

## **WORKERS' COMPENSATION 0524.0**

**Policy and Premium** - The Risk Management Division is responsible to obtain an insurance policy for and pay premiums on behalf of all agencies within the Central Payroll System. The Risk Management Division is the designated representative for all policy and claims issues. Rates are assessed to each budget account per \$100 of payroll through the payroll system. Claim deductibles may be established and assessed to agencies at the discretion of the Risk Manager, with due notice to affected agencies, to promote loss prevention and cost control. Premiums due for Volunteers, Board members, interns, inmate, cadet or community service workers or any other State employee not paid through the Central Payroll system are solicited quarterly from identified agencies.

### **Agency Responsibilities:**

1. Notify Risk Management when there is a change in the nature of work being performed, a new budget is added or an old budget inactivated, a Board or Commission is established or volunteers, interns, inmates, cadets or community service workers are utilized at anytime during a quarter.
2. Submit quarterly reports and premium payments to Risk Management as requested for volunteers, Board Members, interns, inmates, cadets, community service workers or other employees not paid through the Central Payroll System.
3. Provide updated applications, job descriptions and Memoranda of Understanding as requested by Risk Management.
4. Maintain a roster of volunteers, inmate labor, community service workers, interns, cadets or board members not paid through the Central Payroll System.

**Managed Care Organizations** - Injured employees, who reside in a county where the commercial insurance company has established managed care for workers' compensation, are required to seek medical treatment for injuries and occupational diseases from a physician contracted with the Managed Care Organization, unless there is not a provider within 20 miles of the employee's residence.

### **Agency Responsibilities:**

1. Provide information to employees on their rights and responsibilities in regard to the Managed Care Organization and maintain updated list of physicians included on the panel.
2. Assist employees, as necessary, in obtaining information and medical treatment.

### **Claims Reporting -**

1. Employees are required to immediately report all injuries and accidents to their supervisor, regardless of the degree of injury. They must complete a Notice of Injury (C-1 form) within 7 days of any injury or accident that occurs on the job for which immediate medical treatment is not obtained as per NRS §616C.015. Failure to complete this form in the required time frame will result in the possibility of any claim submitted for an injury thereafter to be denied.

### **Agency Responsibilities:**

- A.** Provide sufficient supply of C-1 forms at all locations and operations for easy access by employees.
  - B.** Educate employees on their responsibility to complete this form and the consequences of refusing to complete it.
  - C.** Notify the insurer when the required Notice of Injury Form (C-1) was not completed within the required 7 days, if a claim is submitted after this time period.
  - D.** Send a copy of the C-1 Form to the insurer ONLY if a claim was initiated and the C-1 form was not completed within the established time frame.
  - E.** Maintain records of all C-1 forms for three years.
  - F.** Ensure that employees losing time from work due to their injury do not receive both compensation benefits from the insurer and full-accrued leave concurrently. Employees can use their accrued leave to make up the difference between their compensation benefits and regular salary; however, they cannot receive more than 100% of their regular wage. A leave option form can be obtained from Risk Management to assist agencies in complying with this requirement. Once completed the form is to be provided to the insurer.
  - G.** Supervisors must document an investigation of all accidents. The investigation form will be forwarded to the insurer should the employee seek medical attention.
- 2.** When appropriate, employees should be directed to or assisted in obtaining prompt medical attention.
  - 3.** Agency supervisors or other designated representatives are required to complete and submit an Employers' Report of Injury (C-3 Form) to the insurer within 6 working days after the receipt of a Physician's Report of Injury (C-4 Form) for an employee who has sought medical treatment for an on the job injury or occupational disease. Employers who fail to return this form within the established time frame are subject to a fine from the Division of Industrial Relations. NOTE: Ideally this form should be completed at the time the employee reports the injury and states their intent to seek medical treatment. This report can be faxed to expedite this process.
  - 4.** If the validity of the claim is doubted or there are extenuating circumstances, the agency is expected to provide complete and detailed information at the time this C-3 form is submitted.
  - 5.** Forward a copy of all C-3 Forms to Risk Management.
  - 6.** If an accident results in a serious injury, fatality, or requires hospitalization of three or more employees, the Risk Management Division and the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations must be called immediately (within eight hours of notification of accident).

### **Claims Management -**

- 1.** Each agency head must assign a designated employee to review and monitor all claims activity. The guidelines established by the Risk Management Division must be followed.
- 2.** If the agency has factual information that the employee has a preexisting condition that could have affected the severity of the resulting injury or occupational disease and this was not noted on the C-4 form, this information should be forwarded to the Risk Management Division with a request for Subsequent Injury Review.
- 3.** The designated agency representative shall work closely with the insurer to ensure that all claims are being handled promptly and efficiently.

