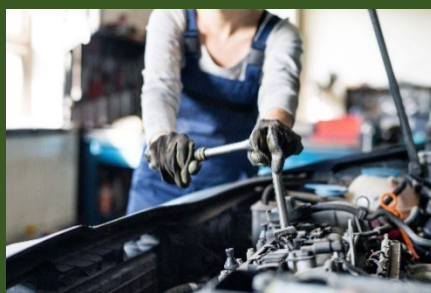


# Loudoun County Public Schools WORKERS' COMPENSATION EMPLOYEE HANDBOOK



## Introduction

This guide provides critical information for you. It is your responsibility to follow the processes and/or take the required actions described in this document. This is not a legal explanation of Virginia's Workers' Compensation Act.

Your claim is filed by your supervisor or his/her designee at the worksite. Once the claim is filed and when seeking medical care, you must select from the list of Panel Physicians for treatment. If your initial care is through a non-panel provider (including an emergency room), you must see a Panel Physician for follow-up care. Any recommendations, i.e., specialist follow-up, physical therapy, etc., MUST come from the Panel Physician who you have chosen from the list provided by your worksite and in this guide.

We hope this guide will equip you with the essential information regarding your claim. If you have any questions, please contact PMA Customer Service at 1-888-476-2669. If you are unable to reach them, please reach out to the Leave & Disability Programs office at [lcpsworkerscomp@lcps.org](mailto:lcpsworkerscomp@lcps.org) or 571-252-1690.

Best Wishes,

Leave & Disability Programs

## **Checklist of Items That MUST be Completed in Order to Facilitate Your Claim:**

- ☐ Select and Visit a Panel Physician When Seeking Medical Care
- ☐ Respond to Calls from PMA or LCPS Regarding Your Claim
- ☐ If You Are Referred to a Specialist or for Special Diagnostic Testing (i.e., MRI, CT scan), You Will Receive a Call from One-Call. They Will Schedule Your Test or Visit After Authorization from PMA
- ☐ Complete and return the “LCPS Workers’ Compensation Checklist” in This Guide
- ☐ If You Have an Alternate Phone Number or Email Address, That Information Must Be Provided

(Click [here](#) for the LCPS Workers’ Compensation Page with All of This Information)

### **Questions?**

Workers’ Compensation Claim  
PMA Management Corp.  
1-888-476-2669

LCPS Workers’ Compensation  
Policy & Payments  
[LCPSWorkersComp@lcps.org](mailto:LCPSWorkersComp@lcps.org)  
571-252-1690

**Loudoun County Public Schools  
Workers' Compensation Panel of Physicians**

**Dr. Roxana Diba**  
**Inova Occupational Health**  
21785 Filigree Court, Suite 103  
Ashburn, VA 20148  
703-554-6644

**Dr. Kevin Culbert**  
**Occupational Health Center**  
607 East Jubal Early Drive  
Winchester, VA 22601  
540-536-2200

**Dr. Khurram Ali**  
**Patient First**  
601 Potomac Station Drive  
Leesburg, VA 20176  
703-840-1396

**Dr. Smitha Beeravolu**  
**Inova Urgent Care – Dulles South/Chantilly**  
24801 Pinebrook Drive, #110  
Chantilly, VA 20152  
703-722-2500

**Dr. Carlos Martinez**  
**Inova Urgent Care – Centerville**  
6201 Centerville Road, #200  
Centerville, VA 20121  
703-830-5600

**Dr. Virginia Sampang**  
**Care Now Urgent Care**  
46200 Potomac Run Plaza  
Sterling, VA 20164  
571-313-5087

For services ordered by the treating Panel Physician, including but not limited to - MRI, CT scan, and/or Physical Therapy, One Call Care Medical will contact you to schedule a time. If you seek your own treatment, the services may not be covered under workers' compensation.

