

Nye County

Accident and Workers' Compensation Reporting Procedure



Nye County Accident and Workers' Compensation Reporting Procedure

Document and Contact Information

Procedures Manager:	Human Resources (775) 751-6327 IncidentReporting@nyecountynv.gov
File Name:	Accident and Workers' Compensation Reporting Procedure
To obtain this document or to make inquiries:	Human Resources (775) 751-6327 1981 E. Calvada Blvd, Suite 120 Pahrump, NV 89048 IncidentReporting@nyecountynv.gov
Requirements for Document acceptance and changes:	Changes to this document must be reviewed and approved by the County Manager.

History of Revision

Date	Version	Comments
8/17/2010	01	Approved – Rick Osborne – County Manager
6/21/2023	02	Approved - Tim Sutton – County Manager
6/28/2024	03	Approved – Tim Sutton – County Manager



Nye County Accident and Workers' Compensation Reporting Procedure	1
1.0 Purpose	1
2.0 Scope	1
3.0 Responsibility	1
4.0 Procedures	1
5.0 Frequently Asked Questions.....	6
6.0 Attachments.....	10



1.0 Purpose

- 1.1 It is the policy of Nye County that all accidents or incidents that result in either personal injury and/or damage to County property be properly reported and investigated. This accident and workers' compensation reporting procedure establishes a systematic process to ensure that accidents and workers' compensation claims are accurately reported in a timely manner, that all causes are identified, and that the appropriate corrective actions are taken.

2.0 Scope

- 2.1 This operating procedure applies to the reporting and investigation of all incidents that occur while an employee is carrying out their job duties resulting in:
- Personal injury to non-County personnel while on or using County-owned property,
 - Damage to County-owned property,
 - Damage to non-County owned property.
 - Workers' Compensation claims.

3.0 Responsibility

- 3.1 Employees are responsible for reporting any accidents and injuries that happen while carrying out their job duties to their supervisor as soon as possible. All accidents or injuries must be reported by no later than the end of the employee's regular work shift. An accident or injury is not considered reported until all accompanying paperwork is fully completed and sent to Nye County Incident Reporting & Management for review.

4.0 Procedures

- 4.1 Any County employee involved in an accident or injury while carrying out their job duties shall do the following:
- 4.1.1 In the Event of a Motor Vehicle Accident or Property Damage greater than \$500:
- 4.1.1.1 Report the incident to their supervisor immediately and arrange for a drug and alcohol test.



- a. Human Resources will carry out the testing. After business hours, call 775-277-0307.
 - b. The employee is to go to a medical facility (i.e., an open Urgent Care) for testing when Human Resources is unable to carry out testing. The alcohol and drug testing and transportation is the responsibility of the department head to arrange per PPM 2.10.3. The employee should not drive a County vehicle until the results of the testing have been determined.
- 4.1.1.2 If needed, the employee's department head is responsible for arranging to tow the County vehicle back to an appropriate County property:
- a. Pahrump and Amargosa: Desert Towing – 775-751-1230; AAAA Two Star – 775-727-5197; USA Towing – 702-541-3611
 - b. Tonopah and Beatty: Cal-Nevada Towing – 866-359-3725
- 4.1.1.3 Complete the following documents and send them to Incident Reporting & Management (IRM) at IncidentReporting@nyecountynv.gov:
- a. Notice of Loss form;
 - b. C-1 (if injury sustained);
 - c. Citizen Incident Report (if involving a member of the public); and,
 - d. Photographs of the damage, citation, insurance information of the other party, and any other pertinent information.
- 4.1.2 In the Event of a workplace injury:
- 4.1.2.1 Report the injury to their supervisor immediately and seek medical treatment, if necessary.
- 4.1.2.2 Each employee involved in an accident will be tested for drugs and alcohol as soon as possible after the accident, but after any necessary emergency medical attention has been provided. This applies in the following situations:
- an event involving a death,
 - receiving medical treatment other than first aid,
 - a loss of consciousness,
 - or property damage greater than \$500 (PPM 2.10.9).
- a. Human Resources will carry out the testing. After business hours, call 775-277-0307.



