

Workers' Compensation

Nye County Accident & Injury Reporting Procedures



2020

Nye County Human Resources & Risk Management

Please contact Nye County Human Resources @ 775-751-6301 with any questions relating to the attached reporting procedures or if you are involved in an accident or injury.

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Investigation Form (Workplace Safety Officer)

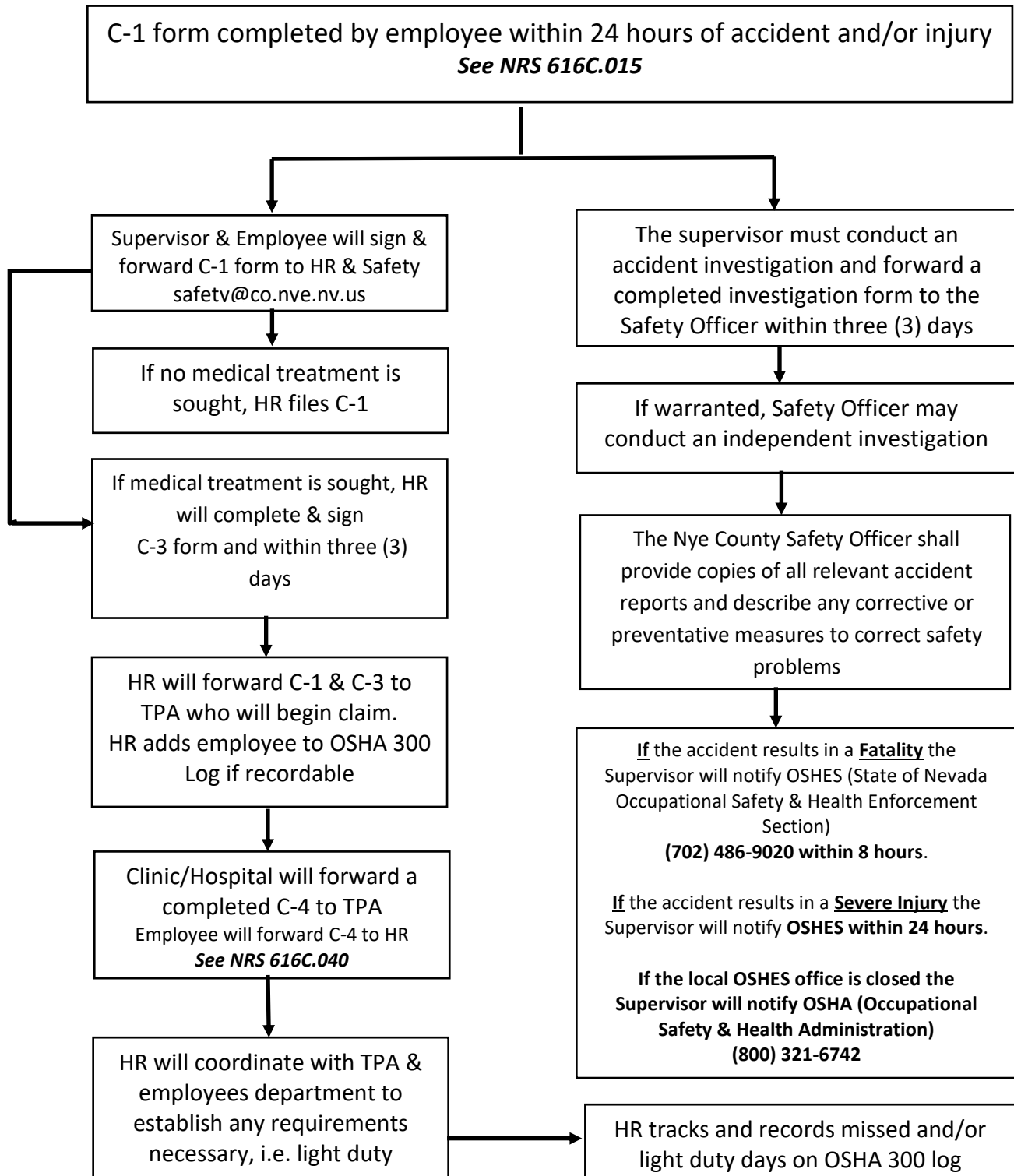
C-1 (Notice of Injury or Occupational Disease)

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Worker's Compensation

Nye County Accident & Injury Reporting Procedures



It is both the Employees & Supervisors responsibility to report all accidents & injuries to Human Resources within 24 hours

Accident and Injury Reporting Procedures

In the event of a work-related accident or injury, the following steps must be followed:

- 1) An Employee must immediately report any accident or injury incurred on the job to his/her supervisor regardless of whether the accident results in an injury. The Employee will be provided with a C-1 "Employee Report of Injury" form to complete and sign, this form must be submitted to the Supervisor within twenty-four (24) hours of the accident/injury.