To get your prescription benefits – take the “Express Scripts” First Fill Temporary Prescription Service Card with you to the pharmacy

**THE CLOSEST EMERGENCY ROOM OR URGENT CARE FACILITY MAY BE USED DURING A MEDICAL EMERGENCY. ONCE EMERGENCY TREATMENT IS COMPLETE, A PANEL PHYSICIAN MUST BE SEEN FOR FOLLOW-UP CARE REGARDLESS OF ANY REFERRAL TO SPECIALIST OR THERAPY.**

- ☐ I select \_\_\_\_\_ from the above panel.
- ☐ I decline to select a doctor from the above panel. I understand that I will have to pay for medical treatment and doctor bills, and that I may be denied workers' compensation benefits for any absence based on disability that is not certified by an approved physician.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
PID

\_\_\_\_\_  
Date

## **LCPS Employee's Responsibilities Quick Reference Guide**

1. To report a work-related incident, you must notify your supervisor or his/her designee, who will complete the Employer's Accident Report and provide the claim number to you.
2. The School Board (in accordance with State guidelines) requires that any employee/volunteer that is injured during work or volunteer activity choose from the provided list of Panel Physicians. Failure to use an approved physician may result in non-payment of all medical bills relating to this injury/illness.
3. If you go to an emergency facility and they refer you for follow-up care, you must choose a physician from the panel for your follow-up care. Any referral to specialists or testing must come from a Panel Physician.
4. The claim administrator is responsible for transportation costs to and from medical visits in regard to your Workers' Compensation claim. If you are seeking transportation/travel reimbursement, please complete the Transportation/Travel Expense Form and file directly with PMA.
5. Any absence from work must be documented by a healthcare provider and submitted to PMA and LCPS Leave & Disability Programs.
6. If you lose time from work due to this injury/illness, you must follow your normal reporting requirements, as well as reporting to PMA and Leave & Disability Programs. Documentation from your healthcare provider should be submitted to PMA and Leave & Disability Programs as soon as it is obtained. A return-to-work release will be required - any restrictions or accommodations will be considered on a case-by-case basis. Lost time due to a workers' compensation illness or injury runs concurrent with leave under the Family and Medical Leave Act (FMLA).
7. Employees who are under the Virginia Retirement System Hybrid retirement program **MUST** file for short-term disability benefits to run concurrently with workers' compensation. Please visit the Reed Group website (<https://www.reedgroup.com/vrs/>) to file a claim.
8. A copy of all medical correspondence must be provided to PMA and Leave & Disability Programs.
9. Failure to comply with Workers' Compensation guidelines may result in the suspension of Workers' Compensation benefits in addition to injury leave.
10. Failure to return to work when provided a release from the treating provider may result in suspension of workers' compensation benefits for this injury/illness. Restrictions or requests for accommodation will be reviewed on a case-by-case basis.
11. If you have any questions during your workers' compensation process, you can contact PMA Customer Service at 1-888-476-2669.

# Workers' Compensation Temporary Prescription ID Card

## To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed the processing of your approved worker's compensation prescriptions (based on the guidelines established by your employer).

**Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800-945-5951.**

## Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

**Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800-945-5951.**

## To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance or exposure medications, call Express Scripts at 888-786-9640.

## Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter process control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury (enter in DOI field in the format YYYYMMDD)

For the following states, please utilize the below Group #: AL, AR, AZ, CO, CT, DC, DE, FL, GA, IA, IL, IN, KY, MA, MD, MI, MN, MO, MS, NC, NJ, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WI

### Express Scripts

ID#: \_\_\_\_\_

Your SSN in your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM/DD/YYYY

Group #: KVQA

Employee Date of Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM/DD/YYYY

For all other states, please utilize the below Group #:

### Express Scripts

ID#: \_\_\_\_\_

Your SSN in your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM/DD/YYYY

Group #: L7EA

Employee Date of Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

MM/DD/YYYY

## Employee Information

\_\_\_\_\_  
First M Last

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City State ZIP

## Employer Name

**Please sign and return this form to Leave & Disability Programs within Five (5) Days**

**Loudoun County Public Schools**

**Human Resources and Talent Development—Leave & Disability Programs**

**21000 Education Court, Ashburn, Virginia 20148**

**Email: [LCPSWorkerscomp@lcps.org](mailto:LCPSWorkerscomp@lcps.org) | Fax: 571-252-1699 | Phone: 571-252-1690**

TO:	DATE:
FROM: Leave & Disability Programs	ACCIDENT DATE:

