NEVADA DEPARTMENT OF CORRECTIONS	SERIES 300 PERSONNEL	SUPERSEDES: AR 329(01/20/03)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 329 EMPLOYEE WORK-RELATED ILLNESS OR INJURY OR OCCUPATIONAL DISEASE TEMP	EFFECTIVE DATE: 04/05/04

TABLE OF CONTENTS

PURPOSE
AUTHORITY
RESPONSIBILITY
DEFINITIONS
APPLICABILITY
PROCEDURES
329.01 EMPLOYEE DUTY AND RESPONSIBILITY
329.02 VOLUNTEER DUTY AND RESPONSIBILITY
329.03 SUPERVISOR DUTY AND RESPONSIBILITY
329.04 WORK LOCATION REPRESENTATIVE DUTY AND RESPONSIBILITY
329.05 MEDICAL DIVISION DUTY AND RESPONSIBILITY
329.06 CERTIFICATION OF DISABILITY
329.07 TEMPORARY TOTAL DISABILITY
329.08 PERMANENT TOTAL DISABILITY
329.09 SERIOUS INJURY OR FATALITY
329.10 OSHA SUMMARY LOG ANDREPORTS
329.11 DISEASE CONTROL SPECIALIST DUTY AND RESPONSIBILITY
329.12 EARLY RETURN TO WORK PROGRAM
329.13 VOCATIONAL REHABILITATION
329.14 HEART/LUNG STATUTE
329.15 FRAUD/CRIMINAL PENALTIES
329.16 DISREGARD FOR SAFETY
329.17 DEADLINES
REFERENCES
ATTACHMENTS
MANDATORY REVIEW DATE 01-20-05

PURPOSE

To provide established guidelines for the reporting of all job-related accidents/injuries and/or occupational illness.

To provide established guidelines for employee emergency medical care.

To provide guidelines regarding the employee Early Return to Work Program.

AUTHORITY

NRS 209.131
NRS Chapter 212
NRS Chapter 616
NRS Chapter 617
NAC 284.600
NAC 284.718
NAC Chapter 616
NAC Chapter 617
OSHA 29 CFR 1910.1030

RESPONSIBILITY

The Department has the responsibility to provide emergency medical care for employees and requires all employees to report an industrial injury/accident/occupational exposure as soon as possible.

The Department Loss Control Coordinator shall be responsible to administer, coordinate, manage and supervise the employee work-related illness/injury program and occupational disease claims.

All Department supervisors are responsible for ensuring Notice of Injury or Occupational Disease Forms (C-1) is available. Supervisors shall acknowledge receipt of the Notice of Injury or Occupational Disease Forms (C-1) by an injured worker by affixing their signature to the form including the date of Notice of Injury. Supervisors are responsible to ensure the form is routed to the Work Location Representative and/or Department Loss Control Coordinator.

It is the supervisor's responsibility to ensure that all forms are properly completed, signed, grouped together, and promptly sent to the Work Location Representative for their facility.

The Department Disease Control Specialist is responsible to ensure that prompt and accurate reporting of all occupational blood borne exposures is accomplished, to ensure inmate blood testing has been performed and in compliance with OSHA requirements and test results are forwarded to the Department Loss Control Coordinator for workers' compensation claim management purposes.

DEFINITIONS

DEPARTMENT DISEASE CONTROL SPECIALIST– The individual appointed to the classified position within the Department to oversee and monitor occupational exposure responsibilities of the Department within the guidelines of the Occupational Safety and Health Administration (OSHA), Center for Disease Control, local Health Departments and to ensure compliance of the Department Exposure Control Plan. (AR 604)

DEPARTMENT LOSS CONTROL COORDINATOR – The individual appointed to a classified position within the Department to administer, manage, supervise, and coordinate the Department's employee work-related illness/injury program and occupational disease claims to include, but not be limited to, the right to appeal any determination made by the insurer or hearings/appeals officers, coordination of the vocational rehabilitation process and reemployment issues.

DEPARTMENT PERSONNEL DIVISION – The Personnel Division within the Nevada Department of Corrections.

DEPARTMENT SAFETY AND HEALTH SPECIALISTS – The individuals appointed to classified positions within the department to administer, manage, supervise and coordinate the safety, health, tort claims and risk management issues.

