Injury Reporting & Workers' Compensation

Trish Lijana
Workers' Compensation Program Manager
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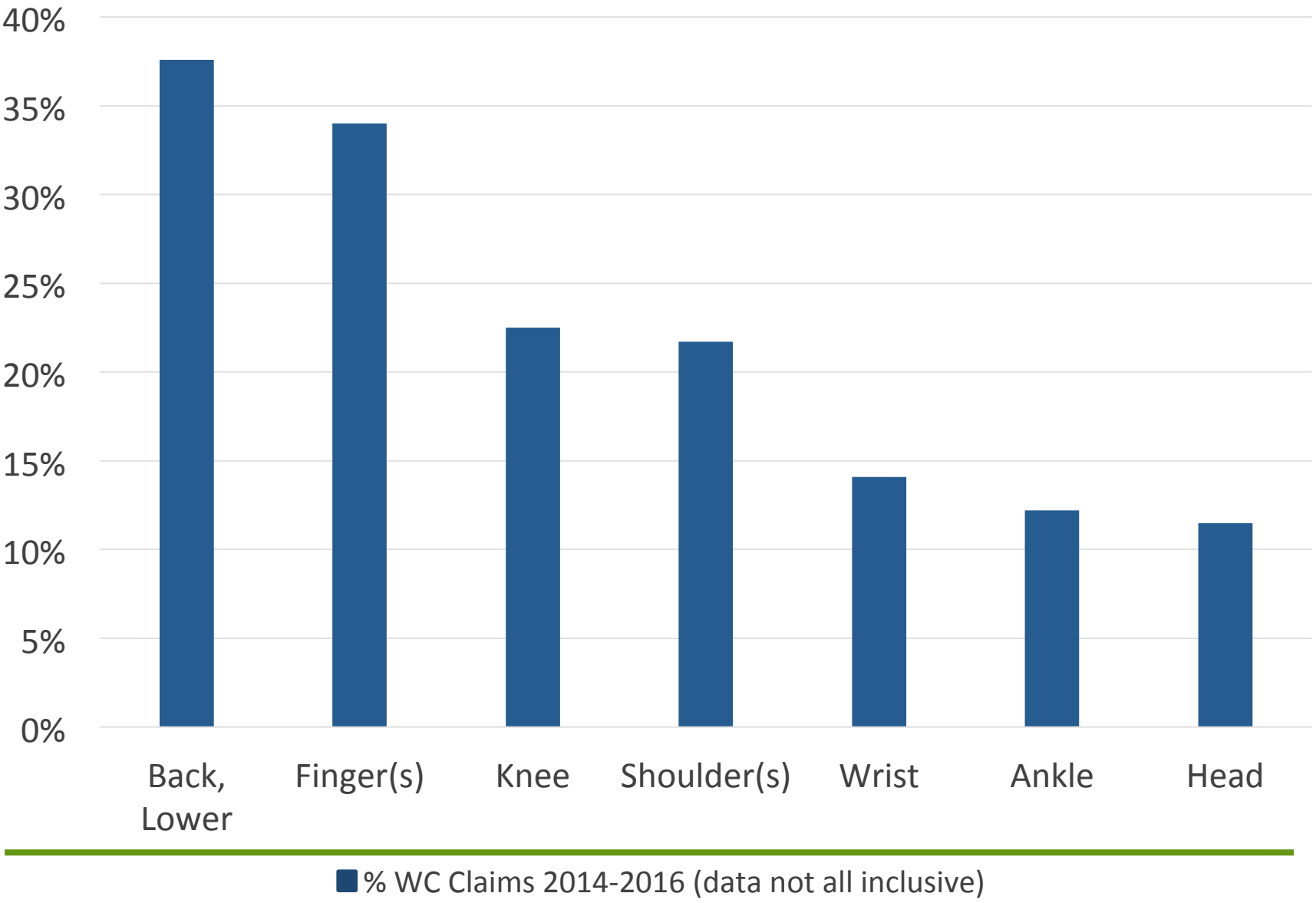
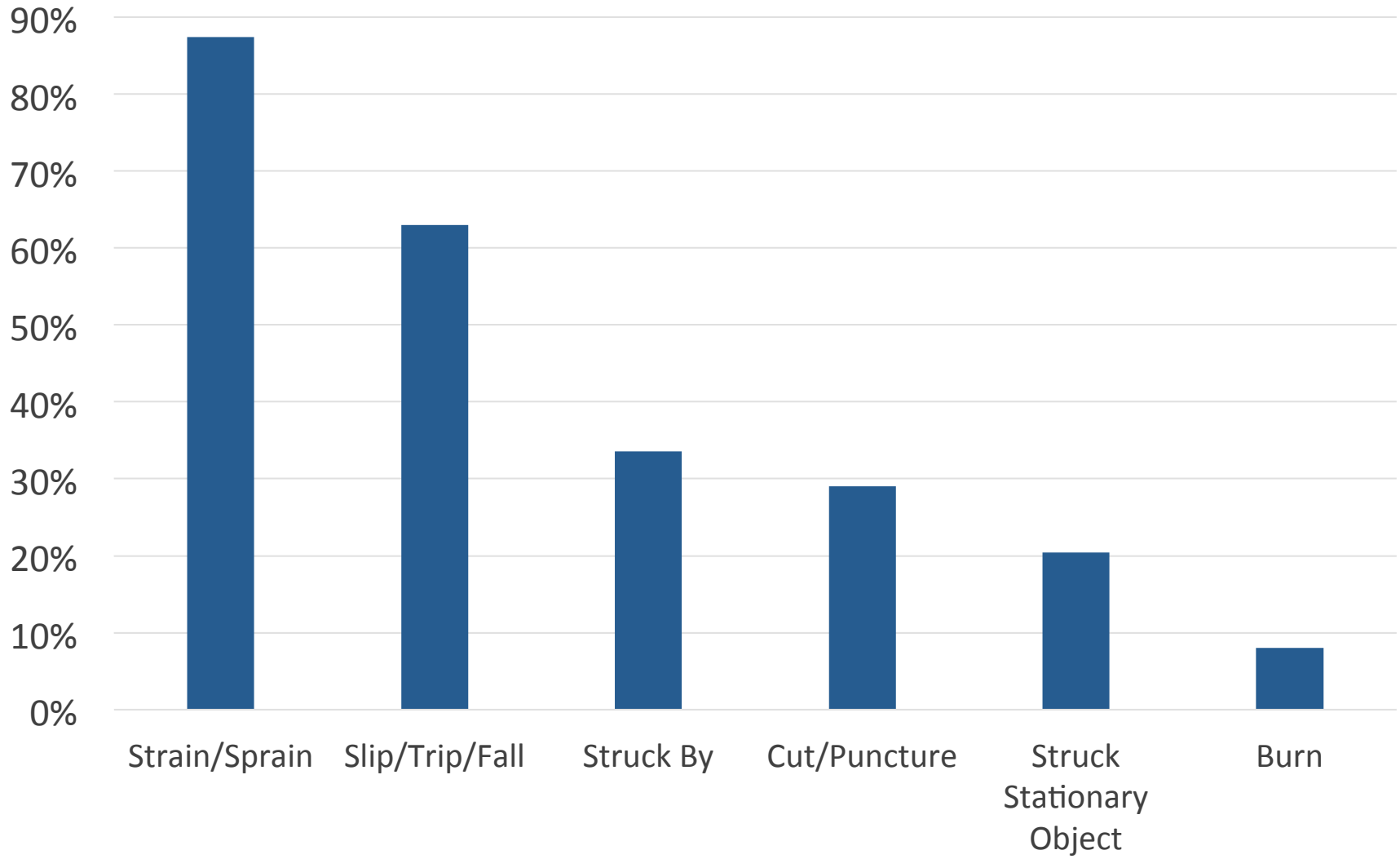
TOP BODY PARTS INJURED



