

MOUNTAIN BROOK FIRE DEPARTMENT

POLICY NO. 106.08

VOLUME: I

SUBJECT: ON-THE-JOB INJURIES

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4/21/2008  
DATE

**SCOPE AND PURPOSE:** On-the-job injuries are fortunately somewhat infrequent occurrences that happen during the course of providing emergency services or in the performance of normal station activities. The fact that they are infrequent means that often the reporting and processing of on-the-job injuries does not happen in a manner which can best serve the employee, the City or the third-party Workers' Compensation administrator.

In an effort to provide direction, consistency and surety to the reporting and processing of on-the-job injuries and to give additional information to personnel regarding Workers' Compensation benefits and associated time frames, the following information has been compiled and will serve as department standard operating procedures for on-the-job injuries.

**POLICY:** When an on-the-job injury occurs several people will have to work together to get the claim recorded and action taken through the City's Workers' Compensation program.

**Definition of on-the-job injury:** Work-related injuries and illnesses arising out of and in the course of an employee's employment with the City.

**Reporting:**

If there is an "on the job injury" or suspected injury, the officer or acting officer should be notified within 3 days (because the City pays the full amount of the payroll for the first 3 days). The officer or acting officer will complete a "First Report of Injury" at the first available opportunity.

1. If a non-serious "on the job injury" requiring medical attention occurs during regular business hours the employee should be taken to Concentra Clinic. If an "on the job injury" occurs after regular business hours or on the weekend, the employee should go or be carried to Brookwood ER. Note: Concentra Clinic will not be used for serious illnesses or injuries.
2. The officer/acting officer in charge shall complete the "First Report of injury" in detail with plenty of explanation. This will be the only means of creating an accurate narrative for the Workers' Compensation computer entry.
3. The "First Report of Injury," upon completion, will be turned in to the Safety Officer or designated information entry person.

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4. An employee, supervisor or any other city official cannot place themselves or others off on Injury with Pay under the Workers' Compensation Act. The individual must be taken off work by an authorized treating physician.
5. Inquiries regarding workers' compensation benefits should be directed to the department Safety Officer who will interact with the Department Head or the City's workers' compensation administrator.
6. For payroll purposes, a "back to work release" signed by an authorized treating physician should be dated for the individual's assigned day of work.
7. If an employee exhibited behavior that was inconsistent with normal behavior prior to being injured, the Shift Commander may require that the injured employee be tested for drug usage under the City's established drug policy (Policy # 102.01).

### **Workers' Compensation Benefits:**

1. An employee who sustains an "on the job injury" will receive his or her normal pay for the full day in which the disability began and for the next three (3) scheduled work days, if the employee remains off work.
2. If the employee remains off-work under the orders of the authorized treating physician beyond this three (3) day period, the employee will receive workers' compensation benefits in accordance with the Alabama Workers' Compensation Act.
3. Under the "Rules and Regulations" of the Jefferson County Personnel Board, which are subject to change from time to time, employees are entitled to be paid 100% of their base salary or wage during absences from work due to work-related injuries or illnesses. The pay is generally divided as follows: 1/3 from the City from which all payroll deductions are subtracted (medical and dental insurance, retirement contributions based on the base salary, etc.) and 2/3 non-taxable workers' compensation indemnity benefit paid by the City's third-party administrator. Such workers' compensation payments are paid bi-weekly and are generally presented to the injured employee along with their City payroll check. Workers' compensation indemnity benefit payments are generally mailed by the third-party administrator to the City for further distribution to the injured employee. In the event such worker's compensation checks are lost, employees may be paid, at the discretion of the City, an amount equivalent to the 2/3 workers' compensation indemnity benefit by way of a City accounts payable check provided such employee agrees to endorse the lost workers' compensation check (when received) to the City or agrees that such payment may be deducted from future payroll checks in order for the City to recover such amounts previously paid.

