

City of Springfield Workers' Compensation



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Introduction

The City of Springfield strives to provide the safest possible working environment for all City employees. Our goal is to assist injured employees so they can return to good health and productive employment as soon as practical after injury.

The Workers' Compensation Guide was developed to help employees understand the Workers' Compensation process. Inside this guide, you will find frequently asked questions, employee and supervisor responsibilities, time coding, and more.

The City's Workers' Compensation program is governed by State statute, City policy and applicable labor contracts; all of which supersede anything in this guide.

Overview of Workers' Compensation Program

Workers' compensation is a legislated benefit under Oregon State Law. It is designed to pay benefits to an employee who has suffered a compensable, job-related injury or illness. The conditions of benefit coverage are set by law. The City has contracted with SAIF to process and administer Workers' Compensation claims.

Who is Covered by Workers' Compensation?

- Regular City employees
- Temporary City employees
- Reserve police officers
- CERT volunteers
- City Councilors

Volunteers not listed above are not covered by the City's Workers' Compensation Program. However, the City recognizes the valuable services performed by volunteers and provides a volunteer accident policy which is also administered through Human Resources/Risk Management. This coverage is secondary to or in excess of any other existing insurance. For additional information, contact HR/Risk for further information.

Independent contractors or temporary employees hired through a temp agency are not covered by the City's Workers' Compensation Program. Those employees should file claims with the agency employing them.

Employee Responsibilities

The following are some of the basic responsibilities of employees following an on-the-job incident, accident, or injury:

1. Report all incidents, accidents, and injuries to your supervisor as soon as possible.
2. Document any incidents, accidents, or injuries by completing the Incident Analysis form in addition to any department-specific procedures. The Incident Analysis form can be found on the Springboard Employee Self Service page.
3. If you seek medical treatment and choose to file a workers' compensation claim for your injury/illness, complete the upper portion of the 801-claim form, and provide it to your supervisor as soon as possible. Keep your supervisor informed of any restrictions your physician places on your ability to work. The restrictions must be in writing and should be provided to your supervisor no later than the next business day following the appointment. To assist your physician in outlining your restrictions you can take the Return-to-Work form with you to your appointments. A Return-to-Work form can be found on the Springboard Employee Self Service page.
4. If you are unable to work, you must provide your supervisor with a note from your physician. All time loss must be authorized by your physician.
5. Provide your supervisor with updated restrictions or updated time loss authorization at least every thirty (30) days (unless your physician recommends you be seen at intervals that exceed 30 days).
6. Follow your physician's advice and restrictions.
7. Make every effort to schedule appointments with your health care providers during non-work time. If your physician takes you off work or restricts your ability to work, you will need a release from your physician before you can return to your regular job.

Supervisor Responsibilities

The following are some of the basic responsibilities of supervisors following an on-the-job accident/injury:

1. If an employee is hospitalized, if two or more employees are injured in the same incident, or if an employee suffers a fatal injury, the supervisor must call the Risk Manager immediately. If after hours or on weekends, call Police Dispatch at 541-726-3714 to obtain home and/or cell phone numbers of the Risk Manager.
2. Have your employee complete the Incident Analysis Form but, if your employee is unable to complete it due to severity of injury, you may complete it on their behalf. This form gives specific details on what happened, what the contributing factors were, and note any recommendations that may help prevent injury of similar situation from happening in the future.

3. Forward the 801 and any other information relating to the claim (off-work slips, restriction slips, accident investigation report, duty log entry, etc.) to Human Resources as soon as possible. We must provide the signed 801 to the City's workers' compensation carrier within five (5) days of our knowledge of the claim. The City's goal is to submit the 801 within 24 hours of the incident.
4. Be prepared with potential temporary modified work assignments to offer your employee if they are restricted from doing their regular job. We recommend you keep an ongoing list of special projects or assignments in order to quickly identify potential modified work assignments for injured employees. Even if an employee is removed from work by their physician, we can provide a description of available modified duty and potentially get the employee released to do the modified assignment.
5. If you do not have temporary modified duty, please contact Human Resources for assistance in finding temporary modified duty assignments elsewhere in the city.

