

NSHE

WORKERS' COMPENSATION POLICIES AND PROCEDURES

The information contained in this reference is only applicable to employees who live in Nevada.
If you have any questions, please call the Risk Management and/or Workers' Compensation Office.
See page 30 for contact information.

SEE PAGE 2 FOR EMERGENCY PROCEDURE

Revised
June 2011

EMERGENCY PROCEDURE

If an employee is injured or ill from a work related accident and his/her supervisor or the employee believes that the condition needs emergency medical treatment, immediately CALL 911.

URGENT CARE

If the employee needs immediate medical treatment, but it is not a medical emergency, arrange to transport the employee to the nearest urgent care facility provided by Risk Management and/or Workers' Compensation Office.

If the injury is minor and only requires first aid treatment, provide first aid.

The employee has a right to seek medical treatment if they wish. If the employee declines medical treatment, and the supervisor strongly feels that medical treatment is necessary, the supervisor may direct the employee to seek medical treatment.

If an accident occurs that results in a fatality, please contact your campus' safety office and the Risk Management and/or Workers' Compensation Office immediately (see page 30 of this document for Risk Management and/or Workers' Compensation Office contact information).

If the employee's condition does not require emergency or immediate medical treatment, the employee or the supervisor can contact the Risk Management and/or Workers' Compensation Office. for assistance.

TABLE OF CONTENTS

Emergency Procedure	Page 2
Section I	
WORKERS' COMPENSATION BASICS	Page 5
- What is workers' compensation	Page 5
- Who is considered an employee.....	Page 5
- Who pays benefits.....	Page 5
- How much does workers' compensation cost.....	Page 5
- What does the workers' compensation office do	Page 5
- Who decides if a claim is accepted or denied	Page 6
- How does the Third-Party Administrator evaluate a claim	Page 6
- Workers' compensation benefits.....	Page 7
- What is modified duty	Page 7
Section II	
DEPARTMENT AND SUPERVISOR RESPONSIBILITIES	Page 8
- What to tell your employees	Page 8
- When an employee is injured	Page 9
- Accident prevention.....	Page 9
- Out-of-state and out-of-country employees.....	Page 9
- Volunteers.....	Page 9
- Modified duty	Page 10
- Permanent restrictions	Page 11
Section III	
FILING FOR WORKERS' COMPENSATION: THE FORMS	Page 12
- Notice of Injury (Form C-1)	Page 12
- Physician's Report of Injury (Form C-4)	Page 12
- Employer's Report of Injury (Form C-3).....	Page 12
- Leave Choice Option Form.....	Page 13
- Leave sheets.....	Page 13
Section IV	
NSHE POLICIES	Page 14
- Early Return-to-Work	Page 14
- Volunteer	Page 19
Appendix	
- Out-of-State and Out-of-State Country Form	Page 23
- Personal Data Sheet.....	Page 24
- Volunteer Agreement	Page 25
- Volunteer Job Description	Page 26
CONTACT INFORMATION	Page 30

INTRODUCTION

NSHE fully supports the right of every employee to file a workers' compensation claim when a work-related injury or occupational disease occurs.

Filing of a workers' compensation claim is not to be used as grounds for disciplinary actions against an employee. The only exceptions to this are:

- The employee refuses to return to work in a modified duty assignment
- It is determined by the Third Party Administrator that the employee misrepresented his/her claim
- The employee knowingly works outside his limitations while on modified duty

The department should coordinate with the personnel office before disciplinary action is pursued.

The purpose of this document is to guide NSHE employees and supervisors through the workers' compensation process. The intent of this document is to define the responsibilities of each party with a role in the workers' compensation process to ensure that proper procedures are followed.

We urge every employee and supervisor to review the material in this document prior to the occurrence of an injury or occupational disease. By being familiar with the content of this document, you will be able to respond quickly and appropriately when necessary.

It is sometimes difficult to determine if an employee's injury or disease will be compensable through workers' compensation. Although the NSHE does not make determinations regarding claim acceptance or denial, NSHE is self-insured and can provide employees with claim information.

Section 1 outlines the various types of claims, which generally are and are not covered by workers' compensation. If you have questions regarding a specific claim, we encourage you to contact your institution's Risk Management and/or Workers' Compensation Office's office.

Section 2 provides the procedures to be followed and the forms to be completed when an employee is injured.

Section 3 includes a written description of the forms, as well as a checklist of what is required before sending the forms to Risk Management and/or Workers' Compensation Office.

Section 4 contains NSHE's policies related to workers' compensation.

Section 5 contains contact numbers for Risk Management and/or Workers' Compensation Office

We hope that this document will be a useful tool for you. If you have any comments or suggestions, please call the Risk Management and/or Workers' Compensation Office

SECTION I

WORKERS' COMPENSATION BASICS

What Is Workers' Compensation?

Workers' compensation is a state-mandated benefit for employees with work-related injuries and diseases. In most cases, benefits are awarded without regard to fault. The benefits provided under workers' compensation vary depending on the nature of the particular claim.

Who Is Considered an Employee for Workers' Compensation?

The following persons are usually considered employees while performing work-related activities:

- | | |
|-------------------------|-----------------------------|
| -Academic faculty | -Court-assigned individuals |
| -Administrative faculty | -Resident physicians |
| -Classified employees | -Board of Regents |
| -Student employees | -Clinical faculty |
| -Casual labor employees | -Adjunct faculty |
| -Graduate assistants | -Board members |
| -Postdoctoral fellows | -Designated volunteers |

Who Pays an Employee's Workers' Compensation Benefits?

The NSHE provides coverage for workers' compensation claims through a self-insured program.

How Much Does Workers' Compensation Cost The NSHE?