EMERGENCY MEDICAL CARE – Medical care rendered by a physician or chiropractor as a result of an industrial injury or occupational exposure.

EMPLOYEE – A person legally holding a position with the Department in the public service as defined in NRS 284.015.

EMPLOYER – Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any employee under contract of hire or inclusive of NRS 617.110.

HEART/LUNG STATUTE – Peace officers who are eligible under NRS 617.455 and NRS 617.457 regarding diseases of the heart or lungs which result in either temporary or permanent disability or death are compensable under the provisions of these chapters.

INDUSTRIAL INJURY – Refers to a sudden and tangible happening of a traumatic nature, producing an immediate or prompt injury which is established by medical evidence, including injury to prosthetic devices. The injury is usually a result of a risk created by the employment and can be traced to a definite time, place and cause. Industrial injuries also include occupational diseases contracted by employees eligible under the heart/lung statute. Any injury sustained by an employee while engaged in an athletic or social event sponsored by the employee's employer shall be deemed not to have risen out of or in the course of employment unless the activity was sanctioned and pre-approved by the Warden.

INSURER – The workers' compensation insurance company that manages the workers' compensation claims for state employees. Management includes the responsibility to ensure adequate medical treatment is provided to injured workers, and payment for medical expenses incurred and lost time compensation are promptly paid.

MODIFIED DUTY ASSIGNMENT – Temporary modification of a regular job requirement or alternative work while an employee is recovering from a medical condition.

OCCUPATIONAL HEALTH CARE PROVIDER – The managed care organization authorized to provide medical and health care services to employees who incur injuries or occupational exposures.

OCCUPATIONAL DISEASES – Bona fide work-related injuries/exposures, (e.g., a Tuberculosis conversion, exposure to pepper spray, smoke inhalation, exposure to infectious disease, heart or lung disease for those employees under the police/fire category). Diseases resulting from exposure to blood borne pathogens are generally accepted if the individual source can be identified.

PEACE OFFICER – Positions designated pursuant to NRS 169.125, NRS 289.010, NRS 289.200, NRS 481.053, NAC 289.060, and NRS 617.135.

PERMANENT TOTAL DISABILITY – An individual who becomes permanently and totally disabled from performing any type of gainful employment, and is unable to be rehabilitated back to work.

SCHEDULED DOCTOR'S APPOINTMENT – Subsequent doctor's appointments as a result of an industrial injury, physical therapy treatments, or medical testing. Employees of the Department shall appropriately document their use of sick leave under these circumstances. This leave is not reimbursable under the workers' compensation claim.

SERIOUS INJURY OR FATALITY – An injury causing significant incapacity or death.

TEMPORARY TOTAL DISABILITY – An individual totally incapacitated from work due to an industrial injury, and is so certified by a physician or chiropractor, is eligible to collect temporary total disability (TTD) benefits equal to 2/3 of the individual's gross wages at the time of injury, to a maximum established annually by law.

VOLUNTEER – Someone who offers various services to the Department without charge.

WORK LOCATION REPRESENTATIVE – The individual located at a specific institution or facility and designated by the Department Personnel Division to assist the Department Loss Control Coordinator in managing workers' compensation issues.

APPLICABILITY

This Administrative Regulation applies to all employees of the Department.

PROCEDURES

329.01 EMPLOYEE DUTIES AND RESPONSIBILITY

1.1 For those facilities that do not have on-site Personnel Analysts, the Warden may assign a designated contact person at their respective institution to coordinate the employee work-related illness/injury program. The individual assigned will maintain strict confidentiality surrounding the details of the claims and will report to the Warden or designated Work Location Representative and/or the Department Loss Control Coordinator. **(3-4048)**

1.2 Employees who sustain an injury or occupational exposure/disease shall seek medical treatment from the designated medical provider for their region. **(3-4048)**

1.2.1 If employees do not use this provider they may be responsible for the medical treatment expenses.

1.2.2 If one of the designated medical providers is not available within 20 miles of the employees' residence, they may choose a physician of their choice. Note: in this instance, it is advisable that the employees use their own personal health insurance provider in case the claim is denied. The Department Loss Control Coordinator, Department Personnel Division and designated Work Location Representative, maintains a current listing of employee work-related illness/injury providers authorized to provide medical care.

