

Risk Summit – 2018

Your Role in Injury Prevention at UO



Presented by:

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Occupational Health & Safety Manager

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Safety Is...

- Learned behavior
- Not common sense!

Today's Objectives:

- Review UO Injury Statistics
- Focus on Falls
- Discuss your role in injury prevention
- Learn where to go for safety support
- Workers' Compensation Basics



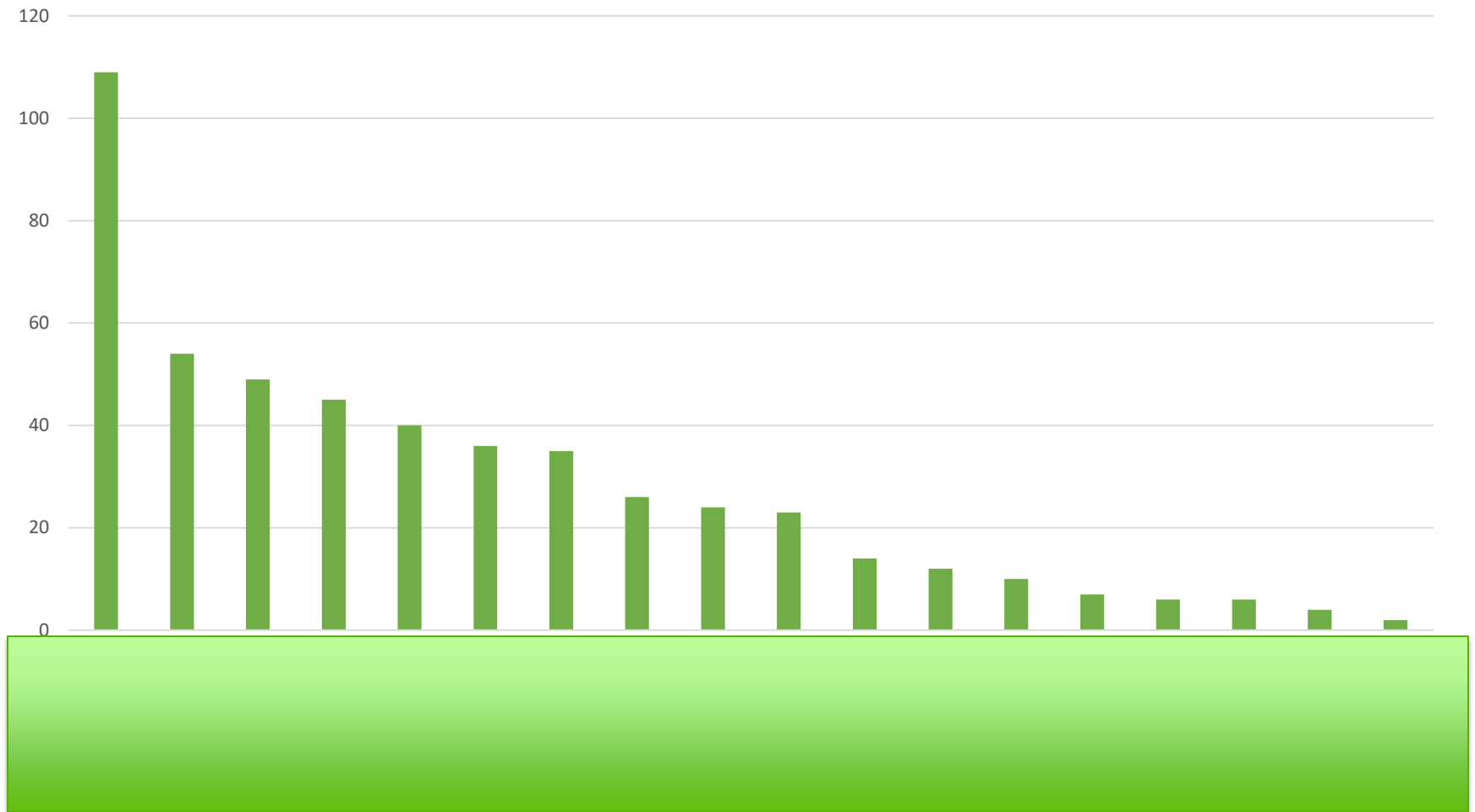
Measuring Safety

How does the UO stack up against other colleges and universities?

