

DO NOT DETACH ANY PART OF THIS DOCUMENT

MOUNT ALOYSIUS COLLEGE

ACKNOWLEDGEMENT OF RECEIPT--- INCIDENT REPORTING POLICY & NOTICE OF RIGHTS AND RESPONSIBILITIES FOR WORKERS' COMPENSATION

Please sign and date this acknowledgement of receipt of the College's Incident Reporting Policy and Physician's Panel for Workers' Compensation purposes.

In addition to this acknowledgement, please read the Notice of Your Rights and Responsibilities regarding medical treatment on pages 8 & 9. Your signature is required on Page 9. Keep a copy of this document for your records.

***You must return ALL pages of this acknowledgement.

Questions or concerns regarding this information should be directed to the Human Resources Office.

NAME (PLEASE PRINT) _____

DEPARTMENT _____

DATE _____

SIGNATURE _____

INCIDENT REPORTING POLICY

EFFECTIVE DATE: 09/20/2012
SUPERCEDES POLICY DATED: 9/15/2009;

06/01/2006

Titled Reporting of Accidents

APPROVED:

President

Director of Human Resources

POLICY

All Mount Aloysius College faculty and staff have a duty to report incidents that occur during the scope of their employment with the College. An incident may be defined as a work-related accident, injury or illness or the occurrence of any crime or violation of campus conduct standards or policies.

WHAT TO REPORT

Employees should report any work-related accident or illness, crime or violation of campus conduct standards or policy. The employee is required to notify his/her supervisor and the College's Safety & Security Department. This notification should occur immediately or as soon as possible after an accident or becoming aware of a crime or violation of Campus Policy. The Safety & Security Department is responsible for investigating the incident, writing an incident report and disseminating it to the proper College officials. The Safety & Security Department, in consultation with the Senior Vice President for Administration, will determine if cases involving crime, such as theft, will be handled through the Campus Judicial System, Corrective Action Policy and/or off campus authority involvement.

WORKER'S COMPENSATION

The College maintains Worker's Compensation insurance coverage for its employees as required by Pennsylvania state law. Employees are responsible for reporting any accident or injury occurring on the job regardless of how minor it may seem. Students working for the College at the time of an accident are also required to report accidents using the same procedure. See the *Procedure* section of this policy for information on how to report an on-the-job accident. Any individual requiring medical care is strongly encouraged to do so. See also the *Obtaining Medical Attention* section of this Policy.

Accident, Injury, Illness Reporting & Investigation. The Safety & Security Department is responsible for investigating all incidents and completing the corresponding section of the *Injury/Illness Report form*. The Human Resources Office will submit accident reports to the College's designated workers' compensation insurance carrier. The insurance carrier is ultimately responsible for approving or denying any claim submitted by the College. Human

Resources will provide assistance to the employee as needed with respect to claims administration.

Notice of Rights & Responsibilities. All new employees will be required to read and sign an acknowledgement form that describes their legal rights and duties under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding medical treatment. New employees will also be provided with a copy of this policy & procedure which includes a list of panel providers. Employees may periodically be asked to resign this notice when changes are made to the list of panel providers or at the time of an injury. A copy of the *Notice* referred to in this paragraph is included in this Policy.

PROCEDURES

REPORTING OF ACCIDENTS:

1. Once an accident has occurred, the injured employee is responsible for notifying the Security Department at 886-6327. If the employee is unable to personally make the contact, a fellow employee or supervisor should contact Security.
2. A Security Officer will provide the injured person with an Injury/Illness Report form that is used to document the accident and for further investigation of the incident by Security. The employee is responsible for completing the relevant sections of the form. In the event the employee is unable to complete the form, the Security Officer will assist in the completion of the form.
3. Security will complete an accident investigation which will include interviewing the injured person and any witnesses. Investigatory notes will be documented on the form. Once completed, Security will forward the form onto the Human Resources Office.
4. In the event a fatality has occurred, the employee's supervisor must notify the Security Department immediately to initiate reporting to OSHA as required by law.

OBTAINING MEDICAL ATTENTION:

1. Many on-the-job accidents require only first aid treatment. First Aid kits are available in the Security Office located on the first floor of St. Gertrude Hall, Room 21, or the Student Health Services Office located in St. Joseph's Hall, Room 102.
2. When an employee needs medical treatment, he/she must visit a designated worker's compensation panel provider for the first 90 days of treatment. The insurance company may NOT pay for services rendered by a non-panel provider without referral by a designated panel provider during the first 90-days of treatment.
3. After the 90-day period, if further treatment is necessary, the employee may seek treatment from another licensed physician who is not on the panel.

4. In emergency situations, the employee should seek initial treatment at the nearest facility regardless of whether or not the facility is on the panel provider list.
5. The injured employee is responsible for keeping the Human Resources Office periodically informed of medical progress until return to duty.

OBTAINING MEDICAL ATTENTION: INITIAL TREATMENT PROTOCOL

- A. **SERIOUS ACCIDENT OR INJURY:** In the event of a trauma situation in which a person is unconscious, bleeding excessively or has experienced any other life threatening injury the following steps should be taken:
 1. Contact Security at ext. 6327. Security will call for the ambulance. In the event Security cannot be reached immediately, the employee or other person should call 911. Security must still be notified so they can assist EMS personnel in arriving promptly to the correct campus location.
 2. The employee and/or EMS personnel will determine to which medical facility the employee will be transported.
 3. Security will contact the employee's family member. The employee's supervisor or coworker may follow the ambulance and remain with the employee until a family member arrives at the employee's request or if the employee is unconscious. The employee accompanying the injured person may use a College vehicle if available or their personal automobile.
- B. **NON SERIOUS ACCIDENT OR INJURY:** In the event an employee is injured but not seriously and the injury is considered non- life threatening, the following steps should be taken:
 1. Contact Security at ext. 6327.
 2. An employee needing first aid treatment may call or present to the Health Services Office in St. Joe's Hall during regular business hours.
 3. If non-emergent medical attention is required, the employee may seek treatment from a panel provider. Employees are encouraged to utilize Med Express which is available seven (7) days a week between 9:00 am and 9:00 pm. Work Place Health may also be used during regular business hours. Local hospital emergency rooms are designated panel providers and may be selected after hours or due to employee preference.
 4. The injured employee or supervisor may request ambulance transport at their discretion. The employee's supervisor or a coworker may transport the employee

to a medical facility using either a College vehicle if available or their personal automobile.