1.3 At any time an employee is involved in an accident, injury or suffers an occupational exposure or disease, it is the employee's responsibility to complete a Notice of Injury or Occupational Disease Form (C-1) within seven (7) days and report the incident immediately to a supervisor. **(3-4048)**

1.4 Employees authorized for temporary total disability (TTD) leave due to on-the-job illness/injury must follow the guidelines outlined in section 329.07 of this Administrative Regulation.

1.5 If an injured worker fails to timely file a Notice of Injury or Occupational Disease Form (C-1), the employee may be barred from collecting compensation on the claim, including medical benefits. **(3-4048)**

1.6 The injured worker has the burden of proof to establish by medical evidence that there was an injury, and by a preponderance of evidence that the injury arose out of and in the course of employment.

1.7 Employees must document appropriate leave use for all subsequent Scheduled Doctor's Appointments as a result of the work-related injury or occupational exposure. Administrative leave is not granted for this purpose.

329.02 VOLUNTEER DUTY AND RESPONSIBILITY

1.1 Persons engaged in volunteer work, who are not specifically covered already under NRS Chapters 616A to 616D inclusive, may be deemed by the workers' compensation insurer as employees of the Department as defined by NRS 616A.130. Such persons, as defined, may be entitled to some of the benefits of those chapters if they suffer an injury while performing volunteer duties on Department premises.

1.2 Such volunteers must follow the protocol under Section 329.01 in reporting injuries.

1.3 Volunteers must follow the protocol within the Department's Administrative Regulation 802.

1.3.1 A Memorandum of Understanding – Volunteer in State Service form must be signed and on file with the Program Services Administrator validating the volunteer status.

1.3.2 If a workers' compensation claim is filed, and accepted, workers' compensation coverage is limited to payment of medical bills and temporary total disability or a permanent partial disability rating both of which are based upon the deemed wage of $100 per month (Refer to NRS 616A.130).

1.3.3 There are no benefits regarding the early return to work program, temporary modified duty, vocational rehabilitation or re-employment rights.

329.03 SUPERVISOR DUTIES AND RESPONSIBILITY

1.1 Once an injury is reported to any supervisor and a Notice of Injury or Occupational Disease Form (C-1) has been completed by the injured worker and signed by the supervisor, one copy of the Notice of Injury or Occupational Disease form (C-1) shall be immediately sent to the individual responsible for maintenance of the OSHA 300 Summary Log for their respective work location and one copy shall be routed to the Work Location Representative. The original Notice of Injury form (C-1) shall be sent immediately to the Department Loss Control Coordinator located in Carson City.

1.2 The supervisor will immediately investigate the incident/accident and complete a Supervisor Accident/Injury Investigation Report Form DOC-1061. The supervisor shall ascertain whether there were any witnesses. Witnesses must complete a written statement that shall be attached to the Supervisor's report.

1.2.1 Supervisors are encouraged to contact appropriate Department Safety and Health Specialists or the Department Loss Control Coordinator for assistance.

1.2.2 The supervisor will submit all reports/forms to the designated Work Location Representative for documentation purposes. The Work Location Representative will forward the documentation to the Department Loss Control Coordinator for claim management purposes.

1.2.3 Should further investigation of the incident/accident be deemed appropriate, the Department Loss Control Coordinator will coordinate such activities with the Department Safety and Health Specialists through the appropriate division head.

1.3 If the injury is the result of a crime being committed, the supervisor will follow the procedure
as outlined in the Department's Administrative Regulation 458.

1.4 In instances of bloodborne exposures, per OSHA and Department protocol, the employee shall be immediately relieved from duty and directed to one of the designated medical providers (or the nearest hospital if exposure occurs after hours) whereupon the employees' blood must be drawn and tested within 72-hours of the exposure (Refer to NRS 617.481).

1.4.1 The required paperwork, Notice of Injury or Occupational Disease Form (C-1), Employer's Report of Industrial Injury or Occupational Disease Form (C-3) can be completed the following day. Immediate treatment shall not be delayed for the purpose of completing the forms.

1.4.2 Supervisors shall ensure the name and back number of the inmate is on the Notice of Injury Form (C-1) and Employer's Report of Industrial Injury or Occupational Disease Form (C-3) in order to document the source of the exposure.