University of Oregon			Other Colleges & Universities
Year	Recordable Injuries	Incident Rate	Incident Rate
2012	125		
2013	109		
2014	110		
2015	104		
2016	83		
2017	95		
2018 (YTD)	49		

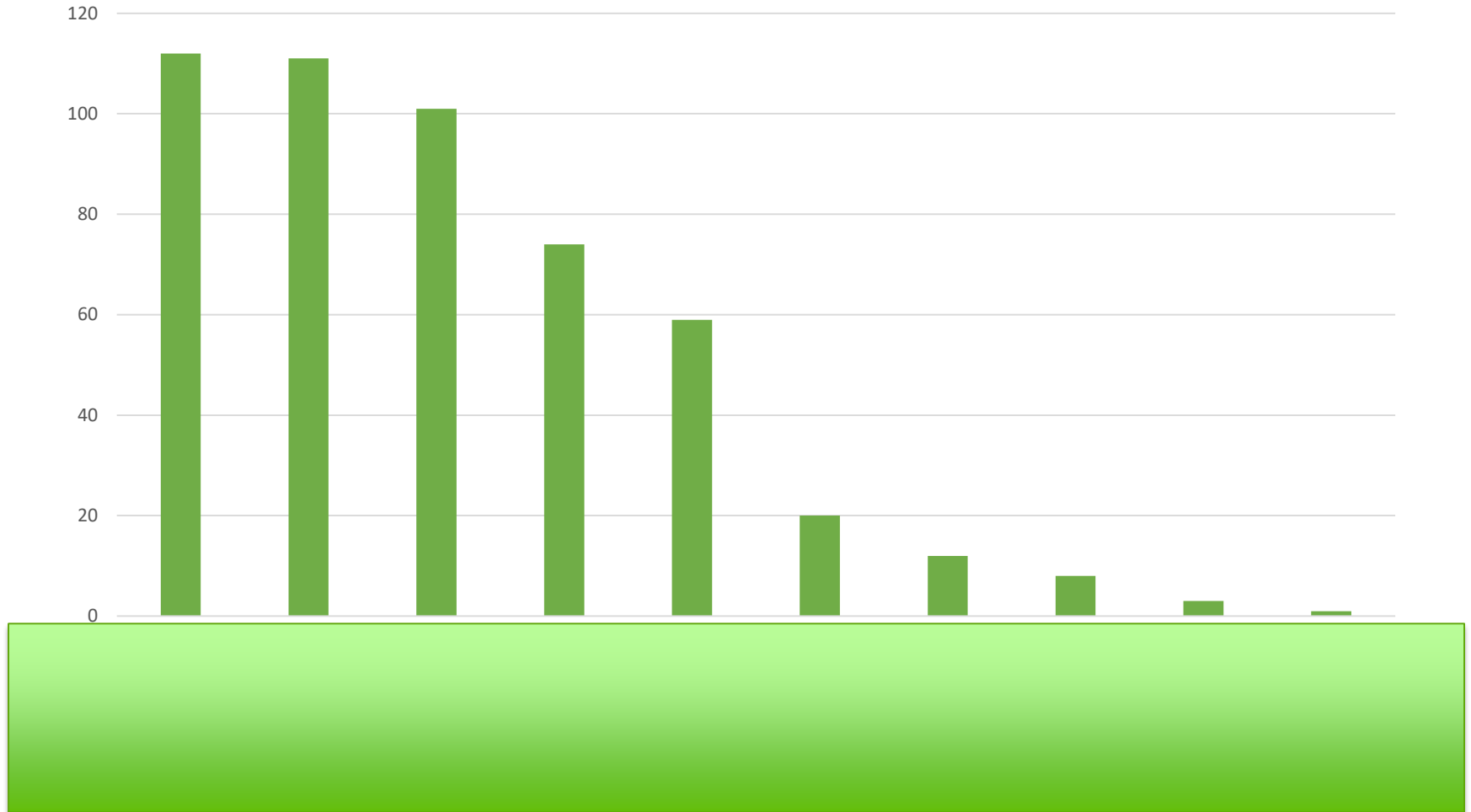


UO Injuries by Body Part