The NSHE currently spends about \$3 million annually on workers' compensation claims and administrative costs. The number and size of claims that occur each year drive actual costs.

It is also important to note that the discussed costs do not reflect indirect costs such as the time needed to complete paperwork, hiring and training costs, production losses, etc. These costs can be substantial.

What Does the Risk Management and/or Workers' Compensation Office Do?

The Risk Management and/or Workers' Compensation Office provides support for institutions, departments, and employees regarding workers' compensation issues. Our primary responsibilities include:

- Initial investigation of claims
- Evaluating coverage issues
- Processing claim forms and information to expedite benefits when appropriate
- Developing and interpreting workers' compensation policies and procedures
- Facilitating early return-to-work for employees with restrictions
- Providing workers' compensation information and training
- Providing ergonomic training and evaluation

- Managing the workers' compensation program
- Maintaining and analyzing workers' compensation claim and financial information
- Liaison between the university, the Third Party Administrator, the employee, the employee's department, and the medical provider(s)

Who decides if a claim is accepted or denied?

The Third Party Administrator is responsible for making all determinations regarding any claim filed. If a claim is accepted, they determine what benefits will be provided.

How does the Third Party Administrator evaluate a claim?

The Third Party Administrator evaluates each claim to determine whether the reported injury or disease arose out of and in the course of the employee's employment. The Third Party Administrator will notify the employee in writing if his/ her claim is accepted or denied.

There are four elements necessary to have a covered claim. They are:

Time: The accident must occur during assigned work hours. Assigned work hours begin when the employee arrives at work. Workers' compensation generally does not cover accidents that occur while coming and going to work or lunch.

Place: The accident must occur on the employer's premises or a location required by the employment.

Circumstance: The accident must occur while performing a work-related activity. A work-related activity is often defined as one that benefits the employer, even if it may not be an assigned duty. For this reason, injuries that occur on authorized breaks are generally covered by workers' compensation insurance.

Cause: The injury or disease must result from a peril that is peculiar to your work. For this reason, common ailments such as a cold or the flu are not covered under workers' compensation.

The Third Party Administrator may deny a claim for the following reasons:

- **Alcohol and drugs:** If an employee is intoxicated or has illegal drugs in their system at the time an injury occurs.
- **Intentional injuries:** Self-inflicted injuries are not covered. Injuries must be caused by an accident, which is defined as an unexpected and unforeseen event.
- **Injuries caused by trying to intentionally injure another person:** Injuries sustained by an employee who assaults or is involved in activities intended to injure another person are not covered by workers' compensation.

Workers' Compensation Benefits

The following benefits can be awarded under workers' compensation:

Medical Benefits: These benefits may include medical treatment, surgery, and prescriptions. An employee should have no out-of-pocket medical expenses when he/she has an accepted workers' compensation claim, as long as he/she treats with an approved workers' compensation provider. Under Nevada law, an employee is required to seek medical treatment with a medical provider approved by NSHE's Managed Care Organization (MCO), unless it is an emergency. Contact Risk Management and/or Workers' Compensation Office for a list of approved providers.

Temporary Total Disability (TTD): TTD benefits provide partial income replacement if an employee is unable to work for five (5) days or more within a 20-day period. This income replacement is calculated at 2/3 of the employee's gross wage at the time of the injury. The maximum allowable monthly TTD rate changes every fiscal year, but an employee's benefits are fixed based on the date of injury or disease. TTD is generally paid every fourteen (14) days. The employee may use his/her accrued leave time to remain in full pay status (contact the Risk Management and/or Workers' Compensation Office for details).

Temporary Partial Disability (TPD): These benefits provide partial income replacement if an employee can only work in a capacity where his/her net earnings are less than what he/she would receive in TTD benefits. For example, an employee may only be able to work part-time.

Permanent Partial Disability (PPD): PPD benefits can be awarded if an employee has a permanent medical impairment that resulted from a work-related injury or disease.

Vocational Rehabilitation (VR): VR benefits may be provided when an employee has permanent restrictions that preclude a return to his/her regular job. Benefits can include vocational counseling, placement assistance, and retraining.

Death Benefits: If an employee's death is the result of a work-related injury or disease, death benefits are payable to qualified dependents/beneficiaries.

What is modified duty?

Modified duty is a temporary assignment compatible with an employee's prescribed restrictions that precludes an employee from performing some or all of his/her regular duties.

Once an approved workers' compensation provider prescribes temporary restrictions, the supervisor must provide modified duty. If that is not possible, the employee will be provided modified duty with another department or campus. Once an appropriate modified position is established, the Third Party Administrator will suspend TTD benefits, if they are being paid.

SECTION II

DEPARTMENT AND SUPERVISOR RESPONSIBILITIES

What to tell your employees. . .

All employees need to be informed of their rights and responsibilities in the event of a work related injury. New employees are given information regarding workers' compensation during their orientation. The Risk Management and/or Workers' Compensation Office is also available to provide training for departments, supervisors, and employees.

It is important to remind employees periodically and always after a work-related injury/disease, about their rights and responsibilities in the event of a work related injury or disease.

Employee Rights:

- To file a claim for a work-related injury/disease.
- To receive medical treatment from an approved workers' compensation provider.
- To receive temporary total disability benefits (see page 7).
- To receive limited travel reimbursement for expenses directly related to treatment.
- To receive vocational rehabilitation services if found eligible by the Third Party Administrator.
- To be evaluated for permanent partial disability if there is an indication of a permanent impairment.
- To re-open your claim in some circumstances.
- To appeal a written determination of claim eligibility or benefits.