1.4.3 The Department Loss Control Coordinator will follow-up with the treating physician and insurer as to the test results of the inmate. (Refer to HCIP 212)

1.5 If a supervisor determines it would be unsafe for staff to drive themselves home, an attempt will be made to contact a family member to pick them up, or transportation should be provided.

1.5.1 Routine medical problems, e.g., colds, flu, headaches, toothaches, etc., will be dealt with at the employee's supervisor level. If the employee is unable to work, the employee will be sent home.

1.5.2 Serious problems, accidents and injuries shall be referred to the Department infirmaries immediately when staff is on duty. If after hours, or no Department medical staff is available, local emergency services shall be contacted.

1.5.3 Medical division staff shall determine the mode of transportation should emergency transport be deemed necessary for an injured employee.

1.6 The Employer's Report of Industrial Injury or Occupational Disease Form (C-3) shall be completed by the supervisor within six-days (6) in the event the employee receives medical treatment as a result of a work-related illness/injury. The Employer's Report of Industrial Injury or Occupational Disease Form (C-3) is not necessary if the employee does not seek medical treatment.

1.7 A Worker's Compensation Leave Choice Option Form DOC-1060 shall be given to the employee by the supervisor for completion and signature. Without completion of this form, the injured worker will not be entitled to any compensation.

1.8 If a supervisor becomes aware of a Peace Officer with a debilitating heart condition or lung condition (including but not limited to cancer, chronic obstructive pulmonary disease, heart attack, etc), they are to notify the Department Loss Control Coordinator of the condition for consideration of a workers' compensation claim under the heart/lung statute (Refer to Section 329.14).

329.04 WORK LOCATION REPESENTATIVE DUTY AND RESPONSIBILITY

1.1 The designated Work Location Representative will review all Form(s) for completeness, ensuring all applicable forms are attached, and fax a copy of the Employer's Report of Industrial Injury or Occupational Disease Form (C-3) to the insurer. Facsimile confirmation of the fax shall be attached to the Employer's Report of Industrial Injury or Occupational Disease Form (C-3). Original forms will be sent to the Department Loss Control Coordinator for claim management and early return to work issues.

1.2 The designated Work Location Representative will be responsible for ensuring confidential workers' compensation files are kept secure and separate from personnel files.

1.3 If the supervisor's report of the injury differs from the injured worker's version, it shall be noted on the Employer's Report of Industrial Injury or Occupational Disease Form (C-3).

329.05 MEDICAL DIVISION DUTY AND RESPONSIBILITY

1.1 The Department medical staff is expected to provide emergency medical care and make referrals for further cares by an employee's personal physician and/or worker's compensation medical provider authorized to care for work-related illness/injuries. Medical staff are not expected to provide medical services for routine medical problems e.g., colds, flu, etc.

1.2 Per HCIP 212, in all instances of staff bloodborne exposures (propelling incidents, cuts, needle sticks, etc.), the medical division staff shall provide first aid treatment to the exposed employee.

1.2.1 Because it is advisable that preventative medication be taken within 2-hours of a serious exposure, the Department Infirmary Nurse shall ascertain the need for emergency HIV chemoprophylaxis by contacting the Occupational Health Care Provider during regular hours or the nearest emergency room, after normal working hours.

1.2.2 The Department Infirmary Nurse will describe the nature of the exposure and HIV status of the exposure blood to the physician.

1.2.3 Notification of the exposure must be telephonically conveyed by the Department Infirmary Nurse prior to sending the employee to the medical provider in order to alert that facility of an emergency situation that will require treatment within two hours and determine if the needed medications are available at the location of the provider.

1.2.3.1 At least two emergency packets containing a 72-hour supply of HIV medications shall be available in Department infirmary areas where HIV anti-retroviral drugs are potentially not available at the site of the Occupational Health Care Provider.

1.2.3.2 If the Occupational Health Care Provider recommends medication physician, the Department infirmary nurse will request that the Occupational Health Care Provider physician fax a prescription to the Department infirmary. The infirmary nurse will immediately provide the employee with the emergency HIV medications from the Department's pharmacy.

