	HEMPFIELD FIRE DEPARTMENT – ADMINISTRATIVE			
	100.6 – FIREFIGHTER INJURY REPORTING			
	ISSUED:	**January 25, 2021**	**REVISED:**	

PURPOSE:

The purpose of this policy is to establish the procedure for reporting Injuries sustained by to Hempfield Township insured firefighters.

SCOPE:

This standard operating policy shall apply to all Hempfield Township firefighters.

ENFORCEMENT:

The Fire Chief and all Hempfield Fire Department Officers are ultimately responsible for ensuring the safety of firefighters in Hempfield Township. Any person deviating from this policy may be required to submit, in writing, an explanation for deviating from this policy to the Fire Chief within five days.

GENERAL:

1. Each member will be given a copy of the designated workers' compensation provider list.

2. If a firefighter is injured during activities approved by Chapter 47 of Hempfield Township Municipal Code, it is his or her responsibility to immediately report the injury to the officer in charge at the time the injury occurs.

3. The member must complete a firefighter injury report form. This form shall be submitted to the Hempfield Fire Department Fire Chief within 24 hours. Incomplete forms can cause a delay in the processing of any claim.

4. The station captain/chief has the ultimate responsibility to report all firefighter injuries to the township; and, shall ensure that all documentation for the injured firefighter is forwarded to the township.

5. In the case of an emergency, the member may be taken to any of the emergency facilities listed on the Township Workers' Compensation Physicians List. In the case of any work-related injury or disease, and in accordance with the Pennsylvania Workers' Compensation Act, the member has the duty to obtain treatment from one or more of the health care providers designated by Hempfield

Township (see Attachment A) for 90 days commencing on from the date of the first visit to a designated provider. The list of designated providers shall be posted in each fire station in an area where all members have access.

PROCEDURE:

1. In the event of a firefighter injury, the highest-ranking firefighter on the scene shall ensure medical aid is provided as needed. Additional resources should be requested by the firefighter if required.

2. If the firefighter does not require medical care, an injury report form shall be filled out and forwarded to the Fire Chief for record keeping.

3. If the injury requires medical treatment, the firefighter should proceed to a care provider identified in designated workers' compensation provider list.

4. In the event that a firefighter requires further medical treatment, a firefighter should be assigned to accompany the injured party during the treatment and/or transport. This accompanying firefighter should remain with the firefighter until a family member or responsible party arrives.

5. The highest-ranking station firefighter or station officer that is on scene when the injury occurs shall notify the chief of the department.

6. The station officer shall notify the Fire Chief when the injury occurs. In the absence of the fire chief, the highest-ranking firefighter shall be responsible for the immediate notification of the township.

7. The injured firefighter should complete the injury reporting form and forward it to the officer in charge. If the injured firefighter is unable to complete the injury report form it will be the responsibility of the officer in charge to complete any documents as required.

8. Upon completion of all relevant paperwork the officer in charge shall submit all required paperwork to the Fire Chief within 24 hours after the injury if it occurs.

9. The injured member will keep the fire chief informed of the status of treatment. The fire chief will then communicate any changes to the township.

10. The incident report (when applicable) shall be completed immediately.

WESTMORELAND COUNTY

STATE WORKERS' INSURANCE FUND

Workers' Compensation Program: Designated Health Care Providers

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

If you suffer a work-related injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer:

- All treatment must be obtained from one of the healthcare providers listed below.

- You must continue to visit one of the healthcare providers listed below if you need treatment for 90 days from the date of your first visit. If one of the providers listed below refers you to another licensed specialist, those services will be paid.

- After this 90-day period, if you still need treatment, you may go to another healthcare provider for treatment as long as you notify your claims adjuster within five (5) days of your visit to a new provider.

- If a listed physician prescribes invasive surgery, you have the right to obtain a second opinion from a physician of your choice. If a second opinion differs from that of the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a detailed treatment plan. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

If you are faced with a medical emergency, you may secure initial emergency treatment from any emergency facility. However, when the emergency is resolved, follow-up treatment must be obtained from one of the following healthcare providers. If you choose to treat with an out-of-state provider, you may be subject to balance billing.