Employee responsibilities:

- Inform supervisor of injuries or occupational diseases immediately.
- Complete a notice of *Injury or Occupational Disease Incident Report/C-1* within seven (7) calendar days of date of injury or within seven (7) calendar days after knowledge of an occupational disease and its relationship to employment.
- Seek medical attention with an approved workers' compensation provider or the nearest medical facility in case of an emergency.
- Complete a *Claim for Compensation (C-4)* if medical treatment was provided or off work as a result of the work-related injury/occupational disease.
- Inform doctor that modified duty will be provided.
- Immediately provide supervisor and Risk Management and/or Workers' Compensation Office with a medical report after each doctor's visit which outlines any work restrictions.
- Work within the restrictions set forth by an approved workers' compensation provider while on modified duty.
- Notify supervisor in advance of doctor or therapy appointments.
- Contact supervisor at least once every two (2) weeks if off work.
- Report any unsafe working conditions or hazards to supervisor.

When an employee is injured . . .

- Refer to emergency procedures on page 2.
- Investigate the accident, obtain all possible details, complete an accident investigation report, and send it to Risk Management and/or Workers’ Compensation Office and Safety office.
- Complete the appropriate workers’ compensation forms and forward them to Risk Management and/or Workers’ Compensation Office.
- Correct the unsafe work condition when possible.
- Your employee may be eligible for benefits under the Family Medical Leave Act (FMLA). Contact your campus’ personnel office for details.
- Inform Risk Management and/or Workers’ Compensation Office within one (1) working day if an employee losses time from work due to workers’ compensation.
- Contact the employee at least once every two (2) weeks if the employee is off work to determine the employee’s medical progress and answer any questions they might have.
- Provide modified duty as appropriate (see page 10).

Accident Prevention:

NSHE is committed to providing a safe workplace for all employees. To ensure that employees work safely, supervisors must:

- Ensure that employees follow policies and guidelines for a safe workplace.
- Make compliance with safety policies and guidelines part of each employee’s work performance standard.
- Communicate safety practices with employees.
- Identify and eliminate hazards before injuries occur.
- Provide a process for reporting safety concerns within your department.
- Provide employees with the education and training they need to work safely.
- Provide training and require the use of appropriate safety devices.
- Investigate all accidents to determine the cause and to prevent future accidents.
- Inspect machinery, equipment, and tools on a regular basis.
- Use safety resources to address and resolve problems.
- Evaluate safety efforts periodically.
- Ensure that the employee works within the limitations set by an approved workers’ compensation provider.

Out-of-State and Out-of-Country Employees

If your department has an employee who continuously works in or lives in another state or country, you must notify Risk Management and/or Workers’ Compensation Office before the employee begins the assignment by completing the *Out-of-State and Out-of-Country Employee Form* (see page 24). This process ensures that they have workers’ compensation coverage.

Volunteers

Volunteers, non-paid board members, non-paid faculty are generally considered NSHE employees for workers’ compensation purposes. They must be reported to your institutions personnel office quarterly to ensure coverage. Reporting requirements are outlined in the *NSHE Volunteer Policy* (see page 20). Reporting procedures will vary, depending on the type of volunteer. Failure to report your volunteers may result in denial of workers’ compensation benefits.

Departments who use volunteers must maintain name, phone number, address and emergency contact phone numbers on all volunteers. This can be done by having the volunteer complete a Personal Data Sheet (see page 25).

If a volunteer sustains an injury/disease, departments must follow the reporting procedures outlined in section III (see page 12). The departments must attach a copy of the *Volunteer Agreement Form* and *Volunteer Job Description Form* (if available) to the C-1 when it is forwarded to Risk Management and/or Workers’ Compensation Office

Modified duty

During the recovery process, it is not unusual for an employee to have temporary work restrictions that prevent him/her from performing some or all of the duties associated with his/her regular job. When this occurs, the department/supervisor must provide modified duty.

Modified duty is a situation where the employee returns to work, either full time or part time, in a position that will foster physical rehabilitation. This can be accomplished by modifying the employee’s duties, the time they work, where they work, and their workstation and/or equipment.

If the department/supervisor does not have modified duty available, the supervisor must immediately notify Risk Management and/or Workers’ Compensation Office so that the employee can be placed with another department or campus.

Departments often have difficulty identifying job tasks and projects that would be appropriate for an employee with temporary restrictions. These tasks may include:

Filing	Developing flowcharts	Collating
Answering the telephone	Employee surveys	Reception duties
Customer surveys	Quality control	Receiving training
Data entry	Inventory	Security checks
Providing training	Shredding	Scheduling
Copying	Updating directories	Dispatching
Preparing mail	Safety checks	Cashiering
Developing mailing lists	Delivering supplies	Stripping files

Once you have identified a modified position for the employee, have the employee sign an offer of temporary employment form to ensure he/she understands that this is a temporary assignment and provide a completed copy of this form to Risk Management and/or Workers' Compensation Office. It is essential that you review this temporary assignment with the employee at least once every thirty (30) days. As the employee's treatment progresses, his/her restrictions should change as well. By reviewing the assignment every thirty (30) days, it can be determined if the employee is able to perform more of his/her original job duties.

Temporary assignments can only be for a 90-day period. Extensions can be granted in the following situations:

- The employee remains unable to perform the duties of his/her regular position after the completion of a 90-day temporary modified duty assignment
- After working in a temporary modified duty assignment, the employee returns to work at his/her regular work position, but again, becomes temporarily unable to perform the duties of the position
- The employee remains unable to perform the duties of his/her regular position after the completion of a ninety-day modified-duty assignment, but is performing at least 51 percent of regular duties.
- The Third Party Administrator recommends the extension
- The employing department and Risk Management and/or Workers' Compensation Office approve an extension

If you are unable to find a temporary assignment within your department, Risk Management and/or Workers' Compensation Office will attempt to place the injured employee in a temporary assignment with another department or campus. Your department will still be responsible for paying the employee's salary as well as handling personnel issues. Please refer to the *NSHE's Early Return to Work Policy* (see page 15) for details regarding this program.