TOP CAUSES OF INJURIES




ACCIDENTS
Whether Great...
Or Small
REPORT THEM ALL !!!

WHY REPORT AN INJURY?

- Identifies potential hazard(s)
- Alerts UO to investigate
- Opportunity to correct hazard while minor
- Can prevent same injury from happening to someone else
- Reporting within 24 hours is imperative
- Protects injured employee

HOW TO REPORT AN INJURY

- Safety Incident/Accident Report (SIAR) form
- Supervisor completes SIAR with injured employee
- Opportunity to understand underlying factors that may have contributed to the injury
- Implement changes to prevent a reoccurrence
- Complete partial SIAR if employee is not available
- Sign & fax/email SIAR to Risk Management

UNIVERSITY OF OREGON
SAFETY INCIDENT or ACCIDENT REPORT (SIAR)

Office of Risk Management
1260 University of Oregon
1715 Franklin Blvd., Suite 2A

Phone: 541-346-8316
Fax: 541-346-7008
RiskManagement@uoregon.edu

Instructions: To be completed by employee with a supervisor/manager (unclassified) **WITHIN 24 HOURS** of when employee reports a work-related accident, incident or condition. **Complete ALL sections**, do not leave any blanks.

Department: Campus Operations

Date of Report: 2/22/17

Date of Incident: 2/22/17

Time of Incident: 2:30 pm a.m. or p.m.

Employee Information:

Employee Name: Lijana, Trish (Last, First, MI)

Employee ID#: 951-23-4567

Birth Date: 1/1/92

Position Title: Laborer

Employee Category:
- (●) Regular, full-time
- ( ) Regular, part-time
- ( ) Temporary UO
- ( ) Temporary Agency
- ( ) Student Worker
- ( ) Volunteer

Working Days: ☑ M ☑ T ☑ W ☑ T ☑ F ☐ S ☐ S

Working Hours: 7:30am - 4pm

Injury Information:

Treatment
- ☐ Received 1st aid
- ☐ Will be seeking medical treatment
- ☐ Received medical treatment (Workers' Compensation Form 801 must also be completed)
- ☐ Hospital transport*
- ☐ Fatality*
- ☑ No treatment
- ☐ Other _____

Work Status
- ☑ Left work early
- ☐ Missed work, dates: _____
- ☐ No missed work

Nature of Injury
- ☐ Burn
- ☐ Bruise
- ☐ Cut
- ☑ Other: headache
- ☐ Inflammation/irritation
- ☐ Scratches/abrasions
- ☐ Sprain/strain

Body Part Affected: back of head
☐ Left ☐ Right ☐ Both

Cause of Injury
- ☐ Burned by: _____
- ☐ Cut by: _____
- ☐ Contact with: _____
- ☑ Struck by: ladder

Fall/Slip/Trip
- ☐ Different level
- ☐ Same level
- ☐ Floor condition
- ☐ Weather condition
- ☐ Over object
- ☐ On sidewalk/path
- ☐ On stairs

Sprain/Strain
- ☐ Lifting
- ☐ Bending/squatting
- ☐ Holding/carrying
- ☐ Pushing/pulling
- ☐ Reaching
- ☐ Repetitive motion
- ☐ Stairs
- ☐ Twisting/turning
- ☐ Walking

- ☐ Other

Blood**
Was blood present? ( ) Yes (●) No

If yes, was anyone else exposed to blood? ( ) Yes ( ) No

How was blood cleaned up? _____

*If fatality or hospital transport, call Office of Risk Management immediately at 541-346-8316.

**Any employee who was exposed to blood or other potentially infectious materials may require a medical consultation within 24 hours. Call Environmental Health & Safety 541-346-3192.

Incident Details:

Specific Site of Incident (i.e. building, room, etc.)	SOUTH AGATE NEAR OREGON HALL
Task/Activity at Time of Incident	DRIVING CAR WITH LADDER TO CLEAN GUTTERS ON CAMPUS

Describe Incident
List the sequence of events; what happened and why.

DRIVING CAR WITH LADDER IN BACK SEAT
CAR STRUCK POT HOLE IN ROAD
LADDER SHIFTED IN BACK SEAT
LADDER STRUCK BACK OF MY HEAD

Root Causes:

Identify factors that may have contributed to or caused incident (check all that apply):

Management
- ☒ Safety procedures need to be reviewed
- ☒ Training needed

Employee
- ☐ Attention to surroundings
- ☐ Ergonomics or body mechanics

Environment
- ☐ Building condition
- ☐ Chemicals
- ☐ Lighting
- ☐ Weather
- ☐ Caused by a 3rd party

Name: _____

Equipment
- ☐ Improper use
- ☒ Proper tool not available or not used
- ☐ PPE needs to be reviewed
- ☐ Tool/equipment in need of repair, describe:

Other/Explain:
WAS USING PERSONAL VEHICLE
LADDER WAS ALREADY AVAILABLE AT WORKSITE LOCATION

Recommendations:

What can be done to prevent this incident from happening again?