<b>LCPS WORKERS' COMPENSATION CHECKLIST</b>
<p>Please carefully read the following information, provide answers where requested (check off all boxes that apply), and return this form back to <a href="mailto:LCPSWorkerscomp@lcps.org">LCPSWorkerscomp@lcps.org</a> as soon as possible. Workers' Compensation is governed under the Code of Virginia Workers' Compensation Statute and the Loudoun County Public Schools' (LCPS) <b>Administrative Policy Section 7-48 (copy enclosed)</b>. For your further information, please consult the <b>Virginia Workers' Compensation Commission</b> web site at <a href="http://www.vwc.state.va.us">www.vwc.state.va.us</a> and refer to the "Frequently Asked Questions" (FAQs) tab. Thank you for your assistance and please call us if you have any questions or concerns.</p>
<p><b>1. Workers' Compensation Medical Treatment (Please check all boxes that apply.)</b></p> <p><input type="checkbox"/> I do not anticipate seeking medical attention for my injury currently. However, I reserve the option to seek medical treatment later and understand I will need to contact Leave &amp; Disability Programs. (If you checked this box, go to the end &amp; sign)</p> <p>If you are injured on the job, you may seek necessary medical attention and may select one <b>Primary Care Physician</b> from the LCPS Workers' Compensation Authorized Panel of Physicians (latest version found on the LCPS Internet).</p> <p><input type="checkbox"/> I understand that in order for my work-related injury medical bills to be paid by LCPS, I must seek necessary medical attention from one primary care physician found on the current LCPS Workers' Compensation Authorized Panel of Physicians list. Name of chosen Panel Physician? _____</p> <p><input type="checkbox"/> I do not want to seek medical treatment from a physician listed on the current LCPS Workers' Compensation Authorized Panel of Physicians. I would prefer to go to my own personal medical care provider and be financially responsible for the medical bills incurred. My personal Physician information is: Physician Name: _____ Phone Number: _____ Address: _____ Fax Number: _____</p>
<p><b>2. Workers' Compensation 7 Day Waiting Period—When You Are Required to Miss Time from Work</b></p> <p>Absences associated with your work-related injury/illness require confirmation, <b>in writing</b>, by your treating physician. The Virginia State Workers' Compensation law requires a <b>7 Day Waiting Period</b> from the first day of your work-related incapacity before LCPS is allowed to pay you for lost wages. LCPS <b>does allow</b> employees to use their available leave to cover time missed during the first 7 day wait and to compensate them for the other 1/3 of average weekly wages while unable to work. Workers' Compensation Lost wages benefits due to your incapacity are provided at <b>2/3 of your average weekly wage</b> (subject to a prescribed maximum). Employees are not entitled to full Loudoun County Public Schools' salary <b>in addition to</b> workers' compensation benefits.</p> <p><input type="checkbox"/> <b>I would like to use my available leave</b> to cover my lost wages for the time an authorized physician stipulates I must be out of work, or I am receiving medical treatment due to my injury. ***</p> <p><input type="checkbox"/> <b>I do not want to use my available leave</b> to supplement lost time or wages benefits for the time an authorized physician stipulates I must be out of work, or I am receiving medical treatment due to my injury. I understand that I will only receive 2/3 of my average weekly wage for eligible time missed. ***</p> <p><input type="checkbox"/> <b>I do not have available leave benefits at this time.</b> I understand that time missed will be charged as "leave without pay" and I will only receive 2/3 of my average weekly wage for eligible time missed.</p> <p>*** <b>THIS ELECTION IS IRREVOCABLE</b> and must be received in the Leave &amp; Disability Programs. If no election is received from you, LCPS will use 1/3 of your leave to supplement your income unless you do not have any available leave to draw from.</p>



Loudoun County Public Schools

Human Resources and Talent Development—Leave & Disability Programs

21000 Education Court, Ashburn, Virginia 20148

Email: [LCPSWorkerscomp@lcps.org](mailto:LCPSWorkerscomp@lcps.org) | Fax: 571-252-1699 | Phone: 571-252-1690

**3. Workers' Compensation Claims Administrator** - LCPS is self-insured for Workers' Compensation and utilizes claims administrations services provided by **PMA Management Corp.** PMA will determine acceptance or denial of your submitted workers' compensation claim, manage the claim, provide authorization of medical treatment, facilitate payment of medical bills, etc. **PMA** representatives may frequently talk with you regarding your work-related injury or illness. PMA Customer Service Center is at **PMA Management Corp., PO Box 5231, Janesville, WI 53547-5231, Toll-Free Phone 1.888.476.2669 or 1.800.476.2669.**

**4. Medical Bills and Documentation** - Please provide the Leave & Disability Programs office with **ALL** workers' compensation medical bills, documentation, and receipts to receive reimbursement for workers' compensation expenses. **WE DO NOT AUTOMATICALLY** receive these documents from the workers' compensation medical providers. You are responsible for providing us with this crucial information in a timely manner. Failure to provide this information may affect your paycheck and could possibly affect your credit rating for unpaid bills.