NAME OF PROVIDER	STREET	CITY, STATE, ZIP	PHONE	SPECIALTY
IHS Derry Family Medicine	555 Rte. 217	Latrobe, PA 15650	724.694.2723	Family Practice
Excela Square Latrobe Family Medicine	100 Excela Health Dr., Ste. 301	Latrobe, PA 15650	724.537.1480	Family Practice
IHS & Ligonier Family Medicine	117 West Wellington Alley	Ligonier, PA 15658	724.238.6668	Family Practice
IHS Family Medicine	401 W. Main Street	New Alexandria, PA	724.668.7833	Family Practice
IHS & Mountain View	200 Village Drive, Ste. C	Greensburg, PA 15601	724.834.2525	Internal Medicine
New Stanton Family Care	512 South Center Avenue	New Stanton, PA 15672	724.925.1199	Internal Medicine
IHS Neurology	540 South St, Ste 301	Greensburg, PA 15601	724.261.5610	Neurology
Occupational Healthcare	251 7th St., Ste. 201B	New Kensington, PA	724.335.6662	Occ. Medicine
IHS Occupational Medicine	443 Frye Farm Road	Greensburg, PA 15601	724.765.1230	Occ. Medicine
Associates in Ophthalmology	2000 Tower Way, Ste. 2031	Greensburg, PA 15601	724.837.5834	Ophthalmology
IHS Orthopedics	522 W. Newton Street, #100	Greensburg, PA 15601	724.853.8922	Orthopedics
IHS Orthopedics	133 Donohoe Road	Greensburg, PA 15601	724.537.4321	Orthopedics
IHS Orthopedics	680 Pellis Road	Greensburg, PA 15601	724.689.1970	Orthopedics
Orthopedic Associates of Pittsburgh	118 Nature Park Road, Ste. 300	Greensburg, PA 15601	412.362.8677	Orthopedics
Orthopaedic Specialists-UPMC	410 Pellis Road	Greensburg, PA 15601	412.432.3600	Orthopedics
IHS Orthopedics	100 Excela Health Drive Ste. 204	Latrobe, PA 15650	724.532.1118	Orthopedics
UPMC Centers for Rehab Services	5142 Rte. 30 Eastgate Shopping Ctr.	Greensburg, PA 15601	866.446.2848	Physical Therapy
East Suburban Sports Medicine Center	4115 William Penn Hwy.,	Murrysville, PA 15668	866.446.2848	Physical Therapy
Westarm Physical Therapy	1750 Freeport Rd.	New Kensington, PA	866.446.2848	Physical Therapy
MedExpress	5126 Route 30, Ste. 300	Greensburg, PA 15601	724.836.3027	Urgent Care

FOR PRESCRIPTION MEDICATIONS AND DURABLE MEDICAL EQUIPMENT OR TO SCHEDULE PHYSICAL THERAPY, CHIROPRACTIC AND DIAGNOSTIC IMAGING APPOINTMENTS, AND LOCATIONS CLOSE TO YOU, PLEASE CALL KEYSCRIPTS AT 1.866.446.2848.

All of your healthcare provider bills and reports need to be sent to the following address for review and payment in accordance with the Pennsylvania Workers' Compensation Act:

State Workers' Insurance Fund, 100 Lackawanna Avenue, P.O Box 5100, Scranton, PA 18505-5100

Phone: 570.963.4635 - Fax: 570.963.4261

WESTMORELAND COUNTY

STATE WORKERS' INSURANCE FUND

Workers' Compensation Program: Designated Health Care Providers

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If you suffer a work-related injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer:

- All treatment must be obtained from one of the healthcare providers listed below.

- You must continue to visit one of the healthcare providers listed below if you need treatment for 90 days from the date of your first visit. If one of the providers listed below refers you to another licensed specialist, those services will be paid.

- After this 90-day period, if you still need treatment, you may go to another healthcare provider for treatment as long as you notify your claims adjuster within five (5) days of your visit to a new provider.