4. A Representative of the employing agency (preferably the immediate supervisor) must attend all hearings. The Attorney General's Office and/or independent counsel from the insurer is available to assist agencies at the appeal level or higher.
5. Agencies are expected to initiate hearings on issues that are disputed with the insurer in regard to claims determinations.
6. Technical assistance and/or representation at the hearing/appeal is available from Risk Management, upon request, when sensitive, serious or complex claims issues arise. The Risk Management Division may initiate hearings and appeals when the potential for a high cost or precedent setting claim issues occur. Agencies shall cooperate with the Risk Management Division when this action occurs.

#### **Early Return to Work Program -**

1. All agencies must follow the guidelines of the Early Return-to-Work Program developed by the Risk Management Division and closely monitor the progress of the injured employee to assist in the speedy return to work.
2. Modified duty must be provided whenever possible and if the agency cannot accommodate the injured employee, the agency must contact the Department Personnel Officer or Risk Management Division to locate an appropriate position from the "pool of modified duty jobs". Refer to Nevada Administrative Code 284.600 - 6008 for additional requirements.
3. Injured employees who are unable to return to their former position have reemployment rights within the Department of the Division that they are injured in, for up to a maximum of one year. NAC 284.6014 - 6019.
4. Agencies must interview injured employees unable to return to their former positions, from other Departments that are referred by State Personnel and give special consideration to hiring them for vacant positions that they are qualified to perform.
5. Employees on temporary assignment as per NAC §284.6004 may be extended beyond the 90-day limitation providing the injured employee is performing 51 percent or more of their regular job duties.
6. Agencies who have employees who were injured (on-the-job) on July 1, 2001 or later, and subsequently miss 30 consecutive days of work due to that injury will be assessed a \$1,000 deductible by the Risk Management Division. Catastrophic or unusual claims will be considered on a case-by-case basis.

#### **Contagious Diseases -**

1. Agencies that have employees who are considered to be "occupationally exposed" to blood borne pathogens in accordance with 29 CFR 1910.1030 must establish an exposure control plan. The plan will be specific to each site within their agency. Procedures for reporting exposures and subsequent testing within 72 hours as per NRS 617 will be addressed in the exposure control plan.
2. Agencies which have employees who are required to be tested for contagious diseases as per NRS § 616C.052 shall ensure they have written procedures to comply with this statute. Each agency must request adequate funding to pay for the required screening tests.

### **Employee Medical Examinations/Services -**

- 1.** The Risk Management Division is responsible to secure and oversee Statewide contracts with Medical Providers/Clinics on behalf of all agencies who are required to provide physical exams for police/fire employees pursuant to NRS §617.455 and §617.457, and other medical exams, screening tests or inoculations required by OSHA, EPA or DOT for all agencies who are required to provide these services.
- 2.** Each agency that is required to provide these exams must utilize the contracted providers, unless a waiver is granted by the Risk Management and Budget Divisions.
- 3.** Each agency must follow the guidelines established by the Risk Management Division for the types and frequency of exams, screening tests or inoculations.
- 4.** Each agency must request adequate funding to pay for the required medical exams, screening tests or inoculations.
- 5.** Agencies who employ job positions as identified in NRS 617.135 shall ensure that duties of employees as defined in NAC § 617.080 are followed with individuals who are identified to have predisposing risk factors for heart and lung disease. Agencies must cooperate with the Risk Management Division in matters dealing with their employee's predisposing risk factors, including the delivery of correspondence from Risk Management to employees with identified risk factors and returning an acknowledgement receipt form for the correspondence to Risk Management within 60 working days.
- 6.** Each agency that has employees who are required to have physicals under NRS 617.445 and 617.457, shall establish procedures related to the physical exam process based on the guidelines developed by the Risk Management Division and for personnel who are determined to be unfit for duty by the evaluating physician.
- 7.** Hearing examination results must meet the Council for Accreditation in Occupational Hearing Conservation guidelines for the ability to hear normal speech (55dB threshold at frequencies 500 Hz, 1000 Hz, and 2000 Hz in the better ear with hearing aids). Hearing level thresholds less than 55db in the better ear are expected to jeopardize an employee's ability to safely perform their job duties. Agencies must develop procedures to address fitness for duty issues when levels do not meet this threshold.
- 8.** Hearing examinations conducted pursuant to NRS 617.454 that identify a standard threshold shift of 10dB at frequencies 2000Hz, 3000Hz, and 4000Hz shall be referred to an appropriate medical specialist in accordance with 29 CFR 1910.95. Agencies who do not have adequate funding to pay for these services can request financial assistance from the Risk Management Division, if a work program or request to IFC is not feasible.