NRS 616C.015 - An employee or, in the event of the employee's death, one of his dependents, shall provide written notice of an injury that arose out of and in the course of employment to the employer of the employee as soon as practicable, but **within 7 days after the accident.**

In the event of a Nye County Auto Accident contact Administration

775-482-8191

or

775-751-7075

The Supervisor will immediately notify Human Resources at (775) 751-6302 or (775) 482-7244 and forward the signed "C-1" via fax to: (775) 751-6309 or email to: safety@co.nye.nv.us And fleet the original to the Pahrump HR office.

- 2) If medical treatment is sought, then Human Resources will complete and sign the C-3 "Employer's Report of Industrial or Occupational Disease" form and submit it to the TPA within three (3) working days of the accident/injury.

NRS 616C.045 - Within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility (C-4), an employer shall complete and file with his insurer or third-party administrator an employer's report of industrial injury or occupational disease (C-3).

- 3) The Supervisor must conduct an accident investigation to determine the hazard(s) related to the event and take the appropriate corrective action(s) to ensure Employee safety. A report of the investigation, witness statements and any other pertinent information or documentation obtained will be forwarded to the Nye County Safety Officer within three (3) working days of the accident/injury at (775) 751-6328 office, (775) 764-1303 mobile or fax to (775) 751-4280. The Nye County Safety Officer may conduct an independent investigation as well.

If an emergency transport and/or emergency medical treatment is required, the employees Supervisor shall be contacted immediately in order to provide administrative support. The Supervisor shall then notify the Safety Officer as soon as practical.

- 4) The Nye County Safety Officer shall provide copies of all relevant accident reports and describe any corrective or preventative measures to correct safety problems.
- 5) Supervisors will ensure that any Employee requiring prompt medical attention/treatment does so at one of the following contracted providers. If an Employee seeks medical attention from a provider not listed below, Nye County will not provide reimbursement.

HR = Human Resources/Pahrump (775) 751-6301 • Fax 751-6309/Tonopah (775) 482-7244 • Fax 482-7245
TPA = Third Party Administrator - ASC (Alternative Service Concepts) (800) 291-6826 • Fax (775) 329-1181
Safety Officer = Office (775) 751-6328 • Mobile (775) 764-1303 • E-mail: safety@co.nye.nv.us

Workers' Compensation

Contracted Providers

If an Employee seeks medical attention from a provider not listed below, Nye County *cannot* guarantee ASC will cover any medical expenses or claims filed.

NRS 616C.020 - Except as otherwise provided in subsection 2, an injured employee, or a person acting on his behalf, shall file a claim for compensation with the insurer within 90 days after an accident if:

- (a) The employee has sought medical treatment for an injury arising out of and in the course of his employment;
- (b) The employee was off work as a result of an injury arising out of and in the course of his employment.

<p>Medical Providers: Amargosa Valley Amargosa Valley Medical Clinic (372-5432) 845 E. Farm Rd. Amargosa, Nevada</p> <p>Medical Providers: Beatty Beatty Medical Clinic (553-9111) 250 S. Irving Beatty, Nevada</p> <p>Medical Providers: Gabbs Must travel to: Mount Grant General Hospital (775-945-2461) 200 South A Street Hawthorne, Nevada Or Banner Churchill Community Hospital (423-3151) 801 E. Williams Fallon, Nevada</p> <p>Medical Providers: Round Mountain Must travel to: Banner Churchill Community Hospital (423-3151) 801 E. Williams Fallon, Nevada</p> <p><i>* In the event of an acute serious traumatic injury, a Supervisor is authorized to refer an Employee to seek medical treatment from the nearest emergency medical facility.</i></p>	<p>Medical Providers: Tonopah Central Nevada Regional Care (775-302-5800) 825 S. Main Street Tonopah, Nevada OR Must travel to: Beatty Medical Clinic (553-9111) 250 S. Irving Beatty, Nevada OR Hawthorne, Fallon or Pahrump</p> <p>Medical Providers: Pahrump <u>NOT CONTRACT BUT DO ACCEPT WC PATENTS</u> Healthcare Partners (727-5500) 1397 S. Loop Road Pahrump, Nevada</p> <p><i>*After hour and emergency cases:</i> Desert View Hospital (751-7500) 360 S. Lola Lane Pahrump, Nevada</p> <p>Physical Therapy Providers: Pahrump Affiliated Physical Therapy (727-8900) 2250 E. Postal Dr. Ste. 4 Pahrump, Nevada Or Affiliated Physical Therapy (727-3838) 921 South Highway 160 Pahrump, Nevada</p>
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NRS 616C.040 - A treating physician or chiropractor shall, within 3 working days after first providing treatment to an injured employee for a particular injury, complete and file a claim for compensation with the employer of the injured employee and the employer's insurer. **Fatalities/Catastrophic Events:** A Fatality or Catastrophic Event is defined as any on-the-job work-related death, or three (3) or more employees hospitalized (other than treated and released) resulting from the same event. In the event of a Fatality or Catastrophe Event, state law requires that the accident scene remain undisturbed and the State of Nevada Occupational Safety and Health Enforcement Section (OSHES) be notified within eight (8) hours of the event. **Contact: OSHES (702) 486-9020.**