☒ Training ☐ Maintenance/repair ☐ Request assistance with task ☐ Other

Explain: PROVIDE TRAINING ON HOW TO REQUEST USE OF DEPARTMENT VEHICLE & HOW TO CHECK INVENTORY OF EQUIPMENT/TOOLS AVAILABLE AT DESTINATION BEFORE DEPARTING

Who will follow up? TRISH'S SUPERVISOR **Date to be completed:** TOMORROW

Signatures: *By signing below, I certify that this information is true and correct to the best of my knowledge.*

	Print Name	Signature	Date	Phone
Employee	TRISH LIJANA		2/22/17	6-2907
Supervisor	HAILY GRIFFITH		2/22/17	6-2962

Return this form to Risk Management **WITHIN 24 HOURS** of notice of incident
FAX: 541-346-7008

Risk Management 0816

MEDICAL TRANSPORTATION OPTIONS

REPORT ALL INJURIES

INJURY	Non-Emergency	Urgent First Aid	Emergency
YOUR RESPONSE	Self-Transport (walking or driving)	Call UOPD (541) 346-2919	Ambulance Call 911
MEDICAL CARE REQUIRED	Non-Emergency	On-Site First Aid (by UOPD or MedExpress) or Doctor Visit	Immediate Life Threatening
EXAMPLES	Bumps, bruises, minor strain/sprain. Students can treat at University Health Center.	Laceration that may need stitches, sprains/strains, severe bruises, insect bites, rashes, etc.	Severe bleeding, difficulty breathing, chest pain, broken bones, head injuries, etc.
NOTES	UO employee assumes risks when transporting an injured employee in personal vehicle.	UOPD officers are First Aid Certified and can arrange for MedExpress to treat injured employee on site.	Notify Risk Management of Transport IMMEDIATELY (541) 346-8316

STEPS FOR ALL EMERGENCY LEVELS:

1. Care for injured employee - provide 1st aid or call for medical evaluation as shown above
2. Fill out Safety Incident/Accident Report (SIAR) and email/fax to contacts on form within 24 hours
3. SIAR form and Workers' Compensation information can be found at: safety.uoregon.edu/injury-reporting-and-workers-compensation
4. For additional support, contact Risk Management: 541-346-8316

WHAT IS WORKERS' COMPENSATION?

- Employers must carry insurance to cover occupational injuries
- UO's Workers' Compensation (WC) Insurer is State Accident Insurance Fund (SAIF)
- Employees can receive medical benefits and lost wages through a WC claim
- Waive pain and suffering compensation
- "No fault" insurance

HOW TO FILE A WC CLAIM

- Workplace injury occurs
- Employee has received medical treatment or intends to
- Employee has an option to file a WC claim
- Employee & supervisor complete an 801 form **within 24 hours**
- Employee signature on 801 form authorizes wc claim
- Fax completed 801 form to Risk Management
- Do not email 801 form if SS# is provided

saifcorporation
400 High St. SE, Salem, OR 97312

For SAIF Customer Use
Area _____ _____ _____
Dept. _____
Shift _____ CC _____

CLAIM NO. _____
SUBJECT DATE _____
CLASS _____
DEFAULT DATE _____
EMPLOYER'S ACCOUNT NO. _____

TO: UO RISK MANAGEMENT
FAX: 541.346.7008

Report of Job Injury or Illness

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. **If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line.** Your employer will give you a copy.

1. Date of injury or illness:	2. Date you left work:	3. Time you began work on day of injury: ☐ a.m. ☐ p.m.	4. Regularly scheduled days off: M T W T F S S	DEPT USE: Emp
5. Time of injury or illness: ☐ a.m. ☐ p.m.	6. Time you left work: ☐ a.m. ☐ p.m.	7. Shift on day of injury: (from) ☐ a.m. ☐ p.m. (to) ☐ a.m. ☐ p.m.		Ins
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) ☐ Left ☐ Right			9. Check here if you have more than one job: ☐	Occ
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				Nat
				Part
				Ev
				Src
				2src

Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

11. Your legal name:	12. Worker's language preference other than English: ☐ Spanish ☐ Other (please specify):	13. Birthdate:	14. Gender: ☐ M ☐ F
15. Your mailing address, city, state and zip:			16. Home phone:
17. Social Security no. (see back*):	18. Occupation:		19. Work phone:
20. Names of witnesses:			
21. Name and phone number of health insurance company:		22. Name and address of health care provider who treated you for the injury or illness you are now reporting:	
23. Have you previously injured this body part? ☐ Yes ☐ No			
24. Were you hospitalized overnight as an inpatient? ☐ Yes ☐ No			
25. Were you treated in the emergency room? ☐ Yes ☐ No			

26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. **Notice:** Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.