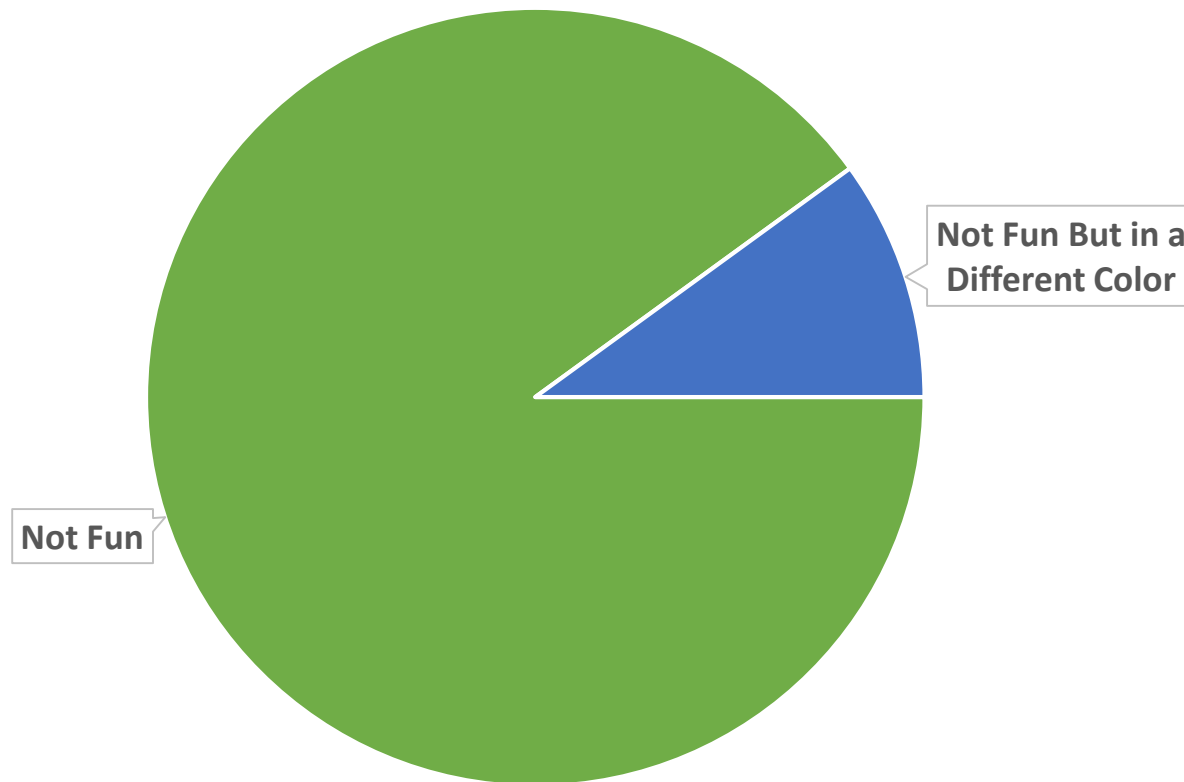
Total 515 reported injuries from 01/01/17 – 05/01/18

UO Injuries by Mechanism

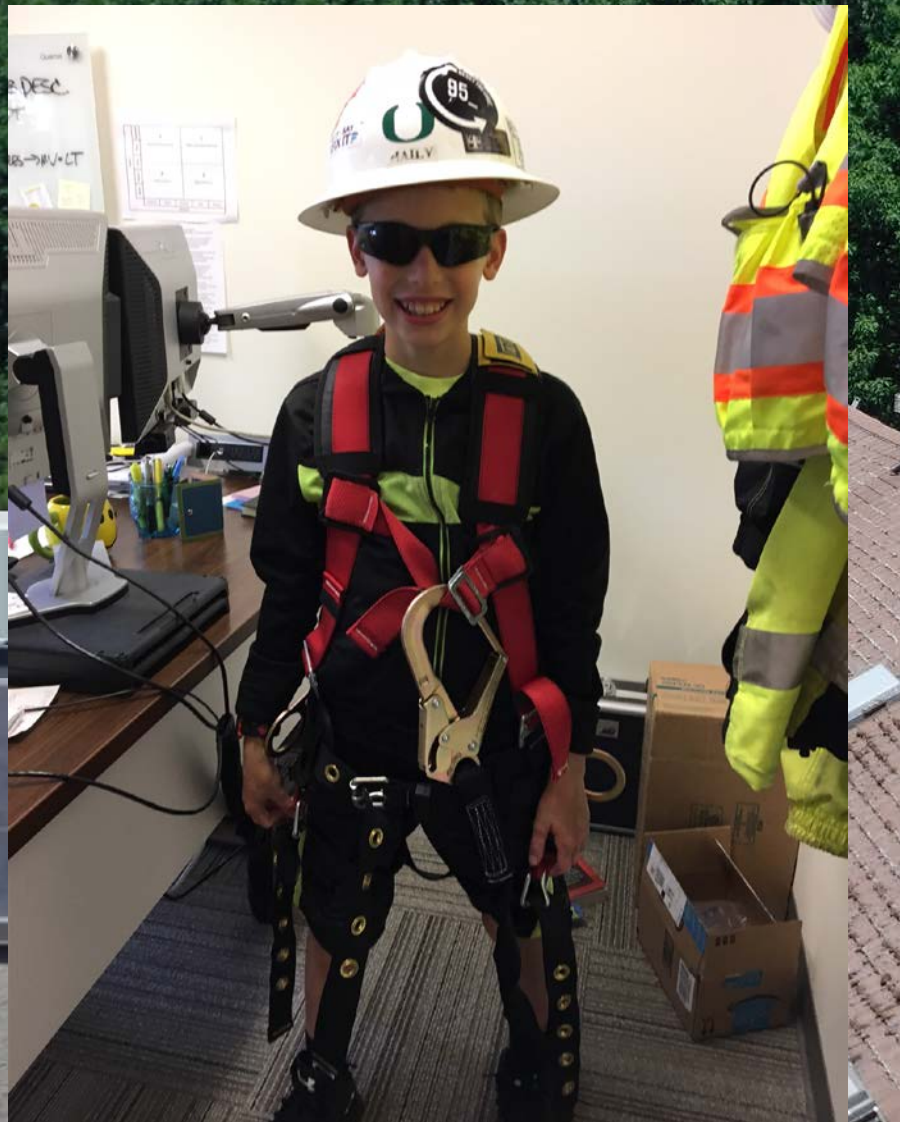


Total 515 reported injuries from 01/01/17 – 05/01/18

What Percentage of Falls are Fun?