Claim Process

Condition	Required Documentation	Comments
Near miss or minor injury with no treatment	- Incident Analysis Form (IAF)	If you are injured on the job but do not need treatment beyond first aid, you do not need to file a workers' compensation claim. However, you must always notify your supervisor and document the injury. If you eventually need to see a physician, it would be appropriate to file a claim at that time. A completed incident form is important to document that you were injured on the job and that you reported the injury at the time it occurred.
Injured but treated with first aid on-site	- Incident Analysis Form (IAF) - Supplemental Medical Form	
Injured and seeking treatment	- Incident Analysis Form (IAF) - Supplemental Medical Form - 801 form	If you will seek medical treatment and would like to pursue a workers' compensation claim, complete the upper section of the 801 form, sign the form, and give it to your supervisor.
Injured and missing work	- Incident Analysis Form (IAF) - Supplemental Medical Form - 801 form - Doctor's note	If your physician tells you that you cannot return to work, have the physician document this in writing and give your supervisor a copy.
Injured and released to modified work	- Incident Analysis Form (IAF) - Supplemental Medical Form - 801 form - Doctor's note or Return to Work form	If your physician releases you to modified duty it is important that the restrictions are documented in writing. You may provide your physician with the Return-to-Work form which will make it easier for the physician to be specific about your restrictions. Once you provide your supervisor with a copy of the restrictions, they will determine whether there is appropriate modified work available within your

Condition	Required Documentation	Comments
		Department and, if not, Human Resource may work with you and your supervisor to determine whether there is any available elsewhere in the City.
Exposure to air or blood-borne pathogens, chemicals, or other substances	- Incident Analysis Form (IAF) - 801 form Bloodborne Pathogen Form	If an exposure results in a visit to a physician, it should be treated as an injury and an 801-claim form completed and submitted. Otherwise, just complete the IAF.
Hospitalized overnight or employee death	CALL RISK!!!	Call Risk immediately! Call PD Dispatch (726-3714) to get home and cell numbers for the Risk Manager.

Temporary Disability (Time loss) and Timecard Coding

Temporary Disability (Time loss). You are entitled by law to receive time loss benefits if your doctor authorizes time off work or modified (light-duty) work that results in lost wages. This is commonly known as Temporary Total Disability (TTD) when you can't work at all and Temporary Partial Disability (TPD) when you are released to modified duty.

TTD is calculated by statute and is 66.67 percent of your pre-disability average weekly wage (AWW) based on 52 weeks of earnings. TPD is calculated as by determine the percentage of your regular wage that you have lost while you are on restrictions and paying you that percent of your TTD rate. To calculate your TTD or TPD amounts use the calculators found on the Oregon workers compensation division webpage. <https://wcd.oregon.gov/insurer/Pages/disability-calculators.aspx>

Time Coding

1. Compensation for reasonable time away from work for medical treatment that is covered by workers' compensation. (AWC)

Employees with a compensable workers' compensation claim are entitled to compensation for reasonable time away from work to go to the physician, physical therapist, or other health care provider appointment. The time missed during your regular work schedule is coded to AWC on your timecard.

You should schedule medical treatment during off-work hours when possible. When it is necessary to go to a health care provider during work hours, the time off work must be approved by your supervisor ahead of time. Employees are not compensated for time spent obtaining treatment during off-work hours.

2. Time Loss. (INJ)

Under Oregon Workers' Compensation law, when an injured employee with a compensable claim is unable to perform their regular work, the employee is entitled to 66.67 percent) of their average weekly wage prior to the date of injury. This benefit is a temporary total disability benefit, commonly referred to as "time loss".

This INJ code is to be used for time away from work when your doctor has not released you to a full-time schedule. (i.e., healing time at home) This will count toward FMLA. If the claim is denied, the city may convert INJ to personal leave (i.e., sick, vacation, etc.)

This benefit ends at 180 calendar days from the date of disability (when insurance determines your claim to be disabling) for IAFF employees and 365 calendar days from the date of disability for all other employees. See your labor contract for details.

3. Payment of Workers Compensation and Time Loss

When an employee is absent from work because of an on-the-job injury or illness compensable by Workers’ Compensation, and eligible for Workers’ Compensation temporary total disability (TTD) or temporary partial disability (TPD) benefits (aka “time loss”), the employee will keep their time loss check and receive their regular paycheck and benefits for the period they are receiving time loss payments. See your labor contract for details. In association with workers compensation “regular paycheck” means base wage plus all pay steps, cost of living adjustments, incentive pays, certification pays, premium pay for which the employee is eligible, but excludes overtime and worked standby pay. However, any time loss payments paid by our workers compensation carrier will be deducted from the employee’s paycheck and adjusted in the next available payroll cycle or subsequent paychecks if the employee’s paycheck is insufficient to permit recovery of the time loss amount.

