



INJURED WORKERS TRAINING

OCTOBER 21, 2009 @ 9:00 A.M.

UMES Office of Human Resources

Contents

SAFETY
FIRST



*"We're all in
this together"*

- What is Required
- First Report of Injury Form
- Timekeeping
- Injured Workers' Insurance Fund (IWIF) Pointers
- Return to Work
- Questions/ Answers



1. Report **immediately** to Office of Human Resources

- First Report of Injury Form (online at UMES Forms Library) www.umes.edu/hr
- Fax or bring to HR Office

What is Required?

DEPARTMENT OF HUMAN RESOURCES
UNIVERSITY OF MARYLAND EASTERN SHORE

FIRST REPORT OF INJURY QUESTIONS

1 → Injured Worker's Name: _____
(last, first & middle initial)

2 → Date of Injury: _____ Date Reported to Supervisor: _____ ← 3

4 → Today's Date: _____ Times: _____ ← 5 a & b
(workday start time) (injury time)

6 → Last Day Worked: _____ Expected return date: _____ ← 7

8 → Social Security Number: _____ Birth Date: _____ ← 9

10 → Home Address: _____
(Street, Apt. #, City, State & Zip)

11 → Employee Job Title: _____

12 → Date Hired: _____ Full time, part time or contract: _____ ← 13

14 → Campus Phone Number: _____ Home Phone Number: _____ ← 15

Male _____ Female _____ Married _____ Single _____

16 → Describe nature of Injury or Illness in Detail (be specific about part of body affected, e.g.,
amputation of right index finger at 2nd joint, fracture right arm, lead poisoning): _____

17 → Describe employee's activities when injury occurred with details of how the event
occurred (Include name of other individuals involved, tools, machinery, objects vapors,
chemicals and unnatural motions of employee):

18 → Were safe guards or safety equipment provided? Yes _____ No _____
Were they in use? Yes _____ No _____ If No, Explain _____

19 → At what provider, clinic, or hospital did the injured worker seek treatment?

20 → Was the injured worker admitted to a hospital? Yes _____ No _____
If yes, what is the name and address of the hospital: _____

21 → Has the injured worker had any previous work injuries? Yes _____ No _____
Zero _____ One _____ Multiple _____ Dates _____

22 → Name of Witness (if any): _____

23 → Comments: _____

PLEASE COMPLETE ALL QUESTIONS

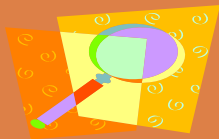


2. Approve all physician referrals through the HR Office unless emergency circumstances exist

What is Required?

Helpful Hints for First Report of Injury Form

*"Don't learn
safety by
accident"*



- Train your staff, especially other supervisors, regarding how to report an injury in your absence
- Fully investigate
- Beware of suspicious activity
- Interview witnesses thoroughly or refer him/her to the Benefits Coordinator
- Be prepared to promptly answer questions about wages/hours of work



4. Refer any inquiries to the Benefits Coordinator

What is Required?

"Health and Safety: words to live by"

Injured Workers' Insurance Fund (IWIF)

“The Injured Workers' Insurance Fund (IWIF) has specialized in providing workers' compensation insurance to Maryland businesses since 1914. “



“**IWIF's Mission:** To provide Maryland businesses with a readily available source for workers' compensation insurance that features high quality products and services at a fair price; and to protect workers and employers by championing workplace safety.”

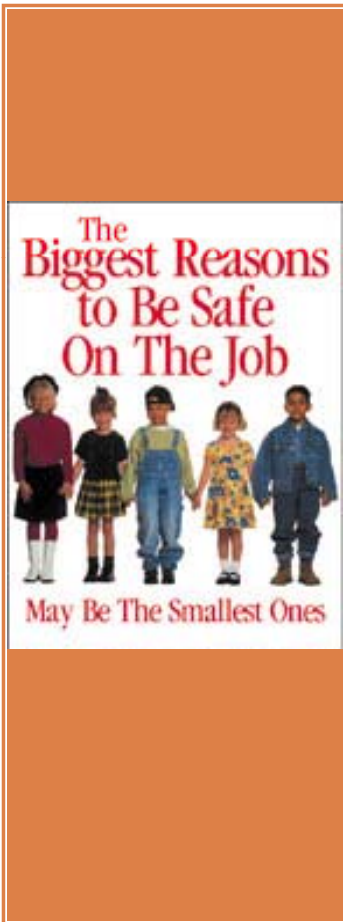
- taken from www.iwif.com

SAFETY SAVES *With* IWIF

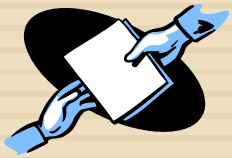
IWIF (continued)

- Adjustor responsibilities
- Authorizations
- Questions from Adjustor
- Acceptance/Denial
- Early Intervention
- Seminars offered
- Loss Prevention Services offered
- Forms and Publications offered

IWIF (continued)



*An ounce of prevention
is worth a pound of cure.*



- Doctor's note
- Limitations/light duty/reasonable accommodation

Return to Work

"Safety comes in cans: I can, you can, we can."