

## What To Do If An Employee Gets Injured On The Job

### A.) An Injury Occurs: What Do I Do?

In case of a Life Threatening injury or illness or other serious medical need, the following steps should be taken:

- remain with injured or ill worker and direct a nearby co-worker to call 9-1-1 and have them meet any first responders at the building or site entrance to help provide details and assist in taking first responder to injured/ill worker;
- Once the affected worker has been transported, contact Berkley Administrators Injury Reporting Hotline at 1-866-411-2883.

In case of a Non-Life Threatening injury or illness, the following steps should be taken:

- Notify Berkley Administrators at 1-866-411-2883.
- For medical care during normal business hours, the injured employee must seek care at one of the following:
  - Concentra Medical Center, 8 Commons Drive, Waterbury (203) 759-1229
  - Saint Mary's Occupational Health Center, 1320 West Main Street, Suite 102, Waterbury (203) 709-4580
- For medical care outside of normal business hours, have employee seek care at an appropriate facility in the Berkley Network. A Medical Provider Directory is on file with your Department Claims Administrator or call Berkley at 1-866-411-2883 for assistance.
- For medical care provided outside of normal business hours, as noted above, the subsequent follow up medical visit must be done at a Concentra Medical Center or Saint Mary's Occupational Health Center within one business day of initial treatment.

For all work-related injuries or illness, it is mandatory to notify your supervisor of your incident and very important to contact our Workers Compensation Claims Administrator at 1-866-411-2883. The Department Claims Administrator or Supervisor of the injured or ill employee should be making the contact with Berkley using the Injury Hotline number of 1-866-411-2883.

For specific claim information or questions, contact the assigned Berkley representative according to the attached list of Berkley staff.

### B.) Post Injury Follow-up: What You Can Do and What Your Employee Must Do

1.) It is very important to stay in contact with your injured worker. This person remains your employee and your responsibility even though he/she may be out due to a work-related accident. The supervisor of the employee should contact the worker that is out on a regular and continuous basis. This may be in the form of a phone call to inquire about how the employee is doing and get an update on their condition and work status.

2.) When the injured/ill employee is seen by their treating physician, they must provide to you in a timely manner (e.g., the next day), a copy of the Work Status Report that the

treating physician will complete. This will provide you an update as to the current medical condition, work status (full duty release, light duty capacity or remain out of work), and timeline for future medical appointments.

If the employee has light duty capacity, then please refer to the City of Waterbury Workers Compensation Return To Work Policy at the end of this section.

Follow through on the above two points will help keep everyone involved and reduce any confusion or unnecessary questions about the situation.

### C.) OSHA Log Completion

Should you have a worker in your department become injured or ill on-the-job, then you must document this on an OSHA Log. The OSHA Log is actually three documents: Form 300, Log of Work-Related Injuries and Illnesses; Form 300A, Summary of Work-Related Injuries and Illnesses; and Form 301, Injury and Illness Incident Report. These forms are not complicated but do require immediate completion when a work-related injury or illness occurs. Should you or your designated OSHA Log person need training or have questions, please contact the City Risk Manager at 574-6840 as necessary. The Risk Manager may audit a department OSHA Log at any time as this is basic information that an OSHA representative would look for during an OSHA audit. Please keep your OSHA log stored in a secured location and be prepared to post Form 300A in a conspicuous location for department viewing from February 1 through April 30 of the following year (so post the 2006 OSHA 300A form on February 1, 2007 for instance).

### D.) Supervisor's Accident/Incident Review

A way to help prevent recurrence of an accident or incident is to investigate the cause of the accident. An attached form will act as a template for performing such an investigation. The point of such investigation is to locate a root cause that generated the accident or incident. To be effective, the process should be completed as closely as possible as outlined below:

- Accident/Incident occurs;
- Within one business day of accident or as soon as reasonably possible, shift supervisor should complete and review with the affected employee(s) the attached Supervisor's Accident/Incident Investigation Report;
- The Report should be forwarded to Risk Manager with a copy to the person that is assigned to the OSHA Log.
- Follow up for corrective action is imperative for this program to work and to eliminate the root cause that created the hazard that led to the accident or incident.