27. Worker signature:	28. Completed by (please print):	29. Date:

Employer

EMPLOYER SECTION OF 801 FORM

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: University of Oregon	31. Phone: (541) 346-2907	32. FEIN: 464727800
33. If worker leasing company, list client business name:		34. Client FEIN:
35. Address of principal place of business (not P.O. Box): 1715 Franklin Blvd, Suite 2A, Eugene OR 97403		36. Insurance policy no.: 854636
37. Street address from which worker is/was supervised: ZIP:		38. Nature of business in which worker is/was supervised: Education
39. Address where event occurred:		
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? ☐ Yes ☐ No		41. Class code:
42. Were other workers injured? ☐ Yes ☐ No	43. Did injury occur during course and scope of job? ☐ Unknown ☐ Yes ☐ No	44. OSHA 300 log case no:
45. Date employer knew of claim:	46. Worker's wage per hour $ / 47. Date worker hired: / 48. If fatal, date of death	
49. Return-to-work status: ☐ Not returned ☐ Regular Date: ☐ Modified Date:	50. If returned to modified work, is it at regular hours and wages? ☐ Yes ☐ No	
51. Employer signature:	52. Name and title (please print):	53. Date:

801
X801 7/14 UO

OSHA requirements: On the job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response 800.452.0311, on nights and weekends.

801

RESET PRINT

Occupational Medicine Clinics

Options if employee's physician is not available:

- **Cascade Health Solutions**
  Located near Costco off Coburg Road in northeast Eugene

- **Urgent Care**
  Three locations: University District, Coburg/Beltline, Thurston

- **PeaceHealth Urgent Care**
  Two locations: Gateway Street and Game Farm Road in Springfield, and West 11th Avenue in Eugene

- **University Health Center**
  On campus at 13th Avenue and Agate Street for student employees

WORK RELEASE/STATUS REPORT

- Resume regular duties
- Restrictions; may require modified tasks or transitional work
- Not released to any work
- Fax/email work releases to Risk Management

RETURN TO TRANSITIONAL WORK

- As soon as possible after injury

Benefits:
- Improves healing process, faster recovery
- Reduces retraining costs
- Loss of productivity

- If off work over 6 months
  50% chance of returning to work

- If off work over 1 year
  90% chance will never return to work

- Reduced hours is an option

- Employer-At-Injury Program (EAIP)

What is the cost of an injury?

Average Medical & Lost Wage Costs per Claim

FY11	FY12	FY13	FY14	FY15	FY16	FY17
$7,278	$4,783	$4,276	$4,132	$3,937	$4,994	

Plus Uninsured Costs

- Down time
- Decreased morale
- Unsatisfied customers
- Expenses to retrain
- Damaged property or equipment

What about the injured employee?

