



City of Pittsburgh Operating Policies

Policy: Injury Reporting Policy	Original Date: 8/1/2008
	Revised Date: 2/1/2010

PURPOSE: To assure all employees are aware of 1) how to report an injury, 2) where seek appropriate medical care, 3) the appropriate forms to complete and 4) the workman's compensation benefits applicable to work related injuries.

POLICY STATEMENT: This policy describes the step-by-step procedures that are to be taken by supervisors to assure all employees get the care they need when injured and to collect the information necessary to thoroughly understand how the injury occurred. Every employee injury is tracked and included in statistics aimed at understanding where improvements can be made so as to prevent injuries. All of the procedural steps in this policy are pertinent to improving the safety of City of Pittsburgh employees and assuring each employee understands their rights.

Disclaimer: No statements in this policy are intended or set forth as contractual commitments or obligations of the City to any individual employee or group of employees, or to establish an exception to the employment-at-will doctrine beyond that specified in the Civil Service Statutes and Rules or pertinent collective bargaining agreement. If there are differences between the various collective bargaining agreements and this policy, the pertinent collective bargaining agreement takes precedence.

PROCEDURE – Departmental supervisor responsibilities when an employee is injured.

- 1) Assure employee receives immediate medical attention. This could involve basic first aid or necessitate a call to 911 for ambulatory care.
- 2) If additional medical care must be sought, the supervisor or a designated person will accompany the employee to the closest Concentra Medical Center or to Mercy ER if injury occurred after business hours. Hours and locations are provided with the Workman's Compensation Forms (*see any of the separate New Panel Provider documents for hours of operation*). Post-injury drug and alcohol testing will be done in accordance with the City of Pittsburgh Drug-free Workplace Policy.
- 3) *For all injuries, despite their severity*, the supervisor is to instruct the injured employee to contact UPMC WorkPartners at 1-800-633-1197 to report injury claim.
- 4) *For all injuries, despite their severity*, the supervisor provides injured employee with two (2) workman's compensation forms.

1) Department of Personnel & Civil Service Commission Workman's Compensation Information Form (the employee gets a copy and the original is placed in the Department's employee file.)
(See the separate Workers' Compensation Information Form)

2) List of Panel Physicians Form. Note that there is one version specifically for Fire Bureau personnel and another for all other City of Pittsburgh personnel (one copy of signature page is forwarded to the City of Pittsburgh Safety Office; give a copy of this two sided form to the employee; place original in employee's file).
(See the separate New Panel Provider document-non fire/police employees OR New Panel Provider document-Fire employees)

5) *For all injuries, despite their severity, the supervisor instructs injured employee to complete City of Pittsburgh Injury Report Form. Copies are reviewed by supervisor and then disseminated appropriately (Director/ Bureau Chief, Employee Supervisor, Safety Office, Employee, Union).*
(See the separate City of Pittsburgh Injury Form, Police Officer City of Pittsburgh Injury Form, or Fire Fighters City of Pittsburgh Injury Form)

6) If the injurious event involves the possible exposure to an infectious disease, the exposed employee is to complete the City of Pittsburgh Report of Possible Infectious Disease Exposure form. Copies are reviewed by supervisor and then disseminated appropriately (Director/ Bureau Chief, Employee Supervisor, Safety Office, Employee, Union).
(See the separate Infectious Disease Exposure Form)

7) If the injury was a result of a City of Pittsburgh motor vehicle accident, Form 50 must be completed and disseminated appropriately (Fleet Services, Safety Office, OMI, Director/ Bureau Chief,).
(See the separate Form 50 document)

8) Within 72 hours of the injurious event, the supervisor is to speak with injured employee and witnesses so as to accurately complete the Injury Investigation form. Corrective actions, if necessary, will be addressed with appropriate responsible parties. Once completed, a copy of this form is to be forwarded to the Safety Office.
(See the separate Injury Investigation document)

All forms are available from the Department of Personnel & Civil Service Commission on the 4th floor of the City-County Building. They can also be found on the City's intranet website.