- b. The employee is to go to a medical facility (i.e., an open Urgent Care) for testing when Human Resources is unable to carry out testing. The alcohol and drug testing and transportation is the responsibility of the department head to arrange per PPM 2.10.3. The employee should not drive a County vehicle until the results of the testing have been determined.
- 4.1.2.3 If needed, the employee's department head is responsible for arranging a tow:
- a. Pahrump and Amargosa: Desert Towing – 775-751-1230; AAAA Two Star – 775-727-5197; USA Towing – 702-541-3611
 - b. Tonopah and Beatty: Cal-Nevada Towing – 866-359-3725
- 4.1.2.4 Complete the following documents and send them to Incident Reporting & Management (IRM) at IncidentReporting@nyecountynv.gov:
- a. C-1 form;
 - b. Citizen Incident Report (if involving a member of the public);
 - c. Photographs of the damage, citation, insurance information of the other party, and any other pertinent information.
- 4.1.2.5 Supervisors will ensure that any employee requiring prompt medical attention or treatment does so at one of the following contracted providers and will arrange transportation if needed. An employee should seek medical attention from the provider list below. If an employee seeks medical attention from a provider not listed, Nye County may not be able to provide reimbursement.



Medical Providers: Amargosa Valley

Amargosa Valley Medical Clinic (775-372-5432)
845 E. Farm Rd.
Amargosa, Nevada

Medical Providers: Beatty

Beatty Medical Clinic (775-553-9111)
250 S. Irving
Beatty, Nevada

Medical Providers: Gabbs

Must travel to:

Mount Grant General Hospital (775-945-2461)
200 South A Street
Hawthorne, Nevada

Or

Banner Churchill Community Hospital (775-423-3151)
801 E. Williams
Fallon, Nevada

Medical Providers: Round Mountain

Must travel to:

Banner Churchill Community Hospital (775-423-3151)
801 E. Williams
Fallon, Nevada

* In the event of an acute serious traumatic injury, a Supervisor is authorized to refer an Employee to seek medical treatment from the nearest emergency medical facility.

Medical Providers: Tonopah

Frontier Medical Group (775-382-2000)

825 S. Main Street
Tonopah, Nevada

OR

Must travel to:

Beatty Medical Clinic (775-553-9111)
250 S. Irving
Beatty, Nevada

OR Hawthorne, Fallon or Pahrump

Medical Providers: Pahrump

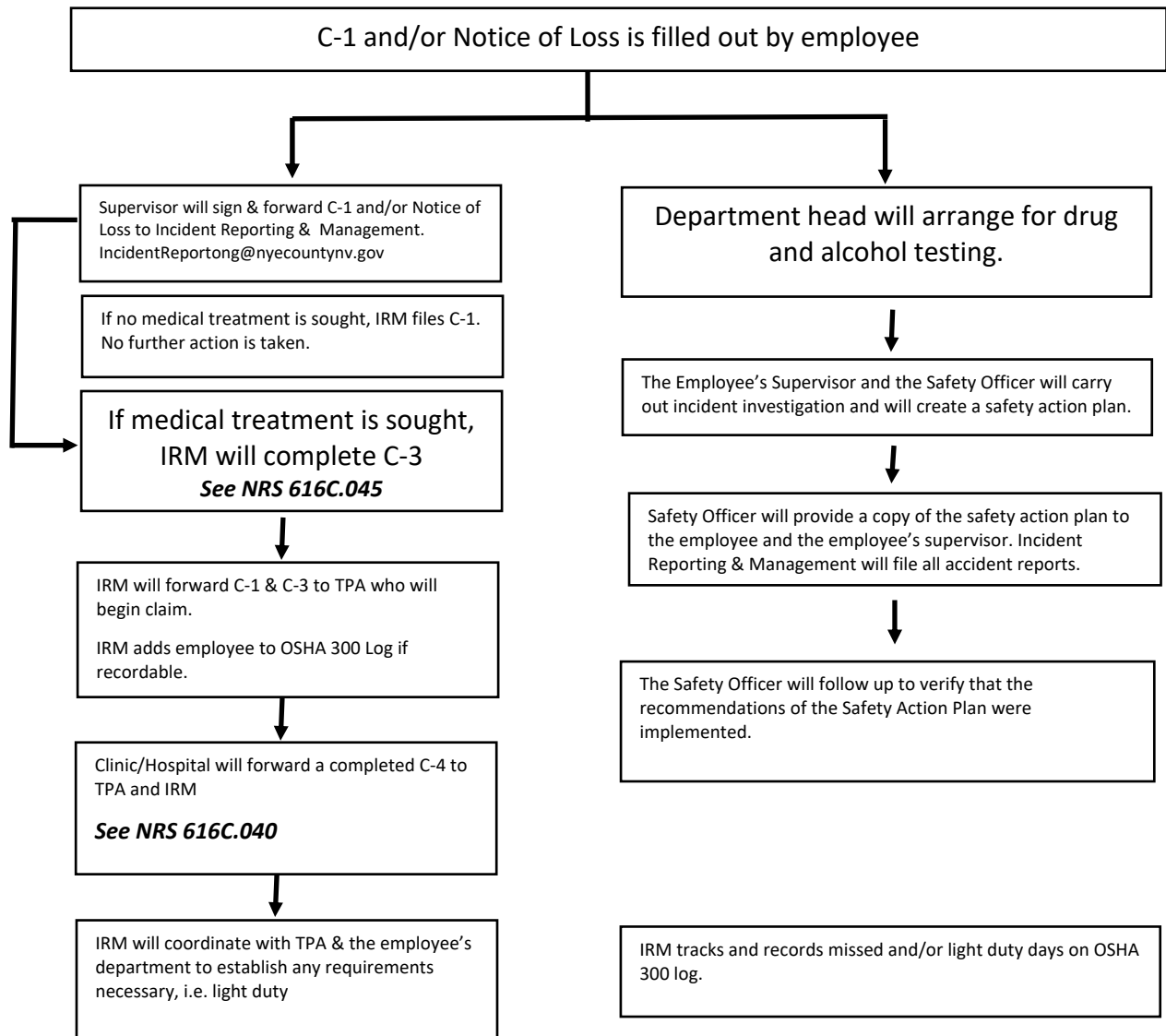
Intermountain Healthcare (775-727-5500)
1397 S. Loop Road
Pahrump, Nevada

****After hour and emergency cases:***

Desert View Hospital (775-751-7500)
360 S. Lola Lane
Pahrump, Nevada



4.2 Accident and Injury Reporting Procedure Flowchart:



All reports and collected information should be promptly forwarded to Incident Reporting & Management via email to IncidentReporting@nyecountynv.gov or by mail to: Nye County Incident Reporting & Management, 1981 E. Calvada Blvd, Suite 120, Pahrump, NV, 89048.



5.0 Frequently Asked Questions

Q: What is workers' compensation? Workers' compensation is an insurance program which covers injuries and diseases that are work-related. Fault or negligence by the employer or the employee is not considered in the injured employee's claim for benefits. The primary objective of the program is to return the injured employee to gainful employment as quickly as possible.

Q: How does Nye County provide workers' compensation coverage for its employees? The County administers workers' compensation coverage through CCMSI, a third-party administrator (TPA). Employees are *not* covered by the Employers Insurance Company of Nevada (formerly known as SIIS). CCMSI handles all claims.

Q: What injuries or diseases are covered? Workers' compensation coverage generally applies to injuries or diseases arising out of and in the course of employment, subject to the limitations and conditions of Nevada's Industrial Insurance laws.

Q: What should the employee do if there is an on-the-job injury or occupational disease? First, the employee must give written notice of the on-the-job injury or occupational disease to their supervising administrator by completing a "Notice of Injury or Occupational Disease" (Form C-1) within 24 hours after the accident or having knowledge that their disease may be work-related. The employee and their supervisor must sign this form.

Second, if the employee sought medical treatment or were off work because of their on-the-job injury or occupational disease, the employee must file a "Claim for Compensation" (Form C-4) within 90 days after the accident or having knowledge that their disease may be work-related. This form must be completed and signed by the employee and their physician at the time of their initial medical examination.