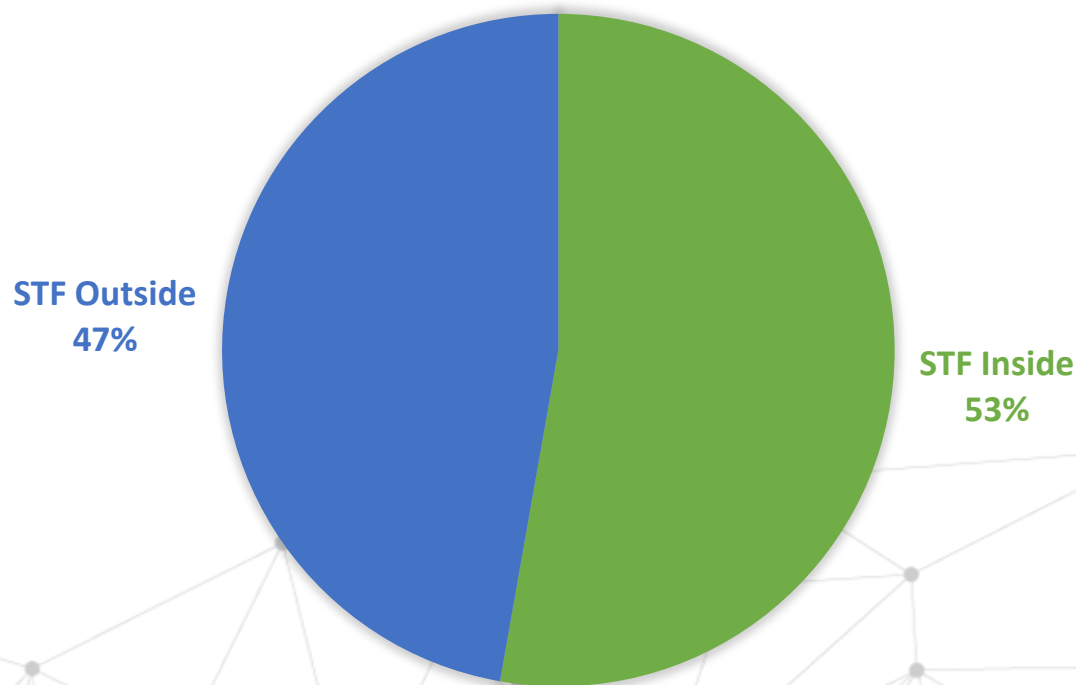


Source = anyone who has ever fallen...



Where do Falls Occur at UO?

WHERE DO SLIP/TRIP/FALL INJURIES OCCUR?



Total 108 reported falls from 01/01/17 – 05/01/18



Where do Falls Occur at UO?

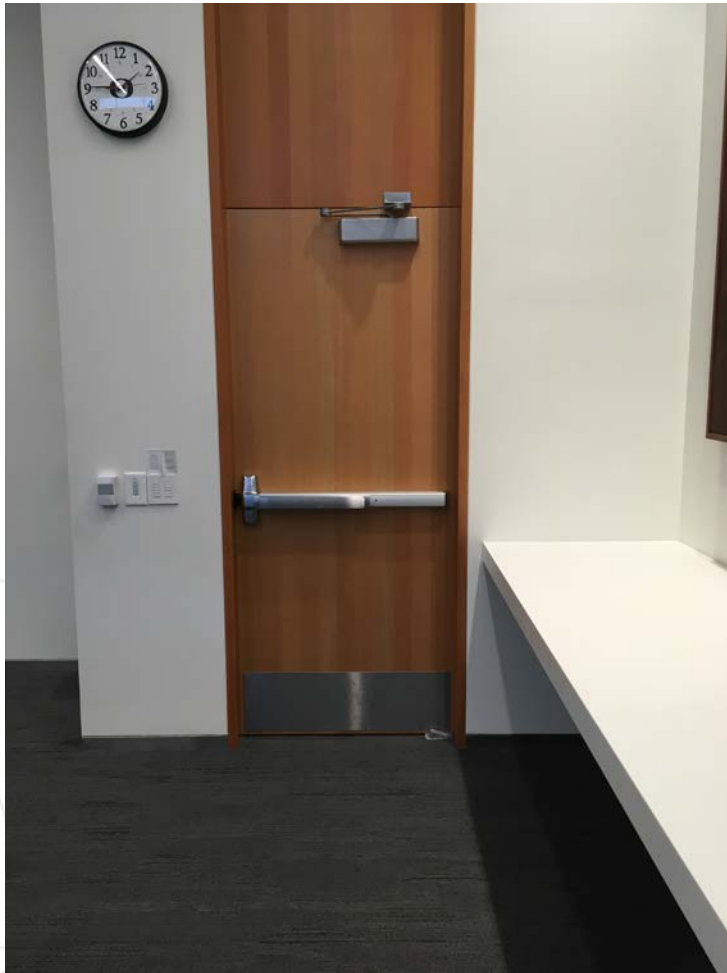
Indoor falls at UO



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Where do Falls Occur at UO?

