I. AUTHORITY

The Chairman of the Board is granted the authority to “[d]irect the operations, management and administration of the board” and to “[p]erform all the duties and functions of chairperson, including organizing, staffing, controlling, directing and administering the work of the staff.” 61 Pa.C.S. § 6112 (a)(1) & (a)(4).

II. PURPOSE

The Workers’ Compensation Act provides an injured employee with reasonable medical expenses and approximately two-thirds of his/her salary up to the statewide average weekly wage for the duration of the work-related disability.

III. APPLICABILITY

All employees are eligible for such compensation if they are injured on the job, and the claim is approved by the Commonwealth’s Workers’ Compensation Third Party Administrator.

IV. DEFINITIONS

Aggravation of Pre-Existing Injury: A new injury to an old condition that is compensated at the pay rate in effect on the date the aggravation occurred.

Work-Related Disability: Any absence from work which is associated with a work-related incident. For work-related injuries, this term does not have the same meaning as it does in the Americans with Disabilities Act.

Incident: An occurrence or event that interrupts normal operations.

Incident Only: A claim where an incident occurred but no time was lost from work and no medical attention was sought.

Injury: As defined by the Workers’ Compensation Act, includes…”an injury to an employee, regardless of his previous physical condition, arising in the course of his
employment and related thereto, and such disease or infection as naturally results from the injury or is aggravated, reactivated, or accelerated by the injury.”

**Injury Leave:** A generic term for any absence (paid or unpaid) relating to a work-related injury.

**Medical Appointment Injury Leave:** Paid or unpaid leave used to attend medical appointments during scheduled work hours.

**Paid Injury Leave:** Accrued paid leave used while absent from work due to a work-related injury. Applicable leave activity codes are: SI (sick leave for injury), Al (annual leave for injury), PI (personal leave for injury), and HI (holiday leave for injury).

**Paid Injury Leave Supplement:** The amount of pay received while using paid injury leave. The amount is equal to an employee’s normal net salary minus the amount of workers’ compensation paid.

**Recurrence:** An injury which has not completely healed and continues to cause disability. Original compensation rate does not change.

**Unpaid Injury Leave or Injury Leave Without Pay:** Unpaid leave used while absent from work due to a work-related injury. The applicable leave activity code is IO (injury leave without pay with benefits) or IW (injury leave without pay without benefits).

V. POLICY

It is the Board’s policy to comply with the Workers’ Compensation Act. Administration of Workers’ Compensation Insurance and Work Related Injury Leave shall be handled in accordance with P.L. 736, No. 338, the “Pennsylvania Workers’ Compensation Act” of 1915, (Title 77 of the Pennsylvania Consolidated Statutes), the appropriate Collective Bargaining Agreements, and Administrative Manual M530.2, Workers’ Compensation Insurance/Work-Related Injury Leave Administrative Manual

VI. PROCEDURE

All incidents are to be reported and documented, regardless if there is an immediate injury or lost time from work.

All employees are informed of the importance of reporting all incidents that may be work-related. Employees are encouraged to prevent incidents by using safe work practices and maintaining a safe work area. Incidents not reported by the employee within 120 days of occurrence may not be covered by the Workers’ Compensation Law.

A. When an Incident Occurs
1. Employee Responsibilities
   
a. Notify their Supervisor as soon as possible when an incident occurs while in the course and scope of their duties.

b. Provide to the Supervisor as soon as possible, a completed Employee Incident Report (PBPP-405), signed Rights & Duties, and completed Accident/Incident Statement (PBPP-375).

c. Provide any additional information or documentation requested by Human Resources or the Third Party Administrator (e.g. -PBPP-145, PBPP-259, etc).

d. If medical treatment is required, seek treatment from Designated Health Care Providers when possible, otherwise use the closest Emergency Room.

e. Take an Employee Duty Status Report and Physician/Practitioners Certification to the initial visit with a Designated Health Care Practitioner. These forms are to be completed by the physician at each appointment.

f. Submit all medical documentation to the Supervisor and Human Resources immediately following each appointment.

g. Continue to communicate with the Supervisor about status of injury following every medical appointment related to the incident.

h. Return to work upon release by the treating physician. Immediate notification must be made to Human Resources if the return to work requires restrictions in the full range of duties, as temporary modified duty may be available.

i. Throughout duration of medical treatment, comply with any agency requests for additional information or examinations by other medical authorities.

j. All incident-related absences must have supporting medical documentation.

k. If seeking medical treatment while continuing to work, appointments are to be scheduled outside normal working hours, or at times that will minimize absence from work.

B. Incidents not requiring outside medical treatment

1. Supervisor Responsibilities
a. Ensure employee receives the appropriate office first aid treatment necessary.


c. Complete within 24 hours of notification, the Workers’ Compensation Claim Form in ESS under Supervisor Self Service.

d. Submit electronically (scan/email or fax) all documentation to Human Resources (PM, HR WorkersComp) within 24 hours of incident notification from employee.

C. Incidents Requiring Outside Medical Treatment

1. Supervisor Responsibilities

a. For life threatening injuries, obtain immediate medical care for the employee.

b. If non-life threatening, advise employee must seek medical treatment at a facility listed on the current WC Program Designated Health Care Providers.

c. Present WC Third Party Administrator ID card to employee to use for medical treatment.

d. Accompany, or designate a supervisor or higher-level employee to accompany, the injured employee to a medical facility when deemed necessary. Obtain an update from the physician and report immediately to Human Resources.


f. Complete within 24 hours of notification, the Workers’ Compensation Claim Form in ESS under Supervisor Self Service.

g. Submit electronically (scan/email or fax) all documentation to Human Resources (PM, HR WorkersComp) within 24 hours of incident notification from employee.