Permanent Restrictions/Reasonable Accommodation

If an employee is given permanent restrictions as the result of a permanent disability the NSHE will provide reasonable accommodations to assist the employee in performing the essential functions of the position. If reasonable accommodations cannot be provided, he/she may be eligible for vocational rehabilitation benefits.

SECTION III

FILING FOR WORKERS' COMPENSATION: THE FORMS

Notice of Injury or Occupational Disease Incident Report (Form C-1)

All work related injuries or diseases, no matter how minor, must be reported immediately to the employee's supervisor. The employee must complete a *Notice of Injury or Occupational Disease Incident Report (C-1)* when he/she sustains an injury or occupational disease from work. Completing a C-1 provides information that an accident occurred or the employee may have acquired an occupational disease at work, and protects the employee's rights when filing a claim. The C-1 must be submitted to the employee's supervisor within seven (7) days of the accident or knowledge of an occupational disease. The supervisor must ensure that the information in the C-1 form is complete and accurate before signing and sending it to Risk Management and/or Workers' Compensation Office.

If an employee is unable to complete a C-1, due to the nature of his/her injury/disease, the supervisor must complete the C-1 and indicate the reason(s) why the employee could not complete the form.

It is the supervisor's responsibility to ensure that Risk Management and/or Workers' Compensation Office receives this form immediately after the accident or knowledge of an occupational disease.

Claim for Compensation (Form C-4)

If an employee seeks medical treatment for a work-related injury/occupational disease, the employee's approved workers' compensation provider must complete the form C-4. The employee must advise the approved workers' compensation provider during the initial visit that the injury/occupational disease is work related. The form C-4 has two parts. The employee must complete the first part or upper half of the form. The approved workers' compensation provider completes the bottom portion of the form.

The bottom of the form will contain vital information needed by the Third Party Administrator to determine if a claim should be accepted and possible medical treatment needed. The bottom portion of the C-4 also lists if the employee, has any work restrictions, or if the employee will be off work.

The doctor's office will provide a copy of the completed form to the employee and will mail a copy to the Third Party Administrator and the employer. However, Risk Management and/or Workers' Compensation Office advises that the employee provide a copy of the C-4 to the Risk Management and/or Workers' Compensation Office as soon as possible to avoid delays in filing a claim with the Third Party Administrator.

Supervisor's Accident Investigation Reports

An injured employee's supervisor or a designated department representative (safety officer) is responsible to complete an investigation report related to the accident/injury. The information is intended to identify the cause of the accident/injury and to identify and implement applicable corrective actions to prevent a recurrence. Information related to witnesses and the circumstances of the accident/injury are often used to determine the compensability of the claim.

Supervisor Accident investigation forms are available at the respective Business Center web sites. Supervisors can request assistance from the Risk Management and/or Workers' Compensation Office in completing the investigation and developing corrective action plans. The investigation should be completed immediately following the accident/report of injury and submitted to Risk Management and/or Workers' Compensation Office within two (2) days.

Employer's Report of Industrial Injury or Occupational Disease (Form C-3)

Form C-3 is the form Risk Management and/or Workers' Compensation Office submits to the Third Party Administrator with information needed to process the claim. Risk Management and/or Workers' Compensation Office will verify the employee's wage and work schedule with the employee's supervisor before completing the C-3.

NOTE: Risk Management and/or Workers' Compensation Office has six (6) days from the date the C-4 form was received to file the Employer's report with the Third Party Administrator. If Risk Management and/or Workers' Compensation Office exceeds the six (6) days, NSHE may be fined by the Division of Industrial Relations. If a fine is levied due to the department's failure to send the information to Risk Management and/or Workers' Compensation Office in a timely manner, the fine will be the responsibility of the department.

Leave Choice Option Form

If the employee is certified unable to work, the employee must complete the leave choice option form advising Risk Management and/or Workers' Compensation Office if they wish to use his/her accrued leave time to supplement his/her workers' compensation benefits. If the employee decides not to use any of his/her leave time while on workers' compensation, the employee will be placed on leave without pay (LWOP). If the employee is not participating in the leave buyback program, the Third Party Administrator will mail the employee's TTD check directly to the employee.

If the employee decides to go on LWOP while on workers' compensation, he/she is likely to lose certain employee benefits. The employee should contact his/her institution's benefits department for details.

Leave Sheets

The department's leave keeper must indicate on the leave sheet if the employee is on workers' compensation and if the employee is using accrued sick, annual, or comp time during the leave period. If the employee is not participating in the leave buyback program and is on LWOP, it must also be indicated on the leave sheet that LWOP is due to workers' compensation.

It is very important to provide accurate leave information to Risk Management and/or Workers' Compensation Office so that leave buy backs can be processed timely and accurately. Inaccuracies in reporting leave time used will cause a delay in processing the employee's leave buy back.

SECTION IV

NSHE POLICIES

Nevada System of Higher Education (NSHE) Early Return-to-Work Policy

Application

This policy applies to employees who suffer a work-related injury or develop an occupational disease.

Policy Statement

The NSHE recognizes the need to support the recovery of employees should they suffer a work-related injury or develop an occupational disease. When an employee is temporarily unable to perform some or all of the duties of their regular job because of such an injury or an occupational disease, it is well established that recovery is accelerated when the employee continues to work. Based on this principle, the NSHE strongly supports early return-to-work and requires each institution to explore all early return-to-work options for an employee eligible for such assistance.

