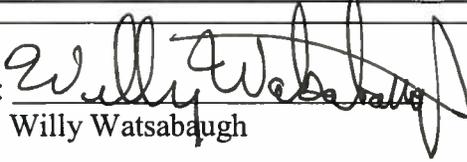




# Jackson Hole Fire/EMS Operations Manual

Developed by:

  
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Title: Worker's Compensation Reporting

Division: 7

Article: 3

Revised: 4/29/2013

Pages: 2

## **PURPOSE**

The purpose of this policy is to define roles and responsibilities for documentation regarding Worker's compensation reporting, claims and documentation.

## **SECTION I – POLICY**

### **Employee/Volunteer Responsibility**

1. In the event of an accident/ injury, the employee/volunteer shall complete and sign the WC Injury report form AND the JHF/EMS Accident-Incident report form and files with the Duty Officer, Incident Commander, Crew Leader, or Training Officer/Coordinator.
2. When an injury may require time off from work, it must be reported to the Chief and/or the Human Resource Manager immediately.
3. Employee/Volunteer must report all changes in work restriction to the Chief and/or Human Resource Manager in writing.

### **Chief/ Duty Officer/ Incident Commander Responsibility**

1. Review with the Employee/Volunteer immediately (or within 24 hours if the D.O., I.C. were unavailable at the time of the incident) the details of the incident/injury to include: What the Employee/Volunteer was doing when the injury occurred, i.e., were proper lifting techniques used, and or use of mechanical equipment being used, where proper procedures and guidelines adhered to, what could have prevented the injury from occurring, any witnesses, other pertinent facts regarding the incident.
2. Counsel the Employee/Volunteer regarding safety precautions to performing safely in the work environment. Take corrective actions as necessary.

3. The person who received the report must be notify and discuss/report of the accident/ incident to the Duty Officer within 24 hours of the injury.
4. Duty Officer must submit to the Chief and/or Fire Admin. All documentation immediately after employee review documentation has occurred.
5. Chief and or Fire Admin. Shall review for completeness Complete and sign the WC Injury Report form and submit to WC within 72 hours of accident/injury.
6. Chief and/or Fire Admin. Shall provide a copy of the injury report and WC report to the Human Resource Manager for Teton County.
7. Forward a copy to Human Resources with a copy of the JHF/EMS injury/Accident report form.
8. Forward copies of the WC report and incident/Accident report to JHF/EMS Medical Director and JHF/EMS Associate Medical Director.
9. Notify WC Case Manager and Human Resources if an Employee/Volunteer will miss any work.

### **SECTION III – Temporary Modified Duty**

**An eligible Employee is one who sustains an injury and/or illness which is determined to be compensable under the WC Statutes of Wyoming and which restricts the type of work or motion an employee may do.**

**Duration of the temporary Modified Duty will be evaluated monthly for appropriateness by the WC Case manager, HR, Department supervisor, and the Employee's physician.**

#### **Employee:**

1. Signs Wyoming Worker's Safety and Compensation Division's Agreement of Temporary light Duty/Restricted Work form
2. Cooperate with the Physician's treatment plan and temporary modified Duty program.
3. Attends all appointments and therapy as directed by Physician.
4. Work as scheduled.

#### **Employee's Supervisor or alternative Area Manager**

1. Develop a list of modified duty activities available in the department.
2. Orient the employee to temporary modified duty tasks.
3. Report attendance, tardiness, compliance, and tolerance of employee in the Temporary Modified duty program to Human Resources.
4. Verify and track time and approve timecards
5. Report any problems or deviations to Human Resources.

**Jackson Hole Fire/EMS**  
**Accident / INCIDENT REPORT**

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Report Date: \_\_\_\_\_ Time: \_\_\_\_\_  Incident  Accident

Location: \_\_\_\_\_

Apparatus Involved:  MS Unit #: \_\_\_\_\_  Fire Unit #: \_\_\_\_\_  Other: \_\_\_\_\_

Personnel Involved: Senior Officer: \_\_\_\_\_ Crew: \_\_\_\_\_

Crew: \_\_\_\_\_ Other: \_\_\_\_\_

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**INCIDENT OCCURRED/DISCOVERED**

Responding to     On-Scene     Returning From     Shift Inspection

Other (Describe): \_\_\_\_\_

**CONDITIONS CONTRIBUTING TO THE INCIDENT**

Describe: \_\_\_\_\_

\_\_\_\_\_

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Description of the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Type and extent of any injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type and extent of any equipment/apparatus damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Direct supervisor contacted     Chief and/or Deputy Chief contacted     Law Enforcement contacted

Worker's Comp form completed     Infection control form completed     Policy followed

Member making report: \_\_\_\_\_

Signature: \_\_\_\_\_

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