1.2.3.3 The employee shall take the medications, if recommended by the Occupational Health Care Provider physician, and then proceed immediately to the nearest Occupational Health Care Provider facility for the required post-exposure follow up.

1.2.3.4 The infirmary nurse will follow the established protocol to immediately draw the inmate's blood and have it tested for occupational diseases per the Department's Administrative Regulation 604 and HCIP 212 guidelines. Results of the initial tests, as well as subsequent tests, shall be provided under confidential cover to the Department Loss Control Coordinator for claim management purposes within 10-days.

329.06 CERTIFICATION OF DISABILITY

1.1 If an injured worker's treating physician has certified that an injured worker is unable to work for a period of at least five (5) consecutive days**,** or five (5) cumulative days within a 20-day period, the worker is considered temporarily disabled and may be eligible for temporary total disability (TTD) through the worker's compensation insurer.

1.1.1 Documentation by a treating physician is necessary to receive such compensation.

1.1.2.1 The employee must report such disability immediately to their supervisor. Failure to comply is in violation of the Department's Administrative Regulation 343.

1.1.2.2 The supervisor shall forward the physician's off-work certification to the Work Location Representative or Department Loss Control Coordinator.

1.2 If an injured worker refuses treatment, fails to report for treatment, misses appointments or otherwise obstructs reasonable medical care offered to the worker, benefits may be suspended or terminated. Should this occur, supervisors are to contact the Department Loss Control Coordinator for assistance.

1.3 If an injured worker knowingly performs activities against their doctor's orders while working in a temporary modified duty assignment, the supervisor shall immediately relieve the employee from duty and contact the Department Loss Control Coordinator for guidance.

1.3.1 No injured worker shall knowingly continue working beyond their established physical limits and risk re-injury. The worker's compensation insurer will discontinue benefits for such injurious practice.

329.07 TEMPORARY TOTAL DISABILITY

1.1 Employees eligible for TTD leave due to a work-related illness/injury, must determine which leave option they wish to use by completion of the Worker's Compensation Leave Choice Option Form DOC-1060.

1.1.1 The completed form must be forwarded to the Department Loss Control Coordinator by the Work Location Representative so that in instances of lost time, the Department Loss Control Coordinator will have the information at hand in order to alert the Department Payroll Section and insurer to the type of leave desired.

1.1.2 This form is imperative to omit double payments from occurring.

1.2 If the employee elects to continue their normal salary by being placed on paid leave, the unendorsed TTD check must be sent directly to the Department Payroll Office**.**

1.2.1 The gross amount of the TTD check is deducted from the employee's future paycheck and the employee's sick leave and/or annual leave is credited. Sick and/or annual leave is credited back using the following formula:

1.2.1.1 Equation: Amount of TTD Check Applicable to Leave Hours Taken divided by Employee Hourly Pay Rate at Time Leave is used

1.2.1.2 The employee must ensure time sheets are submitted on time for each pay period in order to report all hours of paid leave and/or Leave Without Pay (LWOP) during the period of absence. Time sheets shall be coded to reflect the type of worker's compensation leave being used.

1.3 Employees placed on LWOP while on TTD will keep the check issued by the insurer. If the employee is to be on extended LWOP, the employee must contact the Department Personnel Division to initiate the appropriate paperwork.

1.4 Employees are advised that they cannot keep or accept both their normal salary and the TTD check. Accepting compensation from both the insurer and the Department totaling more than normal compensation is illegal and will be considered as defrauding the State of Nevada, Department of Corrections and disciplinary action may be taken.

1.5 Supervisors and administrative staff processing the Employer's Report of Industrial Injury or Occupational Disease Form (C-3) must ensure that the form is signed and completed in its entirety.

- Employer Name

  Full names of the institution, facility or division shall be used. Acronyms shall not be used as the insurer may not understand NDOC, NSP, HDSP, etc.

- Account Number

  The respective budget account shall be used as the account number.

- Date of Injury

  This is the date the incident occurred.

- Date Employer Notified of Injury

  This is the date the incident was reported to the supervisor (note: the report or notification date may differ from the actual date of injury). This information is pertinent, as the notice of injury conveyed by the injured worker may have been reported after the required time frame and subject to denial for late reporting.

- How Did This Happen?