Specifics of a Modified-Duty Assignment

- A modified-duty assignment cannot last longer than ninety (90) calendar days, in most cases.
- A modified-duty assignment must be substantially similar to the employee's regular job in regard to location (within twenty-five (25) miles of the regular position) and the hours (shift) worked.
- While working in a modified-duty assignment, the employee receives the same base rate of pay received while working in his/her regular position.
- A modified-duty assignment in another department or at another campus does not constitute a transfer to that position.
- The employee's original appointing authority is responsible for an employee's salary and benefits while the employee is working in a modified-duty assignment with another department or at another campus.
- If a modified-duty assignment is provided in another department or at another campus, that department or campus shall report the hours worked to the employee's original employing department.
- If a modified-duty assignment is provided in another department or at another campus, the employee's original employing department remains responsible for personnel issues.

Conditions for Offering an Assignment:

- The employee is released to work, but the treating physician certifies that the employee is temporarily unable to perform some or all of his/her regular job duties.
- An appropriate modified-duty assignment is available.
- A modified-duty assignment is not prohibited by the source that funds the employee's regular position.

- The appointing authority would otherwise employ the employee had they not incurred the work-related injury or occupational disease.
- The employee must have submitted a C-1 form (*Notice of an Industrial Injury or Occupational Disease*) to their department within seven (7) days from the date of injury or knowledge of an occupational disease, unless a legitimate excuse exists for not submitting the form within the time frame.
- The employee must have filed a C-4 form (*Employee's Claim for Compensation/Report of Initial Treatment*) with the NSHE's workers' compensation Third Party Administrator within ninety (90) days after receiving medical treatment or missing time from work.

Conditions for Terminating an Assignment:

- Ninety (90) calendar days elapse from the day the employee begins the modified-duty assignment. Under certain conditions, one ninety-day extension may be authorized.
- The employee's treating physician releases him/her to return to his regular position.
- The employee is given permanent restrictions that prevent a return to the regular position. A modified-duty assignment must be terminated within thirty (30) days after the employee is given permanent restrictions.
- The modified-duty assignment is no longer available, or other conditions require the department to terminate the assignment.
- The employee's claim for workers' compensation is denied.
- The employee terminates his employment or retires.

Conditions for Extending an Assignment for an Additional Ninety-Day Period:

- The employee remains unable to perform the duties of his/her regular position after the completion of a ninety-day modified-duty assignment, but is performing at least 51 percent of regular duties.
- After working in a modified-duty assignment, the employee returns to work at his/her regular position, but again becomes temporarily unable to perform the duties of the position.
- The NSHE's workers' compensation Third Party Administrator recommends the extension.
- Risk Management and/or Workers' Compensation Office approves an extension.

Department Responsibilities:

- Make employees aware of the early return-to-work process.
- Assist Risk Management and/or Workers' Compensation Office in identifying modified-duty job tasks and special projects prior to the need to utilize modified-duty. Have employees participate in this process so they will be aware of the availability of modified-duty assignments.

- Immediately notify Risk Management and/or Workers' Compensation Office when an injured employee is unable to work, or is given work restrictions that prevent the employee from performing some or all the duties of their regular job.
- With the assistance of Risk Management and/or Workers' Compensation Office and the employee, develop a modified-duty assignment when the employee has temporary restrictions.
- Immediately notify Risk Management and/or Workers' Compensation Office of any problems/concerns that develop during the course of the modified-duty assignment.
- If a modified-duty assignment is not available, maintain contact with the employee. Contact must be made at least once every two (2) weeks.
- Notify the employee of his/her rights under the Family Medical Leave Act when appropriate.

Employee Responsibilities:

- After each appointment with the treating physician, any medical certification of work status (restrictions, full-duty release, etc.) must be submitted to the supervisor and Risk Management and/or Workers' Compensation Office. The medical certification should be submitted no later than the beginning of the first workday after the doctor's appointment, but must be submitted within three (3) working days.
- Once notified of the availability of a modified-duty assignment, the employee must return to work on the date established by the department and/or Risk Management and/or Workers' Compensation Office.
- After starting a modified-duty assignment, the employee must immediately notify the supervisor of any task(s) that might exceed the restrictions imposed by the treating physician.
- If unable to work, or if there is no modified-duty assignment, the employee must maintain contact with the department and Risk Management and/or Workers' Compensation Office. Contact should be made with each at least once every two (2) weeks.
- The employee may apply for a family and medical leave of absence (FMLA) if they have a serious medical condition that prevents them from performing one or more of the essential functions of their position. FMLA will be administered in compliance with the NSHE's FMLA Policy. Employees should contact their campus personnel office for details. An employee granted family and medical leave may not be required to accept an offered modified-duty assignment. However, if an employee declines to accept such an assignment, the Third Party Administrator may withhold benefits for time lost from work.

Risk Management and/or Workers' Compensation Office's Responsibilities:

- Provide supervisors and employees with training regarding the early return-to-work process.
- Review jobs in each department to identify essential functions and possible modified-duty assignments.
- When an employee has temporary restrictions, assist the department and employee in identifying a modified-duty assignment compatible with the employee's restrictions.
- Develop a written description of the modified-duty assignment when needed and submit the description to the employee's treating physician.

- Confirm an offer of temporary modified-duty in writing within ten (10) days after making the offer.
- Once the treating physician's approval is received, facilitate the employee's immediate return to work.
- Contact the employee and department at least once every thirty (30) days during the period of a modified-duty assignment.
- If an assignment is not available in the employee's department, assist in developing a modified-duty assignment in another department or at another campus.
- Risk Management and/or Workers' Compensation Office will first attempt to develop a modified-duty assignment within the original employing department. If these efforts are unsuccessful, an attempt will be made to develop a modified-duty assignment within another department at the same campus. Developing an assignment at another campus will always be the last option explored.
- If an employee is unable to work, or if a modified-duty assignment is not available, maintain consistent contact with the employee and department or campus. Contact with each will be made at least once every two (2) weeks.
- Provide supervisors and employees with technical assistance and support regarding workers' compensation issues.

