



<b>TITLE: Injured Worker</b>		<b>PROCEDURE #:</b> 505-A
<b>DEPT: Business Services</b>		<b>DIVISION:</b> Risk Management
<b>EFFECTIVE DATE:</b> 11/05	<b>REVIEWED:</b> 03/23	<b>REVISED:</b> 01/24

**OBJECTIVE:** To establish procedures that guide the supervisor and injured worker through the injury reporting process and deadlines required by the Workers’ Compensation Division and County policies when a worker is injured on the job.

**REFERENCE:** Policy #505

1. Definitions:

- 1.1. **Attending Physician:** A qualified health care provider primarily responsible for the treatment of an injured worker as defined in (ORS 656.005 (12) (b)).
- 1.2. **Augment Form:** The form used to authorize the use accrued leave balances to augment workers’ compensation benefits.
- 1.3. **801 Form:** The form used to report an on-the-job injury or illness.
- 1.4. **Claim:** A written request for compensation from a worker or someone on the worker’s behalf, or any compensable injury of which the County has notice or knowledge as defined in ORS 656.005(6).
- 1.5. **Compensable Illness:** A health condition or disorder (e.g., cancer, musculoskeletal disorders, post-traumatic stress, etc.) that is caused by the work environment or work-related activities.
- 1.6. **Compensable Injury:** An accidental injury arising out of and in the course of employment requiring medical services or resulting in disability or death, as defined in ORS 656.005(7) and subject to the limitations set forth in ORS Chapter 656.
- 1.7. **Doctor:** The injured worker’s Attending Physician.
- 1.8. **Job at Injury:** A worker’s job at time of injury as described in their job class specifications and essential job functions.
- 1.9. **Managed Care Organization (MCO):** Health care provider or group of medical service providers who contract with insurers or self-insured employers to provide managed health care services to workers through participating panel providers. The Oregon State Department of Consumer and Business Services certifies MCOs.

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- 1.10. **Medical Services:** Medically necessary services, including treatments, procedures, tests, examinations or other related services for the investigation or treatment of an injury or illness.
  - 1.11. **Medically Stationary:** The status of an injured worker when no further improvement is expected from additional medical treatment or the passage of time.
  - 1.12. **Modified Duty:** A modification to an injured worker's responsibilities or work schedule to accommodate the physical limitations resulting from the injury or illness.
  - 1.13. **Third Party Administrator (TPA):** A company that provides operational services such as claims processing and benefits management under contract on behalf of a self-insured employer.
  - 1.14. **Time Loss Payment:** Payment made to an injured worker who has been authorized to be off work by their attending physician, because they are unable to perform all or part of their job functions due to their injury or illness.
    - 1.14.1. Time loss payments are a portion of a worker's calculated wages at the time of injury or illness.
  - 1.15. **Work Related Injury:** An injury, illness, or condition incurred and related to performing job duties and tasks within the course and scope of the job. These injuries are further categorized into physical injuries, occupational illnesses, and repetitive stress injuries.
  - 1.16. **Worker:** An employee (regular, trial service, or temporary), Sheriff's Reserve, Cadet, or Search and Rescue volunteer.
2. **Administration:**
- 2.1. Risk Management is responsible for the oversight and management of the workers' compensation program in accordance with ORS Chapter 656.
  - 2.2. Marion County administers a self-insured workers' compensation program. A third-party administrator (TPA) may be hired to process claims and coordinate care. TPA contact information can be found in the Injured Worker Packet located on the Marion County intranet page:  
<http://intra.co.marion.or.us/BS/Risk/Documents/WorkplaceInjuriesWorkersComp/InjuredWorkerPacket.All.pdf>.
  - 2.3. The injured worker's supervisor coordinates investigation, documentation, and return-to-work with Risk Management to ensure applicable rules and policies are followed.
  - 2.4. All workplace injuries must be documented by completing an *Occupational Injury Report*, regardless of whether medical services are required.

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- 2.5. In addition to an Occupational Injury Report; in accordance with State law requirements, an *801 Form* must be completed and submitted to the County's claims administrator within **five calendar days after the employer's first date of knowledge** of a **worker seeking medical treatment** for injury or illness. Failure to do so can result in fines and citations.
- 2.6. It is the responsibility of both the supervisor and the injured worker to submit all necessary forms to Risk Management within the required time frame.
3. Claims Investigation:
  - 3.1. The supervisor, Risk Management, and the TPA initially investigate all claims. The purpose of the investigation is to gather facts and data to determine compensability of the claim. This may include contact from a claims examiner, nurse, doctor, investigator, or attorney, and participation in an independent medical examination.
4. Injuries That Do Not Require Medical Services:
  - 4.1. All work-related injuries and illnesses must be reported to the supervisor immediately or as soon as possible.
  - 4.2. The supervisor is responsible for investigation and follow-up of all workplace injuries and illnesses and for ensuring the Occupational Injury Report is completed in its entirety and routed to Risk Management in a timely manner.
  - 4.3. **IMPORTANT: Do not complete an 801 Form if the worker does not seek medical care for the injury.**
5. Injuries That Require Medical Services:
  - 5.1. If a worker seeks medical services for an injury, the supervisor shall immediately begin the process of completing an *Injured Worker Packet*, which is located on the Risk Management intranet site at:  
  
