



**Town of Moira**  
P.O. Box 150  
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Moira, NY 12957  
(518) 529-6080  
[www.townofmoirany.org](http://www.townofmoirany.org)

## Town of Moira Work-Related Injury Procedures

These procedures shall apply to all employees of the Town of Moira, all volunteer firefighters of the Moira Volunteer Fire Department, and all volunteer ambulance workers of Moira E.M.S., and is meant to comply with the provisions of the New York State Workers' Compensation Law, the Volunteer Firefighters' Benefit Law, the Volunteer Ambulance Workers' Benefits Law, and the Franklin County Workers' Compensation Self-Insurance Plan.

### 1. Definitions

#### Employer

Means the Town of Moira, Franklin County, NY in regard to employees of the Town,  
or  
Moira Volunteer Fire Department in regard to volunteer firefighters of that  
department, or  
Moira E.M.S. in regard to volunteer ambulance workers of that E.M.S. provider.

#### Town

Means the Town of Moira, Franklin County, NY

#### Employee

Means any individual working for salary or wages from the Town, whether on a part-time or full-time basis, as well as volunteer firefighters of Moira Volunteer Fire Department in activities performed in the line of duty, as well as volunteer ambulance workers of Moira E.M.S in activities performed in the line of duty. It does not include the Town Attorney or independent contractors.

#### Supervisor

Means a person who oversees a person or group of people or an area of work or activity and who makes sure that the work or activity is done correctly and according to the rules.

## Work-Related Injury

Means any accidental injury or exposure arising out of and in the course of employment, or in the line of duty, which results in a personal injury or illness to the employee, or which results in the death of the employee.

## In the Line of Duty

Means:

### **For Moira Volunteer Fire Department Volunteer Firefighters:**

Any of the following activities, pursuant to orders/authorization:

- Participation at a fire, alarm of fire, hazardous material incident, or other emergency situation that triggers response by the fire company or its units;
- Travel to, from and during fires or other calls to which the company responds and travel in connection with other authorized activities;
- Some duties in the firehouse, such as construction, repair, maintenance and inspection;
- Inspection of property for fire hazards or other dangerous conditions
- Fire prevention activities;
- Attendance at fire instructions or fire school; instruction at training
- Participation in authorized drills, parades, funerals, inspections/reviews, tournaments, contests or public exhibitions conducted for firefighters;
- Attendance at a convention or conference as an authorized delegate;
- Work on or testing of fire apparatus/equipment, fire alarm systems and fire cisterns;
- Meetings of the fire company;
- Pumping water or other substances from a basement or building;
- Inspection of fire fighting vehicles and apparatus prior to delivery under a contract or purchase, or performing duties related to the delivery;
- Response to a call for general ambulance service by a member of an authorized emergency rescue and first aid squad;
- Participation in a supervised physical fitness class;
- Fundraising activities (non-competitive events)

### **For Moira E.M.S. Volunteer Ambulance Workers:**

Any of the following activities, pursuant to orders/authorization:

- Travel to, working at and travel from an accident, alarm of accident or other duty to which the volunteer ambulance company has responded; travel in connection with other authorized activities;
- Personal assistance rendered to another ambulance company;

- Performance of duties at the ambulance facility or elsewhere, directly related to the prevention of accidents or other disasters or the delivery of emergency health care;
- Instruction or being instructed in ambulance duties; attendance at a training school or course of instruction for ambulance workers, or attendance at, or participation in, any noncompetitive training program;
- Attendance at, or participation in, authorized drills, parades, funerals, inspections or reviews;
- Attendance or work at meetings of the ambulance department or ambulance company, or any organized unit thereof, at the ambulance facility or other regular or special headquarters of the department, company or unit;
- Work in connection with the construction, testing, inspection, repair or maintenance of the ambulance facility and the fixtures, furnishings and equipment thereof, and the ambulance vehicles, ambulance apparatus and equipment used by the ambulance department, ambulance company, or other unit;
- Practice for, or participation as a contestant or an official in any competitive tournament, contest or public exhibition conducted for ambulance workers which is intended to promote the efficiency of the ambulance department, ambulance company or any unit;
- Inspection of ambulance vehicles and ambulance apparatus prior to delivery under a contract or purchase, or performance of duties in relation to the delivery;
- Attendance at a convention or conference of ambulance workers or ambulance officers as the authorized delegate or representative of the ambulance department, ambulance company or any unit;
- Work in connection with a fundraising activity of the ambulance company, not including competitive events in which volunteer ambulance workers are competitors.

