CITY OF WATERBURY

&

WATERBURY BOARD OF EDUCATION

WORKPLACE SAFETY

&

EMPLOYEE INJURY LOSS CONTROL MANAGEMENT PROGRAM

2019 – 2020

PROGRAM EXPECTATIONS

&

RESOURCE GUIDE

Workplace Safety & Employee Injury Loss Control Management
2019-2020 Program Expectations

We are requesting your full engagement in the City & Board of Education's – "Workplace Safety & Employee Injury Loss Control Management Program". Through your continued efforts we hope to reduce exposure to employee injury and when injured monitor the process to facilitate the employee's timely return to full-duty status.

1. ***Create, monitor & maintain a safe working environment:***
   a. *Perform periodic facility walk-through inspections; Ensure that safety issues are addressed;*
   b. *Review incidents and job functions to determine if additional safety trainings are needed; determine if work safety policies need modification; determine if additional safety attire/equipment is necessary and mandate when such safety attire/equipment should be used.*
   c. *Utilize available resources, review safety protocols, mandate trainings.*
2. ***Hold monthly safety committee meetings:***
   a. *Safety meetings should be chaired by a Department Head, Director or Principal and include participation from your managers/supervisors along with rotating employee representation.*
   b. *Immediately notify Director of Public Works or School Inspector (BOE) of any building/property safety issues that could result in risk of injury to employees/visitors; set a date for follow-up.*
   c. *City Departments - email monthly safety meeting minutes to Safecity@sp.waterburyct.org*
   d. *BOE Schools, etc. – email monthly safety meeting minutes to Safeschools@sp.waterburyct.org*
3. ***Investigate/Review all Incidents & Properly Complete First Report of Injury (FROI):***
   a. ***Department Head, Principal or Authorized Designee*** *are expected to properly & fully complete all "First Reports of Injury" prior to online submission to PMA;*
   b. ***Department Head, Principal or Authorized Designee*** *are expected to investigate each incident to fully document, validate and evaluate each incident.*
   c. *Do not hesitate to contact your PMA adjuster, Mike LeBlanc, Linda Wihbey, Scott Morgan or Lee Palmer if you have any questions or concerns regarding the FROI or incident.*
   d. *Take action to prevent reoccurrence of injury/incident. Require employee training as warranted. Discipline employee(s) as warranted.*
4. ***Monitoring employees out of work & employees in restricted light-duty status:***
   a. *Human Resource representatives participate in Finance/PMA's monthly meetings to review work status of injured employees who are out of work or on restricted light-duty.*
   b. ***Department Head, Principal or Authorized Designee*** *are expected to communicate with Human Resources on a weekly basis to discuss your employee(s) return to work status.*
   c. *All employees in a restricted light-duty status are expected to be placed in a light-duty assignment, preferably in the employee's home department.*
5. ***Utilize Available Resources:***

   SafePersonnel Training Online Course Library: *https://waterbury-ct.safepersonnel.com/login*
   PMA Sr. Risk Control Specialist: *(860) 266-3807, William_Moran@pmagroup.com*
   National Safety Council (NSC) – Defensive Driver Training: *smorgan@waterburyct.org*

Workplace Safety & Employee Injury Loss Control Management
2019-2020 Program Resource Documents

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2. ***PMA COMPANIES – RESOURCES***
    a. *Lost Time Claim Adjusters – Department Assignments as of 7/22/2019*
    b. *Account Services Team Listing & Contact Information*
    c. *Senior Risk Control Specialist – Contact Information*
3. ***SAFE-PERSONNEL TRAINING – ONLINE COURSE LIBRARY***
    a. ***SafePersonnel Training Course Library:*** *https://waterbury-ct.safepersonnel.com/login*
4. ***SAFETY MEETING REQUIREMENTS***
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    b. *Sample Agenda*
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    b. *Recording Criteria Decision Tree*
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    b. *Questions About Workers' Compensation*
    c. *Medical Care Plan Provider Specialty Index*
    d. *City of Waterbury and Waterbury Board of Education Medical Network*

FIRST REPORT OF INJURY INSTRUCTIONS

a. When an at-work injury occurs…

First Report of Injury (FROI)

PMA Companies Instructions & Guidelines

Proper and full completion of the first report of injury (FROI) is most important and required of every incident resulting in the filing of a first report of injury. The Principal needs to drive the importance of this. The description of the accident/incident is the single most important aspect of the first report of injury.

Become familiar with and use PMA Companies Instructions & Guidelines

When Completing A First Report of Injury – Focus On:

- Sequence of events, including objects or substances that directly injured the employee;
- Be specific when describing injury; Stick to the facts, not presumptions;
- List specific body part injured;
- Note defective or malfunctioning equipment;
- Avoid making reference to HR or operational related matters. Again, stick to the facts.

PMA COMPANIES

101 Barnes Road, Wallingford, CT 06492 | T: 203.679.3800

When an at-work injury occurs…

FIRST : Employee immediately reports injury to his/her Supervisor.

SECOND : Employee is instructed to go for initial medical treatment.

THIRD : Supervisor promptly reports the injury to PMA.

****Note:** This is the Supervisor's responsibility and cannot be delegated, unless the individual has been formally trained in filling out the First Report of Injury. For example, if as Assistant or Vice-Principal has received FROI training, she/he can fill out the form, but employees below that level may not. This holds true for all departments/areas whether Police, Fire, Maintenance, Food Services, and the like.

FOURTH: Supervisor will immediately notify Department Head if the FROI involves any of the following:

- 911 is called
- ambulance transport is required
- injured worker is hospitalized

Important things to consider when completing a First Report of Injury (FROI):

1. Accurate and complete **Employer Information.** Note: This information will auto populate when claim is reported online.

2. Accurate and complete **PMA TPA information**. Note: This information will auto populate when claim is reported online.

3. Accurate and compete **Employee Information**. City has an HR feed with PMA that will auto populate this information. If employee is not listed on the HR feed, you will need to manually enter the required data fields (address, phone, social security number, date of birth). Note: Be sure to list a valid phone number for the employee so that he/she may be contacted by the assigned PMA claims adjuster.

4. **Date** and **Time** of Injury/Illness.

5. The **Description of the Accident** is the single **most important** aspect of this document.

   When documenting the accident description consider:

   a) Do not describe the injured worker in the context of First Person (i.e. I was lifting boxes and I injured my back). The report **MUST** be completed by the injured worker's immediate Supervisor, not the injured worker and therefore the description of injury should never be stated in the First Person.

This document is a summary of certain suggested procedures involving a Connecticut workers' compenstiaon form. This document is not to be construed as providing legal advice, and was custom created for a client of PMA Management Corp. of New England in response to a specific request.

b) Sequence of events, including any objects or substances that directly injured the employee or made the employee ill;

c) Specificity – Be specific, not vague when describing the injury. Stick to the facts, not presumptions;

d) Body Part – List specific body part(s) part injured in the body of the accident description, i.e., right or left shoulder, neck, upper or lower back, right or left eye; preferably list body part at the beginning of accident description. For example, injury to left knee. Worker was lifting a heavy box, felt pain in left knee.

e) Defective or malfunctioning equipment – if fact based, this should be noted in the accident description;

f) Avoid making reference to HR or operational related matters in the description of accident. If there is valid information that should be considered in the adjuster's investigation as to how or why the injury occurred, there is a separate section of the reporting form that can be used for this purpose (i.e., comment section);

g) Avoid detailing an individual's name in the body of the description – refer to the injured employee as employee or worker and if student contact related, refer to student as student, again do not reference names;

h) Fact vs. Opinion/Allegation – Be sure to explain in some way when recording the accident description, whether the words being written are undisputed facts, or simply assertions by the injured worker. For example, if assertions by the injured worker, describe the accident by stating something like "Worker ***states*** or ***claims*** that student ran into her, knocking her to the ground, injury to head". (Don't assume information is accurate just because employee says it. Investigate! Look for witnesses! Do your due diligence.)