<https://marioncountygcc.sharepoint.com/sites/Risk/SitePages/Workplace-Injuries.aspx>
  - 5.2. The Injured Worker Packet includes all necessary forms and instructions for filing a workers' compensation claim, including:
    - 5.2.1. Supervisor's Duties
    - 5.2.2. Injured Worker's Duties
    - 5.2.3. Occupational Injury Report
    - 5.2.4. 801 Form
    - 5.2.5. A Guide for Workers Recently Hurt on the Job
    - 5.2.6. Doctor's Release to Return to Work

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5.2.7. Notice of Available Employment

5.2.8. Workers' Compensation Augment Form

### **6. Selecting a Doctor:**

6.1. All workers' compensation claims are subject to the provisions of a Managed Care Organization (MCO). Workers will be required to select a doctor who is part of the MCO.

6.1.1. MCO information is included in the Injured Worker Packet located on the Marion County intranet page:

<http://intra.co.marion.or.us/BS/Risk/Documents/WorkplaceInjuriesWorkersComp/InjuredWorkerPacket.All.pdf>.

6.1.2. If the injured worker has documented history of treatment with a primary care doctor who is not on the MCO panel of approved doctors, and that doctor agrees to the terms and conditions of the MCO, the worker may be allowed to continue receiving service from that doctor. This process is coordinated through the MCO and the Marion County's Workers' Compensation TPA on a case-by-case basis.

6.1.3. The injured worker or their supervisor can also contact the workers' compensation TPA or Marion County Risk Management for assistance.

### **7. Modified Duty:**

7.1. Temporary modified positions will be made available for transitional placement of injured workers under the provisions of this program and all other applicable rules, laws, or statutes.

7.2. Any temporary modified work made available to the injured worker is subject to department needs, and is not intended to become a permanent job.

7.3. All modified-duty work will be consistent with, and will not exceed, the hourly and physical restrictions cited by an attending physician.

7.4. Temporary modified positions will be evaluated at least monthly by the supervisor and Risk Management to determine if the restrictions have changed and if there is still a benefit to the department to continue with the modified work. Temporary modified positions may end at the discretion of the department and Risk Management.

7.5. If a department is unable to provide a temporary modified position, Risk Management shall be contacted immediately to assist in locating other temporary work within the County.

7.6. Workers will continue to be paid their regular hourly wages while working in their temporary modified duty positions.

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- 7.7. Temporary modified positions shall be made in the following order of priority:
  - 7.7.1. Regular position with duty modifications
  - 7.7.2. Different position within the same department
  - 7.7.3. Different position in a different department
- 7.8. If a temporary modified position cannot be found, the worker will then be paid time loss until a suitable modified position can be found that meets the attending physician's restrictions.

### **8. Supervisor's Responsibilities During Modified Duty:**

- 8.1. The supervisor shall carefully review the modification requirements and determine if the worker's existing job can be modified to meet the attending physician's restrictions. If unsure, the supervisor must contact Risk Management for assistance.
- 8.2. Upon determining that temporary modified work is available, the supervisor shall meet with the worker and make a formal offer of temporary modified job. The offer should include the work location, working hours, and job duties expected of the worker. If the worker refuses the offer of modified work, the supervisor must immediately contact Risk Management.
- 8.3. The supervisor should continue to request and obtain all medical notes and modified duty restrictions from the worker after each doctor's visit, and email securely, fax, or mail documents to Risk Management.
- 8.4. The supervisor shall notify Risk Management immediately via email or telephone of any status changes, such as a change from time loss to modified duty, or a change from modified duty to regular duty, or a change in duties or work schedule.

### **9. Worker's Responsibilities During Modified Duty:**

- 9.1. All modified-duty assignments will be consistent with, and will not exceed, the hourly or physical restrictions cited by the attending physician. It is the worker's responsibility to make sure they do not work beyond these restrictions.
- 9.2. If any of the modified duty tasks aggravate the work-related injury, the worker must immediately stop the activity and report the problem to their supervisor. Further modifications may be made to the work assignment by the attending physician.
- 9.3. If the worker's attending physician changes the work restrictions, the worker must report this information to the supervisor immediately and provide a copy of the new modified-duty release. The supervisor will then make the appropriate adjustments to the modified work duties.

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9.4. The worker must provide the supervisor with any duty releases received from the attending physician no later than the next business day, even if the duty restrictions remain unchanged.