Indoor falls at UO



Your Role in S/T/F Prevention

Form good habits!

- Footwear
- Avoid rushing
- Eliminate distractions (texting/reading/eating)
- Use handrails!
- Placing items on floor

Identify and Remove hazards!

- Cords, hoses, spills, etc.
- Eliminate distractions at floor transitions



Your Role in S/T/F Prevention

Teach good material handling habits!



Your Role in S/T/F Prevention

Outdoor hazards:

- Head in direction of travel
- Footwear
- Avoid rushing
- Eliminate distractions (texting/reading/eating)
- Walk off mats



Your Role in S/T/F Prevention

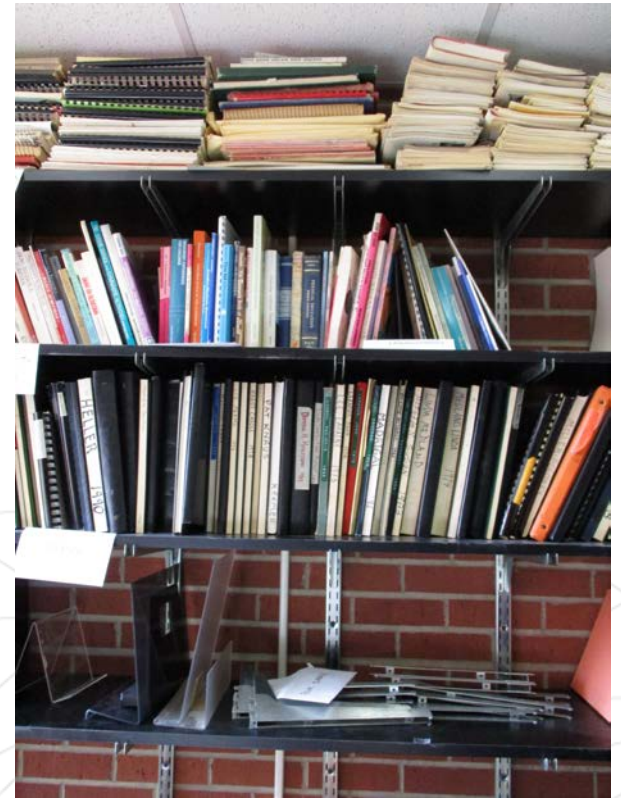
Step Stool Options



Your Role in Injury Prevention

Create a safety culture in your work area:

- Create an environment where employees are encouraged to identify and correct hazards.
- Start a Safety Committee.
- Include safety info as part of regular departmental or staff meetings.
- Remind employees to report ALL injuries, regardless of severity.
- Check our website for resources!



safety.uoregon.edu

Safety and Risk Services

search this site



APPLY

VISIT

GIVE

Safety and Risk Services

search this site

[UO Police](#)

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SRS Safety Resources

Safety Sheets

SRS has developed a series of safety sheets. Safety sheets are designed to improve the safety awareness of employees at the University of Oregon by providing information on specific workplace hazards. Each page gives a brief overview of important information, contacts, and best safety practices related to the topic. The sheets can be utilized for new employee safety orientation packets, as additional written material for training, or as a quick reference for basic safety questions.

SAFETY SHEETS

Willamette

Huestis



Safety Sheets

ASBESTOS

OFFICE ELECTRICAL HAZARDS

OFFICE ELECTRICAL HAZARDS

were a break poses and Adding room uit breakers loaded. This overheating he reason ker is tripped



Report any damage of UO property to CPFM customer service!

COLD AND FLU

COLD AND FLU

The season occurs annually during the colder half

HAZARD REPORTING

WHAT IS A HAZARD?

Activities or environmental factors in the workplace that could potentially lead to ill health effects, injury, or death. Not as common, imminent danger is a hazard that could immediately result in severe physical harm or loss of life. The University consists of numerous workplaces with different and evolving hazards.

WHY SHOULD I REPORT?

Safety is a collective goal. Reporting improves the safety of the University for you, faculty, staff, students, and visitors. Recognize and address or report all hazards. If an injury occurs, tell your supervisor immediately.

WHEN AND HOW DO I REPORT?

IMMINENT DANGER:

- Examples: on a roof's edge without fall protection, fire, standing on the top rung of a ladder, etc...
- It is okay to make contact with the person doing unsafe work, if doing so will not cause an injury or put yourself in danger.
- Immediately call for support! Examples: your supervisor, EHS, **UOPD** (541-346-2919) or **911**

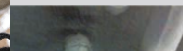
ADDRESS ALL OTHER HAZARDS:

1. If you are qualified and able to address the hazard, do so. Examples: tape down cords, move a chair, clean a known spill, etc...
2. If the hazard is something easily addressed through facilities, contact CPFM's Work Control (541-346-2319) or Housing Customer Service (houfaccs@uoregon.edu). Examples: light bulb out, broken outlet cover, etc...
3. For all other hazards, tell your supervisor and use the "Report a Concern" form on the Safety & Risk Services site: safety.uoregon.edu.

