

**MANAGING
WORK INJURIES**

IT TAKES A TEAM!



Outline of Today's Presentation:

- Best Practices on date of injury;
- Return to work philosophies and strategies;
- Relevant hot topics in workers' compensation claims;
- Case studies.

Who is involved?



Supervisors



Human Resources Professionals/Risk Managers



Lawyers



Medical Providers/Nurse Case Managers

Date of Injury Strategy



Risk Manager/HR should be contacted immediately so that incident report is completed; claim is investigated; witness statements are obtained; and treatment is directed if appropriate.



Lawyers may not need to be contacted at this early time; but if there are issues or concerns; call your lawyer for advice!



Employees need to know to tell their supervisors/HR immediately upon the occurrence of an injury. Immediate reporting of any alleged injury/claim needs to be in employee manual.



Direct for medical treatment; have a relationship with a medical provider(s) so that you have a place to direct the employee.



PROCEDURES TO FOLLOW FOR WORK-RELATED INJURIES

1. On-the-job injuries shall be reported **IMMEDIATELY** to the employee's supervisor **AND** the Workers' Compensation Site Contact (bookkeeper, data manager, etc). In turn, the site contact must inform Risk Management by telephone (910-678-2338) immediately, or as soon as possible, when an injury has occurred.

2. Once the injury has been reported, the **EMPLOYEE** shall complete the Employee Data and Employee Statement sections of the CCS Accident Investigation and Report of Injury Form located on the CCS Intranet Portal. Once the employee has completed their portion, their supervisor must complete the remaining sections. This must be done within 24 hours of the occurrence of the injury and PRIOR to the Form 19 being completed.

3. Once the Accident Investigation and Report of Injury Form has been completed by both the employee and the supervisor, the Form 19 must be completed by the WC site contact, **NOT** the employee. Both of these forms must be completed and submitted to Risk Management via fax (910-678-2485) within **24 hours** of the accident or within knowledge of the accident. The forms must be printed and legible. If not, the forms will be returned and need to be redone. The employee shall not seek treatment (unless life threatening) until Risk Management has received both of these documents in reference to the injury.

4. The employee's supervisor will then contact Risk Management. Risk Management will then direct the injured employee to the approved provider (**Next Care Urgent Care located at 217 Glensford Drive Fayetteville, N.C. 28314; 910-483-4647**) or (**Fayetteville Ortho located at 1991 Fordham Drive Suite 100 Fayetteville, N.C. 28304; 910-484-3114 ext. 234**). Only severe or life threatening injuries should be treated by EMS personnel or by hospitals. The treatment guidelines for medical treatment are listed below:

- A. **Next Care Urgent Care** will treat the following injuries only: burns, bites, minor lacerations, eyes, head and foreign body objects. 8:00 a.m.-5:00 p.m.
- B. **Fayetteville Ortho** will treat the following injuries only: hips, knees, shoulders, hands, wrists, elbows, feet, back, and neck. 8:00 a.m.-5:00 p.m. Monday-Friday

*******Any incident listed above that occurs after 5:00 p.m. will be treated by Next Care Urgent Care regardless of the injury type listed above (5:00 p.m.-8:00 p.m.)**

M-F) Also, any injury that happens over the weekend will be treated by
Next

5. Injured employees **do not** have to pay “out of pocket” expenses for prescribed medication related to a work injury. The employee is responsible for informing the pharmacy when a prescription is related to workers’ compensation.

6. Questions related to Workers’ Compensation should be directed to Risk Management at 910-678-2338.

Please note:

Employees insisting on medical treatment from a doctor of their own choice, especially outside the approved provider, should be informed of the following:

- a. The Workers’ Compensation Act (97-25) states that the employer (Cumberland County Schools) shall direct the injured employee to the physician of the employer’s choice.
- b. Failure to comply with the employer’s direction may result in denied payment for medical expenses incurred for unauthorized treatment.

Note to Sites:

All injuries must be **IMMEDIATELY** reported to the supervisor **AND** the Workers’ Compensation Site Contact even if no medical treatment is required. For non-medical injuries, the form 19 report will kept on file and forwarded to CCS Risk Management.



Cumberland County Schools

Accident Investigation and Report of Injury Form

ALL SECTIONS MUST BE COMPLETED

EMPLOYEE MUST COMPLETE THESE SECTIONS:

EMPLOYEE DATA

Employee Name: _____ Employee ID or SSN : _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Sex: M F DOB: _____

Department/School: _____ Work Phone: _____

Job Title: _____ Date of Hire: _____

Date of Injury/Illness: _____ Time of Injury/Illness: _____ am pm

Supervisor's Name: _____ Work Phone: _____

EMPLOYEE STATEMENT

Specific Injury/Illness/Exposure and Specific Body Part(s) Affected: _____

Location of Injury/Illness: _____

What equipment, materials, or chemicals caused the injury/illness? _____

Who witnessed the injury? _____ Phone #: _____



Explain in detail how injury occurred. Include specific activities/tasks performed at the time. _____