## NOT in the Line of Duty

Means:

### **For Moira Volunteer Fire Department Volunteer Firefighters and Moira E.M.S. Volunteer Ambulance Workers:**

- Participation, including practice, in any recreational or social activity, other than noncompetitive fundraising activities;
- Work rendered in the service of a private employer; public corporation or special district;
- Work rendered while on leave of absence or suspended from duty, or work that the volunteer has been ordered not to perform;
- Competitive events in which volunteer members are competitors, such as baseball, basketball, football, bowling, tugs of war, donkey baseball, donkey

basketball, boxing, wrestling, contests between bands or drum corps, or other competitive events in which volunteer members are competitors and which involve physical exertion on the part of the competitors.

## 2. Workers' Compensation, Volunteer Firefighters', and Ambulance Workers' Benefits Insurance Coverage

### Overview

Workers' Compensation is insurance that provides cash benefits and/or medical care for employees who are injured or become ill as a direct result of their job. Weekly cash benefits and medical care are paid for by the Town's insurance carrier, as directed by the Workers' Compensation Board.

The Volunteer Firefighters' Benefits Law provides for cash benefits and/or medical care to volunteer firefighters who are injured or become ill in the line of duty. Weekly cash benefits and medical care are paid by the Town's insurance carrier in accordance with the law.

The Volunteer Ambulance Workers' Benefits Law provides cash benefits and/or medical care for volunteer ambulance workers who are injured or become ill in the line of duty. Weekly cash benefits and medical care are paid by the Town's insurance carrier in accordance with the law.

The Town pays for this insurance and shall not require the employee, volunteer firefighter, or volunteer ambulance worker to contribute to the cost of compensation.

The Workers' Compensation Board is a state agency that processes the claims. If Board intervention is necessary, it will determine whether that insurer will reimburse for cash benefits and/or medical care, and the amounts payable.

In a workers' compensation case, no one party is determined to be at fault. The amount that a claimant receives is not decreased by the claimant's carelessness, nor increased by an employer's fault. However, a worker loses the right to workers' compensation, volunteer firefighters' compensation, or ambulance workers' compensation if the injury results solely from their intoxication from drugs or alcohol, or from the intent to injure themselves or someone else.

A claim is paid if the insurance carrier agrees that the injury or illness is work-related. If the insurance carrier disputes the claim, no cash benefits are paid until the workers' compensation law judge decides who is right. If a worker is not receiving benefits because the insurance carrier is arguing that the injury is not job-related, that worker may be eligible for disability benefits in the meantime. Any payments made under the Disability Program, however, will be subtracted from future workers' compensation awards.

## Insurance Coverage

Insurance coverage is provided by the Town's enrollment and participation in the Franklin County Workers' Compensation Self-Insurance Plan. The plan is administered by the Franklin County Workers' Compensation Self-Insurance Plan Administrator, appointed by the Franklin County Board of Legislators. The current Plan Administrator is the Franklin County Personnel Officer.

The Franklin County Workers' Compensation Self-Insurance Plan utilizes NCAComp, Inc., Buffalo, NY to assist with providing claims management.

**ALL work-related injuries that *require medical treatment by a healthcare provider or results in lost time amounts to more than one day beyond the end of the working shift (for Town employees) on which the injury occurred*** will be coordinated with the Franklin County Personnel and Civil Service Department's Employee Benefits Coordinator, Ms. Christie Bonville, Franklin County Courthouse, 355 West Main Street, Suite 311, Malone, NY 12953, (518) 481-1678, [Christie.Bonville@franklincountyny.gov](mailto:Christie.Bonville@franklincountyny.gov), hereinafter referred to as "Coordinator."