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**Extended Worker's Compensation:**

1. An employee will continue to accrue vacation and sick leave while being paid 1/3 of his or her normal rate of pay on Workers' Compensation Leave. Employees will not accrue vacation and sick leave after payments under the Injury with Pay policy cease.
2. If after the expiration of 180 calendar days of Workers' Compensation / Injury with Pay status, the employee is still unable to return to work as determined by his or her authorized treating physician, the 1/3 of base salary from the City will cease. The employee may receive his or her 1/3 normal pay which will be charged against the employee's accrued vacation, sick leave or compensatory time. If all accrued vacation leave, sick leave, and compensatory time is exhausted and the employee remains unable to return to work as determined by his or her authorized treating physician, all pay from the City will cease and the employee may elect to retire from the service, if eligible, or request a leave of absence without pay. The 2/3 non-taxable workers' compensation indemnity benefit paid by the City's third-party administrator will continue in accordance with the Alabama Workers' Compensation Act.
3. Beyond the Alabama's Workers' Compensation Act, the City does have a disability insurance policy which covers all full-time personnel with at least one (1) year of creditable service with the City.

NATURE OF INJURY	PART OF BODY	CAUSE OF INJURY
01. No Physical Injury	10. Multiple Head Injury	01. Chemicals
02. Amputation	11. Skull	02. Hot Objects or Substances
03. Angina Pectoris	12. Brain	03. Temperature Extremes
04. Burn	13. Ear(s)	04. Fire or Flame
07. Concussion	14. Eye(s)	05. Steam or Hot Fluids
10. Contusion	15. Nose	06. Dust, Gases, Fumes or Vapors
13. Crushing	16. Teeth	07. Welding Operation
16. Dislocation	17. Mouth	08. Radiation
19. Electric Shock	18. Soft Tissue	09. Contact With, NOC.
22. Enucleation	19. Facial Bones	10. Machine or Machinery
25. Foreign Body	20. Multiple Neck Injury	11. Cold Objects or Substances
28. Fracture	21. Vertebrae	12. Object Handled
30. Freezing	22. Disc	13. Caught In, Under or Between, NOC.
31. Hearing Loss or Impairment	23. Spinal Cord	14. Abnormal Air Pressure
32. Heat Prostration	24. Larynx	15. Broken Glass
34. Hernia	25. Soft Tissue	16. Hand Tool, Utensil; Not Powered
36. Infection	26. Trachea	17. Object Being Lifted or Handled
37. Inflammation	30. Multiple Upper Extremities	18. Powered Hand Tool, Appliance
40. Laceration	31. Upper Arm	19. Caught, Puncture, Scrape, NOC.
41. Myocardial Infarction	32. Elbow	20. Collapsing Materials (Slides of Earth) Either Man Made or Natural
42. Poisoning - General	33. Lower Arm	25. From Different Level (Elevation) Off Wall, Catwalk, Bridge, Etc.
43. Puncture	34. Wrist	26. From Ladder or Scaffolding
46. Rupture	35. Hand	27. From Liquid or Grease Spills
47. Severance	36. Finger(s)	28. Into Openings Shafts, Excavations, Floor Openings, Etc.
49. Sprain or Tear	38. Shoulder(s)	29. On Some Level
52. Strain or Tear	39. Wrist (s) & Hand(s)	30. Slipped, Do Not Fall
53. Syncope	40. Multiple Trunk	31. Fall, Slip or Trip, NOC.
54. Asphyxiation	41. Upper Back Area	32. On Ice or Snow
55. Vascular	42. Lower Back Area	33. On Stairs
58. Vision Loss	43. Disc	40. Crash of Water Vehicle
59. All Other Specific Injuries, NOC	44. Chest	41. Crash of Rail Vehicle
60. Dust Disease, NOC	45. Sacrum and Coccyx	45. Collision or Sideswipe With Another Vehicle
61. Asbestosis	46. Pelvis	46. Collision with a Fixed Object Standing Vehicle or Stationary Object
62. Black Lung	47. Spinal Cord	47. Crash of Airplane
63. Byssinosis	48. Internal Organs	48. Vehicle Upset Overturned or Jackknifed
64. Silicosis	49. Heart	50. Motor Vehicle, NOC.
65. Respiratory Disorders	50. Multiple Lower Extremities	52. Continuous Noise
66. Poisoning - Chemical, (Other Than Metals)	51. Hip	53. Twisting
67. Poisoning - Metal	52. Upper Leg	54. Jumping
68. Dermatitis	53. Knee	55. Holding or Carrying
69. Mental Disorder	54. Lower Leg	56. Lifting
70. Radiation	55. Ankle	57. Pushing or Pulling
71. All Other Occupational Disease Injury, NOC	56. Foot	58. Reaching
72. Loss of Hearing	57. Toes	59. Using Tool or Machinery
73. Contagious Disease	58. Big Toes	60. Strain or Injury By, NOC.
74. Cancer	60. Lungs	61. Welding or Throwing
75. AIDS	61. Abdomen Including Groin	65. Moving Part of Machine
76. VDT - Related Diseases	62. Buttocks	66. Object Being Lifted or Handled
77. Mental Stress	63. Lumbar & or Sacral Vertebrae	67. Sanding, Scraping, Cleaning Operation
78. Carpal Tunnel Syndrome	64. Artificial Appliance	68. Stationary Object
79. Hepatitis C	65. Insufficient Info to Properly Identify	69. Stepping on Sharp Object
80. All Other Cumulative Injury, NOC	66. No Physical Injury	70. Striking Against or Stepping On, NOC.
90. Multiple Physical Injuries Only	90. Multiple Body Parts	74. Fellow Worker; Patient
91. Multiple Injuries Including Both Physical & Psychological	91. Body Systems and Multiple Body	75. Falling or Flying Object
	99. Whole Body	76. Hand Tool or Machine in Use

