

Category: 7000 PERSONNEL	Policy Number: 7390
Policy Title: Supplementation of Worker's Compensation Benefits	Effective Date: January 17, 2018

As required by Idaho law, all employees of the Snake River School District are covered by Workers Compensation Insurance for bodily injury, disease or death caused by an accident arising out of and in the course of their employment with the district. Employees must report any injury to his or her supervisor immediately and file a report of any injuries received on the job as soon as possible, but no later than the end of the same work day. The district will forward the claim to the State Insurance Fund for approval. Except in the case of a life threatening situation or emergency requiring immediate attention, all district employees who require medical attention in the event of a workplace injury must visit one of the occupational health facilities and providers designated by the district. Following any emergency procedures, follow-up visits should be made with the district's occupational health providers. Employees that choose to visit their personal providers may be denied Workers Compensation benefits. A list of the district's chosen occupational health facilities and providers can be obtained from the business manager at the Snake River School District Office, phone number 208-684-3001.

Any employee who is unable to work due to a work-related accident will not receive compensation from the district for those days the employee is unable to work. Such compensation will come from the State Insurance Fund and will be paid directly to the injured employee after meeting the required waiting period of five (5) days. Where the amount paid is less than what the employee would otherwise have earned, the employee may elect to use accumulated sick leave, vacation leave or earned compensatory time (if the employee has leave to use) to compensate for the difference. Sick leave bank days are not available to employees receiving worker's compensation.

Any employee who is absent from work for more than five (5) days as a result of a work-related injury or illness resulting in a disability shall be entitled to compensation under Option B unless the employee notifies the business office in writing that they choose Option A:

Option A – Worker's Compensation Benefits Only

Employees may elect to receive worker's compensation benefits only and retain his/her accrued sick and vacation leave or earned compensatory time, if any, for future use. Employees will not receive retirement credit during his/her period of disability. Employees will be placed on a temporary leave of absence without pay to ensure that no payments will be made until the employee returns to work.

Option B – Worker's Compensation Benefits Supplemented by Accrued Leave

The employee will receive workers compensation benefits with supplemental payments from accrued sick or vacation leave or earned compensatory time in an amount that is not greater than the difference between the worker's compensation benefits and the salary the employee would have received if not absent from work. In no event shall said worker's compensation income benefits plus the supplemental payment exceed the amount of the salary the employee would have been otherwise entitled to receive. Under this option, supplemental compensation benefits will be available only so long as the employee has unused sick or vacation leave benefits, or earned compensatory time. Accrued sick or vacation leave, or earned compensatory time, will be reduced in an amount equal to the supplemental benefits received under this option.



LEGAL REFERENCE:
Idaho Code Section 33-1216(c)
Idaho Code §§72-101 *et seq.*

ADOPTED: 08/18/2010
AMENDED: 01/17/2018

Category: 7000 PERSONNEL	Policy Number: 7390p
Policy Title: Supplementation of Worker's Compensation Benefits Procedures	Effective Date: January 17, 2018

- Procedures**
1. The employee must immediately report an accident or injury in the workplace, whether medical attention is needed or not, to their immediate supervisor. The supervisor and employee will fill out an accident report form as provided by the district and send it to the business office.
 2. If medical attention is required beyond first aid, the employee must go to the district's preferred occupational health facilities/providers. If the employee chooses to go to a physician or facility other than the one assigned by the district, the State Insurance Fund may deny the employee's claim. The employee would then be responsible for those charges.
 3. When filling out a timecard for an absence due to a work-related accident, place the abbreviation "WC" in the appropriate box(es). No wages will be paid for those days. For short-term absences that will not be compensated by the State Insurance Fund, the employee has the choice of using their accrued sick leave. If sick leave is used, a notation should be made at the bottom of the timecard.
 4. For a time-loss accident, a "return to work authorization" from the physician must be submitted to the business office before an employee returns to work. The supervisor cannot allow the employee to work if a return to work authorization has not been received. Work place restrictions will be accommodated through modified duty or light work if possible.
 5. When an employee receives compensation from the State Insurance Fund and when said compensation is less than what normally would have been received, the employee may use accumulated sick or vacation leave, or earned compensatory time, to make up the difference. However, the employee must submit the workers compensation benefits option form (7390f) and evidence to the business office of the amount of worker's compensation benefits received before the sick or vacation leave payment can be made or the earned compensatory time approved for use. The sick or vacation leave payment will not go beyond the time period covered by the last payment made by the State Insurance Fund.
 6. For employees eligible for district benefits, the district will continue to pay its share of employee's life, health and dental insurance premiums during the period of disability. The employee will have his/her self-paid premiums withheld from his/her paycheck provided funds are available to the employee from accrued sick or vacation leave. If self-paid premiums are beyond that level, arrangements to pay those premiums must be made with the district business office.
 7. If the employee is a member of the Public Employee Retirement System (PERSI), he/she may continue to earn service credit if he/she is receiving some salary through the use of sick or vacation leave while drawing workers' compensation benefits.
 8. The employee's income maintenance and retirement credit will continue as long as he/she has sick leave available, unless the employee has been laid off or resigned due to his/her inability to return to the position and perform assignments as required by the job description. If the employee has depleted all available sick or vacation leave, or earned compensatory time, Option B becomes unavailable.
 9. If the employee does not have a sufficient amount of accumulated sick or vacation leave, or earned compensatory time, to cover the initial five (5) days of absence, the employee will not receive any compensation.
 10. During the period of disability, the district's share of disability payment cannot extend beyond the scheduled or contracted working days. The employee is not to receive more than one hundred percent (100%) of his/her regular salary.