ANGER

ASBESTOS FIBERS
CAN CAUSE CANCER
DAMAGE TO LUNGS
BREATHE DUST
EATING DUST

to posted warning signs!



Labels for OSHA compliance awareness.

Asbestos Program Manager
Katie Jones
kjones17@uoregon.edu
EHS for more information.

FIRST AID KITS

FIRST AID KITS

First aid kits are located all over the University for minor injury first-aid. In a serious emergency, 911 and UOPD should be called! Kits are kept in cases often secured to walls in easy to access areas. Contents must not include over the counter or prescription drugs because of the potential of access by minors, allergic reactions, or expired medications. Employees may store and manage their own medications. Kits should be kept stocked with supplies purchased through a reputable vendor. Below are the suggested minimum supplies to meet requirements.

CONTENTS:

- (2) Absorbent Compress, 32 sq inch minimum
- (16) Adhesive Bandages, 1 x 3 inch
- 5 yards Adhesive Tape (can be in multiple rolls)
- (10) Antiseptic single use wipes
- (4) Sterile Pads, 4 x 4 inch minimum
- (4) pair waterproof gloves (non-latex)
- Wound-cleaning agent, i.e. moistened towelettes
- (2) Triangular Bandages, 40 x 40 x 56 inch minimum
- (1) Micro-shield or Pocket Mask (if employees are CPR Rescue Breathing Trained)
- Burn Treatment - either 6 individual use packets or a
- Spray container with a minimum of 6 applications
- (5) 12" x 18" zip-lock waste disposal bags

WHAT TO DO!

- Contact your supervisor if you do not know the location of the first-aid kit.
- Keep first aid kits stocked and free of drugs!
- Report any injury to your supervisor immediately!
- Contact EHS with further concerns or questions.
- In an emergency, call **911** and **UOPD** (541-346-2919) for immediate assistance!



Know the location of your workplace's first aid kit!



Do not keep over the counter or prescription drugs in the kit!



Keep the kit stocked with supplies from a reputable vendor!



Safety and Risk Services
1260 University of Oregon
Eugene, OR 97403
safety.uoregon.edu

Environmental Health and Safety
ehsinfo@uoregon.edu
541-346-3192

Occupational Safety Officer
Katie Jones
kjones17@uoregon.edu

*Does not act in place of official training. Contact EHS for more information.



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Your Role in Injury Prevention

DEVELOP GOOD SAFETY HABITS!

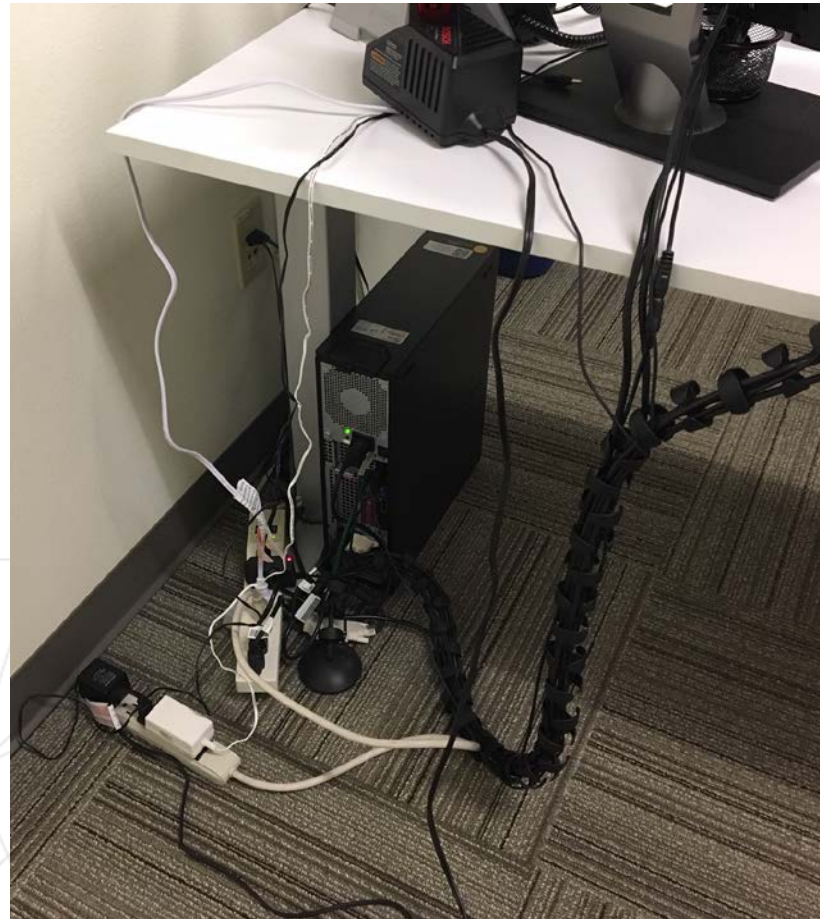
- Safe lifting ALWAYS, not just when you think it will be heavy.
- Face the direction of travel, before moving.
- Plan your path of travel.
- Use carts, backpacks, hand trucks, or other tools to carry loads.
- Carry loads in a manner where they don't obstruct your vision.
- Let dropping things drop!
- HANDRAILS!!!