Medical treatment provided by: First Aid NextCare Urgent Care Fayetteville Ortho
 Other (specify)

Employee Signature: _____ Date: _____

SUPERVISOR MUST COMPLETE THESE SECTIONS:

SUPERVISOR'S INVESTIGATION & STATEMENT

After investigation, explain in detail how the injury/illness occurred and the specific activity being performed: _____

What was the injury, illness, or exposure? (be specific) _____

FINDINGS OF CAUSE (Must be completed by supervisor or designee**)**

- Struck by or against object Caught in/under/between Fall/Slip/Trip
- Material handling or lifting Repetitive Motion Chemical Exposure
- Bodily fluid exposure Animal Bite Human Bite
- Other (explain): _____



CONTRIBUTING FACTORS & ACTIVITIES (Must be completed by supervisor or designee**)**

Equipment:

- Equipment failure
- Equipment unavailable
- Improper equipment/material used

Personal Protective Equipment:

- Not worn
- Not readily available
- Not adequate for the task
- Personal protective equipment failure

Training/Experience:

- Lack of training
- Safety training provided, not followed
- Lack of experience or new task for employee

Work Area:

- Set up improperly
- Inadequate lighting/noise issues
- Housekeeping issues
- Environmental factors (rain,wind,temp.,etc)
- Ventilation issues
- Ergonomic factors

Employee:

- Physically not able to do work
- Employee fatigue
- Unbalanced or poor position/motion
- Incorrect procedures used for task
- Other unsafe practice

Assistance:

- Difficult to perform task w/o help
- Safety features or devices not readily available
- Assistive devices not used

Miscellaneous:

- Lack of policy/procedure

Animal (explain): _____

Other (explain): _____



RECOMMENDATIONS FOR CORRECTION (be specific)

PREVENTIVE ACTIONS TAKEN

Supervisor Will:

- Develop/revise safety procedures Request ergonomic evaluation
- Order new equipment Order new personal protective equipment
- Remove equipment from use and repair/replace Schedule preventive maintenance
- Will retrain employees before task is re-assigned Perform on-site review of work activity
- Reconfigure work area Communicate corrective actions to others in job category
- Recommendation for preventive action (**mandatory; explain in detail**):

Preventive actions will be completed by:

Name _____

Expected date of completion _____

Supervisor's Signature: _____ Date: _____

****Reference Policy 4201/7271****



Accident Witness Statement

(To be completed by accident witness)

Injured Employee's Name: _____

Name of Witness: _____

Job Title of Witness: _____

Location of Accident (be specific):

Date of Accident: _____ Time of Accident: _____

Describe fully how accident occurred:

Describe bodily injury sustained (be specific, ie: lft arm, rt middle finger, etc.):

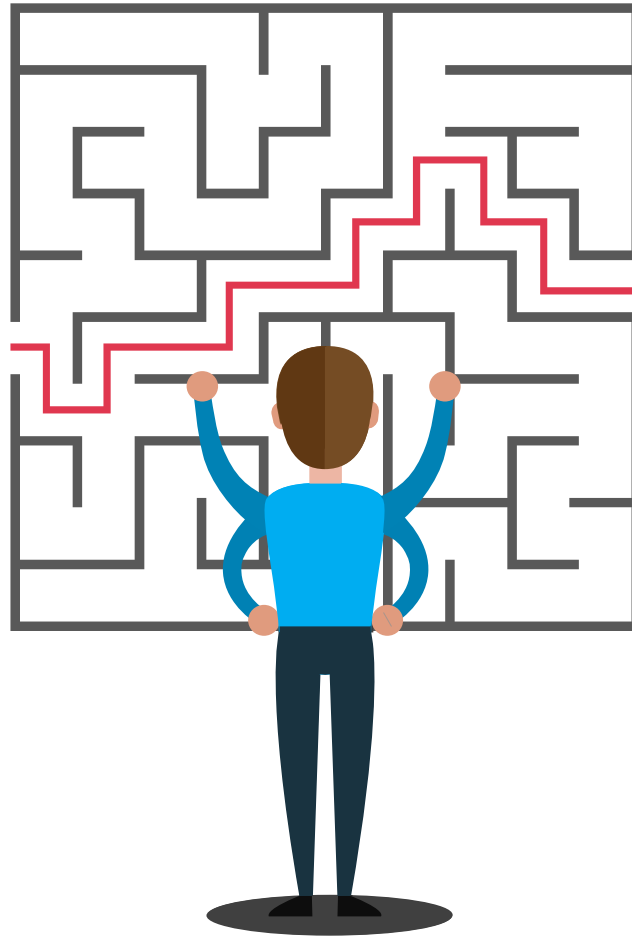
Recommendation of how to prevent this accident from recurring:

Name of Supervisor: _____

Signature of Witness: _____ Date: _____

NAVIGATING MEDICAL TREATMENT

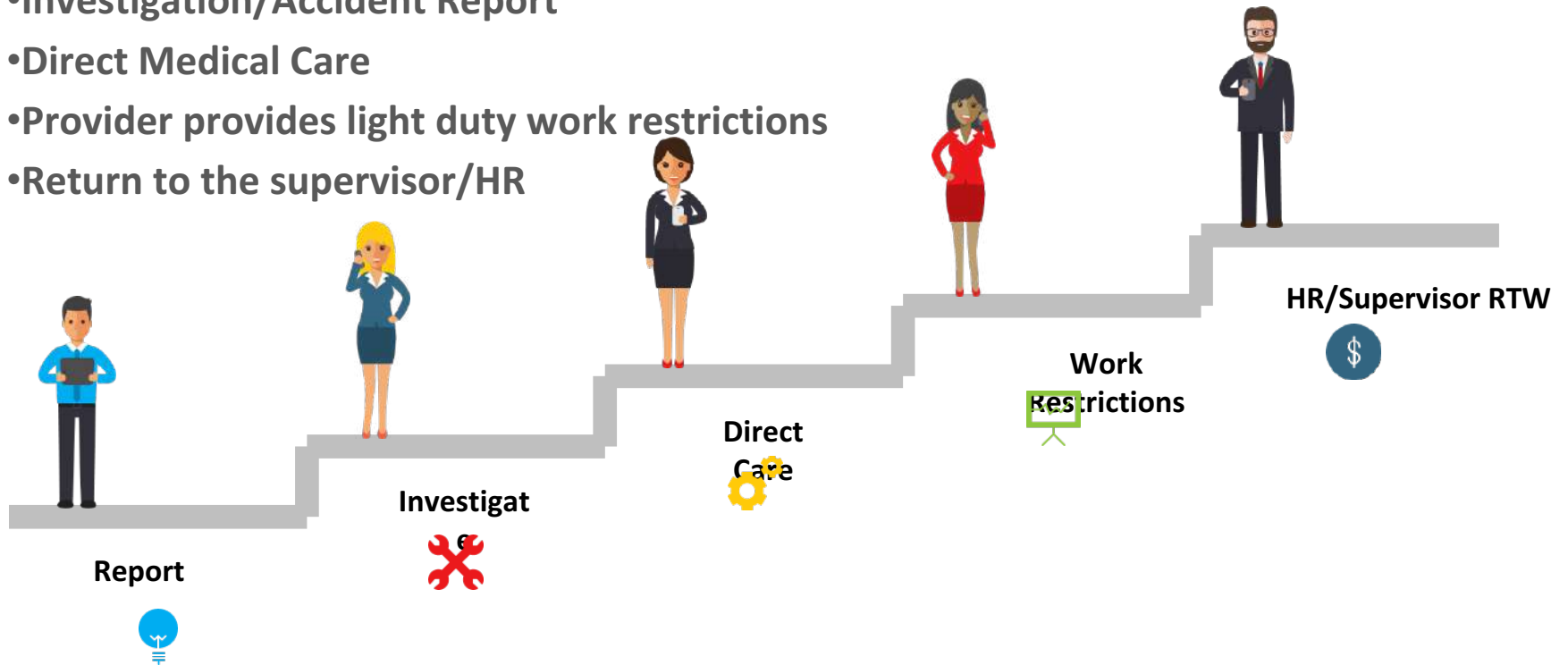
- Have a designated provider for initial treatment;
- Partner with medical providers – consistency is key;
- Consider a Nurse Case Manager in certain cases;
- Ensure medical provider believes and understands transitional duty;
- Provide employee/employee's attorney with medical records as soon as they are received.



**The right
provider is
critical to
your
program!**

NOW BACK TO WORK!

- Date of Injury
- Investigation/Accident Report
- Direct Medical Care
- Provider provides light duty work restrictions
- Return to the supervisor/HR



RTW BENEFITS!



Establishing a Return to Work Program



Conduct a job analysis for each job title to include tasks and physical requirements. Also, look at loss data to return trends (ladders, slippery floors, etc.)



Ensure excellent communication between HR, Supervisors, Employees in departments regarding the transitional position (do not push Employee past limits!)



Use medical provider with similar return to work philosophy, and put system into place to obtain provider approval of light duty jobs



Make sure there is a culture of communication and teamwork throughout this process; remain consistent and positive!



MODIFIED DUTY ASSIGNMENT

*Cumberland County Schools
Return to Work
Modified Duty Assignment*

Employee: _____

I have been offered modified duty based on the medical restrictions set forth by the medical care provider. I understand that my modified duty is temporary and will only last until I have reached maximum medical improvement. I acknowledge that I have a duty to report any change in my medical condition immediately to my supervisor.

I understand that the Cumberland County School's modified duty program is an attempt to provide temporary accommodations based on my medical restrictions in order to assist me in returning to work. During this transition period, I will receive my regular rate of compensation.

I also understand I have the option to refuse the offer of the modified duty assignment. If you refuse the modified duty assignment, we will promptly notify the workers' compensation carrier regarding your decision.