### **3. What to do when a Work-Related Injury Happens**

For medical emergencies, call 911, without delay.

When an employee is injured, they should immediately tell their supervisor when, where and how the injury happened, if able. *Failure of an employee reporting an injury to a supervisor immediately may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action.*

#### Minor Injury Reporting

The injury is minor if:

- it requires two or fewer treatments by a person rendering first aid, and in the case of a Town employee, lost time amounts to less than one day beyond the end of the working shift on which the incident occurred, or
- The employee feels examination and/or provision of medical care by a health care provider is not warranted (i.e. refuses medical treatment) at the time of injury or by the end of the shift or the end of activity in the line of duty on the day it occurred.

For minor injuries, the employer will pay for the first aid treatments directly.

For Town Employees, the **employee's supervisor shall** complete the Employer's First Report of Work-Related Injury/Illness (Form C-2F) **on the date reported by the employee**. *Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary*

*action.* If the injury is visible, photographs should be taken of the injury to include with the report.

For Volunteer Firefighters, the employee's supervisor shall complete the Volunteer Firefighter's Claim for Benefits (Form VF-3) **on the date reported by the employee.** *Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action.* If the injury is visible, photographs should be taken of the injury to include with the report.

For Volunteer Ambulance Workers, the employee's supervisor shall complete the Volunteer Ambulance Worker's Claim for Benefits (Form VAW-3) **on the date reported by the employee.** *Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action.* If the injury is visible, photographs should be taken of the injury to include with the report.

For Town Employees, the original report is to be filed in the employee's personnel file, and copies are forwarded to the Town Supervisor and Bookkeeper to the Town Supervisor.

For Volunteer Firefighters, the original report is to be filed in the employee's personnel file, and a copy forwarded to the Chairman of the Board of Fire Commissioners and the Town Clerk.

For Volunteer Ambulance Workers, the original report is to be filed in the employee's personnel file, and a copy forwarded to the President of Moira E.M.S. and the Town Clerk.

Forms C-2F, VF-3, or VAW-3 will **NOT** be sent or filed online to the Worker's Compensation Board (WCB) or to the Coordinator. Instead, the employer maintains the form in their files for the statutory 18-year period (WCL §110).

### Minor Injury Worsens

In the event a work-related injury initially deemed minor at the time of occurrence later worsens over time following the date of injury, and

1. Medical treatment for the injury by a healthcare provider is now needed, or
2. In the case of a Town employee, the injury results in lost time amounting to more than one day beyond the end of the working shift on which the injury occurred.

The injured employee shall immediately advise their supervisor, and

The **Supervisor** shall report the injury to the Coordinator as soon as possible. **If the Supervisor is not available,** the Town Employee will make the report.

The **Chief of the Moira Volunteer Fire Department** shall contact the Coordinator on how to proceed **prior to** any medical treatment by a health care provider, or

The **President of Moira E.M.S.** shall contact the Coordinator on how to proceed **prior to** any medical treatment by a health care provider.

The aforementioned Employer's First Report of Work-Related Injury/Illness (Form C-2F), or the Volunteer Firefighter's Claim for Benefits (Form VF-3), or the Volunteer Ambulance Worker's Claim for Benefits (Form VAW-3) completed by the supervisor on the date of injury deemed minor at the time of occurrence shall then be filed with the Coordinator no later than the next business day after notification by the employee that such medical treatment is needed, or when (for Town employees) lost time amounts to more than one day beyond the end of the working shift on which the injury occurred.

Form C-2F, or Form VF-3, or Form VAW-3 will **NOT** be sent or filed online to the Worker's Compensation Board (WCB), **ONLY** with the Coordinator.

### Reporting of Injuries (Other than Minor)

For Town employees, all injuries other than minor injuries (as described above) must be reported to the Coordinator as soon as possible by the Supervisor, the Town employee or their representative by calling the Coordinator no later than the end of the next business day following the date of injury.

For volunteer firefighters, all injuries other than minor injuries (as described above) must be reported to the Coordinator no later than the end of the next business day following the date of injury who will then advise how to proceed.