Category: 7000 PERSONNEL	Procedure or Form Number: 7390f1
Policy Title: Employee Worker's Compensation Signature Page	Effective Date: January 17, 2018

Purpose:

To give you necessary information regarding your workers' compensation claim.

There are basic rules that apply to your worker's compensation claim.

- You are responsible for having a medical evaluation by the District's Medical Provider within 24 hours of any time-loss work-related injury.
- The District will make an effort to provide meaningful, productive work within any physical restrictions prescribed by the treating physician.
- If it is necessary for you to receive off-site treatment for a work-related injury, you must notify your supervisor prior to the appointment time.
- Notify your supervisor of all follow-up appointments with the physician and/or physical therapist.
- Make sure that your supervisor is aware of any medications that have been prescribed for you.
- Bring all paperwork to the District Office following each appointment with the physician.
- Make sure that your supervisor is aware of any medical restrictions authorized by the physician.
- If you are given any work restrictions, you must follow them both on and off the job.
- In the event that your claim is denied by the workers' compensation carrier, you will be responsible for payment of any of the medical expenses.
- An employee who is on an extended work compensation leave is considered to be on Family and Medical Leave Act leave concurrently. In compliance with The Family and Medical Leave Act, the district will continue the benefit portion of health, dental, and life insurance for a period of three months from the first date of disability. The employee is responsible to pay the deduction portion of these insurance premiums to continue coverage. If the deduction is not paid by the 5th of the month, coverage will be terminated.

I have been given the opportunity to read the above information regarding my workers' compensation claim rights. My signature indicates that I understand those rights and responsibilities.

Employee Signature

Date

Employee's Printed Name

**SNAKE RIVER SCHOOL DISTRICT #52
EMPLOYEE AND SUPERVISOR ACCIDENT REPORT**

7390F2
(Worker's Comp)

This form must be completed by the injured employee and given to his/her supervisor or principal within 24 hours after an accident.

EMPLOYEE: Please complete

PART A: EMPLOYEE INFORMATION:

Name of injured employee _____ Soc. Sec. # _____

Address _____ City _____

Home Phone # _____ Marital Status _____ # of children under 18 _____

PART B: ACCIDENT INFORMATION:

Place of accident or injury _____ Date of accident or injury: _____

Time of accident or injury: _____ am/pm Date supervisor learned of accident _____

Injury reported to (person) _____ Did you finish your shift? _____

If you missed work, give dates: _____

Have you returned to work? _____ If yes, give date: _____

What were you doing when accident occurred? (Example: Lifting desk, loading truck, walking down stairs)
BE SPECIFIC _____

How did the accident happen? (Example: lost grip and desk landed on my foot) _____

Describe the injury as exactly as possible (Example: Smashed 4 toes, right foot) _____

What object, substance, tool, or machine was most closely connected with the accident? _____

If mechanical apparatus or vehicle, what part of it? (Gears, pulley, blade, motor, etc.) _____

Was accident caused by failure of a machine or product? (if yes, explain) _____

Were mechanical guards or other safeguards provided? _____ Were you using them? _____

Did anyone witness the accident? If so, list the person(s) _____

If accident was caused by any person or business other than you, please identify: _____

Did you see a doctor? _____ Name and Address of doctor _____

Indicate body part affected _____ left _____ right. Was this part of the body injured before? _____

If so, when and how? _____

Write brief description of the treatment given _____

Employee Signature _____ Date: _____

I understand that if I choose to go to a physician or facility other than the one assigned by the district, the State Insurance Fund may deny my claim and I will be responsible for those charges.