Employee _____ **Date** _____

Witness _____ **Date** _____

Witness _____ **Date** _____

EXAMPLE OF LETTER TO EMPLOYEE:

Notice of Modified Duty to Employee

(Date)

(Employee's Name)

(Employee's Address)

(Employee's city, State, ZIP)

Re: Modified Duty

Dear (Employee Name):

Your doctor has released you to return to work, and we have a modified-duty position ready for you that is medically appropriate and designed to comply with your medical restrictions. You are scheduled to begin work on (return date). Please see (supervisor) at (start time). If you receive this letter after (return date), please contact (supervisor) within 24 hours.

If your modified duty earnings are below your average weekly rate prior to your injury, you may be entitled to a wage-loss payment from (return date). Our workers' compensation carrier will follow up with us to determine your exact earnings during this modified duty assignment.

Please call me if you have any questions about returning to work in this capacity. We're glad to have you back!

Sincerely,

(Sender's Name)

Title

P.S. Please remember that failure to report to work could affect your entitlement to temporary disability benefits.

MODIFIED DUTY ASSIGNMENT

Risk Manager's Message

The Cumberland County School System is committed to the safety and welfare of all employees. However, in spite of our efforts to create a safe working environment, injuries or illnesses caused by the workplace still occur.

We believe Cumberland County Schools has a responsibility to return employees with work related injuries and illnesses to their normal jobs as quickly as medically possible. To meet this responsibility to our employees, we are implementing the Return to Work Program Administrative Procedures as an important part of the Workers' Compensation Program. We will make every effort to create a bridge to assist the employee's effort toward full recovery and return to full duty.

The Cumberland County School System Administration fully endorses the Administrative Procedures for the Return to Work Program, and solicits the cooperation of all employees to provide the necessary support to our injured workers.

Henry Smith
Risk Management Services
Cumberland County Schools

Other Relevant Topics for Discussion

- Medicare considerations
- Global Settlements (Resignation and Release Agreements) and Settlement Language
- Safety Policy/Safety Commitment Form



Medicare Considerations

- Medicare knows about almost every settlement with a Medicare beneficiary (reporting);
- Every settlement has two considerations: past and future medical expenses.
 - Past medical expenses (ie: Medicare conditional payments): bigger concern in denied or partially denied claims;
 - Future medical expenses (Medicare Set Asides): generally bigger concern in accepted claims since we are generally not funding future medical expenses in denied settlements



Medicare Considerations

- All parties have an interest in ensuring Medicare's interest are appropriately protected;
- The conditional payment repayment process is extensive so start early;
- CMS will agree to review Medicare Set Asides in certain threshold cases, but the review process is not mandatory; and
- Medicare Advantage Plans are also providing coverage to approximately 1/3 of Medicare beneficiaries so be aware of these liens as well.

Settlements



- Global settlements can be done
 - However, some rights cannot be waived in a General Release
 - Fair Labor Standards Act (wage and overtime)
 - Unemployment
 - EEOC charges
 - Vested benefits; Cobra rights
- Settlement language is extremely important
 - Mediated Settlement Agreements
 - Clincher language
 - Any terms need to spelled out
 - Pro se clinchers

Sample Release/Resignation Language

1. Resignation and Future Employment.

EMPLOYEE agrees that she voluntarily resigned from her employment with EMPLOYER on _____. EMPLOYEE hereby agrees not to apply for any future employment with EMPLOYER, including but not limited to any purchasing, affiliated or successor entity of EMPLOYER. EMPLOYEE agrees that, if she hereafter seeks employment with EMPLOYER, her employment application may be denied without recourse under this Release. In the event EMPLOYEE is hired, EMPLOYEE hereby acknowledges that EMPLOYER has a legitimate reason to discharge her based on this Release.

EMPLOYER agrees that it will provide EMPLOYEE with a neutral employment reference upon request provided that EMPLOYEE directs all inquiries to be made to Reuben Reyes (or his successor) with EMPLOYER, Cumberland County Schools.

Safety Policy/NCIC Submission

- N.C. Gen. Stat. § 97-12 provides that compensation shall be reduced by 10% if the injury or death is caused by willful breach of “Any rule or regulation adopted by the employer and approved by The Commission and brought to the knowledge of the employee prior to the injury.”
 - Submit safety policy to NCIC and request approval.
 - Ensure we can demonstrate that the employee was aware of the safety policy.
- Benefits: give employees incentive to be safe; and potential credit on rating.