Procedure for Employees with Permanent Restrictions

Reemployment Eligibility within the NSHE (Classified Employees):

- The employee must be a permanent employee.
- The employee would otherwise have continued in their regular position.
- The treating physician certifies that the employee is permanently unable to perform some or all the duties of their regular job, even with reasonable accommodation.
- The NSHE's workers' compensation Third Party Administrator verifies that the claim for benefits is not being contested through the hearing or appeal process.
- The NSHE's workers' compensation Third Party Administrator verifies that the employee is eligible for vocational rehabilitation services as a result of work-related permanent restrictions.
- Once notified by our Third Party Administrator that an employee is eligible for vocational rehabilitation; the NSHE has thirty (30) days to offer a job compatible with the employee's permanent restrictions if such a position is available.
- The reemployment process within the NSHE is conducted with the assistance of the campus personnel office.
- If the employee with permanent restrictions is eligible for reemployment, he/she has reemployment rights for a period up to twelve (12) months.

- If the NSHE is unable to offer a job in the thirty-day period after notice, the employee may be eligible for reemployment assistance through vocational rehabilitation. As part of the assistance provided, an employee may be referred to State Personnel for assistance with placement in another State position.

Supporting Documents

- A. Rules for State Personnel Administration
 - NAC 284.600-6019 Disabilities Related to Work
 - NAC 284.630 Layoffs: Reemployment

- B. Nevada Industrial Insurance Act
 - NRS 616C.015 Notice of Injury
 - NRS 616C.020 Claim for Compensation
 - NRS 616C.150 Course of Employment
 - NRS 616C.475 Amount and Duration of Compensation
 - NRS 616C.555 Vocational Rehabilitation
 - NRS 616C.590 Eligibility for Services (Vocational Rehabilitation)
 - NRS 617.342 Notice of Occupational Disease
 - NRS 617.344 Claim for Compensation
 - NRS 617.358 Course of Employment

- C. Nevada Administrative Code
 - NAC 616C.583 Offer of Employment

Early Return-to-Work Policy

VOLUNTEER POLICY

Volunteers provide an invaluable service to the NSHE; therefore, we need to ensure that our volunteers are protected in case they sustain injuries while performing these services for the university.

The purpose of this volunteer policy and procedure is to provide NSHE institutions and campuses with guidelines that will assist them in properly selecting their volunteers, obtaining needed information from volunteers, and ensuring that volunteers have workers' compensation and liability coverage.

Who Is Considered A Volunteer?

A volunteer is any individual who performs a service for and directly related to the business of the NSHE, without the expectation of monetary or material compensation. There are different types of volunteers:

- Category A – a person who performs a volunteer assignment for three days or less.
- Category B – a person who performs a volunteer assignment for more than three days or on a recurring basis.
- An adjunct or clinical faculty member
- A non-paid board member
- Community service workers

Volunteers are expected to abide by university policies and regulations that govern their actions, including but not limited to those of ethical behavior, confidentiality, financial responsibility, and drug and alcohol use.

The department head must select volunteers who meet the minimum qualifications to perform the tasks. Volunteers may not replace classified employees who have been laid off.

A volunteer may not perform any work until he/she has signed the volunteer agreement form detailing the nature of the work to be performed and the relationship of the volunteer to the university.

Volunteers are not considered employees for any purpose other than workers' compensation and liability protection. Therefore, they are not eligible for retirement and health benefits, other than workers' compensation, as a result of their volunteer status.

Volunteers serve at the pleasure of the institution. Accordingly, a volunteer assignment can be terminated at the discretion of the institution without notice or cause.

Volunteer Screening

As part of the screening process, a prospective volunteer should be asked to demonstrate that he is lawfully able to work in the United States. If he/she cannot demonstrate this, then he/she cannot be considered for volunteer service.

Each department can establish their own screening process that best meets their needs. A prospective volunteer may be required to undergo a rigorous screening process to determine fitness for the assignment. It is strongly recommended that each department develop a description of the volunteer assignment prior to the screening process. This will assist in determining the experience, qualifications, and training needed to fill that assignment. Such a process may include, but is not limited to: interview, a background check, fingerprinting, and reference check. At the end of this policy is a copy of a sample volunteer assignment job description form.

Volunteer Training

Each department will be responsible for training their volunteers. If volunteers will be working with machines and/or equipment, they must be provided with the proper protective gear. Training must be completed successfully before the volunteer may begin the assignment. If the volunteer will be working with machines and/or equipment, they must be supervised by a trained staff member or experienced volunteer.

Minors

A person under the age of eighteen may only become a volunteer with parental consent and approval of the department head. Minors are not allowed to work with any type of machinery and/or equipment under any condition. Minors may be excluded from certain work environments.

Employee Performing Volunteer Service

Under the Fair Labor Standards Act, a non-exempt employee cannot be both a paid employee and non-paid volunteer while performing the same type of work for the same employer. For example, a program assistant in the History Department cannot be considered a volunteer if their volunteer assignment requires them to perform program assistant duties in the Sociology Department. Although the definition of a non-exempt employee is complex, any hourly employee who is entitled to overtime, such as a classified employee, is generally considered to be non-exempt.

Workers' Compensation Requirement

For workers' compensation purposes, volunteers are considered employees of the NSHE while they are performing their duties for the NSHE.