PROPER DESCRIPTION EXAMPLES:

- Emptying trash in dumpster, worker fell down snow/ice covered stairs. Sustained visible laceration to left arm. Injury to head, shoulders, knees and toes.
- Worker states while working in basement furnace room, he smelled fumes and began to feel dizzy and a burning sensation in eyes. Transported by ambulance for evaluation.
- Officer making arrest. Suspect became combative, officer was wrestled to ground by suspect, complains of pain in right arm and shoulder. Officer advised to report to occupational health for evaluation.
- Injury to right forearm and ankle. Upon returning to Fire Station from emergency incident, firefighter dismounted apparatus and slipped off front cab step.
- Worker was walking into the Art class room when she tripped and fell on raised carpet, injured right elbow.
- Worker was lifting a box of supplies weighing 25 lbs., felt a pull in his right groin area.
- Operating a City vehicle, stopped at a stop sign when struck from behind by another vehicle. Injury to neck and back. Police were called to scene.

This document is a summary of certain suggested procedures involving a Connecticut workers' compenstiaon form. This document is not to be construed as providing legal advice, and was custom created for a client of PMA Management Corp. of New England in response to a specific request.

Recommend avoiding, when possible, words like:

- Assault
- Attack
- Allegedly
- Supposedly
- Serious
- Major
- Medical Diagnosis

  ****NEVER STATE DIAGNOSIS UNLESS IT IS A KNOWN FACT****

6. **Medical Treatment** – If injured worker received medical treatment, be sure to complete this section of the form with the applicable physician/health care provider and/or hospital name and complete address.

7. **Preparer of Document** – This is an often overlooked but nevertheless critical component of the FROI. Consistency of process is key. The fact that FROI's are prepared differently in different circumstances can in and of itself form the basis of a claim for discrimination, or other sinister purpose, when none exists. To that end we recommend two important considerations:

   a) One single individual should be designated as the preparer for FROIs whenever possible and one, no more than two, secondary backup people to act in their absence, but who have been trained in the manner and methods employed by the primary preparer.

   b) **An injured worker should never be the preparer** – this is a violation of the age-old wisdom of trial lawyers: "You never let the defendant have control of the evidence." This can have the result of figuratively turning over the key to the vault and letting the defendant take it home with him overnight and bring it back the next day. The point being – this document will be regarded as true – if the worker is not making a valid claim, then what they put on that form can and will absolutely be used against you.

This document is a summary of certain suggested procedures involving a Connecticut workers' compenstiaon form. This document is not to be construed as providing legal advice, and was custom created for a client of PMA Management Corp. of New England in response to a specific request.

PMA COMPANIES – RESOURCES

a. *Lost Time Claim Adjusters – Department Assignments as of 7/22/2019*
b. *Account Services Team Listing & Contact Information*
c. *Senior Risk Control Specialist – Contact Information*

PMA COMPANIES

CITY OF WATERBURY

PMA CLAIMS SERVICE TEAM

AS OF 07/22/19

LOST TIME CLAIM REPRESENTATIVES - DEPARTMENT ASSIGNMENTS

Matt Von*

Police

Fire

*Effective on 8/1/19

Susan Keeley

BOE Certified

Teachers

Special Education

James Beattie

BOE Non-Certified

BOE School Inspectors

Public Works

Water

All Other (City & BOE)

PMA COMPANIES

City of Waterbury and Waterbury Board of Education
Account #0456582

Claim Representatives
Susan Keeley (Lost Time)
P: 203-679-3844
Susan_Keeley@pmagroup.com

Matthew VonSchleusingen (Lost Time)
P: 203-679-3820
Matt_Von@pmagroup.com

James Beattie (Lost Time)
P: 203-679-3972
James_Beattie@pmagroup.com

Ashley Jackson (All Medical Only)
P: 203-679-3813
Ashley_Jackson@pmagroup.com

Claim Supervisor
Susan Keeley
P: 203-679-3844
Susan_Keeley@pmagroup.com

Regional Manager Client Service
Dawn Warner
P: 203-679-3817
C: 860-510-1867
Dawn_Warner@pmagroup.com

Sr. Account Executive
Dominic Perno
P: 203-679-3938
C: 203-645-8322
Dominic_Perno@pmagroup.com

Assistant Claim Manager
Linda Nystrom
P: 203-679-3847
Linda_Nystrom@pmagroup.com

PMA Claim Fax Toll Free:
1-800-432-9762

PMA Local Office Toll Free:
1-800-379-0276

PMA Local Main Fax:
203-679-3894

PMA Local Office Main:
203-679-3900

****See Attachment for Lost Time Claim Representative Department Assignments**

To file a First Report of Injury or Accident electronically go to PMA's website:
www.pmacompanies.com

- Click on the icon "Report a Claim" in the upper left hand of the screen under CLIENT SERVICES.
- Click the blue box for "Report a Claim" again.
- Type in your account number and password. (Your PMA account number is your "user name" and your password is "newclaim").
- Select State (CT)
- Search for Employee Name and if found, make the appropriate selection. If not listed, select Employee Not Listed.
- Complete the screens that follow (The mandatory fields are highlighted in blue).
- To receive an email copy of the claim submitted, simply check "Send email copy to originator" and enter your email address.
- Click the submit button and your claim will be transmitted to our claims processing office. Immediately you will receive confirmation of your submitted claim along with the assigned claim number.

Other injury reporting options:

Via Fax: **1-888-329-2721**

Via Phone: **1-888-476-2669**

Please forward all Medical Billing and/or Medical Reports to the address below:

PMA Customer Service Center
P.O. Box 5231
Janesville, WI 53547-5231
Fax: 1-800-432-9762
PMA Call Center Phone Number: 1-888-476-2669

PMA COMPANIES

101 Barnes Road, Suite 300, Wallingford, CT 06492 | T: 203.679.3900

September 30, 2019

To All:

I would like to express to you all that the City of Waterbury has hired PMA Group Ins, to help and assist you in any way possible regarding safety and compliance in your school facility environment. I have been assigned to all of you to make sure you receive the one on one assistance you deserve in meeting your safety objectives and goals.

I truly look forward to working with each one of you soon. My direct cell number and direct email contact information is below. I implore all of you to reach out to me so that we can soon meet face to face in accomplishing all your safety needs.

My Cell: (860) 266-3807
My Email: William_Moran@PMAGroup.com

All risk control services are provided to assist the Client in recognizing the Client's loss exposures. Evaluations concern only such conditions and practices that are discovered at the time of PMA visits. PMA Management Corp. of New England makes no warranties or representations of any kind. Specifically, PMA Management Corp. of New England does not warrant that hazards of the Client are discovered, adequately controlled, or that employees, property, operations, workplaces, machinery, or equipment are safe or in compliance with any law, rule, or regulation.