#### INSTRUCTIONS FOR FILING WC FIRST REPORT OF INJURY

Employers should send a completed legible form to the insurance carrier or, if self-insured, to the designated office handling their workers' compensation claims. The insurance carrier or designated office should forward this First Report on to the Workers' Compensation Division, Department of Industrial Relations, Montgomery, Alabama 36131 within fifteen (15) days from the date of injury or date of notification to the employer for all injuries for which compensation is claimed or paid. This includes deaths, permanent disabilities or temporary disabilities exceeding three (3) days).

Block 1. A number assigned by the insured to identify a specific claim

Block 2. An identifier for a specific claim within a claim administrator's claims processing system.

Block 3. Case number from log maintained for OSHA

Block 4 - Block 14. Self Explanatory

Block 15. Employer Federal ID number

Block 16. Employer Unemployment Compensation Account Number

Block 17. NAICS Industry Codes [http://dir.alabama.gov/docs/forms/wc\\_naics.pdf](http://dir.alabama.gov/docs/forms/wc_naics.pdf)

Block 18. Carrier's name

Block 19. Carrier's FEIN

Block 20. A code representing the kind of entity providing financial responsibility for the claim, exp: (1) Insurance Carrier (S) Self Insurer (G) Guarantee Fund/Group

Block 21 through Block 63. Self Explanatory

Block 64. Nature of Injury Codes [http://dir.alabama.gov/docs/forms/wc\\_nature\\_table.pdf](http://dir.alabama.gov/docs/forms/wc_nature_table.pdf)

Block 65. Part of Body Codes [http://dir.alabama.gov/docs/forms/wc\\_part\\_table.pdf](http://dir.alabama.gov/docs/forms/wc_part_table.pdf)

Block 66. Cause of Injury Codes [http://dir.alabama.gov/docs/forms/wc\\_cause\\_table.pdf](http://dir.alabama.gov/docs/forms/wc_cause_table.pdf)

Block 67 through Block 81. Self Explanatory

- 77. Motor Vehicle
- 78. Moving Parts of Machine
- 79. Object Being Lifted or Handled
- 80. Object Handled By Others
- 81. Struck or Injured, NOC.
- 82. Absorption, Ingestion or Inhalation, NOC
- 84. Electrical Current
- 85. Animal or Insect
- 86. Explosion or Flare Back
- 87. Foreign Matter (Body) in Eye(s)
- 88. Natural Disasters
- 89. Person in Act of a Crime
- 90. Other Than Physical Cause of Injury
- 91. Mold
- 94. Repetitive Motion Callous, Blister, Etc.
- 95. Rubbed or Abraded, NOC.
- 96. Terrorism
- 97. Repetitive Motion Carpal Tunnel Syndrome
- 98. Cumulative, NOC
- 99. Other - Miscellaneous, NOC