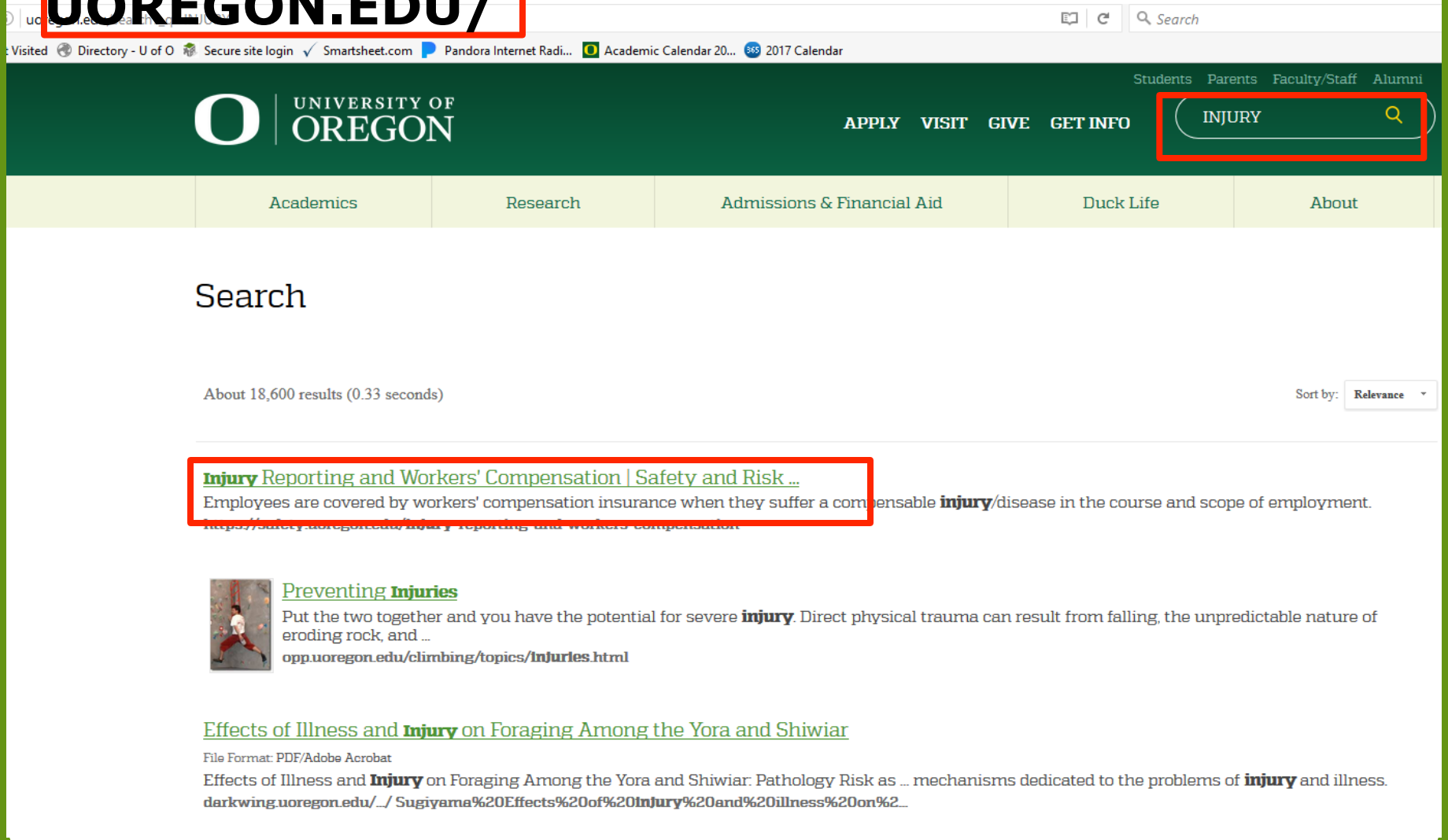
DAMAGED PEOPLE

People costs

- Pain and suffering
- Physical limitations
- Permanent impairment
- Reduced earning ability
- Family relations
- Psychological factors

HOW TO ACCESS INJURY FORMS

UOREGON.EDU/



WEBSITE RESULTS

Injury Reporting and WC Contacts

- Risk Management

  Trish Lijana, Workers' Compensation, 541-346-2907, trish@uoregon.edu
  Office of Risk Management, 541-346-8316, riskmanagement@uoregon.edu

Safety Incident or Accident Report (SIAR)

Workers' Compensation Claim Form (ENGLISH 801) **(SPANISH 801)**

Employee Status Report (ESR)

The employee takes this form to doctor appointments for the physician to complete every 30 days.

Occupational Medicine Clinics

These locations are some of the available options for treatment of an occupational injury.

Options for Medical Transport

Download and use this chart as a guide when determining what level of medical treatment is required following a workplace injury.

Injury - Needs Medical Treatment

WE JUST ENTERED ROOM AND OBSERVED AN INJURY

TAKE-AWAYS

- Report all injuries, regardless of severity
- Refer to Medical Transport Chart when injuries occur
- Complete Safety Incident/Accident Report (SIAR) form within 24 hours
- If medical treatment is required, determine if employee will file a WC claim
  - If yes, complete 801 form
- Fax all forms to Risk Management

QUESTIONS?