☐ **YES, I understand that I must provide Leave & Disability Programs with copies of all documents and bills related to my workers' compensation injury.**

**5. Lost Wages and Missing Time from Work** - Please be aware that Workers' Compensation does not provide extra income because you may have been injured in a work-related incident. If you are eligible for workers' compensation benefits, you will receive part of your income (**1/3 of your average weekly wage**) (from **LCPS Payroll and part directly from PMA Management Corp. (2/3 of your average weekly wage before taxes).** Your regular **LCPS PAYROLL CHECK WILL BE ADJUSTED (REDUCED)** to account for the income you receive from PMA. If you have elected to use sick leave for the remaining 1/3 of your paycheck, you will see your sick leave balances reduced. If you have exhausted your sick leave, you will see leave without pay on your payslip.

- If you are eligible for workers' compensation benefits and have exhausted your LCPS sick leave or elected not to use your LCPS sick leave, you will receive 2/3 of your average weekly wage payments directly from PMA. During the elimination period only you may use your annual or personal leave if your sick leave has been exhausted.
- You are responsible for paying the employee portion of any LCPS benefit premiums that are normally deducted from your pay. These may be billed directly to you or deducted from your paycheck when you return. This includes, but is not limited to, health insurance, long-term disability insurance, supplemental life insurance, etc.

☐ **YES, I understand that my regular LCPS paycheck will be adjusted to reflect any lost time wages received from PMA as Workers' Compensation benefits.**

**6. Other Rules and Obligations Of The Virginia Workers' Compensation System**

- Your injury **must have been job related**, occurring in the course of your work and because of it.
- Your Workers' Compensation leave is designated as FMLA leave and will run concurrently with your 12-week entitlement.
- If you are receiving any type of other disability compensation, **you must notify LCPS of any and all employment, social security, cash or unemployment compensation.**
- If you don't report earned income while collecting disability benefits, your benefits could be discontinued.
- Any person who knowingly provides false or misleading information in a claim for workers' compensation benefits may be subject to criminal prosecution.

**Acknowledgment:** I acknowledge that I have read and understand the above rules governing Virginia Statutory and LCPS Workers' Compensation benefits. I also understand that I will be responsible for the total cost of health insurance premiums after all job & benefit protections afforded to me under FMLA and any School Board policy has been exhausted.

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

Communication is the key to ensure timely processing and accurate maintenance of Workers' Compensation claims. Please do not hesitate to call us if you have any questions or if you would like more information about the LCPS Workers' Compensation program. Please send this form to [lcpsworkerscomp@lcps.org](mailto:lcpsworkerscomp@lcps.org).



## Transportation/Travel Reimbursement Request Form

<b>Injured Worker Information</b>			
Name:		Date of Injury/Occupational Disease:	
Address:		City:	State: Zip code:
<b>Mileage Log</b>			
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Date:	Miles Traveled:	Address From:	
Purpose of Travel:		Address To:	
Do you have additional transportation/travel expenses? (Attach receipts)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claims for transportation/travel expenses must include medical documentation. Have you included medical documentation proof for each visit? (Attach documentation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>I hereby certify that the above information is true and that the reimbursement requested is for travel made by me for the treatment of my accepted condition.</p> <p><b>Employee Signature:</b> _____ <b>Date:</b> _____</p>			

\*Mileage Reimbursement Rate - Updates to the mileage reimbursement rate can be viewed on the Virginia Workers' Compensation Commission's website at [www.workcomp.virginia.gov/content/rates-min-max-benefits-cola-mileage](http://www.workcomp.virginia.gov/content/rates-min-max-benefits-cola-mileage).

### Transportation/Travel Expenses

The claim administrator is responsible for reasonable and necessary transportation costs in connection with medical treatment.

If you are seeking transportation/travel reimbursement\*, please complete the Transportation/Travel Expense Form and file directly with the claim administrator. If the claim administrator disputes reimbursement, you may complete a Claim Form, attaching the completed Transportation/Travel Expense Form, receipts, and medical documentation to support the expenses incurred, and return to the Commission. Examples of medical documentation include but are not limited to treatment records and/or billing statements that include dates of service. A hearing may be necessary to resolve disputed issues.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll-free at 1-877-664-2566.