Frequently Asked Questions

Q: What is workers compensation? Workers compensation is an insurance program which covers injuries and diseases that are work-related. Fault or negligence by the employer or the employee is not considered in the injured employee's claim for benefits. The primary objective of the program is to return the injured employee to gainful employment as quickly as possible.

Q: How does Nye County provide workers compensation coverage for its employees? The County through PACT and a Third party Administrator (TPA) known as Alternative Service Concepts (ASC) maintains our workers compensation coverage. Employees are *not* covered by the Employers Insurance Company of Nevada (formerly known as SIIS). ASC handles all claims. Your coverage under the law is the same.

Q: What injuries or diseases are covered? Workers compensation coverage generally applies to injuries or diseases arising out of and in the course of employment, subject to the limitations and conditions of Nevada's Industrial Insurance laws.

Q: What should I do if I have an on-the-job injury or occupational disease? First, you must give written notice of your on-the-job injury or occupational disease to your supervising administrator by completing a "Notice of Injury or Occupational Disease" (Form C-1) within 24 hours after the accident or having knowledge that your disease may be work-related. You and your supervisor must sign this form.

Second, if you sought medical treatment or were off work as a result of your on-the-job injury or occupational disease, you must file a "Claim for Compensation" (Form C-4) within 90 days after the accident or having knowledge that your disease may be work-related. This form must be completed and signed by you and your physician at the time of your initial medical examination.

For life-threatening conditions requiring immediate treatment, dial 911 or get medical care at the nearest hospital or emergency room. Notify your supervisor and complete the required forms as soon as possible thereafter.

You may be denied workers compensation benefits if you fail to file a Form C-1 or a Form C-4 in a timely manner.

Q: Should an injury be reported to my supervisor even if it is a small one? Report all injuries no matter how insignificant they may seem to you at the time via a Form C-1.

Q: What is a TPA? What do they do for injured employees? A TPA is a Third Party Administrator hired by PACT to provide administrative services and manage workers compensation claims. The TPA is responsible for claim investigation, claim acceptance, claim closure, and other matters related to [claim administration](#). The TPA

evaluates claims for coverage applicability, monitors progress, assures timely and accurate payments, and all other claim ADMINISTRATION functions.

Q: What types of benefits may I be entitled to? Workers compensation benefits may include medical treatment, lost time compensation, permanent partial disability, vocational rehabilitation, dependent's payments in the event of death, and other claims-related expenses.

Q: What doctor may I see? You can obtain medical care only from providers who are listed on the Workers' Compensation approved contracted providers list. Review the list of contracted providers. **Should you see a doctor not on the approved list, with the exception of an emergency, you may be responsible for the doctor's bill.** In most cases only one treating physician is allowed at any one time.

Q: What about filling a prescription? To have a prescription filled show a copy of the Form C-4 to the pharmacy.

Q: How about payment of medical bills? Upon approval of the claim, ASC will pay medical bills association with the injury. References to specialist or other physicians must be pre-approved by ASC. Ensure you treating physician fax a referral request to ASC.

Q: How much time does the TPA have to commence payment or deny a claim? The TPA must commence payment of a claim for compensation or deny responsibility for a claim within 30 days after your "Claim for Compensation" (Form C-4) is received.

Q: When is temporary total disability (TTD) compensation paid? You will receive disability compensation if you are certified disabled by your treating doctor due to an on-the-job injury or occupational disease for five or more consecutive calendar days, or five or more cumulative days within a twenty-day period.

Q: How is TTD compensation computed? Your disability compensation is 66 2/3 percent of your average monthly wage at the time of the injury, subject to a maximum limit set by the state.

Q: How is my accrued sick leave with the County affected? Your TTD and sick leave benefits may be coordinated. When you are eligible at the same time for TTD and for any accrued sick leave benefit, you have the option to:

- (1) Continuous Payment Option - this option allows the employee to use accrued leaves to make up the difference between what the insurance carrier pays and their normal weekly base or straight-time pay. With this option you will continue to use 80 hours of accrued leaves bi-weekly, and as Nye County receives TTD checks from ASC, approximately 66 2/3 of your used accrued hours will be reimbursed to you. Advantage of this option is continuous pay as long as the employee has accruals that can be used.