Your Role in Injury Prevention

Call your safety team! We provide:

- Customized safety training
- Hazard assessments
- Ergonomic assessments
- Technical assistance
- Clear safety language
- Best part is.... [insert drum roll!]
we're free!



Occupational Safety Team

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Katie Jones
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Trish Lijana
Workers' Compensation Program Manager
346-2907
trish@uoregon.edu



Injury Reporting & Workers' Compensation



Trish Lijana
Workers' Compensation Program Manager
346-2907 trish@uoregon.edu

INJURIES



***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 ☐ Temporary UO ☐ Student Worker
☐ Regular, part-time ☐ Temporary Agency ☐ Volunteer
 Working Days ☒ M ☒ T ☒ W ☒ T ☐ F ☐ S ☐ S Working Hours 7:30am - 4pm

Injury Information:

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Treatment</div> <input type="checkbox"/> Received 1 st aid <input type="checkbox"/> Will be seeking medical treatment <input type="checkbox"/> Received medical treatment (Workers' Compensation Form 801 must also be completed) <input type="checkbox"/> Hospital transport* <input type="checkbox"/> Fatality* <input checked="" type="checkbox"/> No treatment <input type="checkbox"/> Other _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Work Status</div> <input checked="" type="checkbox"/> Left work early <input type="checkbox"/> Missed work, dates: _____ <input type="checkbox"/> No missed work <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Nature of Injury</div> <input type="checkbox"/> Burn <input type="checkbox"/> Inflammation/irritation <input checked="" type="checkbox"/> Bruise <input type="checkbox"/> Scratches/abrasions <input type="checkbox"/> Cut <input type="checkbox"/> Sprain/strain <input checked="" type="checkbox"/> Other <u>headache</u> Body Part Affected <u>back of head</u> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Cause of Injury</div> <input type="checkbox"/> Burned by: _____ <input type="checkbox"/> Cut by: _____ <input type="checkbox"/> Contact with: _____ <input checked="" type="checkbox"/> Struck by: <u>ladder</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Fall/Slip/Trip</div> <input type="checkbox"/> Different level <input type="checkbox"/> Same level <input type="checkbox"/> Floor condition <input type="checkbox"/> Weather condition <input type="checkbox"/> Over object <input type="checkbox"/> On sidewalk/path <input type="checkbox"/> On stairs </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Sprain/Strain</div> <input type="checkbox"/> Lifting <input type="checkbox"/> Bending/squatting <input type="checkbox"/> Holding/carrying <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> Reaching <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Stairs <input type="checkbox"/> Twisting/turning <input type="checkbox"/> Walking </div> <div style="width: 10%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Blood**</div> Was blood present? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, was anyone else exposed to blood? <input type="radio"/> Yes <input type="radio"/> 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):				
<u>Management</u>		<u>Equipment</u>		
<input checked="" type="checkbox"/> Safety procedures need to be reviewed		<input type="checkbox"/> Improper use		
<input checked="" type="checkbox"/> Training needed		<input checked="" type="checkbox"/> Proper tool not available or not used		
<u>Employee</u>		<input type="checkbox"/> PPE needs to be reviewed		
<input type="checkbox"/> Attention to surroundings		<input type="checkbox"/> Tool/equipment in need of repair, describe: _____		
<input type="checkbox"/> Ergonomics or body mechanics		_____		
<u>Environment</u>		<u>Other/Explain:</u>		
<input type="checkbox"/> Building condition		WAS USING PERSONAL VEHICLE		
<input type="checkbox"/> Chemicals		LADDER WAS ALREADY AVAILABLE AT WORKSITE LOCATION		
<input type="checkbox"/> Lighting		_____		
<input type="checkbox"/> Weather		_____		
<input type="checkbox"/> Caused by a 3 rd party		_____		
Name: _____		_____		
Recommendations:				
What can be done to prevent this incident from happening again?				
<input checked="" type="checkbox"/> Training <input type="checkbox"/> Maintenance/repair <input type="checkbox"/> Request assistance with task <input type="checkbox"/> 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: <i>By signing below, I certify that this information is true and correct to the best of my knowledge.</i>				
Employee	Print Name	Signature	Date	Phone
	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

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. If 911 is called, also contact UOPD (541) 346-2919 for additional support.
3. Fill out Safety Incident/Accident Report (SIAR) and email/fax to contacts on form within 24 hours
4. SIAR form and Workers' Compensation information can be found at: safety.uoregon.edu, select "Injuries" button
5. For additional support, contact Risk Management: (541) 346-8316

WHAT IS WORKERS' COMPENSATION?