OLD REPUBLIC INSURANCE GROUP

SAFE-PERSONNEL TRAINING – ONLINE COURSE LIBRARY

1. **Online program access to safe personnel trainings and other resources:**

   https://waterbury-ct.safepersonnel.com/login

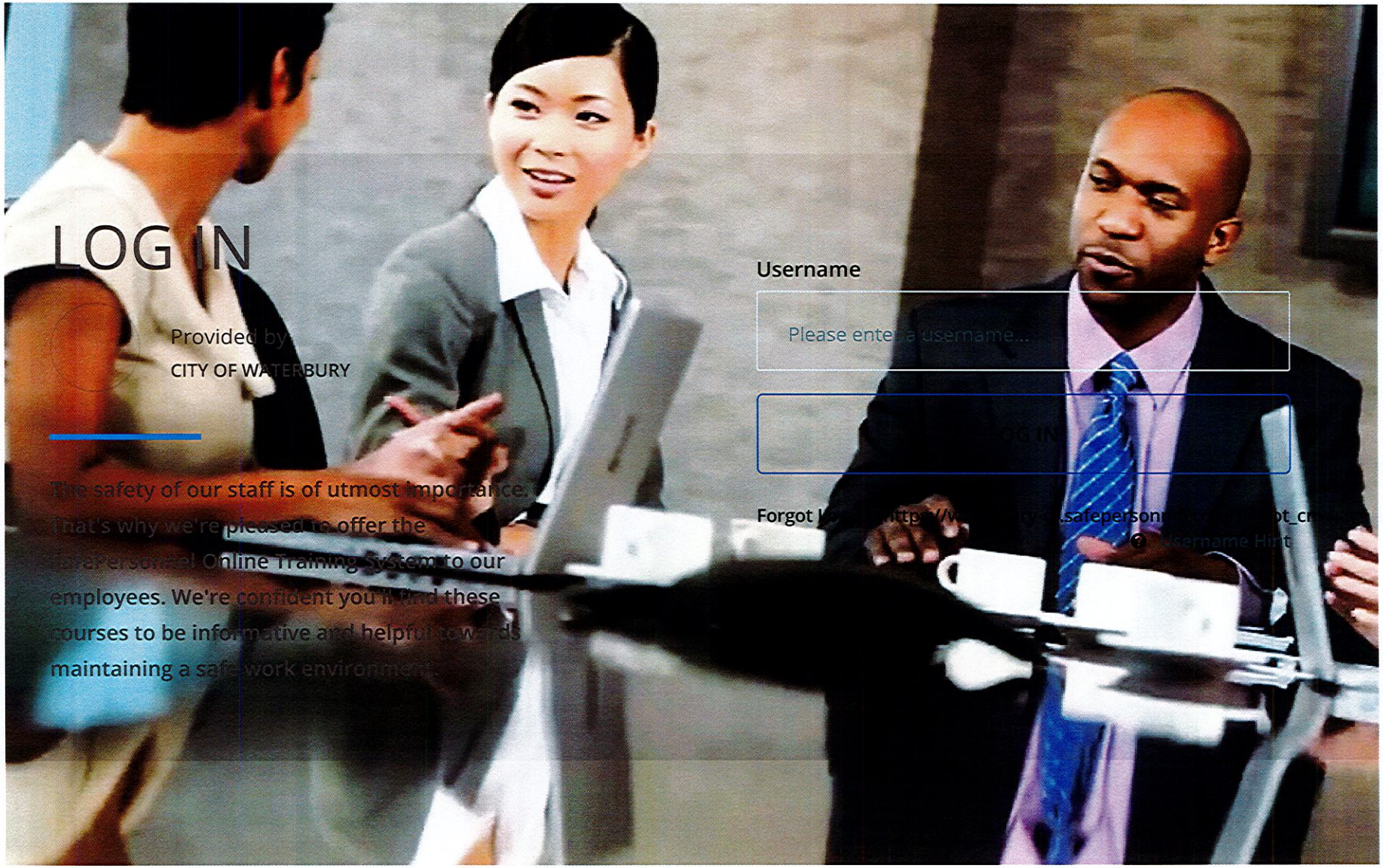
2. **All City & BOE employees have access to safety training programs and other employee safety resources.**

3. **Contact Don LoRusso at (203) 574-6756 if you need assistance with login.**

safePERSONNEL TRAINING (https://waterbury-ct.safepersonnel.com/training/assignments)

Powered By VECTOR (http://www.vector-solutions.com/)

Suite



safePERSONNEL TRAINING

Course Library

EMERGENCY MANAGEMENT	Author	Length	Available in Spanish	Coming Soon
Active Shooter *(Staff)*	Dorn & Nguyen	36 mins		
Active Shooter *(Supervisors)*	Dorn & Nguyen	41 mins		
Emergency & Disaster Preparedness	Michael Dorn	33 mins		

EMPLOYMENT PRACTICES/SUPERVISORY	Author	Length	Available in Spanish	Coming Soon
Conducting Job Interviews	Catherine Mattice	24 mins		
Discrimination: *Avoiding Discriminatory Practices*	Catherine Mattice	29 mins		
Managing Difficult Behaviors	Catherine Mattice	18 mins		
Performance Evaluations	Catherine Mattice	24 mins		
Reasonable Suspicion for Drug & Alcohol Use in the Workplace	Patrick Hancock	27 mins		
Retaliation Liability	Catherine Mattice	29 mins		
Sensitivity Awareness	Catherine Mattice	32 mins		
Sexual Harassment: *Policy & Prevention*	Staff	70 mins		
Termination: *Practice and Procedure*	Patrick Hughes	22 mins		
Working Alone: *Policy and Practices*	R. Joy Jackson	19 mins		

ENVIRONMENTAL	Author	Length	Available in Spanish	Coming Soon
Accident Investigation Training	Jeremy Norton	26 mins		
Aerial Lift Safety	Jeremy Norton	19 mins		
Asbestos Awareness	Dr. Joseph Guth	20 mins		
Back Injury & Lifting	Vaughan & Sommer	14 mins	**SP**	
Back Injury & Lifting: *Maintenance Staff*	Vaughan & Sommer	14 mins	**SP**	
Chemical Spills Overview	Linda Stroud	23 mins		
Commercial Mower Safety	Staff	23 mins		
Compressed Gas Safety	Mike Peterman	13 mins		
Confined Spaces	Bryan Visscher	20 mins	**SP**	
Electrical Safety	Bryan Visscher	24 mins		
Eye & Face Protection	James Vaughan	12 mins	**SP**	
Facility Emergencies	Bryan Visscher	21 mins		
Fall Protection	Bryan Visscher	22 mins		
Fire & Explosion Hazards	John Snider	25 mins		
Fire Extinguisher Safety	Mike Peterman	13 mins	**SP**	
Flammable & Combustible Liquids	John Snider	19 mins		
Forklift Safety	Jeremy Norton	17 mins	**SP**	
General Ergonomics	James Vaughan	14 mins		
General Safety Orientation	Steve Lyons	15 mins		
Hand & Power Tool Safety	Jeremy Norton	18 mins	**SP**	

safePERSONNEL TRAINING

Course Library

ENVIRONMENTAL, CONT.	Author	Length	Available in Spanish	Coming Soon
Hazard Communications: *Right to Understand*	Linda Stroud	26 mins		
Hearing Loss Prevention	Vaughan & Sommer	11 mins	SP	
Heat Illness Prevention	Staff	9 mins	SP	
Heat Illness Prevention for Fire Service Personnel	John Snider	22 mins		
Indoor Air Quality Awareness	Rich Prill	20 mins		
Ladder Safety	Vaughan & Sommer	21 mins	SP	
Lockout/Tagout: Energy Release	Vaughan & Sommer	13 mins	SP	
Mercury Spills	Kurt Poulsen	12 mins		
Office Ergonomics	James Vaughan	13 mins		
Personal Protective Equipment (PPE)	Vaughan & Sommer	14 mins	SP	
Playground Maintenance & Inspection	Susan Hudson	20 mins		
Respiratory Protection	Jeremy Norton	18 mins		
Safety Committee Operations	Jeremy Norton	16 mins		
Safety Data Sheets (SDS)	Linda Stroud	19 mins		
Scaffolding Safety	Jeremy Norton	18 mins		
Scissor Lift Safety	Jeremy Norton	20 mins		
Slips, Trips & Falls	Vaughan & Sommer	17 mins	SP	
Stormwater Management	Samantha Brown	24 mins		
Temporary Traffic Control Safety	Thomas Schauf	19 mins		
Trenching & Excavation Safety	Jeremy Norton	19 mins		
Utility Cart Safety	Staff	17 mins		
Water Damage Prevention	Bryan Visscher	28 mins		
Welding, Cutting & Brazing Safety Awareness	Jeremy Norton	22 mins		

HEALTH	Author	Length	Available in Spanish	Coming Soon
Automated External Defibrillators (AEDs)	Lucinda Mejdell-Awbrey	19 mins		
Bloodborne Pathogens Exposure Prevention: *Complete*	Vaughan & Sommer	19 mins	SP	
Bloodborne Pathogens Exposure Prevention: *Refresher*	Vaughan & Sommer	13 mins	SP	
Cardiopulmonary Resuscitation (CPR)	Tibbitts & Eastman	19 mins		
Common Illness Prevention	Lucinda Mejdell-Awbrey	11 mins		
First Aid	Lucinda Mejdell-Awbrey	29 mins		
MRSA Awareness	Lucinda Mejdell-Awbrey	12 mins		
Stress Management	Catherine Mattice	29 mins		

safePERSONNEL TRAINING

Course Library

HUMAN RESOURCES	Author	Length	Available in Spanish	Coming Soon
Customer Service Overview	Staff	11 mins		
Discrimination Awareness in the Workplace	Catherine Mattice	14 mins		
Diversity Awareness: *Staff-to-Staff*	Catherine Mattice	23 mins		
Drug Free Workplace	Jeremy Norton	22 mins		
FACTA: Identity Theft & Consumer Protections	Staff	13 mins		
Family Medical Leave Act (FMLA)	Catherine Mattice	15 mins		
General Ethics in the Workplace	Catherine Mattice	18 mins		
HIPAA Overview	Jonathan Tomes	18 mins		
Sexual Harassment: *Staff-to-Staff*	Staff	19 mins	**SP**	
Title VI Overview	Staff	33 mins		
Workplace Bullying: *Awareness & Prevention*	Catherine Mattice	15 mins		
Workplace Violence: *Awareness & Prevention (Employee)*	Catherine Mattice	19 mins		
Workplace Violence: *Awareness & Prevention (Supervisor)*	Catherine Mattice	27 mins		