No sick leave or other leave will be deducted from the employee’s accruals, for the duration noted in your union contract, following the date of injury due to the on-the-job injury or occupational illness or until the date of claim closure whichever comes first. No sick leave or other leave will be deducted from the employee’s accruals for any Worker’s Compensation benefit waiting period.

4. Time Loss Benefits after City Workers Compensation Benefit Ends. INJ (SIC, etc.)

If your physician still authorizes you to be away from work after eligibility for City Benefit ends you will continue to be paid time loss benefits by SAIF. Time loss benefits are 66.67 percent of your average weekly gross wage.

While receiving time loss benefits, you may supplement that payment with your personal time accruals as well as any other accrual you would normally be eligible to receive. (i.e., donated leave, unpaid leave, etc.). In this way, you can continue to receive the equivalent of your regular wage, as well as cover your payroll deductions.

Time should be coded to a combination of LWF (Leave w/o Pay – WC FMLA) and personal leave (SIC, VAC, etc.). An employee must request one of the following leave deductions:

Shift	Default		
	10%	20%	30%
12 hours	1.25 hours	2.5 hours	3.75 hours
10 hours	1 hour	2 hours	3 hours
8 hours	1 hour	1.75 hours	2.5 hours

5. Light Duty/Modified Work Assignments. (MWC)

If your physician states that you cannot return to your full job duties, whenever possible, you will be provided with temporary modified work until:

- You are able to return to your regular job.
- Modified work is no longer available.
- You become medically stationary.

It is important to understand that modified work assignments are temporary and may be extended or ended by the supervisor or department director depending on the situation.

Your time while on temporary modified assignment should be coded to MWC. You will receive your regular rate of pay while on a modified work assignment.

Workers' Compensation and Medical Leave (FMLA/OFLA)

Time loss injuries are also Family Medical Leave Act (FMLA) qualifying conditions. If your condition qualifies for the Family Medical Leave Act (FMLA) your time away from work for a work-related injury will run concurrently with FMLA. If you are unable to work due to an FMLA qualify injury, you will be notified that the time you are missing is being counted as Family Leave.

Additional Information

Worksite Modifications

We may be able to purchase equipment or make worksite modifications in order to facilitate your return to a modified duty position or to help transition you to regular duties. Contact HR/Risk for more information.

Inability to Return to Regular Job

Should your physician declare your condition medically stationary but state that you cannot perform the essential functions of your regular job, we will then work with you to find possible alternatives. These may include reasonable accommodations to your regular job, placement in another available and suitable position within the city organization, or retraining.

Human Resources and individual department staff will be available to assist you in job placement within the city. Also, the State Workers' Compensation Division provides hiring incentive programs for injured workers, which include wage subsidy and job site modifications. If qualified, SAIF may assist you in retraining. More detailed information about these programs is available from Human Resources or from SAIF.

You may be eligible for other benefits such as long-term disability (LTD) and/or PERS disability benefits while temporarily off work due to a workers' compensation injury. Please contact Human Resources for further information on LTD and/or PERS benefits. You may also qualify for Social Security disability

benefits if permanently disabled. You would need to contact the Social Security Administration regarding any potential Social Security benefits.

You may also be eligible for reasonable accommodation under the Americans with Disabilities Act (ADA). For further information regarding the ADA, please contact Human Resources.

Prescription and Mileage Reimbursement

If your doctor prescribes medication for your compensable injury/illness you are entitled to reimbursement for the cost of the medication. You are also entitled to reimbursement for the round-trip mileage to and from your health care provider and pharmacy. The rates are set by the Workers' Compensation Division and are currently equal to the rates issued by IRS. Contact SAIF for guidance on how to request these and other benefits.

Resources

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225 5th Street
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Workers Compensation Insurance:

SAIF

400 High St. SE
Salem, OR 97312
Toll Free Phone: 800-285-8525
Toll Free FAX: 800-475-7785
[Worker "Employee" Guide](#)

State Workers' Compensation Division:

www.wcd.oregon.org
workcomp.questions@dcbs.oregon.gov 800-452-0288 – Workers' comp info line
503-947-7810 – General info
503-947-7585 – Benefits info

Ombudsman for Injured Workers:

503-378-3351 – General Info
800-927-1271 – (Toll Free)

[Email Ombudsman Questions](#)

[Ombuds Office for Oregon Workers](#)

Related Risk Services

Safety and Loss Control

The City's safety programs and policies are centralized through the Human Resources Department. Programs include departmental safety committees, accident investigation, planned inspections, ergonomic assessment, worksite modification assessment, modified duty evaluation, employee training, compliance with State Occupational Health and Safety Administration ("OSHA") rules, and accident analysis.

