BOX ELDER COUNTY PERSONNEL POLICIES AND PROCEDURES

26. Worker’s Compensation

26-1. Purpose

This policy complies with Utah’s Workers’ Compensation Act, Utah’s Occupational Disease Act, and Utah’s Volunteer Government Workers Act.

26-2. Policy

Box Elder County provides workers’ compensation coverage for all employees, interns and authorized volunteers injured on the job, unless they are excluded from coverage under state law. As benefits are determined by statute, Box Elder County has no control of the benefits provided, and benefits may be changed at any time by the Utah Legislature, action by the courts or by change in Department of Labor rules. Any reference to benefits provided by the workers compensation carrier are based on benefits current at the time of adoption of this policy, are illustrative only and do not create any obligation on the county to provide benefits in addition to those provided by the workers compensation carrier under Utah workers compensation laws.

26-3. Procedures

A. Worker’s Compensation Benefits

1. Reporting

   i. Report the injury or illness to your supervisor, Human Resources, and Risk Manager immediately. If you fail to report an injury or illness within 180 days, you may be disqualified from receiving workers’ compensation benefits.

      1. Employee must fill out the First Report of Injury form.

   ii. In the event of an emergency, employees should proceed directly to an emergency room. See section 26-3-B for preferred providers.

   iii. If an employee dies or incurs a disabiling or serious injury including unconsciousness:
1. The supervisor must immediately contact the Human Resources.

2. Human Resources/Risk Manager must contact the Division of Occupational Safety and Health of the Utah Labor Commission within eight hours after the incident occurs.

3. An investigation of the incident will occur involving at a minimum the Risk Manager, County Attorney’s Office, and Human Resources.

iv. Within twenty-four (24) hours of being notified of any injury, an administrator, supervisor or designee must:

1. Complete the Employer’s Accident Investigation Report (Supervisor Form).

2. Give a copy of the completed form to the injured employee.

v. An employee injured on the job will be paid for the scheduled hours missed on the day of the accident.

vi. Failure to report an accident may result in disciplinary actions as late reporting of claims by the County to the Department of Labor and UOSH may result in penalties.

B. Access to Medical Services

1. The County designates its contracted occupational medicine clinic to be its preferred provider for injured workers. This clinic is CIO Medical, 14 North 100 East, Suite 103, Brigham City, UT 84302. Except in cases of life- or limb-threatening injuries and/or after hours, an injured employee should seek initial medical care through this preferred provider.

In the event that this location is closed, employees may report to:

i. Bear River Valley Hospital, 905 North 1000 West, Tremonton, UT 84337 or

ii. Brigham City Community Hospital, 950 Medical Drive, Brigham City, UT 84302.
In case of life- or limb-threatening injuries and/or after hours, initial care may be provided at any appropriate medical facility.

2. Employees must take a Return to Work form to the doctor’s appointments and return it to Human Resources through their chain of command. Return to Work forms will be required at each appointment the employee attends for updates to restrictions, modified duty, and medical release.

3. Employees may make one change of doctor without prior approval by contacting Human Resources. Human Resources will submit the request to Workers Compensation Fund on behalf of the employee. Subsequent changes must be pre-approved.

C. If an employee is injured on the job or suffers from a qualifying occupational disease, Worker’s Compensation will pay the employee or the employee’s family for the following items, subject to statutory limits and requirements:

   1. hospital and medical bills
   2. time lost from work
   3. a permanent loss of body functions
   4. artificial appliances
   5. death and burial benefits

D. Modified Duty

   1. The County and the employees’ goal should be the same as that of the Utah workers compensation laws, which is returning the employee to work as soon as medically reasonable. To achieve that goal, the County regularly identifies modified duty assignments for injured employees. The employee should let the physician know modified duty may be available to allow the County, the physician, and the employee to work together to determine possible modified duty work for the employee.

      i. The County may give the employee a temporary assignment for the duration of the injury recovery within the limitations prescribed by the physician. Temporary assignments may be coordinated through the physician and workers compensation carrier as needed.

      ii. The employee should follow all instructions in follow up visits with the physician and notify the County of any changes in status, limitations, or return to work releases by way of the County’s Return to Work form.
iii. Failure to work in a modified duty assignment within the limitations prescribed by the physician or follow physician’s instructions may jeopardize lost time benefits and/or County employment status.