Safety Commitment Form

1. Employer Safety Manual
2. Crisis Management and Emergency Handbook
3. DPI policies Governing Services for Children with Disabilities
4. Bus Driver Handbook
5. Reporting of Accidents

Board Policy 4201-7271*****

1. Accident Investigation and Correction of Hazards
2. Preventive and Corrective Measures
3. Reporting Hazards
4. Employee Responsibility for Safety
5. Site Assessments

Cumberland County Schools Employee Safety Commitment Regulation – Board Policy 4201-7271

NORTH CAROLINA INDUSTRIAL COMMISSION-APPROVED
SAFETY RULES FOR CUMBERLAND COUNTY SCHOOLS EMPLOYEES

The safety & health of all employees at our work locations are of paramount importance. Providing safe and healthy working conditions and implementing safe work practices that protect employees and others at our work locations is a value that is very important to all of us. We recognize that accidents happen in the workplace. All employees, regardless of the capacity in which they work, assume responsibility for safety awareness and consciousness. This responsibility is met by maintaining safe conditions and performing duties in accordance with safe work practices. We all play a significant role in looking out for ourselves and others. Adhering to the items below will assist in ensuring a safe and healthy work place.

1. All accidents, no matter how slight, must be reported to your supervisor IMMEDIATELY.
2. Any employee injured on the job or requiring medical treatment must first report the injury to her/his supervisor and/or risk management. If you go to the Emergency Room or to a physician on your own, you may have to pay your own bill unless it is a medical emergency. A medical emergency is an open wound requiring stitches, loss of consciousness, any injury involving broken bones, chemical/hazardous exposure, an injury requiring ambulance transport, or any life threatening injury. Absent such an emergency, the school system has the right to refuse payment when the school system has approved a medical provider for treatment and you elect to instead use the services of another physician without obtaining consent from your supervisor and/or risk management.

"This paragraph is not intended to require employees to pay their own bills for treatment received immediately following a medical emergency. As outlined above, the school system will pay for treatment immediately following a medical emergency if the treatment is compensable under the North Carolina Workers' Compensation Act."

3. Employees must comply with the Cumberland County School System's Safety Manual (hereinafter referred to as the Safety Manual), which has been approved by the Industrial Commission in conjunction with these rules. This Manual is available online at <http://ccsportal/default.aspx>. By signing this document, you agree that you have read and will comply with the rules and guidelines in the Safety Manual. If you do not have online access, it is your responsibility to contact the Safety and Security office at 910-878-2488 or Risk Management at 910-878-2338 before signing this document and a hard copy of the Safety Manual will be provided to you.
4. Employees also must comply with the Crisis Management and Emergency Handbook (hereinafter referred to as the Handbook), which has been approved by the Industrial Commission in conjunction with these rules. This Handbook is available online at <http://ccsportal/default.aspx>. By signing this document, you agree that you have read and will comply with the rules and guidelines in the Handbook. If you do not have online access, it is your responsibility to contact the Safety and Security office at 910-878-2488 or Risk Management at 910-878-2338 before signing this document and a hard copy of the Handbook will be provided to you.
5. Employees must comply with the Department of Public Instruction's Policies Governing Services for Children with Disabilities, which has been approved by the Industrial Commission in conjunction with these Rules. By signing this document, you agree that you have read and will comply with these policies. This book of policies is available online at <http://ccsportal/default.aspx>. If you do not have online access, it is your responsibility to contact the Safety and Security office at 910-878-2488 or Risk Management at 910-878-2338 before signing this document and a hard copy of the policies will be provided to you.
6. Bus Drivers must comply with rules and guidelines in the 2015-2016 Bus Driver Handbook, which has been approved by the Industrial Commission in conjunction with these rules. This Handbook is available online at <http://ccsportal/default.aspx>. By signing this document, you agree that you have read and will comply with the rules and guidelines in the Handbook. If you do not have online access, it is your responsibility to contact the Safety and Security office at 910-878-2488 or Risk Management at 910-878-2338 before signing this document and a hard copy of the Handbook will be provided to you.

Safety Commitment Form

1. Texting and Driving while the vehicle is in motion.
2. Alcohol and Drug Policy
3. Appropriate PPE
4. Exit Paths and Work Surfaces
5. Aisles and Passageways
6. Wet floor signs/Clean up Spills
7. Chemical Safety Section Compliance
8. Lock-out/Tag-out
9. Ladder Section/Safety Manual
10. No Climbing in Chairs or standing on Tables
11. Horseplay
12. Comply with IEP and BIP. Implement BIP when encountering aggressive students.