PROCESS FOR ENGAGING DIFFERENT TYPES OF VOLUNTEERS

Category “A” volunteer	Develop a description of the volunteer assignment
	Determine the experience, qualifications, and training needed.
	Recruit volunteers
	Perform appropriate screening of prospective volunteers
	Upon acceptance of a volunteer, complete the following: <ol style="list-style-type: none"> a. Explain the manner and method by which the volunteer will be expected to perform their assignment. Please use the <i>Volunteer Assignment Description Form</i>. Ensure that the volunteer is physically able to perform these duties. b. Explain all policies and procedures that apply to the volunteer c. Provide any assignment specific training that is deemed necessary.
	Record the volunteer’s name and social security number and obtain emergency contact information. Emergency contact information can be obtained by having the volunteer complete a <i>Personal Data Sheet</i> (included at the end of this packet).
Complete the <i>Workers’ Compensation Volunteer Report</i> (included at the end of this packet) and submit report to the personnel office quarterly.	
Category “B” volunteer	Develop a description of the volunteer assignment
	Determine the experience, qualifications, and training needed.
	Recruit volunteers
	Perform appropriate screening of prospective volunteers
	Upon acceptance of a volunteer, complete the following: <ol style="list-style-type: none"> d. Explain the manner and method by which the volunteer will be expected to perform their assignment. Please use the <i>Volunteer Assignment Description Form</i>. Ensure that the volunteer is physically able to perform these duties. e. Explain all policies and procedures that apply to the volunteer f. Provide any assignment specific training that is deemed necessary. g. Upon completion of training and review of assignment, have volunteer read and sign the <i>Volunteer Agreement</i> (included at the end of this packet).
	Provide a copy of the <i>Volunteer Agreement</i> to the personnel office.
	Notify the personnel office immediately if the start and end date of the assignment changes.

Adjunct/Clinical Faculty Procedure	Select an adjunct/clinical faculty member.
	Complete a <i>Terms of Employment for Adjunct and Clinical Faculty</i> contract.
	Explain the policies and procedures that apply to the adjunct/clinical faculty member.
	Have the adjunct/clinical faculty member sign the <i>Terms of Employment for Adjunct and Clinical Faculty</i> contract.
	Obtain emergency contact information. This information can be obtained by having the adjunct/clinical faculty member complete a <i>Personal Data Sheet</i> .
	Distribute the contract to the appropriate parties
	Provide the personnel with a copy of all accepted contracts.
Board Member Procedure	Select the board member
	Explain all policies and procedures that apply to the board member
	Obtain emergency contact information. This information can be obtained by having the board member complete a <i>Personal Data Sheet</i> .
	Report the board member's name and social security number to the personnel office quarterly. A form for reporting volunteers is provided by the personnel office.
Community Service Workers	Develop a description of the volunteer assignment
	Determine the experience, qualifications, and training needed.
	Perform appropriate screening of prospective volunteers
	Upon acceptance of a volunteer, complete the following: <ul style="list-style-type: none"> h. Explain the manner and method by which the volunteer will be expected to perform their assignment. Use the <i>Volunteer Assignment Description Form</i>. Ensure that the volunteer is physically able to perform these duties. i. Explain all policies and procedures that apply to the volunteer j. Provide any assignment specific training that is deemed necessary. k. Upon completion of training and review of assignment, have volunteer read and sign the <i>Volunteer Agreement</i> (included at the end of this packet).
	Provide a copy of the <i>Volunteer Agreement</i> form to the personnel office.
	Notify the personnel office immediately if the start and end date of the assignment changes.

OUT-OF-STATE OR OUT-OF-COUNTRY EMPLOYEE FORM

Date: _____

To: Risk Management and/or Workers' Compensation Office
Mailstop _____

From: _____

Subject: Workers' Compensation Coverage

The following employee was hired to work in another state or country or will be working in another state or country for an extended period of time:

Employee: _____ SSN: _____

Address: _____

Home Phone: _____ Email: _____

State or country employed to work in: _____

Start date: _____

Estimated length of employment: _____

Salary: _____

Job title: _____ Department: _____

Job duties: _____

Comments: _____

Completed by: _____ Date: _____

Immediately contact Risk Management and/or Workers' Compensation Office when the employment terminates, so the employee can be removed from the out-of-state or foreign workers' compensation policy.

PERSONAL DATA SHEET

Name: _____ Social Security #: _____

Date of Birth*: _____ Phone #: _____

**Attach proof of age if volunteer is under the age of 18* Driver's License #: _____

Home Address:

Street City State Zip

In case of emergency, please contact:

Name Relationship Phone Number

Volunteer's Signature: _____ **Date:** _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his behalf

Parent/Guardian: _____
Print Name Signature Date

VOLUNTEER AGREEMENT
SECTION I – VOLUNTEER INFORMATION

Name: _____ Social Security # _____

Date of Birth*: _____ Phone #: _____ Driver's License # _____

**Attach proof of age if volunteer is under the age of 18*

Home Address:

Street	City	State	Zip
--------	------	-------	-----

In case of emergency, please contact:

Name	Relationship	Phone Number
------	--------------	--------------

As a volunteer, I agree to abide by all applicable rules and regulation of the NSHE and guidelines of this department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice.