# **LCPS Workers' Compensation Policy**

POLICY: 7640 Page 1

## **WORKERS' COMPENSATION**

The purpose of the Virginia Workers' Compensation Act is to provide compensation to employees for the loss of their opportunity to engage in work when their disability is caused by a condition/injury arising out of and in the course of employment. The general provisions of this Act are contained in the Virginia Workers' Compensation Act, Title 65.2, Workers' Compensation, Code of Virginia.

A. Coverage. All employees of the Loudoun County School Board are covered by Workers' Compensation insurance as provided by Virginia State Law §65.2-100 et seq.

B. Procedures. An injury or illness sustained directly in the performance of duty, as provided in the State Workers' Compensation Act, must be reported immediately to the appropriate supervisor on the date of the occurrence of an accident or as soon thereafter as practical. A form entitled First Report of Injury (VWC Form #3) must be completed by the person designated to complete the form and submitted to the Department for Business and Financial Services or the designee.

C. Approved Physicians. The injured or ill employee must be attended by a physician on the approved panel of named physicians. A list of approved physicians is available to each employee of the school system at the worksite. In addition, the list of approved physicians is posted in each of the facilities of the school system and is available on the Loudoun County Public Schools website, [www.lcps.org](http://www.lcps.org), Leave and Disability Programs, Workers' Compensation, See a Complete Listing of Workers' Compensation Physician Panel.

[Former Policy 7-48]

Adopted: 8/11/70

Revised: 6/22/93, 1/22/01, 10/13/09

Current Revision: 11/15/16

# LCPS Workers' Compensation Regulation 7640

REGULATION: 7640

Page 1

## WORKERS' COMPENSATION

### A. Purpose

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2. Loudoun County Public Schools provides Workers' Compensation coverage to all employees (full-time, part-time, temporary and substitute) through a self-insured program administered by a third-party administrator. That third-party administrator is authorized to investigate all claims, process medical bills for payment, accept or deny claims, and submit reports to the Virginia Workers' Compensation Commission. The third-party administrator's decisions are governed by application of the Workers' Compensation Act and the case law interpreting that act. All inquiries pertaining to Workers' Compensation benefits should be directed to the Department of Business & Financial Services.

### B. Notice of Injury

1. All employees shall report all work-related injuries to their immediate supervisor on the date of the occurrence of an accident or as soon thereafter as practical. For the protection of both the employee and the school division, all employees who suffer a work-related incident are required to report that incident immediately whether or not an immediate injury is apparent. A form entitled First Report of Injury (VWC Form #3) must be completed by the person designated to complete the form and submitted to the Department for Business and Financial Services or the designee.

2. In the event the immediate supervisor is not available, reports of injuries considered an emergency may be made directly to the Department of Business & Financial Services. A staff member of the Department of Business & Financial Services will notify the appropriate department as soon as possible.

3. Employees must provide sufficient information allowing the immediate supervisor to complete the "First Report of Injury". Employees are further required to provide any additional information pertaining to their claim when requested.

4. In the event all information pertaining to the injury is not available within two (2) days of the incident, the supervisor shall inform the Department of Business & Financial Services, of the delay and forward the "First Report of Injury" to the Department of Business & Financial Services as soon as the required information is obtained.

5. No compensation or medical benefits shall be payable unless written notice is provided within thirty (30) days after the occurrence of the injury pursuant to '65.2-600 of the Code of Virginia, unless reasonable excuse is made to the satisfaction of the Commission for not giving such notice and the Commission is satisfied that the employer has not been prejudiced thereby. In any event, the right to compensation under this plan shall be forever barred unless a

claim therefor be filed with the Commission within two years after the accident.

C. Medical Attention

1. Medical attention, if necessary, shall be provided to the injured employee who shall select one (1) of the authorized physicians or medical facilities provided on the "Employers Panel of Physicians" listing.

- a. If employees seek medical treatment from a provider not on the panel listing in a non-emergency situation, those employees shall be financially responsible for such treatment.
- b. Employees shall be financially responsible for any treatment not specifically authorized by a panel physician.
- c. The unjustified refusal of employees to accept medical service or vocational rehabilitation training, when provided by the employer, shall bar these employees from further compensation as stated in Section 65.2-603, Duty to Furnish Medical Attention, Etc., and Vocational Rehabilitation; Effect of Refusal of Employee to Accept, of the Code of Virginia.

