

ADMINISTRATIVE PROCEDURES



Procedure Number: 30-24

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C. Dulubany
County Administrator

SUBJECT: **WORKERS' COMPENSATION**

DEPARTMENT RESPONSIBLE: Finance and Risk Management

STATEMENT

The Pima County Risk Management Division manages the claims process for all industrial injuries of Pima County employees. It is Pima County's statutory responsibility to pay medical, indemnity, and expense payments relating to compensable industrial injuries incurred by employees who are injured in the course and scope of employment with the County.

This procedure sets forth guidelines for the administration of workers' compensation claims for Pima County employees and volunteers, in accordance with Arizona Revised Statutes and the Industrial Commission of Arizona (ICA).

2. DEFINITIONS

Industrial Injury – The Arizona Workers' Compensation law defines an industrial injury as an "injury arising out of, and in the course of, employment." The injury must have originated specifically with employment. Injuries must be directly related to the employee's job duties to be compensable. For purposes of this procedure, an Occupational Disease or Illness shall be considered an industrial injury.

Occupational Disease or Illness – The Arizona Workers' Compensation law defines an occupational disease or illness as a physical condition, which is due to causes and conditions characteristic of a particular trade, occupation, process, or employment, and not ordinary diseases to which the general public are exposed. For purposes of this procedure, an Occupational Disease or Illness shall be considered another type of industrial injury.

3. EDUCATION AND TRAINING

The Risk Management Division of the Department of Finance and Risk Management shall provide education and training for departments on the Arizona Workers' Compensation procedures of the County upon request.

4. APPOINTING AUTHORITY RESPONSIBILITIES

The Appointing Authority shall be responsible for ensuring that industrial injuries are reported and investigated in a timely manner. The Appointing Authority shall effectively control the hazards identified by an industrial injury investigation or safety inspection.

5. EMPLOYEE RESPONSIBILITIES

Arizona Workers' Compensation law requires all employees to report all workers' compensation injuries to their employer immediately.

- 5.1. Regardless of the degree of injury, the employee shall notify the employee's supervisor as soon as possible, but in no event later than the end of the work shift during which the industrial injury occurred.
- 5.2. If the industrial injury requires medical treatment, the employee should immediately be taken to one of the County's occupational medical providers for assessment and treatment.
- 5.3. An injured employee is required to keep all scheduled medical appointments and to provide timely notification to the employee's supervisor of changes in medical status. Failure to do so may result in disciplinary action and/or suspension of benefits.
- 5.4. Every time that an employee visits a physician, the employee shall obtain a form from the physician indicating his/her work status (Regular Work, Modified or Limited Duty, Off Work). This work status form must be given to the employee's supervisor within one working day of seeing the physician.

6. SUPERVISOR RESPONSIBILITIES

- 6.1. Investigation of the Industrial Injury
 - 6.1.1. The supervisor of an injured employee shall investigate any industrial injury within two days of the industrial injury. The purpose of the investigation is to provide all information related to the incident to Risk Management for their review of the claim and

to determine if any procedures or conditions need to be changed to improve the safety of the workplace.

6.1.2. The supervisor shall ensure that any hazards identified during the investigation are corrected or mitigated to prevent future injury.

6.2. Reporting the industrial injury

6.2.1. If the injured employee does not seek professional medical treatment for the injury, the department shall complete the Supervisor's Report of Industrial Accident/Illness and file within the employee's department medical file.

6.2.2. If an employee has an industrial injury that requires professional medical treatment, the following two forms shall be completed:

- Supervisor's Report of Industrial Accident/Illness and;
- Employer's Report of Industrial Injury (ICA's Form 101).

6.2.3. Both forms must be submitted to Risk Management no later than two working days following the report of the industrial injury.

6.3. An employee whose follow-up care requires medical appointments during a regularly scheduled work day shall be granted work release time to attend those appointments in accordance with Section 7.6.

7. **MEDICAL TREATMENT**

7.1. Industrial injuries requiring medical treatment

7.1.1. An employee needing medical treatment for an industrial injury shall advise his/her supervisor immediately.

7.1.2. An employee reporting an injury and seeking medical treatment is to be sent to one of the County's occupational medical providers for assessment and treatment.

7.1.2.1. The supervisor shall arrange transportation to the medical provider or an emergency facility, if deemed necessary, for an initial evaluation.

7.1.2.2. The supervisor may accompany the injured employee to the medical provider or emergency facility.

7.2. Industrial injuries not requiring any medical treatment

7.2.1. A superficial injury, such as minor cuts, bruises, etc. may be treated in the field or office by an employee qualified to administer first aid. Such first aid treatment, along with information regarding the cause(s) for the industrial injury, shall be documented on the Supervisor's Report of Industrial Accident/Illness and filed within the employee's department medical file.

