
Procedure**Effective Date****Rescinds**

Employee Injuries

Reference

Norwich Township Fire Department SOG's #35

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Purpose:

To insure the proper handling of all employee injuries and all documentation is completed in accordance with current Bureau of Workers Compensation regulations. Each member is expected to know, understand and operate according to this guideline as each situation arises.

Responsibility:

- I. It shall be the responsibility of the department officers to implement this operating guideline.
- II. It shall be the responsibility of the department officers to train members in the application of this guideline.
- III. It shall be the responsibility of each member to know, understand and use this guideline as it applies to the situation at hand. Each member will use good judgment in the use of this guideline.

Guideline:**REPORTING OF INJURIES**

Every employee must report an injury immediately, no matter how small or insignificant it may appear. Many injuries classified as minor in nature, have later developed into a serious and permanent loss to an individual. Early reporting of all details works to the advantage of all interested parties.

NOTIFICATION

When a member is injured on duty, the immediate supervisor of the member shall be notified as soon as possible. This notification shall be made by the injured member or by any other fire department member who may have knowledge of the situation.

The Chief, Assistant chief, and the Safety Officer shall be notified immediately when an injured employees requires medical attention beyond that available in house.

DOCUMENTATION

Employees injured on the job shall immediately complete the following paperwork. The company commander or his designee may assist the injured employee in completing the forms.

DOCUMENTATION (cont.)

1. Department Injury Report for all injuries.
2. Departmental Exposure Report (*if applicable*)

IF SEEKING OUTSIDE MEDICAL ATTENTION

3. Ohio BWC First Report of Injury FROI-1 (*usually supplied by the Health Care Facility*)
4. Inform the treating facility that Careworks is our MCO (Managed Care Organization)
5. Ohio BWC Salary Continuation Agreement C-55(*signed by injured worker, completed and forwarded to the BWC by the Safety Officer*)
6. Ohio BWC First Report of Injury FROI-1 faxed to MCO by Safety Officer

RESPONSIBILITIES OF THE INJURED WORKER

It shall be the responsibility of the injured worker to:

1. Insure all forms are completed and submitted.
 - A. If not seeking additional medical attention, the Department Injury Report and if applicable the Department Exposure Report shall be completed prior to the end of your current duty day.
 - B. If the injured worker has been taken to a medical facility for treatment, copies of all paperwork generated by the medical facility shall be requested and returned to the Safety Officer.
2. Make all appointments as scheduled for treatment and/or physical therapy.
3. Weekly, contact the Department Safety Officer to discuss progress and/or any questions about your claim, etc. (*In the event the Safety Officer is not available direct your call to the Assistant Chief.*)
4. Participate in the Transitional Work Program.

FORMS

All of the required forms are available from the Company Commander or the Safety Officer.

Approved by Assistant Chief / Date _____

Approved By Chief /Date _____