2. Employees may seek medical treatment from a hospital emergency room or walk-in clinic when an injury of an emergency nature occurs, or after regular office hours of the authorized physician/medical facility. If follow-up medical treatment is required, it must be by physicians selected from the authorized panel. The third-party administrator or the Department of Business & Financial Services is the only department that may approve any referral to a physician not on the authorized panel.

3. Employees, when seeking medical attention for work-related injuries, shall inform the panel physician/medical facility the injury is work-related, and the employer is Loudoun County Public Schools.

4. Employees requiring prescriptions or repair or replacement of dentures, artificial limbs or other prosthetic or orthotic devices, as a result of their work-related injury, may receive reimbursement for their out-of-pocket expense as set forth in §65.2-603 of the Code of Virginia, 1950, as amended. Questions regarding prescription reimbursement procedures may be addressed to the Department of Business & Financial Services.

5. Requests for payment of treatment that is determined not compensable under Workers' Compensation may be submitted through the employees' own health insurance plan.

6. Employees must submit a doctor's status report on the injury after the first visit to the panel physician to their immediate supervisor, with a copy forwarded to the Department of Business & Financial Services and then after every subsequent visit to the panel physician or the treating physician until they are able to return to work or one year limitation.

7. Employees must submit a doctor's status report indicating release to duty with or without limitations.

## WORKERS' COMPENSATION

D. Salary/Wage Benefits

1. Workers' Compensation wage benefits are provided at the rate of two-thirds (2/3) of the average weekly, pre-tax wage of the employee, subject to weekly maximums as approved by the Virginia Workers' Compensation Commission. This amount is not subject to payroll taxes.

2. No compensation shall be allowed for the first seven (7) days (including Saturday, Sunday and holidays) of incapacity resulting from an injury per Section 65.2-509, Commencement of Compensation, Code of Virginia. This period will be charged to the employee's accrued sick, annual or personal leave or recorded as Leave Without Pay. If the period of disability continues for more than twenty-one (21) calendar days, including Saturday, Sunday and holidays, any leave used by the employee shall be reinstated and leave records will be adjusted accordingly (i.e., 2/3 of a day posted as workers' compensation and 1/3 of the day charged to accrued leave.)

3. Employees who were in a paid leave status for the first seven (7) days of disability, will have those wages adjusted to reflect the Workers' Compensation salary benefits. Employees who have been in a leave without pay status will be compensated for the first seven (7) days of disability in accordance with the Workers' Compensation salary benefit after the twenty-first (21st) day of disability. Employees are not entitled to full Loudoun County Public Schools' salary and workers' compensation payment for the same hours or days. Employees who do not wish to utilize earned leave during the first seven (7) days may do so by placing their request in writing and submitting the written request to the Department of Business & Financial Services.

4. The employee will continue to receive benefits until:

- a. The employee is released by the authorized physician for regular duty.
- b. The employee is released by the authorized physician and accepts an approved light duty position.
- c. The employee refuses to report to a light duty or regular duty position.
- d. The employee refuses to accept authorized medical treatment per Section 65.2-603, Duty to Furnish Medical Attention, Etc., and Vocational Rehabilitation; Effect of Refusal of Employee to Accept, Code of Virginia.
- e. Workers' Compensation limits expire as set forth in §65.2-503 of the Code of Virginia.
- f. The employee returns to work after settling their worker's compensation claim for indemnity benefits. Such an employee is not entitled to additional payment for lost time under worker's compensation because of this incidence. Any additional time lost from work will be deducted from the employee's own accumulated leave.

## WORKERS' COMPENSATION

5. Employees on Workers' Compensation disability leave are financially responsible for voluntary payroll deductions, such as, medical insurance premiums, credit union deductions, etc.

- a. Employees may continue voluntary payroll deductions if they are using sick leave to ensure full salary continuation.
- b. Employees who are not receiving a paycheck from Loudoun County Public Schools may make direct payments for medical insurance and other voluntary benefit premiums to the Business & Financial Services Office. Other deductions are the employee's responsibility.

### E. Accrued Leave

1. Employees on Workers' Compensation disability leave continue to earn applicable leave while in a protected leave status.