7. Any employee driving as a part of their employment with Cumberland County Schools must observe all State and Local traffic rules, regulations and laws governing the rules of the road, including but not limited to the laws outlined in Chapter 20 of the North Carolina General Statutes.
8. Any employee driving as a part of their employment with Cumberland County Schools shall refrain from texting on their cell phone while the vehicle is in motion.
9. Use of alcohol, illegal narcotic drugs, or any other impairing substance on the job shall not be permitted. In addition to impacting your rights under the Workers' compensation Act in the event of an injury, such violation shall be grounds for immediate termination of employment.
10. All employees must comply with the Personal Protective Equipment provision, which starts on page 8 of the Safety Manual.
11. Custodians must wear closed-toe shoes and Cafeteria workers must wear footwear with slip-resistant soles. Cafeteria workers may not wear cloth shoes, sandals, clogs, leather lace up tennis shoes or athletic tennis shoes.
12. Cafeteria workers must post "hot" signs on hot food bars.
13. Employees must comply with the Exit Paths and Work Surfaces provision of the Safety Manual, which begins on page 6.
14. Employees must keep all aisles and passageways free of obstructions, including walkway aisles in classrooms, and passageways in storage rooms and laboratories.
15. Employees must clean up spills immediately and place a caution sign on all wet or drying surfaces. Employees must walk around areas marked by a caution sign, or take another route. Employees shall not walk through an area that has been marked with a caution sign.
16. Employees must comply with the Hazardous Chemical Exposures and Combustible Materials sections of the Safety Manual, which start on page 5. Employees must also comply with the Chemical Safety section starting on page 72 of the Safety Manual. Employees may not handle chemical substances unless they have received training regarding the handling, hazards, storage, exposure risks, and symptoms of chemical exposure.
17. Employees must comply with the "Materials Handling and Transporting Employees and Materials" portion of the Safety Manual, beginning on page 14 of the Safety Manual.
18. Employees must comply with the Power-Actuated Tools section of the Safety Manual, which starts on page 16. Employees may not use Power-Actuated Tools unless they have received training and have been issued a card as proof of the training.
19. Employees must comply with the Machine Guarding and Lockout/Tagout Procedures sections of the Safety Manual, which start on page 16. Employees shall not use any machines unless they have been specifically instructed on safety on the machine at issue. When finishing use of a machine, Employees must comply with the guidelines within the Safety Manual to shut down and store the machine.
20. Employees must comply with the Ladders section of the Safety Manual which starts on page 23. Employees must also comply with the Ladder Safety Program, which begins on page 259 of the Manual. Employees shall not use ladders that are broken, missing steps, rungs or cleats, or that have broken side rails or other defects. When using ladders, employees shall not use the top step of the ladder, and must always follow the three point climbing rule: Keep both feet and one hand or both hands and one foot in contact with the ladder at all times. Employees must not place a ladder in front of doors opening toward the ladder, except when the door is blocked open, locked or guarded. Employees shall not place ladders upon any unstable bases to obtain additional height.
21. Employees shall not stand in chairs, stand on tables, stand on the top steps of step ladders or engage in unauthorized climbing on equipment.
22. When working with Boilers, custodial personnel should not reset a boiler that continually fails on flame failure. Under those circumstances, an emergency work order should be submitted.
23. Boilers shall not be energized by the custodian prior to the test fire and inspection by HVAC. Boiler rooms must be checked for flooding after a period of heavy rain; provided however, employees shall not enter a flooded boiler room.
24. Horseplay and running shall not be permitted on the premises, to include all work areas in/outside the bus

Safety Commitment Form

Results:

1. Emphasis on Safety for workers
2. Reduced employee injuries by 85 for 2015-16 fiscal year
3. A more productive work force
4. 6457 Employee Signatures

24. Horseplay and running shall not be permitted on the premises, to include all work areas in/outside the buildings and parking lots.
25. Employees who work with children with a disability or disabilities must comply with the each student's Individualized Education Program (IEP), including use of the Behavior Intervention Plan (BIP). Employees must implement the BIP when encountering a student behaving aggressively.
26. Employees shall abide by N.C. Gen. Stat. § 115C-391.1, and shall not use physical restraint of students unless it is reasonably needed to obtain possession of a weapon or other dangerous objects on a person or within the control of a person; reasonably needed to maintain order or prevent or break up a fight; reasonably needed for self-defense; reasonably needed to ensure the safety of any student, school employee, volunteer, or other person present, to teach a skill, to calm or comfort a student or to prevent self-injurious behavior; as reasonably needed to escort a student from one area to another; if used as provided in a student's IEP or Section 504 plan or BIP; or as reasonable needed to prevent imminent destruction to school or another person's property.

I have received, read and understand the Cumberland County **EMPLOYEE SAFETY COMMITMENT** and agree to abide by its safety guidelines and expectations. I realize that violation of these safety guidelines and expectations may lead to disciplinary action, including a penalty on workers' compensation benefits and/or suspension without pay and/or termination of employment. I further understand that if I am injured in the course of my employment, I will report the injury to my supervisor or workplace designee immediately.

Employee Signature: _____

Date: _____

Employee Safety Commitment Google Form

Results:

1. Emphasis on Safety for workers
2. Reduced employee injuries by 85 for 2015-16 fiscal year
3. A more productive work force
4. 6457 Employee Signatures

Employee Safety Commitment Acknowledgement Form

Employee Safety Commitment

I have received, read and understand the Cumberland County EMPLOYEE SAFETY COMMITMENT and agree to abide by its safety guidelines and expectations. I realize that violation of these safety guidelines and expectations may lead to disciplinary action, including a penalty on workers' compensation benefits and/or suspension without pay and/or termination of employment. I further understand that if I am injured in the course of my employment, I will report the injury to my supervisor or workplace designee immediately.

