

 <p><b>CRANBERRY</b> TOWNSHIP</p>	<p><b>WORKERS' COMPENSATION POLICY</b></p>	<p><b>Date: 09-29-16</b></p> <p><b>Supersedes: Date: 9-29-11</b></p>
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<p><b>APPLICABLE TO FOLLOWING GROUPS:</b> <b>All Employees, Volunteer Firefighters and Volunteer EMS</b></p>
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## **POLICY**

It is the law and the policy of the Township to comply with the Pennsylvania Workers' Compensation Act to provide coverage for employees and volunteer fire fighters and emergency medical services staff who sustain work related injuries. Human Resources must be notified immediately, regarding all work related injuries and will coordinate administration of this policy with the Township's insurance carrier.

## **SCOPE**

This policy applies to all Cranberry Township employees (the "Employees"), volunteer fire fighters and emergency medical services staff (the "Volunteers") who have a work related injury.

## **PROCEDURES**

All Employees and Volunteers are required to report work related injuries to their supervisor or department head immediately, regardless of whether the injury requires medical treatment.

Employees and Volunteers injured at work, or during work-related activities, must receive medical attention from one of the "Designated Healthcare Providers" that are posted in work areas and provided to Employees and Volunteers at the time of employment and upon any change in the list (a copy is also provided at the time of injury and is available in HR).

Employees and Volunteers must initiate treatment for work related injuries by contacting FalconER at 724-235-6000. FalconER will triage all work related injuries, unless otherwise indicated in this Policy. Employees and Volunteers shall continue as deemed necessary by the Designated Healthcare Provider to visit the same or other physicians so designated for a period of ninety (90) days from the date of the first visit. After 90 days the Employees and Volunteers may choose to switch to a healthcare provider other than those listed as "Designated Healthcare Providers." In that event, the Employees and Volunteers must notify the Human Resources Department within five (5) days of the change for coordination with the Workers' Compensation Insurance carrier.

**There are two exceptions to contacting FalconER as the first healthcare point of contact:** (1) If faced with a medical emergency the Employees and Volunteers may secure assistance from any emergency medical facility. After emergency treatment any follow-up medical care that is necessary must be made with one of the Designated Healthcare Providers; and (2) Employees and Volunteers with eye injuries must go to the designated ophthalmology group, Everett & Hurite. If an emergency eye appointment is needed and is unavailable, the Employees and Volunteers are to go to a hospital emergency facility (not Med Express or FalconER).

The “Employees Report of Occupational Injury” and a signed “Workers’ Compensation Employee Notification” form must be completed by Employees and Volunteers with work related injuries within twenty-four (24) hours of reporting the injuries, if not before.

All Employees and Volunteers are required to cooperate fully with the Township, or its designee, the Safety Advisory Group, any department head or supervisor in the investigation of any work related injury.

Employees and Volunteers should contact the Human Resources Department with any questions regarding this policy.