- If a listed physician prescribes invasive surgery, you have the right to obtain a second opinion from a physician of your choice. If a second opinion differs from that of the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a detailed treatment plan. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

If you are faced with a medical emergency, you may secure initial emergency treatment from any emergency facility. However, when the emergency is resolved, follow-up treatment must be obtained from one of the following healthcare providers. If you choose to treat with an out-of-state provider, you may be subject to balance billing.

NAME OF PROVIDER	STREET	CITY, STATE, ZIP	PHONE	SPECIALTY
MedExpress	6510 Rt. 30	Jeannette, PA 15644	724.527.3428	Urgent Care
MedExpress	3876 Route 30	Latrobe, PA 15650	724.537.5064	Urgent Care
MedExpress	6396 Route 819 South	Mt. Pleasant, PA 15666	724.547.3627	Urgent Care
MedExpress	4620 William Penn Highway	Murrysville, PA 15668	724.325.3027	Urgent Care
MedExpress	12116 State Route 30	North Huntingdon, PA	724.863.4362	Urgent Care
MedExpress	303 East Tenth Avenue	Tarentum, PA 15084	724.224.2770	Urgent Care
Denis Family Chiropractic	5927 State Rte. 981	Latrobe, PA 15650	866.446.2848	Chiropractic

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Phone: 570.963.4635 - Fax: 570.963.4261

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at ALL STATIONS for you to view. Also, you may get a copy of this list from FIRE CHIEF, TOWNSHIP MANAGER, or EXECUTIVE ASSISTANT

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

☐ TIME OF HIRE ☐ WHEN I WAS INJURED ☐ OTHER

EMPLOYEE: _____ DATE: _____

EMPLOYER REPRESENTATIVE: _____ DATE: _____

(OVER)

REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.

2. At least 3 of the health care providers on the list must be physicians.

3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).

4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.

5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.

6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

NOTE: Your employer's list of health care providers must meet all of the above requirements. **If** the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

BUREAU OF WORKERS' COMPENSATION
HELPLINE INFORMATION CENTER
1-800-482-2383 (long-distance calls inside PA)
(717) 772-4447 (local and calls outside PA)

HEMPFIELD TOWNSHIP WORKERS' COMPENSATION

When injured, please present your Firefighters ID Card at the hospital/physician and advise them that your injury is a workers' compensation claim and that all bills should be forwarded to State Workers' Insurance Fund, 100 Lackawanna Ave. Scranton, PA 18503 (Acct. #05900743). Please forward your completed form to Callie Krueger at ckrueger@hempfieldtwp.org

Injuries should be reported to the Fire Chief within 24 hours of the incident.

Policy Number: 05900734	Claim Number:	Business Name: Hempfield Township
Business Address: 1132 Woodward Dr. Greensburg, PA 15601		Business Telephone: 724-834-7232

Name			Social Security Number	
Address (Include City, State, Zip)			Phone Number	
Marital Status	Gender	Date of Birth	Job Title or Occupation	
Date of Injury			Time of Occurrence (Include am or pm)	
Type of Injury or Illness			Body Part Affected	
Employment Status (FT, PT, Volunteer)			Date Joined Fire Department	
Last Day Worked	Date Returned to Work		Date Employer Notified of Injury	
Time Employee Began Work on Date of Injury			Address Where Injury/Illness Occurred	
Were Safeguards/Safety Equipment Provided?			Were Safeguards/Safety Equipment Used? Be specific in what was used	
Describe How Injury/Illness Occurred – Use Details				
Initial Treatment ☐ None ☐ Minor by Employee ☐ Clinic/Hospital ☐ Panel Physician ☐Employee Physician ☐ Emergency Care ☐ Hospitalized more than 24 hours				
Name and Address of Attending Physician/Hospital				
Witness Name	Witness Signature		Witness Phone Number	
Injured Persons Signature			Date Completed Report	
Fire Chief or Deputy Fire Chief Signature			Date Fire Chief or Deputy Fire Chief Notified	
Employer or Employer Representative Signature	Date Report Received		Employer or Employer Representative Phone Number	