Employee Signature _____ Date: _____

TO BE COMPLETED BY SUPERVISOR with Employee during accident investigation.

Date accident was reported to you _____ Time _____ am/pm

Was employee on duty at the time of the accident? _____ Performing normal duties: _____

Did employee leave work? _____ Date _____ Time _____ am/pm

Did (s)he return to work? _____ Date _____ Time _____ am/pm

Did defective equipment or an unsafe condition directly cause the accident? _____

What safeguards should be used in the future? _____

Was this accident caused by another person, or another person's accident? (if so, give details) _____

What do you feel needs to be provided in the future? _____

What do you feel could have, or should have been done that might have prevented the accident? _____

What corrective action has been taken to prevent similar accidents? _____

SUPERVISOR: This form should be completed, signed and submitted to the District Office within 24 hours of the time of the accident.

Supervisor's Signature _____ Date _____

Bingham Memorial Offices

Idaho Falls

Creekside Plaza
2375 E. Sunnyside Road
Idaho Falls, ID 83404
(208) 535-3626

Bingham Memorial Family Medicine
1740 E. 17th Street
Idaho Falls, ID 83404
(208) 535-3615

Bingham Memorial Specialty Clinic
3760 Washington Parkway
Idaho Falls, ID 83404
(208) 535-3637

Idaho Falls Surgery Center and Cath Lab
(coming Fall, 2018)
3310 Valencia Drive
Idaho Falls, ID 83404

Bingham Memorial Specialty Clinic
(coming January, 2018)
1975 Martha Avenue, Suite A
Idaho Falls, ID 83404

Shelley

Physicians & Surgeons Clinic
275 W. Locust Street
Shelley, ID 83274
(208) 357-3960
Mon - Fri, 9am - 5:30pm
**Se Habla Español

Blackfoot

1st Choice Urgent Care
1350 Parkway Drive
Blackfoot, ID 83221
(208) 782-2410
Mon - Thur, 8am - 8pm
Fri, 8am - 6pm
**Se Habla Español

Idaho Physicians Clinic
98 Poplar Street, 3rd Floor
Blackfoot, ID 83221
(208) 785-3800
Mon - Fri, 8am - 6pm

Blackfoot (continued)

Bingham Memorial Hospital
Emergency Room
98 Poplar Street
Blackfoot, ID 83221
(208) 785-4100

24 Hour Emergency Services
**Se Habla Español

Bingham Memorial Family Medicine
315 West Idaho Street
Blackfoot, ID 83221
(208) 782-3990

Bingham Memorial Specialty Plaza
326 Poplar Street
Blackfoot, ID 83221
(208) 782-2444

Cardio Renal Centers of
America Building
235 Poplar Street
Blackfoot, ID 83221
(208) 785-3828

Medical Office Plaza Pharmacy
98 Poplar Street, 1st Floor
Blackfoot, ID 83221
(208) 782-2990

Pocatello

Bingham Memorial Family Medicine
353 N. 4th Ave, Suites 102 & 110
Pocatello, ID 83202
(208) 478-7900
(208) 239-8022
Mon - Fri, 8am - 5pm

Bingham Memorial Urology
1595 Bannock Highway
Pocatello, ID 83204
(208) 233-8770

Bingham Memorial Diabetes &
Osteoporosis Center
2302 E. Terry Street, Suite A
(208) 235-5910

IDH Healing Center & Hyperbaric
Oxygen Therapy
1125 W. Alameda Road
Pocatello, ID 83201
(208) 239-8080

Pocatello (continued)

Physicians & Surgeons Clinic
1151 Hospital Way, Building D
Pocatello, ID 83201
(208) 239-8008

Bingham Memorial Specialty Clinic
(Skyline Surgery Center)
285 Vista Drive, Suite E.
Pocatello, ID 83201
(208) 239-8023

Pocatello Women's Health Clinic
777 Hospital Way
South Medical Office Building, Suite 300
Pocatello, ID 83201
(208) 232-6100

Soda Springs

CMH Specialty Clinic
366 South 3rd West
Soda Springs, ID 83276

American Falls

Power County Family Clinic
502 Tyhee Avenue
American Falls, ID 83211

Laboratory Services

98 Poplar Street
Blackfoot, ID 83221
(208) 785-3860

Physical Therapy

Bingham Memorial Therapy Services
98 Poplar Street
Blackfoot, ID 83221
(208) 785-3883

Orthopedic Institute Therapy Services
1151 Hospital Way, Building D
Pocatello, ID 83221
(208) 239-8001