk.nv.gov, for Medical Provider Directories.

_____ Review **Employee's Responsibilities Form and the Workers' Compensation Leave Choice Option form** before the employee leaves the premises and obtain signatures of both forms. If the employee leaves prior to this getting accomplished, review by phone within 24 hours of incident.

_____ Instruct the employee to return the Physical Assessment Form to you within 24 hours if possible, but not later than 3 days. (Nevada Administrative Code 284.6002)

Early Return to Work

_____ Inform the employee that you will design modified work, based on the doctor's limits, if possible or locate an appropriate assignment from the "Pool of Temporary Modified Duty Jobs." Remind the employee that the physical assessment form must be returned within **24 hours if possible, but not later than 3 days** of every doctor visit.

_____ If the employee is medically restricted from returning to full duty:

_____ Obtain the treating physician's name, address, telephone and FAX number.

_____ Identify modified duty utilizing the Physical Assessment Form.

_____ Call the treating physician, if necessary, to discuss modified duty options.**

If the claim is accepted by the insurer, solicit the assistance of the assigned Claims Adjustor in communicating with the Physician.

****Note: All oral communications made with an employee's treating physician must be logged and made available to the employee's attorney at a later date, if requested. (Nevada Revised Statutes 616D.330)**

_____ Outline tasks in a temporary duty assignment description. Any offer of light duty must be followed up in writing within 10 days of original offer.

_____ Provide the employee with a copy of the temporary assignment description and obtain the employee's signature.

_____ Maintain the original in an appropriate file.

_____ Send a copy to the Third Party Administrator (TPA).

_____ Call the doctor if you or the employee have **ANY** questions about medical restrictions or assignments *before* the employee starts work.

If the physician documents that the employee is to remain completely off work:

(Note: Physicians are required, by law, to provide work restrictions. They should not provide a work release that simply states that the employee is to stay off work.)

_____ Determine if the employee is in a hospital, confined to bed rest or immediately recovering from a surgery.

_____ If not, either instruct the employee to return to the physician's office to complete the Physical Assessment Form, or contact the Physician's office directly to remind them of their legal obligation and request work restrictions.

_____ If the physician does not provide the required information, contact either the designated Agency Representative, the Third Party Administrator or the Risk Management Office for assistance.

If the employee does not report as assigned:

_____ Notify the Third Party Administrator and appropriate Agency Representatives.

_____ Try to call/contact employee that day to determine why they did not report for work.

_____ Send a certified letter to the employee instructing them to return to work; and that failure to do so will result in an absent without leave status, subject to progressive disciplinary procedures.

Temporary Modified-Duty Assignment

_____ **Day One** (first day employee reports as assigned):

_____ Review assigned tasks, physical restrictions based on physical assessment, work assignment and supervisor, with the employee **prior** to beginning work.

_____ Remind the employee not to work beyond the established work restrictions.
If you or employee have any questions regarding restrictions or tasks, call the doctor.

_____ **Day 30 and Day 60** (consecutive calendar days from Day One):

_____ Update and upgrade task assignments as doctor relaxes employee's limitations.

_____ Review each new assignment with employee prior to beginning work.

- _____ Send update of temporary modified-duty assignment description to doctor for approval if significant changes have been made.
- _____ Ask the claims adjustor to contact the physician/chiropractor, if no progress is noted.
- _____ Provide copies of any correspondence to the claims adjuster and the appropriate agency representative.

_____ **Day 75**

- _____ Give the employee two-week notice, if the employee is not completing at least 51% of regular job duties, indicating they have exhausted their allowable days of temporary modified-duty assignment and will be placed on temporary total disability. Send a copy of the notice to the claims adjustor and appropriate agency representatives.

_____ **Day 90**

- _____ Arrange call-in program with employee, specifying frequency of call-in, when to call in and to whom to report. Have employee complete Workers' Compensation Leave Options Form, if not already completed.
- _____ If the employee is performing 51% of the job duties and is still making medical improvements, extend the modified duty assignment in increments of 30 days as indicated, but no more than 90 days. Always identify the next date of evaluation-do not leave it open-ended.

_____ **Day 165**

- _____ Give the employee two-week notice indicating they have exhausted their allowable days of temporary modified-duty assignment and will be placed on temporary total disability. Send a copy of the notice to the claims adjuster and appropriate agency representatives.

Notify the Claims Adjustor in writing when the modified duty assignment has ended.

SPECIAL NOTE: Make a special effort to provide any assistance needed to the employee in obtaining information or assistance in the management of their claim. A caring and helpful attitude by the supervisor is very important in promoting recovery from an injury.

All parts of this checklist must be completed with "date accomplished" or "not applicable." If you have any questions, contact your Personnel Representative, Safety Coordinator or Risk Management.

I have completed the actions as required on this checklist on the dates I have indicated.

Signature Title Date