### Other

Please have OSHA Log and Supervisor's Accident/Incident Investigation Report form kept together along with any *First Reports of Injury* forms that you may receive from Berkley.

Supplements included in this section: First Report of Injury and Incident Review form; Supervisor's Accident Review Form; Contact information: Berkley Administrators; and City of Waterbury Light Duty Return To Work Program.

Version 07-08



## Supervisor's Report of a Work Related Injury/Illness

**Instructions:** This form is to be completed by the supervisor when an employee is injured or becomes ill due to a work related incident. All questions are to be completed by the supervisor. Be explicit, factual and thorough. Please include all information related to the injury, including any cause that contributed to the claim of injury. If necessary, attach a separate sheet of paper. **The completed and signed form must be faxed to Berkley Administrators at 1-866-303-1398, within 24 hours after an injury/illness is reported.** For additional information, please call Berkley Administrators at 1-866-41-2883. Additional reporting guideline can be found your Risk Management Manual, Section 2.

### Employee and Supervisor Information

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Department where employee works: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
(Number and Street, City, State, and Zip)

Date and time of injury/illness: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_  a.m.  p.m.  
(hour)

Date and time reported to supervisor: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_  a.m.  p.m.  
(hour)

Time employee began work on the day of injury: \_\_\_\_  a.m.  p.m.  
(hour)

Employee usually works \_\_\_\_ hours per day, \_\_\_\_ days per week, \_\_\_\_ total hours per week

Employee's usual work schedule  Monday to Friday \_\_\_\_ a.m. to \_\_\_\_ p.m.  Other \_\_\_\_\_  
(hour)

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Location of injury/illness

On Employer Premises?: Near or in what building? \_\_\_\_\_

If not on Employer Property: Address: \_\_\_\_\_

### Injury/illness specifics

Describe injury/illness (BE SPECIFIC, i.e. sprain, strain, cut, body part): \_\_\_\_\_

Specific activity the employee was performing when event or exposure occurred:  
\_\_\_\_\_

How did injury/illness occur?: \_\_\_\_\_

What could have be done to prevent this injury?: \_\_\_\_\_

Names of witness(es) to injury/illness: \_\_\_\_\_



**Supervisor's Report of a Work Related Injury/Illness Continued**

**Referral for treatment**

Did the injury require medical treatment?

No – accident report only

Yes, Employee has been referred for treatment to (check one):

St. Mary's Occupational Health Center, 1320 West Main Street [203-709-4580]

Concentra Medical Center, 8 Commons Drive [203-759-1229]

Hospital or other, including name and location \_\_\_\_\_

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

Date: \_\_\_\_\_

Contact Information: Berkley Administrators  
City of Waterbury Third Party Administrator for Workers Compensation

Toll Free Injury Report Hotline: 1-866-411-2883

Berkley General Number: 1-800-611-8535

Fax: 1-866-303-1398

Account Contact: Rick McKenna – 860-409-2304

Liability Account Supervisor: Mary Ann Moody – 860-409-9358

Workers Comp Account Supervisor: Carol Connelly – 860-409-9311

Workers Compensation Lost Time Adjusters:

Leslie Dorsey: 860-409-2382

Sheri Bull: 860-409-2316

Stephanie Greene: 860-409-9314

Heart & Hypertension Adjuster: Jan Dryden – 860-409-2317

Loss Control: Carl Frobel – 860-409-9374

Progressive Medical: (prescription program) 1-800-777-3574

Mailing address: Berkley Administrators of CT  
P.O. Box 4012  
Farmington, CT 06034-4012



City of Waterbury  
Workers Compensation  
Light Duty Return to Work Program

As required by Section 31-313 of the CT Workers Compensation Act, the City of Waterbury will endeavor to provide, where applicable, suitable employment to its employees that have an accepted Workers Compensation claim (as determined by the City's Third Party Administrator) and, as a result, cannot continue their customary work for the City but are determined by a treating physician to be able to resume working in a reduced capacity. This Light Duty Return to Work Program will outline the City's mechanism to comply with Section 31-313.