INFORMATION TECHNOLOGY	Author	Length	Available in Spanish	Coming Soon
Browser Security Basics	Pete Just	15 mins		
Cybersecurity	Pete Just	13 mins		
Email and Messaging Safety	Pete Just	12 mins		
Password Security Basics	Pete Just	5 mins		
Protection Against Malware	Pete Just	15 mins		

NUTRITION SERVICES	Author	Length	Available in Spanish	Coming Soon
Food Safety and Kitchen Sanitation	Art Dunham	13 mins		
Foodborne Illnesses	Art Dunham	16 mins		
Nutrition Basics	Art Dunham	20 mins		

SECURITY	Author	Length	Available in Spanish	Coming Soon
Arson Awareness & Prevention	John Snider	30 mins		
Copper Theft Awareness	Staff	9 mins		
Visual Weapons Screening	Dorn & Shepherd	15 mins		

SOCIAL & BEHAVIORAL	Author	Length	Available in Spanish	Coming Soon
Playground Supervision	Susan Hudson	16 mins	**SP**	

safePERSONNEL TRAINING

Course Library

TRANSPORTATION	Author	Length	Available in Spanish	Coming Soon
15-Passenger Van safety	Staff	19 mins		
City Driving	Patrick Fitzpatrick	15 mins		
Defensive Driving	Patrick Fitzpatrick	22 mins		
Distracted Driving	Patrick Fitzpatrick	12 mins		
Road Rage	Patrick Fitzpatrick	10 mins		
Winter Driving	Patrick Fitzpatrick	15 mins		

Revised 7/28/17

SAFETY MEETING REQUIREMENTS

Monthly Safety Meetings:

To fulfill one requirement of the Connecticut Workers Compensation Commission, departments and schools are required to hold safety meetings.

Meeting notes from your monthly safety meetings need to be submitted promptly via email to:

Government: Safecity@sp.waterburyct.org

Board of Education: Safeschools@sp.waterburyct.org

Weekly FROI Claims Review:

PMA Companies provides a weekly reporting of new first reports of injury that are summarized and email distributed to Program stakeholders by Maureen Torrence. A review of first reports of injuries during the preceding month should be incorporated into your month safety meeting.

Sample

School/Departmental Safety Committee

Meeting Agenda

1) Call To Order

a. Review notes from last meeting;
b. Introduce any guests.

(2) Old Business

a. Review status of previously noted issues and recommendations
b. Set dates for follow-up and completion of outstanding recommendations

(3) First Report if Injury Reviews

a. Review first report of injuries filed since last meeting; no names & no fault finding; looking for implementation of corrective actions & solutions.
b. Look for injury trends and review overall injury totals year-to-date. Focus on implementing corrective actions & solutions.
c. Injury prevention techniques; Discuss what you can use/implement?

(4) Building & Property Inspection Reports

a. Review results of building & property safety inspections;
b. Discuss findings from current and past inspections.
c. Follow up with Public Works Director or School Inspector

(5) New Business

a. Safety suggestions from members
    i. Brainstorm
    ii. Suggested by others
b. Any safety training to report?
c. Any new safety procedures to report?
d. Other new business

(6) Goals

a. Incident reduction/elimination;
b. Continually promote workplace safety;
c. Promote safety & loss control education, trainings, directives & reminders

2018-2019

Don Lorusso

BROWSE PAGE

SHARE

Safety Meeting Documents

Home Risk Management Reports EDIT LINKS

Search this site

Home
Safety Meeting Documents

General Government

new document or drag files here

Current View ...

Name	Item Child Count
Fire	4
Health	6
Library	9
Police	6
Public Works	6
Water	10

Education

new document or drag files here

Current View ... SAVE THIS VIEW

Name	Item Child Count
Adult Education School	9
Bucks Hill Annex	2
Bucks Hill School	4
Bunker Hill School	7
Carrington School	6
Chase School	7
Crosby High School	4
Driggs School	8
Duggan School	9
Enlightenment School	0
Food Service	9
Generali School	9
Gilmartin School	7
Hopeville School	8
Jonathan Reed School	7
Kennedy High School	3
Kingsbury School	5
Maloney Magnet School	3
North End Middle School	9
Regan School	7
Rotella School	9
School Inspector	4
Sprague School	8
State Street School	8
Tinker School	5
Wallace Middle School	4
Walsh School	4
Washington School	7
Waterbury Arts Magnet School	1
Waterbury Career Academy School	6
Wendell Cross School	8
West Side Middle School	7
Wilby High School	1
Wilson School	8

OSHA RECORDKEEPING GUIDELINES

a. *Overview, Recordkeeping Reminders, Websites*
b. *Recording Criteria Decision Tree*
c. *Completing OSHA Log – Form 300*

CONNECTICUT DEPARTMENT OF LABOR
Partner of the American Job Center Network

CONN-OSHA

Connecticut Occupational Safety and Health Administration

OSHA Recordkeeping Guidelines

Questions Regarding This Form?

Call the Office of Research at 860-263-6272 or e-mail CONNOSHAstats@ct.gov

Overview

The Occupational Safety and Health Administration (OSHA) Standard 29 CFR Part 1904 Recording and Reporting Occupational Injuries and Illnesses require employers to record and report work-related fatalities, injuries and illnesses. This handout is a general overview of OSHA recordkeeping. It does not address all the rules and regulations of OSHA recordkeeping, which are periodically updated.

You are responsible for upholding all OSHA regulations regarding the reporting and recording of occupational injuries and illnesses.

Recordkeeping Reminders

- Upon request, government representatives must be provided copies of OSHA records within 4 business hours.
- Enter OSHA recordable cases on your OSHA 300 Log within 7 calendar days.
- Post your completed OSHA Form 300A from February 1st through April 30th.
- Retain forms for the past 5 years, updating the OSHA Form 300 as needed.
- Days Away, Restricted, or Transferred (DART) Rate calculation
  DART Rate = (Column H + Column I) x 200,000 ÷ Total Hours Worked.

Websites

- Downloadable OSHA Recordkeeping forms in PDF or Excel format are available at U.S. OSHA's Recordkeeping website: www.osha.gov/recordkeeping
- For the complete recordkeeping standard, Google "OSHA Standard Part 1904" and follow the first link to:
  www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1904

Recording Criteria Decision Tree

To determine if an OSHA recordable case has occurred, answer these four questions:

1. Has an injury or illness occurred?

Yes → Continue to question 2.

No → An injury or illness has *not* occurred. Do not record this on your OSHA log.

2. Is the injury or illness work-related?

Work-relatedness is presumed for injuries and illnesses occurring in the work environment. *Assume the injury or illness is work-related* unless it is specifically addressed in the exceptions listed below.

Yes → Continue to question 3.

No → A recordable injury/illness has *not* occurred. Do not record this on your OSHA log.

Exceptions. The case is not considered work-related if it falls into one of these categories:

- Present as a member of the general public.
- Symptoms arise in workplace but are solely due to non-work related event or exposure.
- Voluntary participation in a wellness program.
- Eating, drinking, or preparing food or drink for personal consumption.
- Personal tasks outside assigned working hours.
- Personal grooming, self-medication for non-work-related conditions, or intentionally self-inflicted injuries.
- Motor vehicle accident occurring in a parking lot or access road during a normal commute to or from work.
- Common cold or flu.
- Mental illness, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) that affirms the mental illness is work-related.

3. Is the injury or illness a new case?

If an employee has *recovered completely* from a previous injury or illness, and an event or exposure in the work environment causes the symptoms to re-appear, the injury or illness is a new case.

Yes → Continue to question 4.

No → Do not record a new case. If necessary, update the previously recorded injury or illness entry.

4. Does the injury or illness meet the general recording criteria? Remember to check for rules that apply to special cases.

Yes → A recordable injury/illness has occurred. Record this as a case on your OSHA log.

No → A recordable injury/illness has *not* occurred. Do not record this on your OSHA log.

