I. **Purpose**

The purpose of these procedures is to outline the processes related to the County’s Administration of the Virginia Workers’ Compensation Act.

II. **Background**

The Virginia Workers’ Compensation Act (Va. Code §§ 65.2-100 et seq.) (“the Act”) requires employers to provide compensation, including wage loss benefits and medical treatment, for employees who sustain an injury by accident arising out of and in the course of their employment. The Act also requires employers to provide benefits for employees who suffer from an occupational disease arising out of and in the course of their employment.

Loudoun County Government provides Workers’ Compensation coverage to all employees (full-time, part-time, and temporary) and volunteers in the Combined Fire and Rescue System through a self-insured program administered by a third-party administrator. The third-party administrator is responsible for investigating claims, determining compensability of claims, authorizing medical treatment, processing payment of claim-related expenses, and responding to the Virginia Workers’ Compensation Commission as necessary. The decisions made by the third-party administrator are governed by the Virginia Workers’ Compensation Act and case law interpreting the Act.

All inquiries pertaining to Workers’ Compensation benefits should be directed to Risk Management in the Department of Human Resources.

III. **Related Policies and Laws**

*Human Resources Handbook Sections 6.7 (Workers’ Compensation), 6.12(G) (Injury Leave as Supplement to Workers’ Compensation), and 6.12(F) (Family and Medical Leave); Administrative Policies and Procedures HR-18 (Family and Medical Leave Act Procedures) and HR-02 (Americans with Disabilities Act (ADA) Employment Procedures); Va. Code §§ 65.2-100 et. seq.*

IV. **Notice of Injury**

A. All employees shall give written notice of all work-related illnesses or injuries to their immediate supervisor or alternate designated person on the date of the
occurrence of an accident, or as soon thereafter as practical, but not to exceed twenty-four hours after the incident or notification from a physician regarding a work-related occupational illness.

B. Upon giving notice of an illness or injury, all employees shall, within forty-eight hours of the accident, complete the Employee’s Work-Related Injury Report (Form #500) found on the Loudoun County Employee Intranet and the public Loudoun County website. If the employee is incapacitated during the forty-eight hours after the incident, the Employee’s Work-Related Injury Report shall be completed as soon as practical.

C. The Employee’s Supervisor or HR Liaison must first provide notice of injury to the third-party administrator via the dedicated phone intake line. After the claim is reported, the state mandated Employer’s Accident Report (Form #600) must be completed and submitted, along with the completed Form #500 to County Risk Management at risk@loudoun.gov, and to the third-party administrator within forty-eight hours after the incident. Form #600 must be submitted after notice of an accident, even if the employee refuses to complete Form #500.

D. The Employee’s Supervisor or HR Liaison shall provide the Workers’ Compensation Accident Reporting Packet (“Packet”) to the employee. The Packet can be found on the Loudoun County Employee Intranet and on the public Loudoun County website at https://www.loudoun.gov/1138/Human-Resources-Forms?NID=1138.

V. Medical Attention

A. In a medical emergency situation, employees may seek medical treatment from a hospital emergency room or walk-in clinic. If follow-up treatment is required, the employee must select one authorized physician from the Workers’ Compensation “Panel of Physicians: Primary Care.”

B. If medical treatment is required beyond basic first-aid or upon discharge from an emergency room, the employee shall select one (1) authorized physician from the “Panel of Physicians: Primary Care” provided by the County government, which can be found on the Loudoun County Employee Intranet and on the public Loudoun County website. In the event the employee’s medical treatment plan requires a referral to a specialist, the employee must select a new authorized physician from the “Panel of Physicians: Specialty Care” document located on the Loudoun County Employee Intranet in the Safety and Emergency portal. If the specialty requested is not listed on the panel, the employee shall request a panel of physicians from the third-party administrator.

C. Failure to choose an authorized physician from the panel of physicians will result in non-payment of medical bills for any treatment sought by the employee.
D. After an employee chooses a physician, the employee may not change physicians without prior approval by the third-party administrator, with the exception of the initial selection of a specialty physician, as indicated in Section V(B).

E. At each medical appointment, the employee shall have the authorized physician complete the “Medical Treatment and Physical Demands Analysis” form (Form #700), which can be found on the Loudoun County Employee Intranet in the Safety and Emergency portal. This form must be returned, by facsimile or electronic mail, to the department HR Liaison, third-party administrator, and County Risk Management within twenty-four hours of the appointment.

F. If an employee is referred to physical therapy by the authorized treating physician, the employee may use the physical therapy facility of his/her choice. The “Medical Treatment and Physical Demands Analysis” form does not need to be completed after physical therapy appointments.

VI. Wage Loss Benefits

A. For compensable workers’ compensation claims, wage loss benefits (Temporary Total Disability) are provided at the rate of two-thirds of the employee’s average weekly wage, subject to weekly minimums and maximums as set forth by the Virginia Workers’ Compensation Commission. Pursuant to Virginia law, the average weekly wage is calculated using the employee’s gross wages from the fifty-two weeks preceding the work-related illness or injury.