2. During the period of work-related disability, not all employees are eligible to access the short-term disability program in order to receive full salary benefits. Employees may utilize all earned leave on a prorated basis in order to continue receiving full salary. Employees who do not wish to utilize earned leave may do so by placing their request in writing when completing the LCPS Workers' Compensation Checklist, which must be returned to the Department of Business & Financial Services.

3. After utilizing all earned leave in order to receive full salary benefits, employees continuing to experience a work-related disability and whose work-related disability is confirmed by an authorized physician will continue to receive Workers' Compensation salary benefits equal to two-thirds (2/3) of their average weekly wage, subject to weekly maximums as ordered by the Virginia Workers' Compensation Commission.

F. One-Year Limitation. Employees who have not returned to work within one calendar year after a compensable work-related injury and have exhausted all job and benefit protections under the Family and Medical Leave Act and any applicable School Board policy, shall be placed on a Restoration of Health leave without pay status, when applicable, under the provisions of School Board Policy §7-58, or terminated. Employees may apply for disability retirement if they meet the eligibility requirements established by the Virginia Retirement System.

### G. Light Duty Program

1. Loudoun County Public Schools recognizes the need for a light duty program for those employees temporarily unable to perform their regularly assigned duties due to a work-related illness or injury. Light duty positions may be available, for those employees qualified to receive Workers' Compensation benefits and unable to perform their



## WORKERS' COMPENSATION

regularly assigned duties due to a work-related illness or injury. Employees refusing to accept approved light duty assignments will be ineligible for Workers' Compensation benefits and their employment may be terminated.

2. This program is designed to return an injured employee to a productive level of employment while in a temporary light duty assignment status and reduce the financial loss to the school division due to Workers' Compensation claims.

3. Any temporarily disabled employee qualifying for Workers' Compensation benefits and approved to return to work by the treating physician, is eligible for assignment to a light duty position. Light duty assignments will be reviewed by the Department of Business & Financial Services, HRTD and the department head or building administrator. Light duty assignments are subject to the following conditions:

- a. The treating physician determines the light duty restrictions.
- b. The availability of a light duty position within the department where the employee is regularly assigned.
- c. The availability of a light duty position in another department in situations where there are no available light duty positions in the department where the employee is regularly assigned.
- d. Compensation for the light duty assignment shall be at the appropriate rate of the light duty position. In addition, Workers' Compensation wage benefits will be provided at the rate of two-thirds of the difference between the light duty rate and the rate of the employee's regular position.

4. The program shall be administered by the Department of Business & Financial Services in close cooperation with HRTD, department heads/building administrators and treating physicians.

5. Light duty assignments shall terminate:

- a. When the employee refuses to accept the light duty assignment.
- b. When the treating physician releases the employee to full duty.
- c. At the expiration of the one-year time limitation from the date of injury.
- d. If other conditions warrant the elimination of the position.

### H. Appeals/Litigation

1. As described more fully in §65.2-307 of the Code of Virginia, the rights of employees outlined in this plan for compensation of work-related injury or accidental death shall exclude all other rights and remedies of such

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employees, their personal representatives or relatives, including the right to bring suit for any damages suffered as a result of the injury or accidental death.

2. Should employees disagree with the manner in which their claims are handled, these employees may petition the Virginia Workers' Compensation Commission for a hearing.

Loudoun County Public Schools reserves the right of subrogation, which means the school division succeeds to the employee's right to damages the injured employee, or the employee's representative, or other person may have recovered against any other party for such injury or death. The employee or the employee's estate agrees to reimburse the school division for all compensation paid and expenses incurred by the school division due to the employee's injury or accidental death in the event that the employee or his personal representative obtains a settlement or judgment in any action against anyone other than the employer, as provided by §65.2-310 of the Code of Virginia. The school division will enforce these rights of subrogation and reimbursement in its own name, or in the name of the injured employee or the employee's personal representative in accordance with §65.2-309. Creation of lien and subrogation of employer to employee's rights to recover uninsured or underinsured motorist benefits pursuant to insurance coverage under Code of Virginia §65.2-310 Protection of Employer When Employee Sues Third Party; -- §65.2-311 Expenses and Attorney's Fees in Action Under §65.2-309 or §65.2-310.

### I. Posting Requirement

1. A copy of this regulation with all attachments shall be posted in all designated employee work areas.

[Former Regulation 7-48 REG]

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