



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



Health and Safety Workers' Compensation

Contact: Dana Betts, BS RN COHN

(518) 427-1551 Ext. 247

Fax: (518) 426-1635

[Email: dbetts@nyscopba.org](mailto:dbetts@nyscopba.org)

Function/ Responsibilities:

1. Review Health and Safety issues as reported to the Stewards in each facility.
2. Attempt to resolve issues based upon subjective/objective information at the local level.
3. Review PESH and OSHA information to provide direction regarding reported Health & Safety issues.
4. Provide information regarding Workers' Compensation benefits both contractual and statutory.
5. Provide Workers' Compensation packets that are available on the NYSCOPBA website or by contacting Dana Betts.

Information included:

1. Information Guide for a Workers' Compensation Claim
2. Workers' Compensation Benefit Election Form
3. Documentation for Workers' Compensation leave; Attachment F of DOCCS Directive 2208A and Estimated Physical Capabilities Form
4. Documentation for Workers' Compensation Prior-approved Appointments, Attachment G of DOCCS Directive 2208A
5. Dispute Resolution Program: New York State Workers' Compensation Program & Appeal Form
6. Medical & Travel Expenses & Request for Reimbursement
7. Workers' Compensation Helpful Phone Numbers

Note: All attachments are found in the Workers' Compensation packet

Notice of Alleged Safety or Health Hazards

Employees or employee representatives may use this form to file a safety or health hazard complaint with the New York State Department of Labor. It is not the only means that a complaint may be registered.

Section 27a (5) (a) of the Public Employees Safety and Health Act of 1980 states:

“Any employee or representative of employees who believes that a violation of a safety or health standard exists, or that an imminent danger exists, may request an inspection by giving notice to the commissioner (of Labor) of such violation or danger.

Such notice and request shall be in writing, shall set forth with reasonable particularity the grounds for the notice, **shall be signed by such employee or representative of employees**, and a copy shall be provided by the commissioner to the employer or the person in charge no later than the time of inspection, except that on request of the person giving such notice, his name and the names of individual employees or representatives of employees shall be withheld. Such inspections shall be made forthwith.”

If the Commissioner of Labor determines there are no reasonable grounds to believe a violation or danger exists, you will be notified in writing.

Note: Section 27a (10) (a) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For more information go to: https://labor.ny.gov/workerprotection/safetyhealth/DOSH_PESH.shtm.

Instructions:

- Complete the form as accurately and completely as possible. Describe in detail each hazard you think exists.
- If there is any evidence that supports your suspicion that a hazard exists, include it in your description (for instance, a recent accident or physical symptoms of employees at your site).
- Use additional sheets of paper as needed.
- Email the completed and signed form to ask.shnypesh@labor.ny.gov, or fax or mail it to the nearest Division of Safety and Health (DOSH) District Office listed below. Address it to the attention of the:

Public Employee Safety and Health Bureau (PESH)

Albany District Office
State Office Campus
Building 12, Room 158
Albany, New York 12240
Phone: (518) 457-5508
Fax: (518) 485-1150

Garden City District Office
400 Oak Street, Suite 102
Garden City, New York 11530-6551
Phone: (516) 228-3970
Fax: (516) 794-7714

Syracuse District Office
450 South Salina Street, Room 202
Syracuse, New York 13202
Phone: (315) 479-3212
Fax: (315) 479-3451

Binghamton District Office
44 Hawley Street, Room 901
Binghamton, New York 13901
Phone: (607) 721-8211
Fax: (607) 721-8207

New York City District Office
75 Varick Street, 7th floor
New York, New York 10013
Phone: (212) 775-3554
Fax: (212) 775-3542

Utica District Office
207 Genesee Street, Room 703A
Utica, New York 13501
Phone: (315) 793-2258
Fax: (315) 793-2303

Buffalo District Office
65 Court Street, Room 401
Buffalo, New York 14202
Phone: (716) 847-7133
Fax: (716) 847-7108

Rochester District Office
109 South Union Street, Room 402
Rochester, New York 14607
Phone: (585) 258-4570
Fax: (585) 258-4593

White Plains District Office
120 Bloomingdale Road, Room 255
White Plains, New York 10605
Phone: (914) 997-9514
Fax: (914) 997-9528

Notice of Alleged Safety or Health Hazards

Establishment Name: _____

Site Address: Street: _____

City: _____ State: _____ Zip: _____

Site Phone: _____ Site Fax: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Mail Phone: _____ Mail Fax: _____

Management Official: _____ Phone: _____

Type of Business: _____

Hazard Description and Location: Describe the danger(s) which you believe exist. Be specific and give details. Include the physical location of the alleged danger. Include the street, city, state, zip in the location, the specific area inside or outside of the site, and approximate number of employees exposed to or threatened by each hazard. Use additional sheets if needed.