  Explain the circumstances of the incident including exact location where it occurred (e.g., Tower #4, etc.). If the injury occurred due to an inmate attack, the inmate's name and back number shall be included on the Employer's Report of Industrial Injury or Occupational Disease Form (C-3). Without fail, this shall be done for blood borne exposure claims.

- Employer's Signature

  The Employer's Report of Industrial Injury or Occupational Disease Form (C-3) must be filled out and completed personally by the supervisor. The supervisor shall not instruct the injured worker to complete this form for the supervisor. This is the official interpretation by the supervisor as to how this incident occurred. It may differ from that of the injured worker. Conflicts in

reporting may result in further investigation or confusion at the hearings/appeals levels. Therefore, if validity of the claim is doubted, the reason must be stated on the Employer's Report of Industrial Injury or Occupational Disease Form (C-3). The Notice of Injury or Occupational Disease Form (C-1) shall be attached to the Employer's Report of Industrial Injury or Occupational Disease Form (C-3) at the time of reporting as well as all other documents, if applicable, (e.g., witness statements, Leave Choice Option, etc.) to ensure a full and complete report.

329.08 PERMANENT TOTAL DISABILITY

1.1 When an injured worker becomes permanently and totally disabled from performing any type of gainful employment and is unable to be rehabilitated back to work, they may be eligible for permanent total disability (PTD) benefits. These benefits are the equivalent of the TTD benefits combined with medical care for life, or until the person is no longer permanently and totally disabled. Specific injuries and diseases are outlined in the statutes that permit the PTD determination.

329.09 SERIOUS INJURY OR FATALITY

1.1 If an accident results in a serious injury, fatality, or requires hospitalization of three (3) or more employees, the Department Safety and Health Specialist, State Risk Management Division and Occupational Safety and Health Enforcement section of the Division of Industrial Relations must be informed within 8 hours of the incident. Refer to the Department's Administrative Regulation 319.

329.10 OSHA SUMMARY LOGS AND REPORTS

1.1 The OSHA reporting documents will be retained at each work location for five-years (5). Institutions may be subject to audits that verify postings and injury logs. Failure to pass audits may result in the Department incurring fines/citations. Refer to the Department's Administration Regulation 319

1.2 Each respective Warden will designate one person to be responsible for this function. This same individual will coordinate efforts with the Department Safety and Health Specialist to prepare the required final reports.

1.3 The required OSHA 300 reports and logs will be posted at each facility from February through April. The Department's southern and northern Administrative Offices will post the respective reports and logs in the office of the Department Personnel Division.

1.3.1 The Carson City (Central Office) OSHA reports and logs will be prepared by the Department Loss Control Coordinator for those budget accounts listed under "Administration."

1.3.2 Camp Lieutenants will prepare and post their respective reports and logs at the camps.

1.4 Names shall not be disclosed on posted reports and logs to maintain the confidentiality of the employee. For questions, contact one of the Department Safety and Health Specialists.

1.5 Each person responsible for the OSHA documents will enter each recordable injury and illness on the log and summary as early as practicable, but no later than six-working days (6) after receiving information that a recordable injury or illness has occurred. Failure to comply may result in an OSHA citation upon audit.

329.11 DISEASE CONTROL SPECIALIST DUTY AND RESPONSIBILITY

1.1 The Department Disease Control Specialist shall work in concert with the Department Safety and Health Specialist to ensure compliance with all OSHA bloodborne requirements and Department Loss Control Coordinator with respect to bloodborne exposure claims.

1.2 The Department Disease Control Specialist shall keep the Department Safety and Health Specialist and Department Loss Control Coordinator up to date on changes in the Department's internal Exposure Control Plan.

329.12 EARLY RETURN TO WORK PROGRAM

1.1 By Executive Order, the Department will comply with the Governor's Early Return to Work Program.

1.1.1 Temporary Limits – When an injured worker receives temporary restrictions in conjunction with a release to return to temporary/limited duty, the supervisor shall identify a temporary position that is within the employee's temporary physical restrictions. If possible, the supervisor will assign the same shift as that worked prior to the injury/illness unless agreed upon by the injured worker to work a different shift.