- Employers must carry insurance to cover occupational injuries
 - WC process defined by State of Oregon Statutes & Administrative Rules
 - 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
-



For SAIF Customer Use

 Area _____
 Dept. _____
 Shift _____ CC _____

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

TO: Safety & Risk Services

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: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: _____ M T W T F S S	DEPT USE: Emp Ins Occ Nat Part Ev Src 2src
5. Time of injury or illness: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: _____ (from) _____ (to) _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
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)				
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: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify): _____	13. Birthdate: _____	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			41. Class code:
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Regular Date:		50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Employer signature:	52. Name and title (please print):		53. Date:

801

XS01 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

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

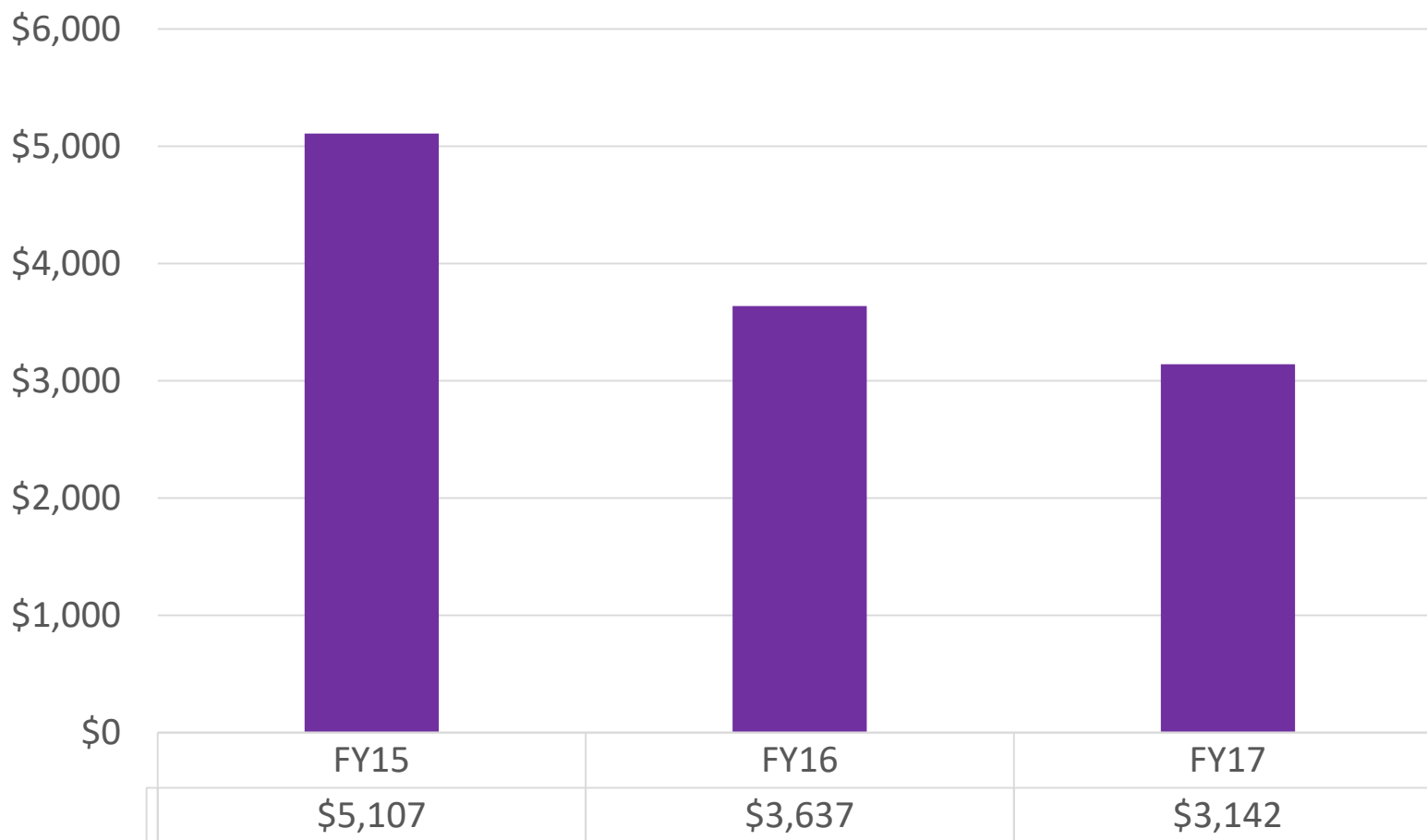
Benefits:

- 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



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

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

WRAP UP

- You are all Safety Awareness Team members
- Be Proactive
- Report all injuries, regardless of severity
- Complete injury forms within 24 hours
- Post Medical Transport Chart in your department

Presented by:

Trish Lijana, WC Program Manager

346-2907

trish@uoregon.edu

Website: safety.uoregon.edu

QUESTIONS?