Light Duty Return To Work Program

Purpose and Philosophy: The purpose of this program is to provide a mechanism for affected employees to return to work as soon as reasonably possible after an accepted Workers Compensation claim. **An underlying philosophy of a Light Duty Return To Work Program is that an employee that maintains some form of work status will have an enhanced ability to make a full recovery and the City will receive some productivity in return.**

Eligibility: Eligibility for Light Duty Return To Work will depend on the treating physician providing some medical clearance for an employee to resume employment. Until such clearance is provided, an employee with an accepted Workers Compensation claim will not be eligible for the Light Duty Return To Work Program. If not eligible for Light Duty or Full Duty Return To Work per treating physician response, the affected employee will be placed on Temporary Total Disability pursuant to the General Statutes of the State of Connecticut as it relates to Workers Compensation.

Light Duty Work Assignments: The City of Waterbury Light Duty Return To Work Program includes modified duty and alternate work assignments. This Program is applicable to all City of Waterbury departments. All modified or alternate duty assignments will meet the treating physician's recommendations for return to work based on eligibility (see above). The Light Duty Work Assignments will primarily take place within the affected employee's department but if no such alternate or modified duty

assignments are available within the department, the affected employee may be included in a City-wide Return-To-Work Pool, which would allow the affected employee to work outside his or her department in a position that is within their physician prescribed work restrictions or as otherwise directed by City Risk Manager.

- Return-To-Work Pool: This is a City-wide collection of modified and/or alternate duty jobs provided by City departments to the City's Risk Management Department and Third Party Administrator that will provide an additional resource for employees that have been medically cleared to return for light duty work following an accepted Workers Compensation claim. These jobs would be temporary in nature and would apply to those affected employees that do not have any modified or alternate duty opportunity within their own department. The employee would be paid by their own department at the same rate of pay pre-Workers Compensation claim (but not eligible for overtime).

The benefit of the Return-To-Work Pool is to support the underlying philosophy of the Light Duty Return To Work Program.

If an employee cannot be accommodated through this Return To Work Pool, then the employee must complete the necessary Job Searches required by CT Workers Compensation and those Job Searches must be fully validated by the employee's department head for the employee to be paid their Indemnity benefits. If this is not performed to the satisfaction the Risk Management or the City Third Party Administrator, then the employee may either not be paid or their pay may be at the expense of the employee's department.

Duration and Temporary: All modified or alternate duty assignments are *temporary* in nature and will not be considered a permanent job duty.

The duration of these assignments is not to exceed 90 calendar days at which time the employee will be placed on Temporary Total Disability pursuant to the General Statutes of the State of Connecticut as it relates to Workers Compensation. Extensions may be applied for through the Risk Management Department.

The duration of the assignment may cease prior to 90 calendar days if the affected employee reaches Maximum Medical Improvement and can either return to Full Duty status or has been assigned Permanent Work Restrictions by their treating physician.

Remuneration: The employee working a modified or alternate duty assignment will receive their same rate of pay pre-Workers Compensation claim (but not eligible for overtime).

Status Changes and Updates: The City's Third Party Administrator will manage Workers Compensation claims and will update the affected department and Risk Management on an affected employee's work status. Work Status categories as it relates to Workers Compensation include *Full Duty*, *Modified Duty*, *Alternate Duty*, and *Temporary Total Disability* and are defined below.

Definitions:

**Full Duty Work Status:** A return to full and regular duty with no restrictions.

**Modified Duty:** A work status that includes the employee with an accepted Workers Compensation claim having the ability to return to work performing the essential functions of the employee's job classification but does have medical restrictions prohibiting particular tasks within the job classification.

**Alternate Duty:** A work status that prohibits the employee with an accepted Workers Compensation claim from returning to work within his/her job classification but allow the employee to be gainfully employed in other assignments. This may include assignments within the affected employee's department or through the Return-To-Work Pool.

**Temporary Total Disability:** A work status that prohibits the employee with an accepted Workers Compensation claim from returning to work in any capacity.