_____ I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

_____ I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks:

Volunteer's Signature: _____ **Date:** _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the NSHE. I further acknowledge that I have completed the Authorization for Treatment form on his behalf

Parent/Guardian: _____

Print Name	Signature	Date
------------	-----------	------

SECTION II – TO BE COMPLETED BY THE SUPERVISOR/DEPARTMENT VOLUNTEER CONTACT

Department where the volunteer will work: _____

Department Account number: _____

Supervisor responsible for volunteer's work: _____

Supervisor's Phone #: _____

	Name and Title
--	----------------

Work will begin on: _____ and end on: _____

Supervisor's Signature: _____ Date: _____

*** Please attach a copy of the Volunteer Assignment Description form prior to submitting this form to the Personnel Office.**

VOLUNTEER ASSIGNMENT JOB DESCRIPTION FORM

JOB TITLE:
DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY	NEVER 0 hours per day	OCCASIONALLY 0-3 hours per day	FREQUENTLY 3-6 hours	CONSTANTLY 6-8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand Right ___ Left ___				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

2. Please indicate the daily Lifting and Carrying requirements of the job:

Indicate the height the object is lifted from floor, table, or overhead location and the distance the object is carried.

	Lifting				Height	Carrying				
	Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hours		Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hours	Distance
1-10 lbs.										
11-20 lbs.										
21-50 lbs.										
51-75 lbs.										
76-100 lbs.										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried:

3. Please indicate if your job requires:

	Yes	No	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment?			
b. Working around equipment and machinery?			
c. Walking on uneven ground?			
d. Exposure to excessive noise?			
e. Exposure to extremes in temperature, humidity, and wetness?			
f. Exposure to dust, gas, fumes, or chemicals?			
g. Working at heights?			
h. Operation of foot controls or repetitive foot movement?			
i. Use of special visual or auditory protective equipment?			
j. Working with bio-hazards, such as: blood borne pathogens, sewage, hospital waste, etc.			

VOLUNTEER AGREEMENT

Whereas, it is deemed that the services of volunteers are both necessary and in the best interest of the Nevada System of Higher Education (NSHE);
Now, therefore, in consideration of the aforesaid premises, the parties mutually agree as follows:

- 1. **ASSENT.** The NSHE accepts the service of the volunteer until such services are terminated with or without cause or notice at the discretion of either party.
- 2. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described, including, when applicable, any certifications, licenses and/or other credentials the volunteer is to possess; the number of hours or number times the service is to be performed, or when appropriate, a description of the work product.
- 3. **LIMITED NSHE LIABILITY.** The NSHE will not waive and intends to assert NRS chapter 41 liability limitations in all cases.
- 4. **INDEMNIFICATION.** To the fullest extent permitted by law, the NSHE shall indemnify, hold harmless and defend the volunteer, as if as an employee of the NSHE within the scope and meaning of NRS 41.0339, from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to attorney's fees and costs, arising out of the performance of the those services set forth in the "Description of Volunteer Duties" statement contained below if the act or omission on which such liability, claims, actions, damages, losses, and expenses are based appears to be within the course and scope of the public duty assumed by the volunteer, appears to have been performed or omitted in good faith, was done under the control and direct supervision of the NSHE and in the furtherance of the NSHE's business.
- 5. **INSURANCE.** The volunteer, as an employee of the NSHE within the scope and meaning of NRS 41.0339, shall be treated as an employee regarding any applicable liability maintained by or on behalf of the NSHE while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement. However, the volunteer is excluded from participation in any employee rights, benefits or plans, including, without limitation, those found in NRS Title 23.
- 6. **WORKERS' COMPENSATION INSURANCE.** Volunteers shall receive workers' compensation coverage in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement.
- 7. **GOVERNING LAW; JURISDICTION.** This Volunteer Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, and adjudicated in Nevada district courts.
- 8. **STATE OWNERSHIP OF PROPRIETARY INFORMATION.** Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents and drawings, prepared or in the course of preparation by the volunteer while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement shall be the exclusive property of the NSHE and all such materials shall be remitted to the NSHE by the volunteer upon completion, termination, or cancellation of service. A volunteer shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of the volunteer's service under this agreement without prior written consent of the NSHE.
- 9. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents received from a volunteer may be open to public inspection and copying. The NSHE will have the duty to disclose unless a particular record is made confidential by law or common law balancing of interests.
- 10. **CONFIDENTIALITY.** A volunteer shall keep all information confidential, in whatever form, produced, prepared, observed or received by the volunteer to the extent that such information is confidential by law

Volunteer is a Minor

Volunteer needs Reimbursement

Volunteer needs IT Access

VOLUNTEER NAME (Please type or print legibly) _____
 DESCRIPTION OF VOLUNTEER DUTIES _____
 CAMPUS _____ DEPARTMENT _____ SUPERVISOR _____
 START DATE OF ASSIGNMENT _____ END DATE OF ASSIGNMENT _____
 CERTIFICATIONS, LICENSES AND/OR OTHER CREDENTIALS NEEDED _____
 EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____
 IN WITNESS WHEREOF, the parties hereto execute this Volunteer Agreement

Volunteers' Signature Date

Volunteer's Title

NSHE Department Signature Date

Title

Print Name of Person Signing for NSHE Department

Parent Signature Date
(If volunteer is less than 18 years of age)

Revised 05/2011

SECTION V

Contact Information

Business Center North (BCN) Risk Management/Workers' Compensation Office

Office Location:

UNR Campus
Artemesia Building, Room 3

Office Mailing Address:

BCN Workers' Compensation Office
70 Artemesia Way/MS 241
Reno, NV 89557-0022

Telephone: (775) 784-4394

Fax: (775) 784-4363

Website: <http://www.bcn-nshe.org/hr/workerscomp/>

Business Center South (BCS) Risk Management and Safety

Office Location:

UNLV Campus
Campus Services Building, Room 119

Office Mailing Address:

4505 S Maryland Pkwy Box 451042
Las Vegas, NV 89154-1042

Telephone: (702) 895-4226

Fax: (702) 895-5227

Website: <http://rms.unlv.edu/insurance-and-claims/wc/>