General recording criteria. A case is recordable if it involves one or more of the following:

- All fatalities occurring in the United States and her territories
- Occupational injuries and illnesses that resulted in:
  - days away from work, restricted work or job transfer
  - medical treatment *(see page four)*
  - loss of consciousness
- Other serious or significant cases diagnosed by a PLHCP
- Occupational injuries and illnesses that meet special recording criteria:
  - needlestick and sharps injuries
  - medical removal under OSHA standards
  - occupational hearing loss

Completing the OSHA Log - Form 300

New OSHA 300 Forms were established on January 1, 2004. The new form lists Column K as Number of Days Away from Work and has a Hearing Loss category in Column M. If you need a new form, please contact our office or visit www.osha.gov/recordkeeping to download a form.

For every case recorded on your log, you must also complete OSHA Form 301: Injury and Illness Incident Report. *All fields are required:* date of birth, date hired, time employee began work, time of event, etc. You may substitute an equivalent form, such as the Connecticut Workers' Compensation First Report of Injury, if it includes all of the information requested on the OSHA Form 301.

Column G: Death

Each year, nearly five thousand U.S. workers lose their lives to work injuries. **All employers, regardless of size or industry, are required to report these deaths**. Reporting and recording deaths are separate actions – a reportable death may not be a recordable case. Consult the decision tree to determine if a death should be recorded on your OSHA log.

- **Reporting**
  - Within 8 hours, you must report any work fatality to OSHA. This includes fatal heart attacks and other incidents that may not be recordable on the OSHA Log.
  - Report to your local OSHA office. If after business hours, call 1-800-321-OSHA (1-800-321-6742).
  - You are not required to report:
    - highway or public street motor vehicle accidents unless they are in a construction work zone.
    - commercial airplane, boat, train, subway, or bus accidents.
  - You are also required to report within 24 hours amputations, loss of eye, and hospitalizations.
- **Recording**
  - If appropriate, record the case on your OSHA 300 Log with a check in Column G: Deaths. Do not record any days away from work related to the death *(see example on page six)*.
  - Transportation fatalities occurring outside of an employee's normal commute are recordable, even if you have not reported them.

Column H: Days Away from Work

When an injury or illness involves one or more days away from work, you must record the case on your OSHA 300 Log with a check in *Column H: Cases with Days Away from Work*.

- If a job restriction or transfer is recommended, but the employer cannot offer restricted work or a job transfer, the case will be counted as a days away from work case.
  - Example: A doctor recommends 3 days of light duty for Gina. There is no light work available, so the employer tells her to stay home instead. This is a recordable case with 3 days away from work.
- **If a case has both days away and job transfer/restriction days,** record the case once and only once in *Column H: Cases with Days Away from Work*. Leave *Column I: Cases with Job Transfer or Restriction* blank. This is true even when the job transfer/restriction days exceed the number of days away from work.
  - Example: Rob falls from an extension ladder to a concrete patio and breaks his arm. He is out of work for 7 days and on restricted duty for 10 days. Check Column H, record 7 days in Column K and 10 days in Column L. Leave Column I blank *(see example on page six)*.

Column I: Job Transfer or Restriction

If a work injury or illness prevents an employee from performing one or more routine functions of his or her job, the case involves days of job restriction or transfer. If the case does not have *any* days away from work, record the case in *Column I: Cases with Job Transfer or Restriction*.

- A routine function is defined as a task performed at least once per week.
  - Example: Every Friday, Cindy moves 15-40 lb delivery boxes. A work-related injury prohibits her from lifting over 20 lbs. for five days. The injury is recordable with 5 days of restriction.
  - Example: The doctor tells Aaron not to lift anything over 40 lbs. His normal workweek does not require any lifting over 15 lbs. The restriction is *not* recordable.
- If an employee is kept from working a full workday, the days are counted as restrictions.
  - Example: Todd is injured at work and is told to work only four-hour shifts for 2 days. The injury is recordable with 2 days of restriction.

Other Recordable Cases vs. First Aid

Column J: Other Recordable Cases

If a case falls into one of the categories below, it is OSHA recordable. If the employee did not have days away from work (Column H), job transfer or restriction (Column I), the case is recorded in *Column J: Other Recordable Cases*. You must also record the appropriate category under *Column M: Injury and Illness Types*.

- **Medical treatment beyond First Aid:**
  - Prescription medication. The use of non-prescription medication at prescription strength as recommended by a physician or licensed health care professional (PLHCP) is considered prescription medication.
  - Immunizations (except tetanus) such as hepatitis B or rabies vaccines.
  - Wound-closing devices such as surgical glue, sutures, staples, etc.
  - Any device with rigid stays or other systems designed to immobilize parts of the body.
  - Physical therapy or chiropractic treatment.
  - Removal of foreign material that is embedded in the eye.
  - Any treatment not specifically defined as First Aid (listed below)
- **Significant Diagnosed Injury or Illness:** Any serious or significant work-related disorder that is diagnosed by a PLHCP or identified by a positive medical test. These include cases of cancer, chronic irreversible disease, a fractured or cracked bone or tooth, or a punctured eardrum. Specific guidelines on recordable hearing loss injuries may be found online @ www.osha.gov/recordkeeping
- **Needlestick injuries** and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious materials. Potentially infectious materials include human bodily fluids, tissues and organs, and materials infected with the HIV or hepatitis B virus.
- **An OSHA standard requires medical removal** of an employee for medical surveillance.
- **Loss of consciousness** from a work-related injury or illness is recordable. Loss of consciousness due *solely* to personal health conditions (diabetes, epilepsy, narcolepsy, etc.) is not recordable.

Not Recordable

If a case is limited to First Aid treatment AND there are no days away from work, job transfer, or job restriction, do not include the case on your OSHA 300 Log. The case is not OSHA recordable, even if the First Aid treatment is administered at a health clinic, emergency room, hospital, or other medical treatment facility. First Aid treatment is defined as:

- Visits to a PLHCP solely for observation or counseling.
- Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (e.g., eye drops to dilate pupils).
- Using non-prescription medications at non-prescription strength (per box instructions).
- Cleaning, flushing or soaking wounds on the surface of the skin.
- Using wound coverings such as bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips, and other similar coverings (Note: wound *closing* devices listed above are medical treatment).
- Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- Drilling of fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Removing splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Using eye patches or finger guards.
- Non-therapeutic massages (spa treatment).
- Using hot or cold therapy.
- Drinking fluids for relief of heat disorder.
- Tetanus immunizations.

Examples

- Sue cuts her hand and goes to the emergency room. A nurse cleans and covers the wound with a Band-Aid and sends Sue back to work. This is *not* a recordable case.
- Henry has a piece of metal embedded in his eye. A doctor removes it and sends him back to work. This case should be recorded in *Column J: Other Recordable Cases.*
- Joan falls at work, bruising her leg. She does not receive medical treatment but the doctor tells her to stay home for two days before returning to work. This case should be recorded in *Column H: Cases with Days Away from Work.*

Number of Days & Injury or Illness Types

Columns K & L: Number of Days

- **Start counting with the day *after* the injury and count calendar days**. Count all the days the person is unable to work, or work with restrictions/transfer, even if the person is not scheduled to work on those days.
  - Example: An employee's workweek is Monday through Friday. The employee is injured on Thursday morning and goes home for the rest of the day. She stays home on Friday and Monday, but returns to full duty Tuesday morning. This case involves lost time and should be recorded in *Column H: Cases with Days Away from Work*. Also record 4 days (Friday, Saturday, Sunday, and Monday) in *Column K: Number of Days Away From Work*.
  - Example: On Monday morning, an employee punches in at 8:05 a.m. and is injured at 8:15 a.m. He goes home for the rest of the day but returns on Tuesday to work a complete shift without restrictions/transfer. This injury does not involve lost time. If the injury required treatment beyond First Aid, you would record it in *Column J: Other Recordable Cases*.
- **A case has days away from work that continue into the next year. Record the case and all related days on the log for the year the injury or illness occurred.**
  - Example: An employee is injured on December 23, 2012, and does not return to work until January 27, 2013. The case and the 34 days away from work would be recorded on the 2012 log. Do *not* include the case or lost days on the 2013 log.
- **If an individual case has a large amount of lost time, you may stop counting at 180 days.**
  - Example: An employee is injured and stays home for 150 days, followed by 120 days of job transfer. You may record 150 days in *Column K: Number of Days Away From Work* and 30 days in *Column L: Number of Days of Transfer or Restriction* for a total of 180 days.
- **If a person leaves your company for reasons unrelated to the injury or illness, stop counting the number of days.**
  - Example: A clerk typist falls in the parking lot and breaks her leg. The doctor recommends she stay home for two weeks. After one week, she accepts a clerk typist position at a company with better benefits. Record the case in *Column H: Cases with Days Away from Work* and 7 days in *Column K: Number of Days Away From Work*.
  - Example: A carpenter's leg is amputated after suffering a work-related accident and will be out of work for 120 days. The carpenter decides to pursue a safer career and leaves the company. Record the case in *Column H: Cases with Days Away from Work*. Since he left because of the injury, the full 120 days are recorded in *Column K: Number of Days Away From Work*.

