



Department of Emergency Response
And Communications
Cortland County 911
Public Safety Building; Suite 201
54 Greenbush Street
Cortland, New York 13045

100-004	Title- REPORTING AND FILING OF INJURIES AND DEATHS	
Effective Date – March 1, 2008	References – Policy was amended to reflect updated procedures and contacts.	
Next Scheduled Review		
Modified Date – August 11, 2016	CLASSIFICATION – POLICY STATEMENT	Approved By -

PREFACE:

ALL CLAIMS MUST BE FILED WITH THE COUNTY WITHIN 24 HOURS (NOT INCLUDING WEEKENDS AND HOLIDAYS). FAILURE TO COMPLY WILL RESULT IN FINES. A fire department officer must sign all forms. The forms must be hand delivered, faxed to the County Attorney’s Office at (607) 756-3489 or submitted using the County Incident/Accident Reporting web portal at <https://www1.cortland-co.org/wc/>.

Under Part 801 of the State of New York Department of Labor Recording and Reporting Public Employees’ Occupational Injuries and Illnesses Section 801.9, Reporting of Fatalities or Multiple Hospitalization Accidents,

- a.) Within 8 hours after the occurrence of a firefighter accident which is fatal to one (1) or more firefighters or which results in inpatient hospitalization of two (2) or more firefighters, the Fire Chief or his/ her designee shall report the accident to the nearest office of the New York State Department of Labor, Division of Safety and Health, 450 South Salina Street, Syracuse, NY 13202, telephone 315-479-3212.
- b.) Whether or not the accident is immediately reportable, if a firefighter dies of the effects of a fire department related accident within 6 months of that accident, the Fire Chief or his/her designee shall report to the Division of Safety and Health office, 315-479-3212, within 8 hours after learning of such death.

- c.) Each report required by this section shall relate to the circumstances of the accident, the number of fatalities or hospitalizations, and the extent of any injuries. The Fire Chief or his/her designee shall also provide to the Division of Safety and Health office any additional information and reports concerning the accident as the Department of Labor shall deem to be necessary.
- d.) If a fatality or serious incident occurs, the Fire Chief or his/her designee shall take appropriate measures to prevent the destruction or alteration of any evidence that would assist in investigating the fatality or serious accident.

PURPOSE: To insure that all injuries and or deaths are properly recorded and forwarded to the appropriate locations.

DEFINITIONS:

Political Subdivision - The City, Village or Fire District shall be listed with the Town put into parenthesis next to or under it where it asks for Political Subdivision Liable for Benefits.

Insurance Company - Cortland County Self Insurance Fund shall be listed where it asks for Insurance Carrier if any.

POLICY:

STEP 1: PREPARE A RECORD OF ALL ACCIDENTS

The law requires all fire districts or municipalities to keep a record of all injuries sustained by their firefighters in the course of duty. This requirement should be met by completing a VF - 1 form.

The VF - 1 is not an insurance form, but rather a method of keeping an internal record of all accidents. This form and the Cortland County Incident Accident report form should be completed after any accident within 24 hours (not including weekends and holidays) using the County Incident/Accident Reporting web portal <https://www1.cortland-co.org/wc/>.

Example: A firefighter falls down and bruises his knee. He does not wish to receive any medical attention. A VF - 1 Form and the County Incident Accident

Report form must be filled out and sent using the County Incident/Accident Reporting web portal or by fax in case the condition worsens and he does require medical attention at a later date.

Anytime it is believed that a member of the department may have been exposed to but not limited to chemicals, a hazardous substance, or transmitted diseases, and does not receive medical treatment that would result in a medical bill, a VF - 1 Form and the County Incident Accident Report form shall be filled out and sent using the County Incident/Accident Reporting Web Portal or by fax.

STEP 2: REPORT OF ACCIDENT OR INJURY – MEDICAL ATTENTION SOUGHT

In addition to completing a County Incident Accident Report form and VF - 1, the following forms may be necessary. All claims must be filed with the Cortland County Attorney's Office using the County Incident/Accident Web Portal or fax.

C-2F: This form is the actual report of loss to the Cortland County Self-Insurance Program. The County cannot move a claim forward unless they have a signed and completed C-2F. Failure to file this form within ten (10) days is a misdemeanor.

A C-2F and the New York State Department of Labor Injury and Illness Report (form SH 900.2) must be completed for the following injuries and illnesses:

- a. any accident or injury in which a volunteer firefighter requires medical treatment beyond ordinary first aid and medical bills results from such treatment.
- b. death
- c. loss of consciousness
- d. days away from work
- e. restricted activity
- f. any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional

- g. any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or punctured eardrum
- h. any needle stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material
- i. tuberculosis infection as evidenced by a positive skin test or diagnosed by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.

STEP 3: CLAIMS FOR BENEFITS FOR LOST TIME AT WORK

If a volunteer firefighter loses time from work and is due reimbursement, the following form must be filed with the County using the County Incident/Accident web portal or faxing it to the County Attorney's Office.

VF - 3: This form must be filed, in addition to a C-2F form, if the accident or injury is one in which a volunteer firefighter loses time from his/her regular employment. This form should be filed immediately.

STEP 4: DEATH CLAIMS

In the case a firematic injury should result in the death of a volunteer firefighter, the following forms should be filed with the County within 90 days.

VF - 62: the fire district or municipality following a line of duty death of a firefighter must complete this form.

C - 64: This form is proof of death. It must be completed by the physician last in attendance of the deceased.

C - 65: This form is proof of burial and funeral expenses. It must be completed by the mortician.

The County's insurance company will assist with the proper filling out of all these forms.

STEP 5: NON AFFILIATED FIREFIGHTERS

If a volunteer firefighter from another fire department volunteers his or her services during an emergency and such services (other than mutual aid) are accepted by the officer in charge, then such firefighter, if they are injured in the line of duty, is covered under the host Fire Department's VFBL Coverage. This includes firefighters from outside Cortland County. It is the Host Fire Department's responsibility to fill out the necessary forms on these individuals if they are injured.

Volunteer firefighters of other municipalities responding under mutual aid remain covered under their own jurisdiction, and are not the responsibility of the department requesting the mutual aid.

STEP 6: FILING OF FORMS

Once the appropriate forms have been filled out, they will be distributed to the following locations:

0. Copy for the member for his personal record keeping
1. The County Incident/Accident Form, VF-1, C-2F and VF-3 should be scanned and submitted to the County Attorney's Office using the County Incident/Accident Reporting Web Portal at <https://www1.cortland-co.org/wc/>, hand delivered or faxed to the County Attorney's Office at 607-756-3489.
2. One placed in the Department personnel file.

ISSUED BY FIRE COORDINATOR

Scott Roman