### 10. Time Loss:

10.1. Temporarily totally disabled workers will be compensated in accordance with ORS 656.210. Temporary partially disabled workers will be compensated in accordance with ORS 656.212. Contact the County workers' compensation claims administrator for claim specific questions regarding time loss benefits.

### 11. Payroll Documentation of Time Loss:

11.1. A timesheet must be submitted to Risk Management that accounts for all hours that an injured worker missed work, even if they are classified as an exempt worker.

11.2. Timesheets should be coded as follows:

11.3.1. Sick WComp - E163 (First choice – if none remaining, use next available option in this list)

11.3.2. Vacation WComp - E153

11.3.3. Comp Time WComp - E180

11.3.4. LWOP WComp - I007 (Last choice – use only if no other leave balances exist)

### 12. Scheduling Care Appointments:

12.1. Injured workers are expected to schedule their care appointments during non-working hours, whenever possible. The supervisor must approve all appointments requiring time away from work.

12.2. If an appointment must be scheduled during working hours, timecards should be coded as Reg Time WComp - E179.

### 13. Time Loss for Independent Medical Examinations:

13.1. If the County's workers' compensation claims administrator or the Workers' Compensation Division requires a worker to attend an independent medical examination, the worker's leave balances shall not be charged. Timecards should be coded as Reg Time WComp - E179.

### 14. Time Off for Hearings on Disputed Claims:

14.1. The County is not responsible to pay a worker's time to attend a hearing when the workers' compensation claim is in dispute. Workers may use appropriate leave balances

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or leave without pay (LWOP WComp – I007) to cover such time away from work, which would include appointments with their attorneys, doctor appointments their attorneys have made, and actual time spent at the hearings.

### 15. Time Off During the Claim:

- 15.1. If an injured worker's physician-authorized time off coincides with a previously scheduled vacation, the vacation time may be rescheduled. If a worker chooses to take vacation time after being offered temporary modified work, the time off will be deducted from the worker's vacation leave accrual.
- 15.2. Time missed from work resulting from an illness or injury that is not related to the workers' compensation claim will be deducted from the worker's leave accrual.

### 16. Payment to the Injured Worker:

- 16.1. An injured worker on physician-authorized modified duty will continue to be paid by Marion County at their regular hourly rate plus any merit increases or cost of living increases that would normally be granted.
- 16.2. Workers may supplement their workers' compensation time loss benefits with any accrued leave by completing an *Augment Form*.

### 17. Continuation of Worker Benefits During a Claim:

- 17.1. Workers are not eligible for vacation donations during the time they have an open workers' compensation claim with Marion County.
- 17.2. The County shall continue employee benefits in accordance with Marion County Benefits Plan Rules which can be found on Marion County's internet page:  
<https://www.co.marion.or.us/HR/Benefits/Pages/default.aspx>

### 18. Returning to Work:

- 18.1. In accordance with ORS 659A.043, a worker who has sustained a compensable injury shall be reinstated to their former position if the position exists and is available and the worker is not disabled from performing the duties of the position. Upon receipt of a release to return to regular full-duty work, the injured worker will be considered for reinstatement to their former position. A worker's refusal of a position offered may result in loss of compensation or reinstatement rights.

### 19. Release for Regular Work:

- 19.1. When an injured worker returns to their job at injury with no restrictions, they must provide a release from their doctor and inform their supervisor prior to returning to the next scheduled shift.

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### 20. Release with Permanent Restrictions:

When a worker is declared medically stationary and given permanent restrictions, that worker will be returned to their job at injury if possible or a comparable position if one is available and the worker meets the minimum job qualifications. If no suitable jobs are available, the worker will be referred for vocational assistance eligibility.

### 21. Denied Claims:

- 21.1. A claim must be accepted or denied within 60 days after the County receives notice of the claim; the claims examiner will notify the injured worker in writing of the decision. If the claim is denied, this notification will include information about how the injured worker can appeal the denial.
- 21.2. When a claim is denied, workers' compensation benefits, including time-loss and medical expenses end as of the date of the denial. Ongoing medical restrictions will be addressed as a non-work-related condition.
- 21.3. Medical bills related to a denied claim are managed in accordance with the County's MCO contracts and appropriate administrative rules. Questions regarding the payment of medical bills on specific denied claims should be directed to the claim's examiner at the County's workers' compensation TPA.

### 22. Non-Occupational Injuries and Illnesses:

- 22.1. The scope of this procedure is limited to occupational injuries and illnesses. Other medical needs for leave of absence work duty restrictions are addressed in Marion County or departmental rules, policies, and collective bargaining agreements.

### 23. Records Retention:

- 23.1. Risk Management shall be responsible for retaining all records related to workers' compensation claims. Departments may keep copies of records as necessary for reference purposes during the worker's claim. At the time the claim becomes inactive or closes, the department shall forward all records related to workers' compensation claims to Risk Management.

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