* Required

Name *

Work Location *

Last 4 of SSN *

Social Security Number

Employee ID

(optional)

E-mail Address

Submit

CASE STUDY #1

- Wilma, a custodian, gets written up for insubordination, and a strong warning
- Wilma's husband calls the principal on a Sunday afternoon saying Wilma is in the ER due to a work injury
- Surveillance shows no fall and no injury
- Surveillance also shows a violation of policy
- What do you do?



Investigate Prior to Accepting Claim

- Very suspicious circumstances so consider a denial (Form 61);
- Plaintiff can accept denial or challenge it by filing a Form 33, Request for Hearing;
- The Industrial Commission will refer the case to mediation if Plaintiff is represented;
- Weigh risks and exposure, and decide to settle or litigate.

CASE STUDY #2

- Lucy the art teacher falls and injures both knees
- Provider agrees to modified duty, signs off on modified job description – 3 locations
- Three years later Lucy has ongoing pain
- Provider says for her to work at only one location
- Funding for her position requires work at 3 locations
- What do you do?



QUESTIONS RESPONSES **68**

Risk Management Survey

I would like to determine if principals have hired any teacher(s) (certified only) with a disability, particularly any visible mobility impairments, i.e. using a wheelchair, walker, or other visible form of impairment due to some medical condition. Please complete the survey below. I am trying to establish that we do not discriminate against such applicants and if I can show we have hired such individuals that is a positive.

School Name *

Short answer text

Principal's Name *

Short answer text

Have you hired any teacher(s) (certified only) with a disability, particularly any visible mobility impairments, i.e. using a wheelchair, walker, or other visible form of impairment due to some medical condition? Please answer the question below.

yes

no

CASE STUDY #3

- Ava, an EC teacher, has her arm jerked, causing neck injury, and requires surgery
- Ava is released to work with very limited, sedentary restrictions
- How do you return Ava back to work?



The “cost” of returning Ava to work, vs. the “cost” of ongoing TTD

•Scenario 1: Remains out of work

- TTD is ongoing until Plaintiff returns to suitable employment (which may be difficult given her restrictions);
- Compensation rate = \$366.69, which puts her yearly payout at \$19,067.88.
- Indemnity paid over 500 weeks totals \$183,345 (discounted at 6%: \$139,255.71).

•Scenario 2: Returns to work

- Return to work in a light duty capacity - TTD is stopped;
- She either successfully returns to work;
 - **Value:** No TTD; may have to pay Temporary Partial Disability (TPD), but only if wages are reduced as a result of the work injury.
- Or makes a decision to resign at some point.
 - If there is a resignation, consider global resolution of her workers' compensation claim;
 - Assuming she was working in a suitable job and voluntarily resigns, there will be little to no consideration of TTD in the settlement (instead it will be medical + any rating (a 20% rating of the neck is worth 60 weeks or \$22,001.40).

The “cost” of returning Ava to work, vs. the “cost” of ongoing TTD

- In other words:

- \$22,001.40 + medicals

VERSUS

- \$183,345 + medicals

- Potentially a savings of \$161,343.60 on the workers' compensation claim due to return to work.

CASE STUDY #4

- Linda is a cafeteria assistant and suffers a shoulder injury, requiring surgery
- Employee written out of work beyond the last day of school
- Employee receives TTD through summer
- Frozen shoulder develops and her work restrictions are no lifting over 1 pound
- What do you do?



Costs savings considering a \$233.35 CR?

- 10% rating to arm (\$5,600.40) plus medicals

VERSUS

- Ongoing TTD for 500 weeks (\$116,675) plus medicals
- Savings = \$111,074.60

Case Study #5 – Grand Finale

- John had a work-related disc replacement;
- Out of work, and reaches MMI with permanent restrictions;
- County doesn't accommodate so he stays out of work, collecting TTD;
- Co-workers learn of him engaging in activities not consistent with disability;
- New risk manager/attorney = new philosophy
- Case goes away!