2. Employee Responsibilities

a. Submit all medical documentation to the Supervisor and Human Resources (PM, HR WorkersComp).
b. If seeking medical treatment while continuing to work, appointments are to be scheduled outside normal working hours.

D. Investigating an Incident

1. Supervisor Responsibilities

   a. Finalize completion of all forms and correspondence relating to the incident from information received from the reporting individual or any other source.

   b. Investigate the incident promptly.

   c. Submit electronically (scan/email or fax) all documentation to Human Resources (PM, HR WorkersComp) within 24 hours of incident notification from employee.

   d. Include the following in the investigation report:

      1) Knowledge of the employee’s actual duties at the time of injury (to include a copy of the PBPP-145 and PBPP-259 if applicable);

      2) Knowledge of the working conditions at the time of the injury, e.g., weather conditions, equipment used, safety hazards, third-party involvement, general job duties, physical conditions of the work area, etc.;

      3) Questioning of witnesses to determine possible causes of the incident; Investigation of the scene of the accident or injury to determine if there is visible evidence of the accident or injury, e.g., broken ladder, destroyed or defective equipment, fire, etc;

      4) Knowledge of the employee’s medical history, if known, to determine if the employee had used sick leave or complained about similar physical problems related to the type of injury received;

      5) Obtain police reports for any incident in which law enforcement is involved;

      6) Photographs of the incident site and/or injuries.

   e. Notify Human Resources by email or phone if any of the situations below are suspected, prior to submitting other documentation:

      1) Incident did not occur as reported by the employee, especially if it may not have occurred at work.

      2) Injury was intentionally self-inflicted.
3) Injury was caused by an act of a third person who intended to injure the employee because of personal reasons and not directed against them as an employee or because of their employment.

4) Injury caused by the employee’s violation of the law.

5) Injury was caused not in the furtherance of the business or affairs of the employer, e.g., horseplay, under the influence of alcohol or drugs, etc.

NOTE: Human Resources Contacts Supervisor if additional information is needed.

E. Processing Incident Claims

1. Supervisor Responsibilities
   a. Complete within 24 hours of notification, the Workers’ Compensation Claim Form in ESS under Supervisor Self Service.
   b. Submit electronically (scan/email or fax) all documentation to Human Resources (PM, HR WorkersComp) within 24 hours of incident notification from employee.

2. Human Resources Responsibilities
   a. Inform Supervisor when additional information is needed for a particular claim.
   b. Verify the type of claim and the benefits available for the employee.
   c. Coordinate applicable leave with payment of compensation.
   d. Notify the employee and supervisor in writing concerning status of claim processing or leave issues.
   e. Notify the employee and doctor or hospital that all medical bills should be sent to the Third Party Administrator for payment.
   f. Upon receipt of approval/denial by the Third Party Administrator, notify the employee of the claim status.

F. The Supervisor’s Continuing Role

The supervisor is an integral part of the work-related incident claim process, and is important in helping the Board deal fairly and efficiently with the claims. As such, the supervisor may be contacted at any time to provide additional information.
1. Supervisor

   a. Contact Human Resources immediately if an absence occurs or the employee returns to work.

   b. Verify an employee’s absences.

   c. Cooperate completely if contacted by Human Resources, the Commonwealth’s Third Party Administrator and/or a Commonwealth assigned attorney, by providing details concerning the incident.

   d. Direct employees to contact Human Resources if they have questions about their benefits or if they experience problems receiving their Workers’ Compensation.

   e. Forward any forms received from Bureau of Workers’ Compensation to Human Resources within 24 hours of receipt.

   f. Maintain contact, for the duration of the employee’s work-related disability, with the employee and/or the employee’s family, to assure them of the Board’s concern for a speedy recovery from the work-related disability.

   g. For employees who have not returned to work, the employee should be contacted by phone three (3) days after the injury, or as soon as practicable thereafter. Follow-up as directed by the Human Resources Employee Services Coordinator to determine the continuing status of the employee, to express the Board’s concern for employee’s welfare and to ask the approximate date the employee is expected to return to work. As appropriate, the employee should be reminded of the possibility of temporary modified duty.

   g. Complete follow-up reports as requested by Human Resources.

   h. Employees may appeal the Bureau of Workers’ Compensation decision if a claim is denied. The Commonwealth’s assigned attorney may contact the supervisor to substantiate facts before the appeal hearing is held. The supervisor may be asked to appear at the appeal hearing.

G. Reporting of Fatal Injuries

   1. Supervisor Responsibilities

      a. Report immediately, via telephone, the death of an employee to the appropriate Bureau Director and Human Resources.

      b. Complete within 24 hours of notification, the Workers’ Compensation Claim Form in ESS under Supervisor Self Service.
c. Include a statement, if appropriate, that the employee died while in the course of regular employment, citing the factual conditions existing during the date of employment and immediately prior to the accident.

d. Forward to Human Resources any medical documentation, including a medical report or autopsy report.

VII. SUSPENSION DURING AN EMERGENCY

This procedure may be suspended during an emergency at the sole discretion of the Chairman.

VIII. RIGHTS UNDER THIS PROCEDURE

This procedure creates no rights under law.

IX. RELEASE OF INFORMATION AND DISTRIBUTION OF PROCEDURE

A. This procedure does not contain information that impacts the security of Board staff or parolees and may therefore be released to the public.

B. This procedure is to be distributed to all Board staff.

X. CROSS REFERENCES

A. Act of June 28, 1935 (PL 477)

B. Injury Leave Manual, M530.2

C. Personnel Rules, MD505.7

D. Collective Bargaining Agreement

E. Code of Conduct