



## UNIVERSITY PROTOCOL FOR ON THE JOB INJURIES

The objectives in in establishing and communicating this protocol:

- Fulfill the "Be Known" promise and our Christ-centered ethos, in the ways we interact with and support injured employees
- Communicate points of contact and roles for employees to ensure adequate support
- Provide information to ensure timely reporting
- I. A report of an on-the-job injury should be given to the injured employee's supervisor and Human Resources according to the timeline in the matrix on Page 2. Human Resources contact information:
  - a. During Business Hours:
    - Human Resources at 503-554-2180
    - ii. Aga Luptak at 503-554-2181
  - b. After Business Hours (only in the case of a serious injury resulting in hospitalization, amputation, loss of an eye, or in the case of a fatality):
    - i. Campus Public Safety at 503-554-2090
- II. Human Resources will communicate with employees regarding:
  - a. Federal Medical Leave Act (FMLA)/Oregon Family Leave Act (OFLA) rights
  - b. Impact on pay
  - c. Workers compensation (W/C) carrier contact and claim number
  - d. Medical certifications required
  - e. Return to work status updates required
  - f. Light duty assignments
- Human Resources will review de-identified monthly reports of work-related injuries with the Safety Committee to determine causes, trends, prevention of future occurrences, etc.

## Timeline and Forms for Reporting On-The-Job Injuries

Type of Injury	Employee	Supervisor	Human Resources
Requiring minimal or no treatment	None	None	None
Requiring     first aid;     security     response;     and/or     time     missed     from     work	<ul> <li>Report to Supervisor same or next business day</li> <li>Complete Incident/Accident Report form same or next business day</li> </ul>	Report to Human Resources (HR) by end of next business day	None
Requiring Medical Treatment such as doctor visit, urgent care, ER visit	<ul> <li>Report to Supervisor same day</li> <li>Complete 801 form same or next day</li> </ul>	<ul> <li>Complete 801 and submit to HR by end of the business day following injury.</li> <li>Complete Accident/Incident Analysis ACTION form within 1 week</li> </ul>	Complete 801 and submit claim to W/C carrierwithin 72 hrs. of incident or determination that injury may be work related
Inpatient Hospitaliza- tion	Report injury to     Supervisor     immediately or as     soon as medically     able     Complete 801 form     (when stabilized)	<ul> <li>Report to HR immediately</li> <li>Complete 801 and submit to HR by end of business day following injury</li> <li>Complete Accident/Incident Analysis ACTION form within 1 week</li> </ul>	<ul> <li>Report to OSHA within 24 hrs. of hospitalization if hospitalized within 24 hours of incident; otherwise, ?</li> <li>Complete 801 and submit to W/C carrier within 72 hrs. of incident/hospitalization</li> </ul>
Amputation	<ul> <li>Report to Supervisor as soon as medically able</li> <li>Complete 801 form (when stabilized)</li> </ul>	<ul> <li>Report to HR immediately</li> <li>Complete 801 and submit to HR by end of business day following injury</li> <li>Complete Accident/Incident Analysis ACTION form within 1 week</li> </ul>	<ul> <li>Report to OSHA within 24 hrs of amputation if it occurs within 24 hours of incident.</li> <li>Complete 801 and submit to W/C carrier within 72 hours of incident/ amputation</li> </ul>

Loss of eye	<ul> <li>Report to Supervisor as soon as medically able</li> <li>Complete 801 form (when stabilized)</li> </ul>	<ul> <li>Report to HR immediately</li> <li>Complete 801 and submit to HR by end of business day following injury</li> <li>Complete Accident/Incident Analysis ACTION form within 1 week</li> </ul>	<ul> <li>Report to OSHA within 24 hrs. from loss of eye if it occurs within 24 hours of incident.</li> <li>Complete 801 and submit to W/C carrier within 72 hrs. of incident/loss</li> </ul>
Fatality		<ul> <li>Report to HR immediately</li> <li>Complete 801 and submit to HR by end of business day following fatality</li> <li>Complete Accident/Incident Analysis ACTION form within 1 week</li> </ul>	<ul> <li>Report to OSHA within 8 hrs. of death if within 30 days of incident</li> <li>Complete 801 and submit to W/C carrier within 24 hrs. of incident/death</li> </ul>

Forms located at <a href="http://www.georgefox.edu/offices/plant\_services/safety/">http://www.georgefox.edu/offices/plant\_services/safety/</a>