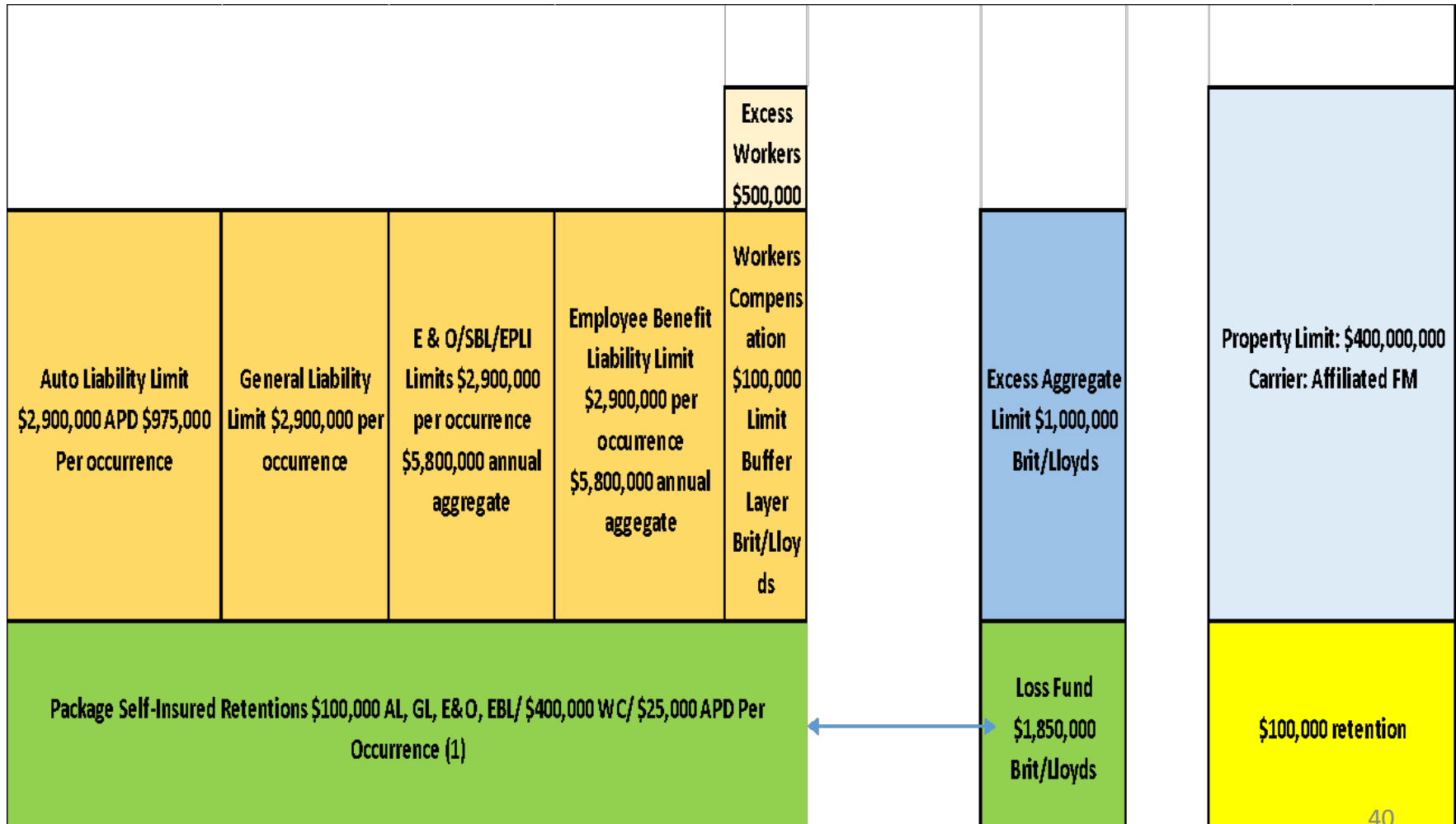
What would have happened, and what did happen (CR \$233.35)?

- He was receiving annual compensation at a rate of \$12,134.20. He was approximately 25 years old so had a lifetime expectancy of 52 years. No cap on benefits during that time period.
 - Had he continued to stay out of work, there was a possibility of paying over \$630,968 in TTD benefits assuming he lived out his life expectancy.
- Instead, he was offered a job, refused, and resolved his case for \$50,000.

The Self-Insured Retention (SIR) Spin

VS.

The Excess Insurance Spin



Your Self-Insured WC Program Retention Spin

POLICY PERIOD	Self-Insured Retention SIR	Number of Claims Piercing the Retention
2007	\$350,000	0
2008	\$350,000	0
2009	\$350,000	1
2010	\$350,000	0
2011	\$400,000	0
2012	\$400,000	0
2013	\$450,000	0
2014	\$475,000	0
2015	\$500,000/400,000 buy down	0

SIR Considerations...



- RTW Policy/Medical Provider Understanding
- Claims Management/Closing Rates
- Loss Control/Prevention/Safety Commitment Form/Safety Committee
- Claims history/Actuarial Study/history and patterns...
- Adequate Financial Risk Transfer Program
 - a. **Protected SIR**-control with staff/TPA
 - b. **Small Deductible/Insurance** –"In the middle"
 - c. **Stay Fully Insured?**
 - Experiencing Modification Factor less than 1.00 Credit Mod
 - Quality Legal Counsel
 - Talk to someone who can give you the viability of SIR Programs...
 - d. Broker
 - e. Independent Consultant

**THANK YOU FROM ALL OF
US AT HEDRICK GARDNER,
AND CUMBERLAND
COUNTY SCHOOLS!**



**Erica Lewis, Partner, Hedrick Gardner Kincheloe & Garofalo, Wilmington,
elewis@hedrickgardner.com, 910-679-4802**

**Erin Collins, Partner, Hedrick Gardner Kincheloe & Garofalo, Wilmington,
ecollins@hedrickgardner.com, 910-679-4812**

**Henry Smith, Cumberland County Schools, Fayetteville,
henrysmith@ccs.k12.nc.us, 910-678-2591**