Frequently Asked Questions (FAQ)

Q: How long do I have to file a claim? You have 60 days from the time of injury to file a claim, one year if you have placed the City on notice by filling out an Incident Analysis Form (IAF).

Q: What if I am injured on the job, but do not need to see a doctor? Do I need to file a claim?

If you do not seek medical treatment for your injury, there is no claim. By statute, a workers' compensation claim is based on an employee seeking medical attention. However, you should notify your supervisor of your injury and document the injury on the Incident Analysis Form (IAF). If you eventually need to see a doctor, you should file a claim at that time and refer back to the date on the (IAF) as the date of injury. An IAF is needed to document that you reported the injury at the time it occurred and helps you avoid future scrutiny. This form allows us to track near-misses, incidents, and injury trends.

Q: Can I go to my own doctor for a work-related injury?

Yes. You can go to a doctor of your choosing for initial treatment of a work-related injury. You are also entitled under Workers' Compensation Law to change doctors twice, allowing you to have up to three doctors for your injury. If your doctor refers you to another doctor, that change does count. However, if you must change doctors for reasons beyond your control, such as your doctor retiring or moving out of the area, changing doctors will not count against your choice of three doctors.

Q: Can I treat with a chiropractor?

Yes. You can treat with a chiropractor for a period of 60 days from the date of injury or a cumulative total of 18 visits, whichever occurs first. After that, continued chiropractic treatment must be prescribed by an attending physician.

Q: What if I am exposed to hazardous materials or substances at work, but I am not injured?

Notify your supervisor of the exposure and gather all the information you can about what you were exposed to. A claim form 801 should be filed if you seek medical attention. You can choose your own attending physician, but it is often easier to visit the Cascade Health on Susanne Way for a medical evaluation, which may include baseline and follow-up testing, at the doctor's discretion.

Q: What if I work on a modified duty assignment because of my injury? Will I still receive my regular rate of pay?

You will receive your regular base rate of pay regardless of the assignment you have on modified duty. You should code your work time to MWC (Modified Duty Workers Comp) on your time sheet while you are on a modified duty assignment. You may work overtime during modified duty if the work falls within

the restrictions from your doctor. You could see a drop in take-home pay if you miss out on overtime assignments.

Per Workers Compensation Law, time loss benefits will stop if you refuse a modified duty assignment offered by the city.

Q: How long does SAIF have to decide on my claim?

Insurers and self-insured employers have 60 days to accept or deny claims.

Q: When will my claim close?

Your disabling claim will be closed when your accepted condition is “medically stationary” by your attending physician. That means no further improvement would reasonably be expected from medical treatment or the passage of time. SAIF will communicate with your physician to confirm whether or not you have reached medically stationary status.

Closure also could happen if you stop seeking medical treatment.

Q: Can I receive medical treatment after my claim closes?

Once your claim is accepted, you are entitled to receive medical treatment that your doctor attributes to your accepted condition. However, once the claim closes, benefits may be limited to:

- Palliative Care (but your attending physician must request pre-authorization:
 - Prescriptions
 - Diagnostic treatment
 - Prosthetics
 - Curative care meant to stabilize your condition.

Q: What if my claim is denied?

You will get a letter of denial from SAIF that tells you why your claim is being denied. This letter will also explain your appeal rights. You have 60 days from the date of the denial to file a written appeal.

If your claim is denied, no medical benefits related to the condition will be paid. If you appeal the denial, you do not have to pay for medical services while the appeal is in process and/or until the denial is final. If the denial is overturned, the City’s workers’ compensation carrier will process and pay the billings. However, if the denial is upheld you and/or your health insurance carrier will be provided to pay the billings.

Q: I would like another, outside source of information about workers’ compensation, but don’t really want to go to an attorney. What are my options?

- For general questions/information about benefits and claims call the
 - State of Oregon, Workers’ Compensation Division (WCD) Benefits Consultation Unit
 - 800-452-0288
- For help resolving disputes or complaints call the WCD, Ombudsman’s Injured Worker Hotline:
 - 503-378-3351
 - 800-927-1271