For life-threatening conditions requiring immediate treatment, the employee is to dial 911 or get medical care at the nearest hospital or emergency room. The employee is to notify their supervisor and complete the required forms as soon as possible thereafter.

The employee may be denied workers' compensation benefits if they fail to file a Form C-1 or a Form C-4 in a timely manner.

Q: Should an employee's injury be reported to their supervisor even if it is a small one? The employee is to report all injuries no matter how insignificant they may seem at the time via Form C-1.



Q: What is a TPA? What do they do for injured employees? A TPA is a Third-Party Administrator hired by Nye County to provide administrative services and manage workers' compensation claims. The TPA is responsible for claim investigation, claim acceptance, claim closure, and other matters related to claim administration. The TPA evaluates claims for coverage applicability, monitors progress, assures timely and accurate payments, and all other claim administration functions.

Q: What types of workers' compensation benefits are employees entitled to? Workers' compensation benefits may include medical treatment, lost time compensation, permanent partial disability, vocational rehabilitation, dependent's payments in the event of death, and other claims-related expenses.

Q: What doctor may the employee see? The employee can obtain medical care only from providers who are listed on the Workers' Compensation approved contracted providers list. The employee is to review the list of contracted providers prior to seeking coverage. **Should the employee see a doctor not on the approved list, apart from an emergency, the employee may be responsible for the doctor's bill.** In most cases only one treating physician is allowed at any one time.

Q: What about filling a prescription? To have a prescription filled, reach out to Human Resources to get the "First Fill Card" and they will email it to you, also show a copy of the Form C-4 to the pharmacy.

Q: How about payment of medical bills? Upon approval of the claim, CCMSI will pay medical bills associated with the injury. References to specialists or other physicians must be pre-approved by CCMSI. The employee is to ensure the treating physician sends a referral request to CCMSI.

Q: How much time does the TPA have to commence payment or deny a claim? The TPA must commence payment of a claim for compensation or deny responsibility for a claim within 30 days after the employee's "Claim for Compensation" (Form C-4) is received.

Q: When is temporary total disability (TTD) compensation paid? The employee will receive disability compensation if they are certified disabled by their treating doctor due to an on-the-job injury or occupational disease for five or more consecutive calendar days, or five or more cumulative days within a twenty-day period.

Q: How is TTD compensation computed? The employee's disability compensation is 66 2/3 percent of their average monthly wage at the time of the injury, subject to a maximum limit set by the state.



Q: How is the employee's accrued sick leave with the County affected? The employee's TTD and sick leave benefits may be coordinated. When the employee is eligible at the same time for TTD and for any accrued sick leave benefit, they have the option to:

- (1) Continuous Payment Option - this option allows the employee to use accrued leaves to make up the difference between what the insurance carrier pays, and their normal weekly base or straight-time pay. With this option the employee will continue to use 80 hours of accrued leave bi-weekly, and as Nye County receives TTD checks from CCMSI, approximately 66 2/3 of your used accrued hours will be reimbursed to the employee. The advantage of this option is continuous pay if the employee has accruals that can be used.
- (2) Two Check Option – with this option CCMSI will send the employee their TTD checks directly, and the employee will supplement their income with accrued leave through Nye County, not to exceed normal bi-weekly pay. TTD checks are tax-free money. Note: Payments to PERS are also affected by which method is selected. Money the employee receives directly from CCMSI is tax-free, yet no PERS is paid on that money. Accrued leave goes through the payroll system and is taxed but PERS contributions continue to be paid.
- (3) One Check Option - This means that CCMSI will send the employee their TTD checks directly to them; the employee will not be using any accrued leave with Nye County to make up the difference in their salary and they will be placed immediately on "leave w/out pay". *Workers' Comp correlates with FMLA, therefore during the first 12 weeks (480 hours), the employee's benefits will continue as normal (Health, Dental/Vision, Life), contact HR for further information.*

Q: How is Family and Medical Leave (FMLA) affected by workers' compensation? If the employee is eligible for FMLA, all qualifying absences which may be related to their on-the-job injury or occupational disease will count concurrently toward the 12-week maximum provided for by the FMLA Act of 1993.