Column M: Injury and Illness Types

For every case entered in columns G, H, I, and J, there must be a corresponding checkmark in *Column M: Injury and Illness Type*. **The total number of cases (G+H+I+J) must equal the total for Column M (1+2+3+4+5+6)**. Examples of each category are provided below.

- Injuries
  - M1 Injuries: Amputations, animal and insect bites, broken bones, burns, concussions, electrocutions, heat stroke, hernias, lacerations, muscle strains and sprains, etc.
- Illnesses
  - M2 Skin Disorders: dermatitis, rosacia, psoriasis, poison ivy, etc.
  - M3 Respiratory Conditions: avian or swine flu, sinusitis, emphysema, asthma, tuberculosis, etc.
  - M4 Poisonings: carbon monoxide, lead, or cadmium poisoning, medical removal due to an OSHA standard, etc.
  - M5 Hearing Loss: Specific guidelines may be found online @ www.osha.gov/recordkeeping
  - M6 All Other Illnesses: Repetitive motion illnesses such as carpal tunnel syndrome or tendonitis, mental illness, varicose veins, chicken pox, etc.

Log Example, Privacy Concerns & Healthcare Recommendations

Log Example

For your reference, a sample OSHA 300 Log is provided below. Notice that each case has *one and only one* check mark in columns G-J.

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (*e.g., Second degree burns on right forearm from acetylene torch*)	Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Other recordable cases (J)	Enter the number of days the injured or ill worker was: Away from work (K)	On job transfer or restriction (L)	Check the "Injury" column or choose one type of illness: (M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Fell from extension ladder onto concrete patio. Fractured lower arm.	☐	☒	☐	☐	7 days	10 days	☒	☐	☐	☐	☐	☐
Cut hand on rotary table saw. Received stitches and returned to work.	☐	☐	☐	☒	-- days	-- days	☒	☐	☐	☐	☐	☐
Strained lower back lifting 80lb bags of concrete-no lifting over 50lbs for 2 weeks.	☐	☐	☒	☐	-- days	14 days	☒	☐	☐	☐	☐	☐
Carpal tunnel in wrists due to daily typing.	☐	☒	☐	☐	30 days	15 days	☐	☐	☐	☐	☐	☒
Rash on arm from exposure to cutting oil – prescription meds	☐	☐	☐	☒	-- days	-- days	☐	☒	☐	☐	☐	☐
Carbon monoxide poisoning-hospitalized 2 weeks before death.	☒	☐	☐	☐	-- days	-- days	☐	☐	☐	☒	☐	☐

Privacy Concerns

If you wish to share your OSHA records with unauthorized persons, you must first remove the employees' names from the records. Authorized persons include representatives from OSHA, Workers' Compensation, Public Health, law enforcement agencies, insurance auditors, or consultants.

Privacy concern cases require the removal of an employee's name and identifying information from OSHA Forms. Instead of the person's name, list "privacy concern". You must keep a separate, confidential list identifying the case number and employee name. Privacy concern cases are:

- Injury or illness to an intimate body part
- Injury or illness resulting from a sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis
- Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
- Employee requests to keep name off of an *illness* case

Healthcare Recommendations

You are not required to obtain the recommendation of a physician or licensed health care professional (PLHCP). However, if a recommendation is available, you must record the case accordingly. This is true even if the employee does not follow the recommendation.

- Example: George is injured at work and is told not to lift anything over 30 lbs for five days, but he immediately resumes his full job duties. The injury is a recordable case with five days of restriction.
- Example: Carl slips and falls at work. The plant nurse instructs him to return to work, but he stays at home for two days. The injury is *not* recordable.

Public Sector Employers Only

Electronic Injury & Illness Reporting Requirement Rule

What does the rule do? It requires employers to electronically submit injury and illness data that they already record.

Will my public sector employer be required to submit our records? Yes, public sector employers will be using the U.S. Department of Labor (OSHA) secure website for the electronic submission of information. The website will include web forms for direct data entry and instructions for other means of submission (e.g. file uploads). Again, Connecticut public sector employers will use the same secure web site as the private sector employers.

Information on this web site can be found at www.osha.gov, recordkeeping page https://www.osha.gov/recordkeeping/finalrule/index.html

What is the compliance schedule?

Establishments with 1 or more employees must submit:

- Information from their 2016 Form 300A by December 1, 2017.

What else does the final rule do? In addition, the final rule revises OSHA's regulation on Recording and Reporting Occupational Injuries and Illnesses (29 CFR 1904). In order to ensure the completeness and accuracy of injury and illness data collected by employers and reported to OSHA, the final rule also:

- Requires employers to inform employees of their right to report work-related injuries and illnesses free from retaliation.
- Clarifies the existing implicit requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting.
- Incorporates the existing statutory prohibition on retaliating against employees for reporting work-related injuries or illnesses.

What are the Anti-retaliation protections? The rule also prohibits employers from discouraging workers from reporting an injury or illness. The final rule requires employers to inform employees of their right to report work-related injuries and illnesses free from retaliation; clarifies the existing implicit requirement that an employer's procedure for reporting work-related injuries and illnesses must be reasonable and not deter or discourage employees from reporting; and incorporates the existing statutory prohibition on retaliating against employees for reporting work-related injuries or illnesses.

If you have questions, call 860-263-6900.

WORKERS COMPENSATION MEDICAL CARE PLAN

a. *Notice to All Employees*
b. *Questions About Workers' Compensation*
c. *Medical Care Plan Provider Specialty Index*
d. *City of Waterbury and Waterbury Board of Education Medical Network*

The PMA Insurance Group
Workers' Compensation Medical Care Plan

City of Waterbury
and
Waterbury Board of Education

Updated:
September 1, 2019

Prepared for:

PMA Management Corp. of New England
101 Barnes Road
Suite 300
Wallingford, CT 06492

City of Waterbury and Waterbury Board of Education
Medical Care Plan

To All Employees:

The City of Waterbury and Waterbury Board of Education has elected to become a participating employer in an Employers Medical Care Plan filed with the Connecticut Workers' Compensation Commission. The Employer Medical Care Plan allows The City of Waterbury and Waterbury Board of Education to direct employees to a list of Medical Providers for treatment of work-related injuries and illnesses. **Failure to do so may suspend an employee's right to receive Workers' Compensation benefits, subject to the order of a Worker's Compensation Commissioner.**

The City of Waterbury and Waterbury Board of Education Employer Medical Care Plan is part of **The PMA Insurance Group Medical Care Plan** and of PMA Management Corp. of New England, the employer's risk management firm. The effective date of the Employers Medical Care Plan is September 1, 2019.

The City of Waterbury and Waterbury Board of Education Workers' Compensation medical care plan is applicable for injuries occurring on or after the plan's effective date. If you have an established and approved Workers' Compensation claim and are currently being treated for that injury, there are no changes. You can continue your treatment with your established treating provider until treatment for your injury is completed.

As an employee of The City of Waterbury and Waterbury Board of Education, you must report a work-related injury or illness to your supervisor, who will complete a **First Report of Injury Form** before the end of the shift. If you require medical intervention or evaluation for your injury or illness, you will be directed to your choice from a primary care center to receive treatment. If you require further medical treatment, **notify your department supervisor. If you have a medical emergency, go to the nearest emergency department.**

You may obtain follow-up medical care from providers listed on The PMA Insurance Group Medical Care Plan directory, which is available through Risk Management. Should your injury require specialty treatment not available in The PMA Insurance Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance.

Please review the medical care plan guide, and sign the Employee Acknowledgment, recognizing your understanding and that you have read and understand the process for treatment of work-related injuries or illnesses.

