NORTHERN NEVADA ADULT MENTAL HEALTH
POLICY AND PROCEDURE

SUBJECT: WORK-INCURRED INJURIES AND WORKERS' COMPENSATION

NUMBER: NN-HR-35

ORIGINAL DATE: 10/16/08

REVIEW/REVISE DATE: 11/17/11

APPROVAL: ______Allan Mandell___________, Interim Agency Director

~~~~~~

I. PURPOSE:

The purpose of this policy is to ensure optimal treatment of and reimbursement for employees' work-incurred injuries; to prevent unnecessary cost and delay when injuries do occur, and to reduce the frequency and severity of work-incurred injuries.

II. POLICY:

Northern Nevada Adult Mental Health Services will comply with NRS and NAC governing the reporting and treatment of occupational injuries and/or illnesses.

III. REFERENCES:

MHDS Policy 5.023-Work Incurred injuries and Workers Compensation
~~~~~~

IV. PROCEDURES:

I. Employee Responsibilities:

All employees who sustain an occupational injury or illness are required to seek medical treatment by a managed care organization (MCO). If employees do not use the appropriate MCO provider they may be responsible for medical treatment expenses.

A. Employees are required to report all work-incurred injuries, accidents or illness to their immediate supervisor. A C-1 form (Notice of Injury of Occupational Disease) MUST BE COMPLETED for all incidents as soon as possible. The insurer may deny a claim for injuries if the C-1 Form is not completed within 7 days of the incident/accident (NRS 616C.015).

B. Employees must complete all necessary documentation and return it to their supervisor to be submitted to the Personnel Department.

C. Employees must attend all appointments and provide information immediately to the Personnel Department as it becomes available.

II. Physician Responsibilities

A. Review the information in the packet and complete the Physical Assessment Form, FMLA Certification and a C-4 Form.

B. Communicate with NNAMHS Personnel Department on any restrictions or updates.

III. Supervisor Responsibilities:

A. Make worker's compensation packets available to employees as needed. A packet should be kept in every office and every State vehicle as well as the employee's Essential Functions and Work Performance Standards.

B. Investigate and document pertinent information regarding the events and circumstances that resulted in the injury / illness, and recommendations for preventing future occurrences; send immediately to the agency Personnel Office.

C. Sign off on the C-1 form and send it immediately to the agency Personnel Office.

D. Upon receipt of the Physical Assessment Form, send original to agency Personnel Office. Advise them if the provider does not return this form to you.

E. Supervisor will complete the required C-3 form within 6 days of the injured employee returning from the doctor. (Copy will be given to employee, original to the Personnel Office.)

F. Assist in establishing modified duties; work with the agency Personnel Office on the requirements of the Early Return to Work Program; keep in close contact with the employee if they are not released to work.

G. Work with Risk Management, the agency personnel representative, and the Department of Division of Human Resource Management in attempting to identify suitable alternate vacant positions for employees with permanent work-incurred physical limitations who are unable to perform the essential functions of their pre-injury job.

IV. Agency Personnel responsibilities:

A. Maintain contact with Workers Compensation, Risk Management, physicians/chiropractors and MCO. Any oral communications relating to the medical disposition of an injured employee's claim with the employee's examining or treating physician or chiropractor must be documented in writing and include the date, time, and subject matter of the communication. A copy of any written communication regarding the claim must be provided to the employee or his/her representative in a timely matter.

B. In conjunction with the Deputy Attorney General, assist in representing the agency at Workers Compensation hearings.

C. Communicate with MCO and Risk Management regarding the need to use the Early Return to Work Program.

D. Assure completion of the C-3 forms, wage verification, and maintain complete file on every work related injury or illness; keeping the OSHA 300 log current as well as the tracking spreadsheet, compliance with posting of the S-100 Report and share information with the agency safety committee chairperson.

E. It is likely that an occupational injury/illness will qualify as a serious health condition under the Family and Medical Leave Act. The agency Personnel Office must ensure compliance with the Division's FMLA policy (5.028) for all eligible employees.

F. Many work-incurred injuries will also meet the definition of disability under the Americans with Disabilities Act (ADA). See Division policy 5.012 for relevant considerations.

G. Present work related accident incidents at the Environment of Care Committee meetings.

V. When medical treatment is needed the following steps are to be taken:

Step 1: Employee Completes a C1 Form whether they seek treatment or not. (Returned to supervisor who returns to Personnel within 7 days)
Step 2: Supervisor completes an Employee Accident/Injury/Incident/Investigation Report; (Returns to Personnel)
Step 3: If the employee seeks treatment, the employee obtains a packet from their supervisor which will contain:

- ❑ MCO Provider List (First Stop Clinics)
- ❑ Physical Assessment Form – Not necessary if seeking treatment at ARC. The positions' current work performance standards and essential functions;

Available in the Supervisor folder on the shared drive.

- ❑ Workers' Compensation Leave Choice Option Form (to
- ❑ Blue NNAMHS Incident Report Employee's Responsibilities Form
- ❑ FMLA documentation (to be returned within 15 days) NPD-60 Request for Leave-With FMLA documentation

Step 4: Employee will take the following to the physician for completion and return to Personnel within 3 days:

- ❑ Physical Assessment Form
- ❑ Current work performance standards and essential functions (if nature of injury indicates possibility of work restrictions);
- ❑ The NPD-61-Physicians Certification for FMLA (must be completed within 15 days)

Step 5: Employee will complete the following and provide to supervisor within 3 days of treatment:

- ❑ Workers' Compensation Leave Choice Option Form(Blue NNAMHS Incident Report NPD-60 Request for Leave-
  Employee's Responsibilities Form

Step 6: The Supervisor will complete and return to Personnel:

- ❑ Supervisor Responsibilities Form
- ❑ C3 form
- ❑ C1 form
- ❑ Leave Choice Option form
- ❑ Early Return to Work Program form
- ❑ Physical Assessment Form with any other documents provided by the employee
- ❑ Temporary Modified Duties Form

If the Physical Assessment Form indicates that there is a temporary physical restriction which will not allow the employee to perform regular job duties,

consideration will be given for modified and/or light duty, which may include working in a different job or agency, to be offered within 10 days; (see Early Return to Work Program) Employees must:

a) Maintain regular contact with supervisor;
b) Provide agency personnel representative or supervisor with Physical Assessment Forms completed by the treating physician after each appointment; this will constitute medical leave authorization. Only this form or one with similar information from provider will be accepted as documentation of authorized medical leave;
c) Select leave choice option; and
d) Provide the agency with a current address and phone number at all times.

VI. Statutory Timelines for submissions to the Administrator

A. Employee Notice of Injury to Employer (C-1)-Within 7 calendar days of accident (per NRS 616C.015
B. Employee Seeks medical Treatment (C-4)-Within 90 calendar days of the accident (per NRS 616C.020)
C. Physician Report (C-4)-Within 3 working days of initial treatment (per NRS 616C.040)
D. Employer Report to Third Party Administrator (C-3) Within 6 working days of receipt of C-4 Form (State policy is for supervisor to complete the C-3 Form upon notice that the employee intends to seek medical treatment or at the time the employee completes a C-1 Form) (Per NRS 616C.045)