MESCAL J-6 FIRE DISTRICT

STANDARD OPERATING POLICY # 072

WORKERS' COMPENSATION

I. PURPOSE

To provide insurance benefits for work-related injury or illness as required by law.

II. SCOPE

This policy applies to all members of MJFD.

III. POLICY

All members of the MJFD shall be insured and provided benefits under the Workers' Compensation Act in the event of work-related injury or illness, and it is District policy to follow regulatory requirements.

IV. GUIDELINES AND PROCEDURES

A. It is the responsibility of all members to comply with occupational safety and health standards, as well as hazard identification and elimination, all of which are applicable to their own actions and job responsibilities.

B. Members are required to immediately report to the officer on duty any illness or injury that is attributable to work, regardless of the severity.

C. In the event that a member is on inactive status due to work-related injury or illness, the Fire Chief should maintain frequent contact with an injured member to provide support and encouragement in the recovery process.

D. Any member who has been unable to work due to a work-related illness or injury may be required to undergo a Return to Work Examination or a Fitness for Duty Examination through a District-appointed physician.

E. Workers' Compensation provides the following types of benefits:

1. Medical Payments – Payments for medical attention, including hospitalization, doctor's fees, etc. which are necessitated because of work-related injury or illness are paid in accordance with State law.
2. Awards – If partial or permanent disability results from accident or illness arising out of volunteer employment, a further award may be made by the insurance carrier in accordance with State law.

F. Under some circumstances, MJFD may require an injured or ill member to be seen by a District-designated medical provider as a condition of filing a Workers' Compensation claim on behalf of the member. If such requirement is made and the member chooses not to be seen by the provider in accordance with this policy, the member may be denied eligibility for Workers' Compensation payments.

V. PROCEDURE FOR FILING A WORKERS' COMPENSATION CLAIM

A. The member is to immediately notify the officer of any work-related illness or injury. The member and officer must both complete and sign a "Supervisor's Report of Industrial Accident" form and submit it to the Administration Office as soon as possible but not more than 24 hours after the injury.

B. The member shall be given a form to present to the individual or facility where the member is to receive medical treatment.

C. The officer shall also complete the "Supervisor's Investigation" segment of the form as directed in the instructions. The officer shall obtain pertinent information about the accident, illness or injury, noting injury details, unsafe acts and conditions, witness statements, and remedies to prevent similar occurrences in the future.

D. The Secretary shall notify the Workers' Compensation carrier and provide any necessary reports, as required by law.

E. Subsequent to the District filing the claim report, the Workers' Compensation carrier shall send forms directly to the member for completion and submission in order to process payments as necessary.

Approved by the Mescal-J6 Fire District Governing Board on May 31st, 2016. Replaces February, 2012