1.1.1.1 No work can commence, however, until treating physician approval has been received in writing authorizing the temporary position (NAC 284.601). This function can be coordinated through the Department Loss Control Coordinator (for northern claims) and the Department Personnel Division (for southern claims) and/or the Work Location Representative responsible for worker's compensation matters.

1.1.1.2 Employees with work-related injuries/illness are given priority for temporary assignments over those employees with non-work-related injuries.

1.2 Accommodation – The duration of any temporary assignment is ninety-calendar (90) days. For possible extension beyond ninety-days (90), contact the Department Loss Control Coordinator for guidance. A temporary modified assignment cannot be extended beyond 180-days.

1.3 Agreement Letter – Once written approval has been received by the injured worker's treating physician, a temporary modified duty agreement letter will be generated in cooperation with the Department Loss Control Coordinator and the Department Personnel Division for the region. The agreement letter must be generated within 10-days of returning the injured employee to work (NRS 616B). The letter should specify:

- Exact duties to be performed;
- Shift to be worked;
- Days off indicated; and
- Length of the assignment.

1.3.1 The injured worker and the supervisor shall sign the temporary modified duty agreement letter before the employee commences working. Copies of the signed agreement letter shall be provided to the injured worker, designated institutional Work Location Representative, and the original shall be sent to the Department Loss Control Coordinator within five-days (5).

1.3.2 An employee, who fails to report for a temporary modified duty assignment, that has been pre-approved by the treating physician, within 3 days of the verbal or written notice to appear for duty will cause their workers' compensation benefits to cease, will be considered AWOL, and may be subject to disciplinary action.

1.4 End of Temporary Modified Assignment – A modified duty assignment will end when one of the following occurs:

- Ninety-consecutive calendar days (90) have elapsed from the day the employee accepts the assignment;
- The employee is released to full duty;
- Documented permanent restrictions which prevent the employee from performing the essential functions of their pre-injury position and for which permanent reasonable modification cannot be made (refer to section 329.13);
- The temporary assignment is no longer available or other conditions require the Department to stop the temporary assignment; and
- The claim for worker's compensation is denied.

1.5 Full Duty Release – When the injured worker produces a physician's full duty release, the supervisor shall send the documentation to the Department Loss Control Coordinator within seven – days (7).

1.6 If the injured worker has completed a 90-day temporary assignment and subsequently has surgery related to the same injury, a second 90-day assignment can be offered.

329.13 VOCATIONAL REHABILITATION

1.1 If an injured worker receives permanent restrictions that prevent them from performing the essential functions of their pre-injury position and for which reasonable accommodations cannot be made, the Department Loss Control Coordinator shall attempt to find alternate employment within the Department or another State agency.

1.2 If no alternate position exists with a wage of at least 80% of the pre-accident job, the employee may be eligible for vocational rehabilitation benefits under the workers' compensation program.

1.3 Benefits can range from limited job placement assistance for individuals with transferable skills to lengthy formal school training programs.

1.4 Employees who do not wish to be re-trained have the option to request a lump sum settlement in lieu of re-training.

1.4.1 If this option is selected, the employee forfeits their rights to receive future rehabilitation benefits.

1.4.2 Twenty-days after the employee signs the settlement agreement, the employee is deemed terminated from employment with the Department.

1.5 If vocational rehabilitation is selected, the employee cannot be removed from his Department position until completion of the training.

1.5.1 Length of training is dependent upon the Permanent Partial Disability (PPD) award:

6% = up to 9 months of training;
7% - 10% = up to one year of training;
11% = up to 1 ½ years of training.

1.5.2 At the conclusion of the training period, the employee is assisted with 30-days of job search by the insurer. At the end of that time, the employee can be removed from his Department position.

329.14 HEART/LUNG STATUTE

1.1 Correctional Officers and Forensic Specialists who have been continuously employed for Five-consecutive (5) years that subsequently contract a disease of the heart, and have satisfied all the requirements under NRS 617.457, may have a valid workers' compensation claim.

1.2 Correctional Officers and Forensic Specialists who have been continuously employed for five-consecutive (5) years that subsequently contract a disease of the lungs, and have satisfied all the requirements set within NRS 617.455, may have a valid workers' compensation claim.