If you are out of work as a result of your work-related injury or illness, you will be contacted regularly by the PMA Management Corp. of New England Claims Coordinator to determine that your medical needs are met. You are responsible for providing on-going updates regarding your work status to your supervisor. Each of you is an important member of **The City of Waterbury and Waterbury Board of Education** and the purpose of this program is to ensure you receive appropriate medical treatment in a timely manner to facilitate recovery. If you have any questions during this process, please contact Risk Management at 1-203-574-6840.

The Management staffs of The City of Waterbury and Waterbury Board of Education and PMA Management Corp. of New England are available to assist you from the time of your injury through recovery and return to work.

QUESTIONS ABOUT WORKERS' COMPENSATION

You May Ask About Workers' Compensation Protection.

1. **What is Workers' Compensation?**

   The purpose of Workers' Compensation is to provide injured workers and those who depend upon them with a means of support when they are unable to work because of a **work-related** disability. Its purpose also is to bring about a prompt recovery.

2. **What is a "Work-Related Injury or Illness"?**

   The term "Work-Related Injury or Illness" is used to describe any injury or disease which results from work or working conditions and which occurs during the employee's service to the employer.

3. **Who administers a Workers' Compensation claim?**

   PMA Management Corp. of New England is the claims administrator for The City of Waterbury and Waterbury Board of Education. They administer all compensation benefits an injured worker is entitled to receive. If you have any questions about Workers' Compensation, contact the City's Risk Management Department at 203-574-6840 or PMA Management Corp. of New England at 203-679-3900 or 1-800-379-0276.

4. **How do you qualify for benefits?**

   Report the injury or illness to your supervisor immediately. The employee must specify what, where, when and how it happened and provide enough information so that your supervisor can complete **the First Report of Injury form.**

   Prompt reporting is key. Benefits are automatic for accepted work-related injuries or illnesses.

5. **What if you need prescription drugs?**

   Employees requiring prescriptions must have them filled at a pharmacy that participates with PMA's Pharmacy Benefit Manager, Express Scripts. Most pharmacies will participate in this network but please contact Express Scripts at 1-888-786-9640 to confirm.

6. **What if you are currently being treated for a workers' compensation injury or illness?**

   The City of Waterbury and Waterbury Board of Education Workers' Compensation medical care plan is for injuries occurring on or after the plan's effective date. If you have an established and approved Workers' Compensation claim and are currently being treated for that injury, there are no changes. You can continue your treatment with your established treating provider.

7. **Where do you obtain medical treatment?**

Prompt medical care is a key element to a fast recovery from an injury or illness. Emergency medical care and medical follow-up treatment can often mean the difference between complete recovery from an injury or lasting physical disability.

If you become injured at work, you should report your injury **to your department supervisor** and proceed to one of the plan's Occupational Health / Walk In Medical Centers listed (St Mary's Hospital or Concentra). If you become injured when the centers are closed, you should go to the nearest emergency department.

8. **What if you need continuing medical treatment?**

In the event an employee's injury or illness requires additional medical care beyond the initial visit to a primary care center or the emergency department, a primary treating physician within the PMA Insurance Group network should be requested. This physician will continue to provide necessary treatment and referrals to other specialists if or when needed.

Employees are required to obtain treatment from providers in the approved plan. Failure to do so may suspend an employee's right to receive Workers' Compensation benefits, subject to the order of a Workers' Compensation Commissioner.

Should your injury require specialty treatment not available in The PMA Insurance Group Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance.

9. **What do you do if the doctor releases you to modified/light duty work?**

Bring your physician's completed copy of the "Work Status Report" to **your department supervisor or HR representative** immediately. The City of Waterbury and Waterbury Board of Education will try to provide you with a temporary, modified duty position to meet your doctor's specified restrictions. If you have any questions regarding the Modified / Light Duty process, please contact your **department supervisor or HR representative**.

Once your Medical Provider releases you to return to full duty, the temporary, disability wage support stops.

10. **What if you have further questions?**

If you have further questions regarding your Workers' Compensation benefits, **contact The City's Risk Management Department** at 203-574-6840 or PMA Management Corp. of New England Claims Manager at 1-203-679-3900 or 1-888-476-2669.

11. **What if you have questions about your medical treatment?**

If you have questions regarding your medical treatment, you can contact PMA at 888-476-2669 to request a review of the medical care and services being provided to you.

CITY OF WATERBURY and WATERBURY BOARD OF EDUCATION
Workers' Compensation Medical Care Plan Provider Specialty Index
Effective Date - September 1, 2019

Approved Specialties

✓ Represents the core specialties covered within the City of Waterbury and Waterbury Board of Education's customized Medical Care Plan

Allergy/Immunology
Audiology
Cardio Vascular Surgery
Cardiology
Cardiothoracic
Chiropractic Medicine
Dentistry
Dermatology
Endocrinology
Family/General Practice
Gastroenterology
General Hospital Services
✓ General Surgery
✓ Hand Surgery
Hand Therapy
Head & Neck Surgery
Hematology
Infectious Diseases
✓ Initial Care
Internal Medicine
Nephrology
✓ Neurological Surgery
✓ Neurology
OBGYN
✓ Occupational Medicine
Occupational Therapy
Oncology
✓ Ophthalmology
Optometry
Oral and Maxillofacial
✓ Orthopedic Surgery
Osteopathy
Otolaryngology
✓ Pain Management
✓ Physical Medicine & Rehabilitation
✓ Physical Therapy
Plastic Surgery
Podiatry
Psychiatry
Psychology
Pulmonary Medicine
Radiology
Rheumatology
Social Work
Surgical Centers
Thoracic Surgery
Urology
Vascular Surgery

Should an injury require specialty treatment not covered in the Waterbury Medical Care Plan, a provider from the approved provider list established by the Worker's Compensation Commission may be chosen for treatment. Please contact PMA or the City of Waterbury's Risk Management Team for guidance.

City of Waterbury and Waterbury Board of Education
Medical Network for Workers' Compensation

Emergency care may be obtained at the nearest emergency department or center. For your convenience the closest emergency department to your primary place of employment is:

Emergency Care

Saint Mary's Hospital
56 Franklin Street
Waterbury, CT 06706
(203) 709-6000

Waterbury Hospital
64 Robbins Street
Waterbury, CT 06721
(203) 573-6000

Occupational Health / Walk In Medical Centers

Concentra Medical Center - Waterbury
8 South Commons Road
Waterbury, CT 06704
(203) 759-1229

Saint Mary's Occupational Health and Diagnostic Center
1312 West Main Street
Waterbury, CT 06708
(203) 709-3740

Saint Mary's Hospital Urgent Care Center
Waterbury Urgent Care
1312 West Main Street
Waterbury, CT 06708
(203) 709-4575

General Surgery

Abdel Richi, M.D., LLC
1389 West Main Street
Suite 322
Waterbury, CT 06708
(203) 753-0877
Richi, Abdel MD

Alliance Medical Group Surgery
1625 Straits Turnpike, Suite 200
Middlebury, CT 06762
(203) 568-2929
Knight, David MD
Shetty, Jayakara MD

Middlebury Surgical, LLC
687 Straits Turnpike
Suite 2A
Middlebury, CT 06762
(203) 598-0235
Tripodi, Guiseppe MD

Hand Surgery

Active Orthopaedics, PC
Turnpike Office Park
1579 Straits Turnpike
Middlebury, CT 06762
(203) 758-1272
Carlson, Erik J. MD

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
1320 West Main Street
Waterbury, CT 06708
(203) 755-7115
Manzo, Richard MD
Nelson, Andrew MD

Orthopedic Associates of Hartford PC
499 Farmington Avenue, Suite 300
Farmington, CT 06032
(860) 549-3210
Bontempo, Nicholas MD
Burton, Kevin MD
Caputo, Andrew MD
Linburg, Richard MD

Stanley J. Foster III, M.D., P.C.
1625 Straits Turnpike, Suite 108
Middlebury, CT 06762
(203) 757-0583
Foster III, Stanley J . MD

Neurology

Alliance Medical Group
1625 Straits Turnpike Suite 302
Middlebury, CT 06762
(203) 573-9512
Zhang, Jianhui (Jane) MD

Associated Neurologists, PC
1389 West Main Street
Tower 1, Suite 212
Waterbury, CT 06706
(203) 748-2551
Culligan, Neil MD
Grecco, David MD
Markind, Samuel MD
Wirz, Diane MD

