

WHAT TO DO WHEN A WORKPLACE INJURY OCCURS

In the event of a workplace injury, our first priority is to seek medical treatment for the employee, if needed. In an emergency, they should be referred to the nearest emergency room or urgent care. Paperwork may be completed after the fact, if necessary. For non-emergency injuries please see information below.

Please contact Campus Police if an ambulance is needed. Call the Office of Human Resources at ext. 2230 if you have questions regarding what to do in the event of an incident.

Forms to be completed and submitted to HR for ALL on-the-job injuries:

REPORT OF OCCUPATIONAL INJURY OR ILLNESS – To be completed by the supervisor/manager and the employee the day of the injury occurs.

(This form must be completed to document an incident regardless of whether or not medical treatment is required. The notation just below the diagram on the form must be marked and signed if initial treatment is declined by the employee. Please note that if an employee initially declines treatment, this does **not** mean that they are waiving the right to request treatment at a later date.)

WITNESS/CO-WORKER STATEMENT – To be completed by the any witnesses on the day of the incident. This form is most useful for serious injuries to document any witnesses to the incident or anyone who may have been involved.

Forms to be completed and submitted to HR for injuries requiring medical treatment and/or time off work:

MEDICAL CARE AUTHORIZATION FORM – To be completed by the supervisor or department head or a representative of HR. To be used when the injured worker needs medical treatment away from the work site. If immediate medical attention is required, the supervisor may complete the top portion of the form and send it with the injured worker to the medical provider. Where immediate treatment is not required, Human Resources will complete the form and refer the employee to a designated provider. Wherever possible, treatment for on the job injuries should be given within three days of the incident. A copy of any paperwork received by the employee after treatment should be returned to HR. *Please contact HR if a prescription is ordered for a “First Fill” form.*

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION – To be completed by the employee on the day of the incident or as soon as possible thereafter. This form must be completed by the employee in the event that the injury is turned in to our Workers Comp management organization. It allows them to obtain the medical documentation needed to process a claim for benefits.

WORKERS’ COMPENSATION SICK/ANNUAL ACCRUED LEAVE ELECTION FORM – To be completed by the employee on the day of the incident or as soon as possible thereafter. Employees may elect to use earned leave balances to augment workers’ compensation benefits as allowed by law. This form advises the University of the employees’ wishes in this regard, and authorizes the use/non-use of earned leave to cover any time missed from work.

COMPLETED FORMS SHOULD BE TURNED IN TO HUMAN RESOURCES IN ROOM A-115 AS SOON AS POSSIBLE AFTER AN INJURY OCCURS. HR WILL FORWARD MATERIALS TO CBR, OUR THIRD PARTY ADMINISTRATOR.