1.2.1 Coverage and benefits under this section are the same as the heart criteria above with one exception:

- If a Correctional Officer or Forensic Specialist can show direct cause and effect after being employed continuously for two-years (2), and subsequently contracts a disease of the lungs, the Correctional Officer or Forensic Specialist may have an eligible claim per NRS 617.455.

- Direct cause and effect can be documented by a specific exposure to smoke, tear gas, etc., and filing of a C-1 Form, Notice of Injury or Occupational Disease, at the time of the incident.

1.3 Occupational claims under these statutes can be denied by the insurer if the Correctional Officer or Forensic Specialist has a predisposing condition which was deemed to have contributed to their occupational disease, e.g. if the physician conducting the annual physical examination directs the employee to quit smoking and the employee chooses to ignore that directive, and the Correctional Officer or Forensic Specialist subsequently contracts a disease of the heart or lungs, the insurer will deny the claim.

1.4 Under these statutes, accepted occupational claims are compensated at 66 2/3% of gross wages at the time of diagnosis of the disease.

1.4.1 All medical bills associated with the accepted occupational claim are paid over the lifetime of the claimant.

1.4.2 If the Correctional Officer or Forensic Specialist has an accepted occupational claim and subsequently dies from the specific heart or lung disease, depending upon the claim, the surviving spouse can petition the insurer to continue to receive the same compensation over the spouse's lifetime.

1.4.2.1 A burial cost, not to exceed $5,000, is a benefit payable to the spouse should the claimant die from the specific occupational disease under which the claim was filed.

329.15 FRAUD/CRIMINAL PENALTIES

1.1 Civil penalties for fraudulently receiving payment or benefits include repayment of three times the amount fraudulently obtained, or fines of not less than $5,000. For each act of deception, the civil penalty shall include three times the expenses incurred to enforce the law and interest on the money fraudulently obtained. All of these penalties may be levied at the same time.

1.2 Any Department employee who can substantiate fraud in relation to a workers' compensation claim should contact the Department Loss Control Coordinator and/or the Department Inspector General's Office.

1.3 Failure to report by a Department employee may result in disciplinary action.

329.16 DISREGARD FOR SAFETY

1.1 Any Department employee acting grossly negligent of safety regulations, resulting in injury/illness to themselves or co-workers will be subject to disciplinary action for failure to adhere to Department safety practices. Refer to the Department's Administrative Regulation 319.

329.17 DEADLINES

1.1 Reporting and processing worker's compensation claims requires all parties to meet and comply with the deadlines mandated. They are:

- Employees must file a Notice of Injury or Occupational Exposure Form (C-1) within seven-days (7) of an accident, or in the event of an occupational exposure/disease, as soon as diagnosed.

- Employees must seek medical treatment and file an Employee's Claim for Compensation/Report of Initial Treatment Form (C-4) within ninety-days (90) of the date of the accident or injury.

- Physicians must complete and send the Employee's Claim for Compensation/Report of Injury Form (C-4) within three-working (3) days of treating the injured worker.

- Supervisors must file an Employer's Report of Injury or Occupational Exposure Form (C-3) within six-working (6) days of receiving a copy of the Employee's Claim for Compensation/Report of Injury Form (C-4), or when they are certain the employee sought medical treatment.

- Department Loss Control Coordinator or the injured employee must appeal a determination by the worker's compensation insurer and request a hearing within seventy-days (70) of the claim determination if they disagree with the determination.

- Department Loss Control Coordinator or the injured employee must appeal a hearings decision and request a hearing before an appeals officer within thirty-days (30) of the hearings decision if they disagree with the hearing decision.

- Department Loss Control Coordinator and the injured employee must appeal an appeals officer decision and request a judicial review within thirty-days (30) of the appeals decision if they disagree with the appeals decision.

REFERENCES

ACA Standard 3-4041

ATTACHMENTS

Notice of Injury or Occupational Disease Form (C-1)
Employer's Report of Injury or Occupational Disease Form (C-3)
Employee's Claim for Injury Compensation/Report of Initial Treatment Form (C-4)
Leave Choice Option Form, DOC-1060
Supervisor's Accident Report, DOC-1061
OSHA 300 Log
Memorandum of Understanding – Volunteer in State Service, DOC-013

_____ _____
Jackie Crawford, Director Date

CONFIDENTIAL ___ Yes XX No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.