5. If the employee refuses medical treatment, it will be so noted on the *Injury/Illness Report* form.
6. In the event ambulance transportation is required for a work-related illness or injury, the invoice will be sent to the Human Resources Office for forwarding to the worker's compensation carrier for payment.

RESPONSIBILITY

Mount Aloysius College reserves the right to amend any or all provisions of this policy at any time at its sole discretion with or without notice as it deems necessary. Exceptions to the above guidelines and procedures may be made in specific cases upon the recommendation of the Director of Human Resources and the approval of the President. The Director of Human Resources is responsible for implementation of this policy.

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." Please describe in as much detail as possible.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Was there an object or substance that directly harmed the employee? Example: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Other Investigative Information/ Notes: _____

Witnesses (if any): _____

Initial Treatment (check all that apply):

No medical treatment needed Clinic/Outpatient Care Hospital Emergency Care

First-Aid administered REFUSED Medical Treatment

Physician/Health Care Provider Name (If treatment provided) _____

Address _____
Street City State Zip

I, the undersigned, agree to the disclosure of this information to the College, the workers compensation insurance carrier, and any health or rehabilitation service provider employed to consider same.

Signature of Injured Person _____ **Date** _____

Security Officer's Signature _____ **Badge No.** _____ **Date** _____

**Mount Aloysius College
Workers Compensation Physician Panel
Last Updated September 14, 2012**

Med Express (All Locations)

Altoona Urgent Care Center
300 East Plank Road
Altoona, PA 16602
814-946-3801

Johnstown Urgent Care Center
1221 Scalp Avenue
Johnstown, PA 15904
266-1138

Work Place Health

132 Walnut Street, 2nd Floor
Johnstown, PA 15901
814-361-2307

1916 Oakland Avenue
Indiana, PA 15701
724-463-0199

General Surgery

CPG Valley Surgeons
William Carney, MD
D'Arcy Duke, MD
Patrick Gatmaitan, MD
B. Murali, MD
Timothy O'Donnell, MD
1015 Franklin Street
Wessel Building, Level C
Johnstown, PA 15905
814-539-8725

Allegheny Regional Surgical
Associates
620 Howard Avenue Suite 3F
Altoona, PA 16601
814-943-7040

Orthopedic Surgery

Western PA Orthopedic & Sports
Medicine, Inc.
2 Celeste Drive
Johnstown, PA 15905
814-255-6781

University Orthopedics Center
1505 9th Avenue
Altoona, PA 16602
814-949-4050

Plastic Surgery

Paul Rollins, MD
Joel Borkow, MD
Kamran Shayesteh, DO
315 Locust Street, 2nd Floor
Johnstown, PA, 15901
814-534-6750
FAX 814-534-6760

Daniel Nevarre, M.D.
Plastic Surgical Associates
415 Napoleon Place
Johnstown, PA 15901
814-536-9000

Dr. Robert Louton
Blair Plastic Surgery
3107 Fairway drive
Altoona, PA 16602
814-949-7280

Ophthalmology

Ophthalmic Associates
120 Main Street
Johnstown, PA 15901
814-536-5343

Richard Capriotti, M.D.
1223 13th Avenue
Altoona, PA 16601
814-942-9081

Chiropractic

Thomas Basile, D.C.
1837 Goucher Street
Johnstown, PA 15905
814-255-7292
Or
11695 Route 56 East
Armagh, PA 15920
(Tuesday all day, Thursday 1-6)

Conrad Chiropractic
Tyler Conrad, D.C.
520 Church Street
Lilly, PA 15938
814-886-9414

Neurosurgery

Conemaugh Neurosurgical
Associates
Alfred Bowles, MD
Zafar Chowdhry, MD
Kevin Zitnay, MD
1111 Franklin Street, Suite 130
Johnstown, PA 15905
814-534-5724

Allegheny Brain & Spine Surgeons
James Burke, M.D., Ph.D.
501 Howard Ave., Suite E1
Altoona, PA 16601
814-946-9150

Emergency Rooms

Memorial Medical Center
Emergency Room
1083 Franklin Street
Johnstown, PA 15905

Altoona Regional Hospital
Emergency Room
620 Howard Avenue
Altoona, PA 16601

Windber Medical Center
Emergency Room
600 Somerset Avenue
Windber, PA 15963

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted outside the Human Resources Office in St. Gert's Hall for you to view. Also, you may get a copy of this list on the College's intranet under Campus Resources/Human Resources.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on the employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergent treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.

- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

___ TIME OF HIRE ___ WHEN I WAS INJURED ___ OTHER

EMPLOYEE: _____ DATE: _____

EMPLOYER REPRESENTATIVE _____ DATE: _____

REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

- There must be at least 6 health care providers on the list, but there may be more than 6 listed.
- At least 3 of the health care providers on the list must be physicians.
- No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
- The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
- The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
- Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

NOTE: Your employer's list of health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

BUREAU OF WORKERS' COMPENSATION
HELPLINE INFORMATION CENTER
1-800-482-2383 (long-distance calls inside PA)
717-772-4447 (local and calls outside PA)