Q: What should the employee do if their on-the-job injury or occupational disease results in a need for continued absence more than the available sick leave and FMLA? The employee must apply for a leave of absence; or if released by their physician, return to work. However, if the employee has sufficient accumulated leave (sick or other authorized paid leave) for their recovery, a leave of absence may not be necessary. Contact the Human Resources office for additional information regarding FMLA and leave of absence.

Q: Can the County accommodate temporary light-duty/modified work release? In most cases, yes. The County's temporary transitional duty policy provides *transitional employment* to employees recovering from the effects of an on-the-job injury or occupational disease. It is designed to meet the temporary



physical limitations set by the treating doctor. In some cases, light duty is not available and the reasons for those circumstances will be communicated to you by Human Resources in writing.

Q: Does the employee get reimbursed for travel expenses? If the employee is required to travel 20 miles or more one way, or 40 miles or more in one week, for medical treatment directly related to their on-the-job injury or occupational disease, they may be entitled to reimbursement for travel expenses pursuant to NAC 616C.150. A claim for such reimbursement must be filed within 60 days after the travel took place. The travel reimbursement claim form (D-26) is available from the TPA, or by accessing form from the NV Division of Industrial Relations website at <http://dirweb.state.nv.us>. Do NOT wait until the end of treatment to seek reimbursement.

Q: When is a claim closed? An employee's claim will be closed when they reach maximum medical improvement and after all benefits to which they may be entitled have been paid. The TPA will send the employee a written notice of its intention to close their claim when appropriate.

Q: What are the employee's appeal rights? If the employee disagrees with a written administrative determination made by the TPA, they may appeal by following the instructions in your determination letter within 70 days from the date of the determination. If the employee does not file a request for appeal that is timely, they may lose their right to appeal the determination.

Q: What should the employee do if they suspect workers' compensation fraud? If there is suspicion that an injured employee, a medical provider, or an employer is committing fraud, call the Office of the Attorney General's Workers' Compensation Fraud Hotline at 1-800-266-8688.

Q: Who can the employee ask questions about their claim? If the employee has any questions regarding the administration of their claim, contact the TPA claims examiner. For questions regarding temporary modified duty and coordination of disability benefits and accrued leave, contact Human Resources.

Q: How can the employee obtain a brief description of their rights and benefits under workers' compensation? Contact the TPA claims examiner, or access the [NV Division of Industrial Relations website at http://dirweb.state.nv.us](http://dirweb.state.nv.us).

The foregoing information is derived from Chapters 616A to 617 of the Nevada Revised Statutes and is provided for informational purposes only.



6.0 Attachments

- a. Notice of Loss (Accident or Injury form)
- b. C-1 (Notice of Injury or Occupational Disease form)
- c. D-2 (Description of Rights and Benefits)
- d. Citizen Incident Report

NOTICE OF LOSS/ACCIDENT									
TYPE OF LOSS			AUTO		LIABILITY		PROPERTY		
INSURED									
			CLAIM NUMBER						
			PERSON TO CONTACT				PHONE		
LOSS									
DATE AND TIME					LOCATION				
DESCRIPTION OF LOSS									
MOTOR VEHICLE ACCIDENT									
MEMBER VEHICLE YEAR, MAKE, MODEL			LICENSE NUMBER		VIN (VEHICLE IDENTIFICATION #)				
DRIVER'S NAME AND ADDRESS							DEPARTMENT		
DRIVER'S LICENSE NUMBER			DRIVER'S AGE		RESIDENCE PHONE		BUSINESS PHONE		
DESRPTION OF DAMAGE			WHERE VEHICLE CAN BE SEEN				UNIT NUMBER		
PROPERTY DAMAGE									
DESCRIBE PROPERTY (IF AUTO – YEAR, MAKE, MODEL, PLATE #)					COMPANY, AGENCY AND POLICY #				
DRIVER'S NAME & ADDRESS – INDICATE "SAME" IF SAME AS OWNER					RESIDENCE PHONE		BUSINESS PHONE		
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE PROPERTY CAN BE SEEN				FIRE, HAIL, ETC.	
INJURED									
NAME AND ADDRESS		PHONE	INSURED VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR		DESCRIBE INJURY	
WITNESSES OR PASSENGERS									
NAME AND ADDRESS			PHONE		INSURED VEH		OTHER VEH		OTHER (SPECIFY)
POLICE									
POLICE INVESTIGATE? YES NO		POLICE AGENCY		CHARGES?		INVESTIGATING OFFICER		REPORT NUMBER	
LIABILITY									
ALLEGED OFFENSE					OFFICIALS INVOLVED				
CLAIMANT – NAME AND ADDRESS					RESIDENCE PHONE		BUSINESS PHONE		
REMARKS									
DATE		REPORTED BY			REPORTED TO			SIGNATURE	

