Augusta County Emergency Services Officers Association		
Augusta County Government Center P.O. Box 590 – 18 Government Center Lane Verona, Virginia 24482		
Fire-EMS		
Standard Operating Guideline		
Section:	2 General	
Title:	Workers Comp / Accident & Health Insurance	
Date:	August 2008	
Revision Date:	July 2020	

WORKERS COMPENSATION INSURANCE

Augusta County volunteers that meet the job description(s) of a Volunteer Firefighter, Volunteer EMS, Volunteer Junior Fire/EMS or Volunteer Driver are eligible for Workers Compensation Insurance along with the Accidental and Health Insurance. To **report a claim with Workers Compensation you need to call the "Company NURSE" at 1-888-770-0925 immediately** to report an injury. The injury then needs to be reported to the Fire-Rescue Volunteer Coordinators Office.

Work Comp Benefits:

- Indemnity benefits (wages)
- Lifetime medical benefits
- Disability benefits
- Cost of living supplements
- Work comp covers legal action if taken

Volunteer Workers Comp: Group Name: Augusta County Emergency Services Officers Association Group Number: V158V

ACCIDENT AND HEALTH INSURANCE

All Augusta County based volunteer personnel are insured by Augusta County for accidents and health as related to fire and rescue operations.

Presently, the policy is through Bankers Insurance, 12 Hedgerow Drive, Staunton, VA 24401. Officers of each department are responsible for submitting claim forms for their members who are injured. Claims and attending physician's report should be sent to **Fire-Rescue Volunteer Coordinators Office** within 7 days of the accident properly signed by an officer. All bills pertaining to the accident shall be sent to **Fire-Rescue Volunteer Coordinators Office** as soon as possible. It is advisable to keep a copy of all correspondence concerning the incident.

Additional forms and copies of the Accident & Health Policy are available from the Augusta County Fire-Rescue Office.

The policy and claim forms are in the appendix of this manual and should be reviewed by company officers.

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Deaths and Injuries

Occasionally we experience a death or serious injury as a result of emergencies. Regardless of whether such death or injury is that of a civilian or fire/rescue personnel, it should be reported to <u>Augusta County Fire-Rescue</u> <u>Chief.</u>

When such a death or injury does occur, NEVER air the identity of the victim over the radio. Relatives, friends or the public often "scan" such conversations and could become upset or "panic" if they hear that a loved one or someone they know is involved.

When death occurs, it is recommended not to remove or move the body or bodies until the Sheriff's Department and Coroner has approved such action. Proper investigations of fire-related deaths are very important and should be handled with great care.

Federal and state benefits are available to the eligible survivors of fire and rescue personnel whose death was a result of a traumatic injury sustained in the line of duty. The County Fire Chief will assist with said benefits.

Procedures at Time of Incident

The incident may take one of the following forms:

- 1) Death at scene
- 2) Dead on arrival at hospital
- 3) Alive on arrival to hospital, but later expires
- 4) Injuries or distress not detected at scene and member expires later, possibly at home or fire station

In all cases, steps must be taken to insure that cause of death is accurately reported. An autopsy should be requested and the request should include a request for a toxicological examination with a test for specific levels of Carbon Monoxide (CO) in the blood expressed in an exact percent. This is absolutely crucial in the event of a collapse of a member at or following an incident without a physical injury present. (This test may not be performed if the member has been hospitalized for more than a few days under heavy medication as it will be inconclusive.)

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If a member is admitted to the hospital with injuries sustained in the line of duty or following and reasonably connected with such duty, a request should be made upon admission for a blood test with a specific test for Carbon Monoxide expressed in an exact percent level. Emphasize the importance of the percent level as opposed to generalities such as CO present or "trace of CO", etc.

This again, is crucial if there is any possibility of a coronary involvement, even if it is not obvious at the time of admission. For example, a member is admitted with a broken leg at a fire but subsequently suffers a heart attack which was brought about by low level smoke inhalation which did not produce an obvious symptom at the scene. The broken leg certainly was not the cause of death but if a CO level of 15% or more (10% for non-smokers) is detected on admission that will be considered as a "physical injury" which resulted in death under the Public Safety Officers Benefit Law.

<u>DO NOT</u> make any statements which would indicate that "stress", "strain" or "exertion" was a contributing factor in the incident as this will surely lead to the denial of benefits.