7.3. Catastrophic or fatal injuries

Injuries that occur from any one event that require the hospitalization of three or more employees or an injury resulting in a fatality shall be immediately reported to Risk Management by telephone. If the occurrence is after normal work hours or on weekends, a message is to be left. Risk Management in conjunction with the department will conduct the accident investigation.

7.4. Employee refusal of medical treatment

7.4.1. If the employee refuses the offer of medical treatment or medical evaluation by a physician, the supervisor shall complete the Supervisors Report of Industrial Accident/Illness and note "Employee refuses medical treatment at this time."

7.4.2. Both the supervisor and the employee shall sign the statement. The Supervisor's Report of Industrial Accident/Illness shall be filed within the employee's department medical file.

7.5. Follow-up treatment

If an emergency room physician indicates that the employee should have follow-up treatment, the employee may go to one of the County's occupational medical providers or to a personal physician for the treatment.

If the injured employee chooses to have a personal physician treat the injury, the employee shall also see one of the County's occupational medical providers for an initial evaluation.

7.6. Medical Appointments and Work Status

7.6.1. The injured employee is required to keep all scheduled medical appointments and to provide timely notification to his/her supervisor of changes in medical status. Failure to keep all scheduled medical appointments may result in disciplinary action and a suspension of benefits.

7.6.2. An employee whose follow-up care requires medical appointments during his/her regularly scheduled work day shall be granted work release time to attend those appointments. The employee shall, whenever possible, schedule appointments at times least disruptive to the operation of the department, as determined by the Appointing Authority, and after regular working hours, when possible.

7.7. Third Party Claims Administration (TPA) information

Pima County currently uses a third party claims administrator to process and pay ICA claims.

7.7.1. The TPA will contact the injured worker by phone within 24 hours of the TPA's receipt of the Supervisor's Report of Industrial Accident/Illness.

7.7.2. Employees may call the TPA directly to talk to the adjuster handling their claim.

7.7.3. If an employee with an approved workers' compensation claim receives any calls regarding billing from a medical provider, they may refer the medical provider to the TPA.

7.7.4. For the name of the TPA and current contact information, call Risk Management.

7.8. Out-of Pocket Expenses

Occasionally, an employee who has an industrial injury during a late night or weekend shift may be required to pay for a prescription or a medical bill. On such an occasion, the employee should promptly submit all receipts, bills, etc. related to their industrial injury to Risk Management for reimbursement of the expense.

8. WORKERS' COMPENSATION BENEFITS FOR LOST WAGES

Pima County employees are entitled to benefits covering compensable workers' compensation injuries, in accordance with Arizona Workers' Compensation law. Depending upon the nature and seriousness of the injury, the employee may be placed on FMLA, in accordance with Administrative Procedure 23-37.

8.1. If an employee who is injured on the job is placed on an off-work status for eight or more calendar days, the employee may be entitled to compensation benefits for lost wages.

8.2. Medical benefits in the amount provided by law shall commence at the time of industrial injury. Payment of compensation shall commence on

the eighth full calendar day of disability as per ICA rules and regulations. If lost time from the industrial injury exceeds the 14 full calendar days of disability, payments shall also be made for the first 7 calendar days of disability. The disability can be recognized only when confirmed in writing by the designated treating physician. The amount paid shall be 66 2/3% of the employee's average monthly salary or wage at the time of injury, but may not exceed the current statutory monetary limitation.

8.2.1. If a claim for workers' compensation is denied, the employee and the employee's department will be notified in writing, by receipt of a copy of a Notice of Claim Status form. If the employee wishes to appeal the decision, the employee may submit a request for hearing to the Industrial Commission of Arizona (ICA). While awaiting a formal decision, an employee who is in an off-work status, has the following options:

- Use accrued sick leave, compensatory time, or annual leave;
- Elect to be in a non-pay status.

If the employee's condition is covered under FMLA, the employee shall be required to use accumulated leave banks under the provisions of Administrative Procedure 23-37.

8.2.2. If a favorable award is made by the ICA, the employee, who elected to use sick leave, compensatory time, or annual leave, while off work and awaiting a formal decision, shall not be permitted to keep both the leave bank pay and the retroactive workers' compensation pay. It shall be the responsibility of the County Risk Manager to notify the Appointing Authority to correct payroll records or leave banks and recoup monies paid.

8.3. An eligible employee may elect to use sick leave, compensatory time, or annual leave to supplement workers' compensation benefits. However, the sum of both (on a daily basis) shall not be allowed to exceed the employee's gross monthly salary or wage. If the employee's condition is covered under FMLA, the employee shall be required to use accumulated leave banks under the provisions of Administrative Procedure 23-37.

8.4. Sick and annual leave benefits shall continue to accrue, in accordance with Pima County Personnel Policy 8-105 and 8-106, while an employee is receiving workers' compensation benefits. Employees who worked variable schedules prior to injury, including intermittent and temporary work schedules, shall accrue sick and annual leave at the same rate as the average rate of the last three months of work prior to the injury.

8.5. If an employee receiving workers' compensation benefits elects to continue group insurance coverage, arrangements must be made with Human Resources for payment of the proportionate share of premiums

normally deducted from the employee's payroll check. That portion of health, dental, and life insurance usually borne by the County shall continue to be paid by the County, provided the employee has agreed to maintain his/her share of the premiums.

- 8.6. During any period of a leave of absence for a workers' compensation injury, an employee shall not engage in other employment without written approval from the Appointing Authority, the County Risk Manager, and the employee's treating physician.
- 8.7. An employee eligible for the holiday benefit, who uses sick leave, compensatory time, or annual leave to supplement workers' compensation benefits, shall receive a prorated amount of holiday benefit based on the number of accrued leave or compensatory time hours used in the same pay period, and in accordance with Personnel Policy 8-111 (E).
- 8.8. An employee eligible for the holiday benefit, who works modified duty and is also compensated by workers' compensation benefits, shall receive a prorated amount of holiday benefit based on the number of hours paid in the same pay period.

9. RESPONSIBLE DEPARTMENT

State law requires the Industrial Commission of Arizona to be notified within 10 calendar days of the date an industrial injury is reported. The Risk Management Division of the Department of Finance and Risk Management is responsible for the notification. Additionally, Risk Management is responsible for all other workers' compensation processes and procedures.

**PIMA COUNTY
DEPARTMENT OF FINANCE & RISK MANAGEMENT**

RISK MANAGEMENT DIVISION
150 W. CONGRESS ST., 1ST FLOOR
TUCSON, ARIZONA 85701-1317
(520) 243-4477 FAX (520) 791-6516

Type or Print - Check Box(es) which most clearly describe the incident

Supervisor's Report of Industrial Accident/Illness

1. Employee Information

Name: _____ EIN: _____

Address: _____

Telephone (W): _____ (H): _____

Department: _____

Division: _____

Occupation (specify): _____

2. Date of Accident/Illness Information

Date: _____ Time: _____ AM PM

Day of Week: _____ Shift: _____

Time Employee Began Work: _____ AM PM

Location of Incident: _____

Witness(es): _____

Name of Physician: _____

Name of Hospital/ER: _____

Hospitalized Overnight? Yes No N/A

3. Describe the incident in full detail:

4. What was employee doing just before the accident?

5. Nature of Injury or Illness

- | | |
|--|---|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Bruise, Contusion |
| <input type="checkbox"/> Burn, Scald | <input type="checkbox"/> Burn (chemical) |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Crushing Injury |
| <input type="checkbox"/> Cut, Laceration, Puncture, Etc. | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Sprain, Strain | <input type="checkbox"/> Occupational Illness |
| <input type="checkbox"/> Other _____ | |

6. Part of Body (indicate left or right if applicable)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Back | <input type="checkbox"/> Head, Face, Neck |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Arm (upper or lower) |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand, Wrist |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Legs (upper or lower) |
| <input type="checkbox"/> Knees | <input type="checkbox"/> Feet, Ankles, Toes |
| <input type="checkbox"/> Internal | <input type="checkbox"/> Other _____ |

7. Accident Type

- Fall from Elevation
- Fall on Same Level
- Struck Against
- Struck By
- Caught In, Under or Between
- Rubbed or Abraded
- Bodily Reaction
- Overexertion
- Contact with Electrical Current
- Contact with Temperature Extremes
- Contact with Hazardous Substance
- Motor Vehicle Accident (County or private-owned)
- Animal Bite(s)
- Punctured
- Other _____

8. Back Safety Belt Fastened? Yes No N/A

Other Personal Protection Equipment
 Respirator Gloves Other _____

9. Accident Agents (Check appropriate box and provide specific descriptions)

- Machine
- Mechanical Lift, Elevator
- Vehicle
- Electrical Apparatus
- Hand Tool
- Chemical
- Working Surface, Bench, Table, Etc.
- Walking Surface, Floor, Wet Rock
- Box, Barrel, Container (empty or full)
- Door, Window, Etc.
- Ladder
- Stairways, Steps
- Needle, Lancet, Etc.
- Occupational Illness
- Other _____

10. Report prepared by: _____

11. Supervisor Information

Supervisor's Name (print): _____

Telephone: _____ Date Notified: _____

Recommendations: _____

Signature: _____

12. Safety Office/Loss Control Recommendations:

Supervisors Report of Industrial Accident/Illness (page 2)

Supervisor's Comments

Supervisor's Signature

Date

Actions Taken – What action was taken to prevent recurrence of the injury?

Employee Comments

Employee's Signature

Date

Safety Committee Action

- Internal First-Aid only - To be filed within the employee's department medical file.
- Treated at a medical facility (First-Aid only) – Send this form to Risk Management within three work days.
- Treated by a Physician – This form and the 101 form (Employer's Report of Industrial Injury) send to Risk Management within three work days.

Revised 06/10/09