This condition has been brought to the attention of: the Employer a Government Agency, other than the Department of Labor. Agency name: _____

Complainant's Name (Required): _____

Choose one: Do NOT reveal complainant's name to the employer.

Complainant's name may be revealed to the employer.

Complainant's Home Address (Required): Street: _____

City: _____ State: _____ Zip: _____

Phone (Required): _____ **Email:** _____

I, the complainant signed below, believe that job safety or health hazard(s) exists at the establishment named in this form. I am:

an Employee

an Employees' (Union) Representative. Please enter the name of the union or organization you represent: _____

Your title: _____

a Safety and Health Committee member

Other, specify: _____

Signature (Required): _____ **Date:** _____

Information Guide for a Workers' Compensation Claim

Date of Injury: _____

_____ Report injury to facility.

_____ Complete the Accident/Injury Report and the Benefit Election form at your facility. Call ARS (888-800-0029) to report injury to State Insurance Fund.

_____ Obtain prompt medical treatment in an Emergency Room, Urgent Care or with personal physician and advise providers the NYS Insurance Fund is the Workers' Compensation carrier. Any treating provider must have certification from the Workers' Compensation Board (WCB) to treat Workers' Compensation injuries. It is important to ask the physician, prior to making an appointment, if he/she is able to treat Workers' Compensation claims. Most Emergency Rooms and Urgent Care facilities have approval from the WCB.

_____ Complete a C3 (new injury) or C3.3 (prior injury to same part of body) and mail to:

**Workers' Compensation Board
Centralized Mailing Address
PO Box 5205
Binghamton, NY 13902-5205**

The C3 can also be completed electronically on the Workers' Compensation Board website at www.wcb.ny.gov

_____ Provide disability notes to facility even if it only involves one day after the injury. All the information requested on the Documentation **for Workers' Compensation Leave** form must be completed. Failure to do so may result in a pay status change. It is not necessary to use the leave form; however all the information requested on the leave form must be provided on a physician's letterhead. It is your responsibility to make sure all the information is completed correctly.

_____ Review the Workers Compensation Statement of Rights and Legislation regarding injuries from an assault.

_____ Review the Pharmacy Network Information.

_____ Review Diagnostic Testing Network

- _____ Obtain and keep copies of all notes provided to facility that pertain to treatment, such as:
 - _____ Facility injury report
 - _____ Names of witnesses
 - _____ Emergency Room report – make sure to obtain an out-of-work note, if applicable
 - _____ **All** phone calls/dates
 - _____ **All** correspondence from the State Insurance Fund and the Workers' Compensation Board
 - _____ **All** correspondence from your facility
 - _____ Mileage including dates of treatment related to your injury - MD/chiropractic visits, physical therapy, Independent Medical Examination (IME). These are expenses that should be sent to the State Insurance Fund for a reimbursement of out-of-pocket expenses.

_____ If your WC claim is controverted (not accepted) or you are placed on LWOP, YOU HAVE **20 DAYS TO FILE A GRIEVANCE** after you receive notification. Refer to FAQ for further information.

_____ IME information – see FAQ for more information.

_____ Review the Dispute Resolution appeal form and information.

_____ Review the New York State Department of Correctional Services Directives:
- # 2207 Time & Attendance Rules – Personal leave
- # 2208A Workers Compensation Benefits – (Security Services)

_____ Review the New York State Department of Civil Service Attendance and Leave Manual – Policy Bulletin 93-02 Section 21.8

_____ Review the NYSCOPBA Contract, Article 14.9 (included).

All forms are provided in “Table of Contents”

HELPFUL PHONE NUMBERS FOR WORKERS' COMPENSATION CASES

NYSCOPBA (888) 484-7279

or

(518) 427-1551

<u>TOPIC</u>	<u>ASSISTANCE PROVIDED</u>	<u>PHONE NUMBER OR EXTENSION AT NYSCOPBA</u>	<u>CONTACT</u>
Accident Reporting System (ARS)	To report injury.	(888) 800-0029	Automated System
Workers' Compensation	Answer questions pertaining to WC and the NYSCOPBA contract.	247	Dana Betts, RN
Retirement (both regular and disability)	Provides explanation of retirement process including forms.	257	William Naylor
Medical Benefits	Explanation of health insurance when payroll status changes.	236	Sharon Smith
Norvest	If enrolled for optional disability insurance.	(888) 869-8252	Norvest Customer Assistance
Aflac	If enrolled for Accident/Sickness	(800) 366-3436	AFLAC Customer Assistance
Membership Services	Resolve problems with Norvest/Aflac Provide information to members leaving state payroll.	261	Stephanie Flanagan
Specialists/Physicians	List of specialists who accept WC cases.	(877) 632-4996	Website – www.wcb.ny.gov
Advocate for the Injured Worker	Answers questions pertaining to your specific case.	(877) 632-4996	Website – www.wcb.ny.gov