1. Temporary Total Disability and Temporary Partial Disability benefits for benefit-eligible employees are processed through County Payroll during the applicable period for injury leave.

2. Temporary Total Disability and Temporary Partial Disability benefits are paid directly by the third-party administrator to:
   a. Employees not eligible for County leave benefits;
   b. Employees after injury leave eligibility exhausts; and
   c. Persons no longer employed with Loudoun County.

3. Permanent Partial Disability awarded by the Virginia Workers’ Compensation Commission will be paid directly to the employee by the third-party administrator.

B. As a supplement to Workers’ Compensation wage loss benefits, benefits-eligible employees who are out of work due to a compensable work-related illness or injury are eligible for injury leave as delineated in Section 6.12(G), Injury Leave as Supplement to Workers’ Compensation, in the Human Resources Handbook. Injury Leave is available for up to a maximum of twenty-six work weeks beginning on the date of the initial injury and expiring after 12 calendar months. If a claim is pending a compensability determination, benefits-eligible employees are eligible for injury leave.
C. If an employee remains out of work beyond twenty-six weeks and exhausts the maximum time period for injury leave, the employee must file a Long-Term Disability (“LTD”) claim to supplement the workers’ compensation benefits.

   1. LTD claim determinations are made by the County’s limited-term disability vendor.
   2. Accepted LTD claims will be paid directly to the employee by the limited-term disability vendor.
   3. The employee is responsible for directly paying his/her portion of County healthcare premiums, as applicable, in order to avoid disruption of his/her personal healthcare plan.

D. All absences from work due to a work-related illness or injury must be documented by a “Medical Treatment and Physical Demands Analysis” form (Form #700) signed by the authorized treating physician.

E. Upon receiving a release to return to modified duty or full duty from the employee’s authorized treating physician, a completed “Medical Treatment and Physical Demands Analysis” form (Form #700) must be presented to the employee’s supervisor and HR Liaison, with a copy sent to Risk Management and the third-party administrator.

VII. **Temporary Restricted Duty**

   A. Temporary Restricted Duty positions may be available for those employees with a compensable work-related illness or injury, provided the employee is able to return to work with restrictions as stated by an evaluating physician on the “Medical Treatment and Physical Demands Analysis” form (Form #700). Requests are evaluated by the department and County Risk Management to determine feasibility and availability of modified duty for the employee.

   B. Sheriff’s Office, Fire & Rescue, and Juvenile Detention Center employees shall adhere to their internal agency/department policies and procedures regarding temporary restricted duty.

VIII. **Family and Medical Leave Act**

   Missed time from work due to a work-related illness or injury runs concurrent with leave under the Family and Medical Leave Act (“FMLA”). If an employee is expected to be out of work for more than three days or three shifts, the employee must initiate a request through the County’s FMLA claims administration vendor in accordance with Administrative Policies and Procedures **HR-18 Family and Medical Leave Act Procedures**.

IX. **Americans with Disabilities Act Amendments Act Notice**
If an employee is unable to return to work because of a medically certified condition, but could perform the essential functions of his/her pre-injury position with an accommodation, the employee may request an accommodation in accordance with Administrative Policies and Procedures HR-02 Americans with Disabilities Act (ADA) Employment Procedures.

X. **False Claims**

Any employee who falsifies an injury claim or collaborates with an individual making a false claim of a job-related injury/illness shall be subject to the full penalties provided by the law, as well as disciplinary action up to and including termination.

XI. **Denied Claims Policy**

A. Employees shall submit bills for denied Workers’ Compensation injury claims to their personal health insurance carrier and may appeal the denial decision by filing a claim with the Virginia Workers’ Compensation Commission.

B. The County will remit payment for the first date of medical services for an injury by accident that results in a claim denial by the third-party administrator, provided the injury was not sustained through a willful violation of known safety rules. Further, the County will not remit payment for the first date of medical services for employees who have pre-existing medical issues and illnesses common to the general public that manifest at some point during the work day requiring medical treatment.

**Responsible Department/Division:** Human Resources / Risk Management

*This policy remains in effect until revised or rescinded.*

Applicable forms available on the intranet at [https://intranet.loudoun.gov/1046/Workers-Compensation](https://intranet.loudoun.gov/1046/Workers-Compensation) and internet at: [https://www.loudoun.gov/1138/Human-Resources-Forms?NID=1138](https://www.loudoun.gov/1138/Human-Resources-Forms?NID=1138). Contact HR/Risk Management at risk@loudoun.gov or (703)777-0517 for more information.

1. Employee’s Work-Related Injury Report (Form #500)
2. Employer’s Accident Report (Form #600)
3. Medical Treatment and Physical Demands Analysis (Form #700)