E. Wage Replacement Payments

1. An employee with a medical release from work will receive wage replacement in the following manner according to Utah Workers’ Compensation Law:

<table>
<thead>
<tr>
<th>Medical Release from Work</th>
<th>Payments by Workers Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day of Injury</td>
<td>Treated as a work day</td>
</tr>
<tr>
<td>Less than 3 days</td>
<td>None</td>
</tr>
<tr>
<td>1-14 days</td>
<td>All EXCEPT first 3 days</td>
</tr>
<tr>
<td>More than 14 days</td>
<td>All (Including reimbursement for first 3 days)</td>
</tr>
</tbody>
</table>

2. Workers compensation lost time benefits are paid at 66 and 2/3 of the employee’s average gross weekly wage. Workers compensation lost time benefits are paid at this roughly two-thirds level to compensate for the benefits tax-free status to provide an amount comparable to an employee’s regular net pay.

3. Weekend days and holidays are included when counting the number of days off. Time off does not need to be consecutive but must be confirmed by a doctor’s report.

4. The treating medical provider must document time away from work following the date of injury where the employee is totally unable to work, or unable to work a full shift on the County’s Return to Work form.

F. Return to Work

1. Employees on workers’ compensation shall resume the same or comparable position of the same classification. If the employee, in the opinion of a physician, cannot perform the duties of the position from which leave was taken, the County is not required to accept the employee for work. However, the County may at their discretion request a second opinion to verify the physician’s findings. A list of duties will be sent to the verifying physician.

2. Following a doctor’s declaration that an employee may return to full duty, occasional absences from work related to the injury (doctor’s appointments, physical therapy, etc.) will be charged to sick leave. Employees assigned to modified duty are compensated at their regular rate of pay for hours worked.
3. If an employee does not return to work when released from the doctor’s care, the County shall notify the employee by certified mail that they are on unapproved leave and expected to return to work immediately. An employee who does not report as directed by certified mail, and makes no contact with the supervisor or Human Resources within three (3) days following the receipt of certified mail or signed receipt of delivery, shall be considered to have resigned and be terminated.

G. If a claim is denied by the workers compensation carrier, the employee is liable for all of the expenses incurred. The employee may dispute the claim with the insurance carrier through the carrier’s arbitration process. Information on dispute resolution can be obtained from the County’s workers compensation carrier or from the Department of Labor.

H. Employees who have questions or disputes regarding Workers’ Compensation benefits and payments should contact Human Resources. Employees may also request a hearing with the Adjudication Division of the Utah Labor Commission.

I. Workers’ compensation fraud, including the filing of a false claim for medical or disability compensation or the exaggeration of the severity of an injury, is a crime punishable by fines and confinement in a state prison. Any employee who becomes aware of a situation that may constitute workers’ compensation fraud shall report it to the Human Resources immediately.

J. Employees on Workers’ Compensation may continue existing County insurance coverage by paying the employee’s portion of the total premium through use of vacation leave, sick leave, SDO, or comp time. If leave time is not available, the employee may pay for benefits by check payable to Box Elder County.

K. If there are indications that the disability will be longer than three months, the employee should also apply for Long Term Disability and Social Security Disability. At that time, Long Term Disability will be coordinated with Workers’ Compensation and Social Security, if the employee is eligible.

L. An employee injury reported to the workers’ compensation carrier will be investigated by the County’s Risk Management Committee. The investigation may determine that the injury was due in whole or in part to: an ineffective policy or practice which should be modified; or the employee’s disregard for safety policies and practices for which the employee should be disciplined. While an employee will not be disciplined or retaliated against for filing a legitimate workers compensation injury, the employee may be disciplined for violation of County safety policies and practices related to such injury or failure to follow requirements of this or other County policies.