Risk Summit – 2018
Your Role in Injury Prevention at UO

Presented by:
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Occupational Health & Safety Manager
O: 541-346-2962   C: 541-520-3677
Hailyg@uoregon.edu
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?

<table>
<thead>
<tr>
<th>Year</th>
<th>Recordable Injuries</th>
<th>Incident Rate</th>
<th>Incident Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>109</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018 (YTD)</td>
<td>49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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...
TOTAL 108 REPORTED FALLS FROM 01/01/17 – 05/01/18

STF INSIDE 53%

STF OUTSIDE 47%
Where do Falls Occur at UO?

WHERE DO SLIP/TRIP/FALL INJURIES OCCUR?

- STF Inside: 53%
- STF Outside: 47%

Total 108 reported falls from 01/01/17 – 05/01/18
Where do Falls Occur at UO?

Indoor falls at UO
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!
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
SAFETY SHEETS

FIRST AID KITS

First aid kits are located all over the University for minor injury first aid. In a serious emergency, 911 and UOPOD should be called. Kits are kept in cases often secured to walls in easy to access areas. Contents must not include 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
- (6) Adhesive Bandages, 1 x 3 inch
- (5) yards Adhesive Tape (can be in multiple rolls)
- (3) 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
- (5) 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 EH&S with further concerns or questions.
- In an emergency, call 911 and UOPOD (541-346-2919)
for immediate assistance!

COLD AND FLU

COLD AND FLU
The season occurs annually during the colder half

OFFICE ELECTRICAL HAZARDS

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, UOPOD (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 CPM's Work Control (541-346-2919) or Housing Customer Service (hoscus@uoregon.edu). Examples: light bulb out, broken outlet cover, etc...
3. For all other hazards, tell your supervisor and use the
---

*Does not act as place of official training. Contact EH&S for more information.

Environmental Health and Safety
EHSinfo@uoregon.edu
541-346-3912
Occupational Safety Officer
Katie Jones
kjones7@uoregon.edu

Safety and Risk Services
srsinfo@uoregon.edu
541-346-3912
Occupational Safety Officer
Katie Jones
kjones7@uoregon.edu

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kjones7@uoregon.edu
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

Haily Griffith
Occupational Safety Manager
346-2962
Hailyg@uoregon.edu

Michelle Gillette
Ergonomic & Safety Coordinator
346-8084
michgill@uoregon.edu

Katie Jones
Occupational Safety Officer
346-2515
kjones17@uoregon.edu

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  

**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 Incident:** 2/22/17  
**Time of Incident:** 2:30 pm  
**Date of Report:** 2/22/17

### Employee Information:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Trish Liaja</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Position Title</th>
<th>Laborer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID#</td>
<td>951-23-4667</td>
<td>Birth Date</td>
<td>1/1/92</td>
<td></td>
<td>Temporary UO</td>
<td>Student Worker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee Category</td>
<td>Regular, full-time</td>
<td>Temporary Agency</td>
<td>Volunteer</td>
<td>Working Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Working Hours</td>
<td>7:30am - 4pm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Injury Information:

<table>
<thead>
<tr>
<th>Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received 1st aid</td>
<td></td>
</tr>
<tr>
<td>Will be seeking medical treatment</td>
<td></td>
</tr>
<tr>
<td>Received medical treatment</td>
<td></td>
</tr>
<tr>
<td>(Workers' Compensation Form 801 must also be completed)</td>
<td></td>
</tr>
<tr>
<td>Hospital transport*</td>
<td></td>
</tr>
<tr>
<td>Fatality*</td>
<td></td>
</tr>
<tr>
<td>No treatment</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Left work early</td>
<td></td>
</tr>
<tr>
<td>Missed work, dates:</td>
<td></td>
</tr>
<tr>
<td>No missed work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Injury</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn</td>
<td></td>
</tr>
<tr>
<td>Inflammation/irritation</td>
<td></td>
</tr>
<tr>
<td>Bruise</td>
<td></td>
</tr>
<tr>
<td>Scratches/abrasions</td>
<td></td>
</tr>
<tr>
<td>Cut</td>
<td></td>
</tr>
<tr>
<td>Sprain/strain</td>
<td></td>
</tr>
<tr>
<td>Other, headache</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part Affected</th>
<th>back of head</th>
<th>Left</th>
<th>Right</th>
<th>Both</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Burned by:</td>
<td></td>
</tr>
<tr>
<td>Cut by:</td>
<td></td>
</tr>
<tr>
<td>Contact with:</td>
<td></td>
</tr>
<tr>
<td>Struck by:</td>
<td>ladder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall/Slip/Trip</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Different level</td>
<td></td>
</tr>
<tr>
<td>Same level</td>
<td></td>
</tr>
<tr>
<td>Floor condition</td>
<td></td>
</tr>
<tr>
<td>Weather condition</td>
<td></td>
</tr>
<tr>
<td>Over object</td>
<td></td>
</tr>
<tr>
<td>On sidewalk/path</td>
<td></td>
</tr>
<tr>
<td>On stairs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall/Slip/Trip</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting</td>
<td></td>
</tr>
<tr>
<td>Bending/squatting</td>
<td></td>
</tr>
<tr>
<td>Holding/carrying</td>
<td></td>
</tr>
<tr>
<td>Pushing/pulling</td>
<td></td>
</tr>
<tr>
<td>Reaching</td>
<td></td>
</tr>
<tr>
<td>Repetitive motion</td>
<td></td>
</tr>
<tr>
<td>Stairs</td>
<td></td>
</tr>
<tr>
<td>Twisting/turning</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sprain/Strain</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood**</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Was blood present?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, was anyone else exposed to blood?</td>
<td>Yes</td>
</tr>
<tr>
<td>How was blood cleaned up?</td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Specific Site of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH AGATE NEAR OREGON HALL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task/Activity at Time of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVING CAR WITH LADDER TO CLEAN GUTTERS ON CAMPUS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the sequence of events; what happened and why.</td>
</tr>
<tr>
<td>DRIVING CAR WITH LADDER IN BACK SEAT</td>
</tr>
<tr>
<td>CAR STRUCK POT HOLE IN ROAD</td>
</tr>
<tr>
<td>LADDER SHIFTED IN BACK SEAT</td>
</tr>
<tr>
<td>LADDER STRUCK BACK OF MY HEAD</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other/Explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAS USING PERSONAL VEHICLE</td>
</tr>
<tr>
<td>LADDER WAS ALREADY AVAILABLE AT WORKSITE LOCATION</td>
</tr>
</tbody>
</table>

### Recommendations:

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

- Training
- Maintenance/repair
- Request assistance with task
- Other

<table>
<thead>
<tr>
<th>Explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE TRAINING ON HOW TO REQUEST USE OF DEPARTMENT VEHICLE &amp; HOW TO CHECK INVENTORY OF EQUIPMENT/TOOLS AVAILABLE AT DESTINATION BEFORE DEPARTING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who will follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRISH'S SUPERVISOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date to be completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOMORROW</td>
</tr>
</tbody>
</table>

### Signatures:

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

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>TRISH LIJANA</td>
<td>2/22/17</td>
<td>6-2962</td>
</tr>
<tr>
<td>Supervisor</td>
<td>HAILY GRIFFITH</td>
<td>2/22/17</td>
<td></td>
</tr>
</tbody>
</table>

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

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

## 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
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:
4. Regularly scheduled days off:
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.

DEPT USE:
- Emp
- Ins
- Occ
- 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(f)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.

27. Signature of worker:
28. Completed by (please print):
29. Date:
**EMPLOYER SECTION OF 801 FORM**

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: |  |
| 38. Nature of business in which worker is/was supervised: |  |
| 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? | 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: |
| 50. If returned to modified work, is it at regular hours and wages? | Yes | No |
| 51. Employer signature: |  |
| 52. Name and title (please print): |  |

**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.
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

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
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<tbody>
<tr>
<td>Costs</td>
<td>$5,107</td>
<td>$3,637</td>
<td>$3,142</td>
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</table>
Plus Uninsured Costs

- Down time
- Decreased morale
- Unsatisfied customers
- Expenses to retrain
- Damaged property or equipment
What about the injured employee?

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:
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QUESTIONS?