- (2) Two Check Option – with this option ASC will send your TTD checks directly to you, and you will supplement your income with accrued leave through Nye County, not to exceed normal bi-weekly pay. TTD checks are tax-free money. Note: Payments to PERS are also affected by which method is elected, money you receive directly from ASC are tax-free, yet no PERS is paid on that money, whereas accrued leaves you use through the payroll system are taxed, but PERS is continuously paid.
- (3) One Check Option - This means that ASC will send your TTD checks directly to you; you will not be using any accrued leave with Nye County to make up the difference in your salary and you will be placed immediately on “leave w/out pay”. *Workers Comp correlates with FMLA, therefore during the first 12 weeks (480 hours), your benefits will continue as normal (Health, Dental/Vision, Life), contact HR for further information.*

Q: How is Family and Medical Leave (FMLA) affected by workers compensation? If you are eligible for FMLA, all qualifying absences which may be related to your on-the-job injury or occupational disease will count concurrently toward the 12 week maximum provided for by the FMLA Act of 1993.

Q: What should I do if my on-the-job injury or occupational disease results in a need for continued absence in excess of available sick leave and FMLA? You must apply for a leave of absence; or if released by your physician, return to work. However, if you have sufficient accumulated leave (sick or other authorized paid leave) for your recovery, a leave of absence may not be necessary. Contact the Human Resources office for additional information regarding FMLA and leave of absence.

Q: Can the County accommodate temporary light-duty/modified work release? Yes, the County’s temporary transitional duty policy provides *transitional employment* to employees recovering from the effects of an on-the-job injury or occupational disease. It is designed to meet the temporary physical limitations set by the treating doctor.

Q: Do I get reimbursed for travel expenses? If you are required to travel 20 miles or more one way, or 40 miles or more in one week, for medical treatment directly related to your on-the-job injury or occupational disease, you may be entitled to reimbursement for travel expenses pursuant to NAC 616C.150. A claim for such reimbursement must be filed within 60 days after the travel took place. The travel reimbursement claim form (D-26) is available from the TPA, or by accessing form from the NV Division of Industrial Relations website at <http://dirweb.state.nv.us>. Do NOT wait until the end of treatment to seek reimbursement.

Q: When is a claim closed? Your claim will be closed when you reach maximum medical improvement and after all benefits to which you may be entitled have been paid. The TPA will send you a written notice of its intention to close your claim when appropriate.

Q: What are my appeal rights? If you disagree with a written administrative determination made by the TPA, you may appeal by following the instructions in your determination letter within 70 days from the date of the determination. If you do not file a request for appeal timely, you may lose your right to appeal the determination.

Q: What can I do to put workers compensation fraud out of business? If you suspect an injured employee, a medical provider, or an employer is committing fraud, call the Office of the Attorney General's Workers' Compensation Fraud Hotline at 1-800-266-8688.

Q: Who can I ask questions about my claim? If you have any questions regarding the administration of your claim, contact your TPA claims examiner. For questions regarding temporary modified duty and coordination of disability benefits and accrued leave, contact the Human Resources department.

Q: How can I obtain a brief description of my rights and benefits under workers compensation? Contact your TPA claims examiner, or access the [NV Division of Industrial Relations website at http://dirweb.state.nv.us](http://dirweb.state.nv.us).

The foregoing information is derived from Chapters 616A to 617 of the Nevada Revised Statutes and is provided for informational purposes only.



**NYE COUNTY INCIDENT/ACCIDENT INVESTIGATION/FACT FINDING
FORM**

Employee name: _____ **Contact Number** _____

Supervisor name: _____ **Contact Number** _____

Department & Position: _____

Date and Time of Accident: _____

Location of Accident: _____

Type of Treatment Administered: _____

Incident/Accident Description: (What happened? *Please be as descriptive as possible*)

(Please use additional sheets as needed)

Tools, Personal Protective Equipment (PPE) or Machinery involved or used:

Weather or other conditions that contributed to this incident:

Is there anything you can suggest or think of that might have prevented this from happening to you or might prevent it from happening to someone else in the future?

IE: Access to tools/equipment, changes in department policies & procedures, availability to PPE, more training etc.? Any thoughts would be appreciated.

(Please use additional sheets as needed)

Thank you, Risk Management

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"
(Incident Report)
Pursuant to NRS 616C.015

Name of Employer NYE COUNTY

Name of Employee		Social Security Number	Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)		
What is the nature of the injury or occupational disease?			List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)				
Names of witnesses:				
Did the employee leave work because of the injury or occupational disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?	Has the employee returned to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when (date and time)?
Was first aid provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Was anyone else involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Names of others involved		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____

Date _____

Signature of Injured or Disabled Employee _____

Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee