

West Bonner County School District

PERSONNEL

5460

Workers' Compensation Benefits

The employee must report all injuries and/or illnesses as soon as possible; but no later than 60 days from the date of the injury.

If there is a time loss with the workers compensation claim the District will not compensate the employee for any wages for the first two days while the employee is out on injury. The employee is allowed to use accrued sick leave to compensate them for the first two days. Beginning on the third day of injury, the District will compensate the employee at 66% of their wages for three days. On the sixth day of time loss wages, the State Insurance Fund will begin compensation. The State Insurance Fund will provide the employee with time loss compensation pursuant to the Idaho Worker's Compensation Act. However, the District will maintain the normal benefits provided to the employee.

Those employees out for workers compensation will also be on family medical leave. Both the workers compensation and the family medical leave will run simultaneously.

All employees with a time loss claim will not be compensated by the District beyond the date of injury. The State Insurance Fund will provide compensation for time loss wages. Both workers compensation and family medical leave will run simultaneously. If the employee has not returned to work at the end of the 12 weeks of family medical leave, the District is no longer obligated to maintain the FMLA benefits or retain the position of the employee. At this time, the certified employee may apply for a leave of absence, unless the employee continues under a covered worker's compensation claim and is receiving total temporary time loss benefits and no degree of permanent impairment has been determined.

Employees can not use sick leave during the time that they are on workers compensation or family medical leave. There will be no sick leave or vacation time accrued during the time an employee is not physically working for the District due to a work related injury.

To minimize the extent of monetary loss to both the employee and the District, the District will implement a claims management program.

Elements and Functions of the Claims Management Program

- 1) The Board of Trustees will adopt a claims management policy.
- 2) The Business Manager or designee will serve as the claims management coordinator.
 - a) Responsibilities are to include:
 - i) Coordinating all phases of the claims management program.
 - ii) Analyzing claims management experience and preparing any necessary reports.

- iii) Consulting administrators and department heads on the administration of the claims management program.
 - iv) Evaluating program annually and recommending, if needed, changes to the program.
- 3) Pre-injury plan is to be communicated to all employees and gives complete information to be followed in the case of an injury. Below are the steps to follow when a work related injury occurs.

a) Employee Responsibilities:

- i) Report all injuries and/or illnesses to your supervisor immediately.
- ii) Assist your supervisor in completing a “Notice of Injury and Claim for Benefits” form.
- iii) Must maintain weekly contact with the claims management coordinator. This contact name and number will be provided to the employee on the information sheet given to the employee at the time of the accident. If employee does not maintain weekly contact with the claims management coordinator, the employee may be considered insubordinate and could possibly lead to termination.
- iv) If it is a time loss claim, employee must bring in payment to maintain any payroll deductions before the 15th of each month.
- v) When your doctor appointments are scheduled, advise the claims management coordinator in advance.
- vi) Take a copy of your written job description with you to your first doctor visit. This will allow the doctor to see exactly what tasks you perform and help determine if you can be released to your normal job.
- vii) Upon your return to work, bring in a Return to Work slip from your doctor, listing any restriction, which may apply. Please deliver the “return to work” slip to the claims management coordinator prior to reporting for work. Employee must call ahead to schedule meeting. The return to work slip must be reviewed and approved to ensure you are physically able to do the job to which you are returning.

b) Supervisor’s Responsibilities:

- i) Fill out a “Notice of Injury and Claim for Benefits” form for the injured employee. These forms must be submitted to the claims management coordinator no later than the second day of the accident.
- ii) Provide safe transportation for the employee to the hospital or doctor’s office. Either drive the employee to the doctor’s office or hospital yourself or arrange for such transportation by an alternate district employee.
- iii) Ensure that the injured employee has the workers compensation information sheet.
- iv) Ensure that the injured employee takes a written job description with him/her to the first doctor’s visit.
- v) Schedule and incident investigation with the claims management coordinator as soon as possible after each injury or accident.
- vi) Keep employee informed of all department news and events.
- vii) Do not allow the employee to return to work without a written release from the claims management coordinator.

c) **Claims Management Coordinator Responsibilities:**

- i) Ensure that the “Notice of Injury and Claim for Benefits” form is completed for the injured employee. This form must be faxed and mailed to the State Insurance Fund.
 - ii) Sends letter to employee to notify them that they are on workers compensation. If the injury results in a time loss accident the letter is to state that the employee is on workers compensation and family medical leave.
 - iii) Provides administrators and department heads with workers compensation packets.
 - iv) Assist with communications between the injured worker and the State Insurance Fund or medical provider as needed.
 - v) Keeps administrators and department heads informed on a weekly basis, via email, of the employee’s progress. Maintains an employee contact form, this form is to indicate date of contact, discussion and any other claim information.
 - vi) Meets with the employee prior to returning work to review and approve the return to work slip. This meeting is to include the employee, claims manager coordinator and administrator or department head. This meeting will determine the return to work date and any job limitations.
- 4) The District will designate a physician to treat all work related injuries. The designated physician for the District is the Priest River Medical Clinic. This designated physician program applies to all employees working in or near Priest River at all times except in emergency situations. Under limited exceptions such as pre-existing conditions, an employee may be allowed to be treated by another physician. Note: Before an employee is allowed to see their family doctor in addition to the designated physician, approval must be received from the Claims Examiner at the State Insurance Fund. The designated physician will complete a work release report (Form 5460F).
- 5) A successful “return to work” program for injured employees includes light duty work. This policy is intended to make the process by which injured employees return to work with the District as efficient as possible. The return to work program may include: Establishing a light work or modified duty program, Identifying light or modified duty positions, Matching disabled employee capabilities to job physical and medical requirements, and preparing an employee for new position, if needed.

Modified duty means altering the current job to meet medical restrictions or temporarily transferring the worker to another job. Modified duty positions generally are not permanent. They are transition jobs. The bottom line is to bring the worker back to work in a position that meets the doctor’s restrictions.

If the District is considering a modified duty job, the employer should consult with the claims examiner. Job modification may need to be accomplished through the efforts of rehabilitation consultants working with the employer and the physician.

If an injured employee declines a legitimate offer of a modified duty job, which has been approved by the treating physician, there could be a basis to stop compensation benefits. The job

should be offered in writing and have a written job description. If an injured employee has declined a legitimate offer of a modified duty job and compensation benefits have ceased, the employee may not have a position in the District beyond the twelve weeks of family medical leave.

If the modified duty position pays less than the person's regular pay, the employer should inform the examiner. Temporary partial compensation may be payable.

Legal Reference: I.C. § 72-101, et seq. Workers' Compensation Act

Policy History:

Adopted on: March 12, 2008

Revised on: October 8, 2008