For volunteer ambulance workers, all injuries other than minor injuries (as described above) must be reported to the Coordinator no later than the end of the next business day following the date of injury who will then advise how to proceed.

For Town employee, the injured employee's supervisor **shall** complete the Employer's First Report of Work-Related Injury/Illness (Form C-2F) **on the date reported by the employee**. *Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action.* If the injury is visible, photographs should be taken of the injury to include with the report.

For Volunteer Firefighters, the injured employee's supervisor shall complete the Volunteer Firefighter's Claim for Benefits (Form VF-3) **on the date reported by the employee**. Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action. If the injury is visible, photographs should be taken of the injury to include with the report.

For Volunteer Ambulance Workers, the employee's supervisor shall complete the Volunteer Ambulance Worker's Claim for Benefits (Form VAW-3) **on the date reported by the employee**. Failure of a supervisor to complete the report may jeopardize the validity of a claim (except in emergent circumstances) and may result in disciplinary action. If the injury is visible, photographs should be taken of the injury to include with the report.

The Form C2-F, or Form VF-3, or Form VAW-3 is then filed with the Coordinator no later than the next business day following the date of injury. The report is **NOT** filed with the WCB, **ONLY** with the Coordinator.

When completing Form C-2F, VF-3, or VAW-3, it is important to remember that statements may be legally binding. The employer should note on the form if they believe the claim to be questionable or fraudulent. The Coordinator can be contacted for assistance with completing the form. Form C-2F can be filed by a third-party designated by the employer, however the employer is ultimately responsible for ensuring it is filed.

Filing Form C2-F, VF-3, or VAW-3 is not necessarily an admission that a supervisor or employer agrees with the facts of a reported injury. It is a statement that an employee reported a work-related injury or illness to the employer.

### Reporting of Work-Related or in the Line of Duty Death

For Town Employees, volunteer firefighters, and volunteer ambulance workers, all work-related or in the line of duty deaths must be reported to the Coordinator no later than the end of the next business day following the date of injury who will then advise how to proceed.

## 4. Process Following Filing of a Claim for Benefits

### For the Town:

#### *Employee Claim Form (C-3)*

Once the claim is filed with the employer, insurance carrier, and the WCB, the employee will receive a Claimant Information Packet which contains an Employee Claim Form (C-3). The employee must complete this form and return it by mail to the WCB, or submit electronically by completing a WCB online form submission at <https://www.wcb.ny.gov/onlineforms/c3/C3Form.html>

#### *Employer's Report of Injured Employee's Change in Employment Status Resulting From Injury Report (Form C-11)*

This report is to be filed as soon as the employment status of an injured employee, as reported on First Report of Injury (C-2F), or on a previous Form C-11 or EC-11, is changed. Change in employment status includes return to work, discontinuance of

work, increase or decrease of regular hours of work and increase or reduction of wages. The report is **NOT** filed with the WCB, it is **ONLY** to be mailed to the Coordinator.

### *Employer's Statement of Wage Earnings (Form C-240)*

This form is used to calculate the employee's wages if the employee goes off the Town's payroll and Workers' Compensation needs to start paying indemnity to the employee. The form will be sent by the Franklin County Workers' Compensation Self-Insurance Plan as directed by the WCB. The report is **NOT** filed with the WCB, it is **ONLY** to be mailed to the Coordinator.

### *Employer's Request for Reimbursement (Form C-107)*

This form is to be completed and submitted when/if disability resulting from an injury will exceed seven (7) days (as no compensation is payable for the first seven (7) days until the disability exceeds fourteen (14) days). In this case the employer is entitled to reimbursement. The form is to be completed and submitted upon either,

1. The employee returns to work, or
2. The employee comes off the Town's payroll and Worker's Compensation is starting to pay indemnity to the employee.

The report is **NOT** filed with the WCB, it is **ONLY** to be mailed to the Coordinator.

[For the Moira Volunteer Fire Department and Moira E.M.S.](#)

Proceed with claim processing as per instructions by the Coordinator.