Neurological Specialists, P.C.
4 Corporate Drive, Suite 192
Shelton, CT 06484
(203) 924-8664
Barasch, Philip M., MD
Beck, Lawrence, MD
Butler, James B., MD
Webb, Lisa B., MD

Neurosurgery

Hartford HealthCare Medical Group
1781 Highland Avenue
Suite 106
Cheshire, CT 06410
(203) 271-2120
Bauman, Joel MD

HHC PhysiciansCare, Inc.
85 Barnes Road
Wallingford, CT 06492
(203) 265-9122
Bauman, Joel MD

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
500 Chase Parkway
Waterbury, CT 06708
(203) 755-6677
Forshaw, David MD
Karnasiewicz, Michael MD
Mushaweh, Jarob MD
Strugar, John MD
Waitze, Alan MD

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
330 Bridgeport Avenue
Shelton, CT 06484
(203) 755-6677
Gorelick, Judith MD

Orthopedic Associates of Hartford
220 Farmington Avenue
Farmington, CT 06032
(860) 522-7121
Lange, Stephan MD

Ophthalmology

Eye Center - A Medical & Surgical Group, PC
415 Highland Avenue
Cheshire, CT 06410
(203) 272-5494
Fezza, Andrew MD
Marks, Peter MD
Martone, James MD
Masi, Paul MD
Milner, Mark MD

Eye Center - A Medical & Surgical Group, PC
2880 Old Dixwell Avenue
Hamden, CT 06518
(203) 248-6365
Fezza, Andrew MD
Marks, Peter MD
Martone, James MD
Masi, Paul MD
Milner, Mark MD
Swan, Andrew MD

OptiCare Eye Health Centers, Inc.
811 East Main Street
Torrington, CT 06790
(860) 496-8668
Dua, Neeru MD

OptiCare Eye Health Centers, Inc.
87 Grandview Avenue
Waterbury, CT 06708
(203) 574-2020
Cervantes, Lorenzo MD
Dua, Neeru MD
Gershon, Meredith MD
Gilbert, Richard MD
Konykhov, Olga MD
Oberman, Jeffrey MD
Peterson, W. Scott MD
Yimoyines, Dean MD

Orthopedics

Active Orthopaedics, PC
Turnpike Office Park
1579 Straits Turnpike
Middlebury, CT 06762
(203) 758-1272
Carlson, Erik J. MD
Kaplan, Michael MD

CT Spine and Disc Institute
1579 Straits Turnpike
Middlebury, CT 06762
(203) **758-2003**
Raftery, Charles MD

Neurosurgery, Orthopaedic & Spine Specialists PC (NOSS)
2 Pomperaug Office Park, Suite 308
Southbury, CT 06488
(203) 264-2878
Flynn, Jr., William MD
Taylor, Glenn MD
Watson, Frederick MD

Neurosurgery, Orthopaedic & Spine Specialists PC (NOSS)
500 Chase Parkway
Waterbury, CT 06708
(203) 755-6677
Flynn, Jr., William MD
Taylor, Glenn MD
Watson, Frederick MD

Neurosurgery, Orthopaedic & Spine Specialists PC (NOSS)
1320 West Main Street
Waterbury, CT 06708
(203) 755-7115
Manzo, Richard MD
Nelson, Andrew MD

Orthopedic Associates of Hartford
499 Farmington Avenue, Suite 300
Farmington, CT 06032
(860) 549-3210
Aronow, Michael MD
Barnett, Peter MD
Becker, Gerald MD
Benthien, Ross MD
Bontempo, Nicholas MD
Burns, Jeffrey MD
Burton, Kevin MD
Caputo, Andrew MD
Carangelo, Robert MD
Davis, Stephen L. MD
Dugdale, Thomas MD

Orthopedic Associates of Hartford (cont.)
Esmende, Sean MD
Froeb, Richard MD
Fulkerson, John MD
Grady-Benson, John MD
Kime, Charles MD
Krompinger, W. Jay MD
Lena, Christopher MD
Lewis, Courtland MD
Linburg, Richard MD
Miranda, Michael MD
Nagarkatti, Durgesh MD
Rios, Clifford MD
Schutzer, Steven MD
Shekhman, Mark MD
Sullivan, Raymond MD
Zimmermann, Gordon MD

Waterbury Orthopaedic Associates
1211 West Main Street
Waterbury, CT 06708
(203) 755-0163
Mariani, Michelle MD
Olson, Eric MD
Rodin, Dennis MD

Pain Management

Active Orthopaedics, PC
1579 Straits Turnpike
Middlebury, CT 06762
(203) 758-1272
Glassman, David B, MD

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
500 Chase Parkway
Waterbury, CT 06708
(203) 755-6677
Ghaly, Tamer MD
Johar, Sandeep DO

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
166 Waterbury Road
Suite 300
Prospect, CT 06712
(203) 755-6677
Johar, Sandeep DO

Orthopedic Associates of Hartford
499 Farmington Avenue
Suite 300
Farmington, CT 06032
(860) 549-3210
Memmo, Pietro MD
Codispoti, Vincent MD

RehabHealth, PC
1320 West Main Street, Suite #2
Waterbury, CT 06708
(203) 755-9355
Lichter, Arlen MD
Nisenbaum, Michelle MD

Physical Medicine & Rehabilitation

Neurosurgery, Orthopaedic & Spine Specialists, PC (NOSS)
500 Chase Parkway
Waterbury, CT 06708
(203) 755-6677
Darling, Alisa MD

Orthopedic Associates of Hartford
499 Farmington Avenue
Suite 300
Farmington, CT 06032
(860) 549-3210
Codispoti, Vincent MD
Memmo, Pietro MD

RehabHealth, PC
1320 West Main Street, Suite #2
Waterbury, CT 06708
(203) 755-9355
Lichter, Arlen MD
Nisenbaum, Michelle MD

Physical Therapy Services

Access Rehab Centers
1625 Straits Turnpike
Middlebury, CT 06762
(203) 598-0400

Access Rehab Centers
305 Church Street, Suite 16
Naugatuck, CT 06770
(203) 723-4010

Access Rehab Centers
84 Oxford Road - Route 67
Oxford, CT 06478
(203) 881-0830

Access Rehab Centers
Bennett Square #70-G
134 Main Street South
Southbury, CT 06488
(203) 267-4060

Access Rehab Centers
131 Main Street
Thomaston, CT 06787
(860) 283-4700

Access Rehab Centers **
715 Lakewood Road
Waterbury, CT 06704
(203) 759-1122

Access Rehab Centers
2154 East Main Street
Waterbury, CT 06705
(203) 575-0516

Access Rehab Centers
134 Grandview Avenue
Waterbury, CT 06708
(203) 573-7130

Access Rehab Centers
22 Tompkins Street
Waterbury, CT 06708
(203) 419-0381

Access Rehab Centers
64 Robbins Street
Waterbury Hospital
Waterbury, CT 06708
(203) 573-6041

Access Rehab Centers
650 Wolcott Road
Wolcott, CT 06716
(203) 879-6700

Physical Therapy & Sports Medicine Center
1183 New Haven Road, Suite 104
Naugatuck, CT 06770
(203) 723-0722

Physical Therapy & Sports Medicine Center **
18 South Center Street
Southington, CT 06489
(860) 621-5054

Physical Therapy & Sports Medicine Center
1211 West Main Street
Waterbury, CT 06708
(203) 753-6043

Physical Therapy & Sports Medicine Center
27 Depot Street
Watertown, CT 06795
(860) 274-1487

Select Physical Therapy **
117 Sharon Road
Mall View Plaza
Waterbury, CT 06705
(203) 756-2334

Select Physical Therapy
76 Westbury Parkway Suite 201E
Watertown, CT 06795
(860) 274-7573

Select Physical Therapy
1320 West Main St., Bldg 2 Unit #5
Waterbury, CT 06708
(203) 573-9518

Saint Mary's Hospital Physical Therapy
799 New Haven Road
Naugatuck, CT 06770
(203) 720-1750

Saint Mary's Hospital Physical Therapy
1981 East Main Street, Suite 2
Waterbury, CT 06705
(203) 709-6232

**** Aqua Therapy Available**

Should your injury require specialty treatment not available in The PMA Insurance Group Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance.
The City will comply with the Commissioner's decision regarding second opinion requests