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number		Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)			
What is the nature of the injury or occupational disease?			List any body parts involved:		
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)					
Names of witnesses:					
Did the employee _____ YES leave work because of the injury or _____ NO occupational disease?		If yes, when (date and time)?		Has the employee _____ YES returned to work? _____ NO	
Was first aid _____ YES provided? _____ NO		If yes, by whom?		Name and address of treating physician, if applicable or known	
Did the accident happen _____ YES in the normal course of work? (if applicable) _____ NO					
Was anyone _____ YES else involved? _____ NO		Names of others involved			

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____ Date _____

Signature of Injured or Disabled Employee _____ Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the State of Nevada for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating health care provider must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a health care provider from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a health care provider from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating health care provider to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation, your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating health care provider as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a lump-sum PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration Hearings Officer** within 70 days of the determination letter. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer** within 30 days from the date of the Hearing Officer decision letter. To file an appeal online, visit the website for the Nevada Department of Administration, Hearings Division at www.hearings.nv.gov/efile and follow the steps for initiating a Request for Hearing (preferred). If you are an unrepresented litigant, you may mail a notice of appeal to: Department of Administration, Hearings Office, 2200 South Rancho Drive, Suite 210, Las Vegas, NV 89102 or the Department of Administration, Hearings Office, 1050 East William Street, Suite 400, Carson City, Nevada 89701. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeals Officer's decision. You may be represented by an attorney at your own expense, or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 1886 East College Pkwy. Ste. 100, Carson City, NV 89706, telephone (775) 684-7270, or 2300 West Sahara Avenue, Suite 300, Las Vegas, Nevada 89102, telephone (702) 486-9080.

For Assistance with Workers' Compensation Issues: You may contact the State of Nevada Office for Consumer Health Assistance, 7150 Pollock Drive, Las Vegas, NV 89119, Toll Free 1-888-333-1597, Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

CITIZEN INCIDENT REPORT

INCIDENT TYPE:

☐

AUTO/FLEET

☐

GENERAL LIABILITY

☐

PROPERTY

NAME OF INDIVIDUAL MAKING REPORT: _____

EMAIL ADDRESS: _____ PHONE NO.: _____

NYE COUNTY EMPLOYEE(S) INVOLVED: _____

DEPARTMENT: _____

WITNESSES: _____

DATE INCIDENT OCCURRED: _____ TIME INCIDENT OCCURRED: _____

DATE THE INCIDENT WAS REPORTED: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT (CONTINUE ON SECOND PAGE IF NECESSARY):

WAS THE INCIDENT PREVENTABLE? YES ☐ NO ☐

EQUIPMENT OR SUBSTANCE INVOLVED: _____

FOR EMPLOYEES INVOLVED MENTIONED ABOVE, LIST NAME, DEPARTMENT, EMAIL & PHONE:

FOR WITNESSES MENTIONED ABOVE, LIST NAME, EMAIL & PHONE:

DESCRIPTION OF INCIDENT (CONTINUED):

SIGNATURE: _____ DATE: _____

Completed incident report with any photographs or other attachments can be emailed to incidentreporting@nyecountynv.gov or mailed to Nye County Incident Reporting & Management, 1981 E. Calvada Blvd, Suite 120, Pahrump, NV 89048.