INJURY / ACCIDENT PROCEDURE

DEPARTMENT OF PATHOLOGY AND ANATOMICAL SCIENCES

ACCIDENT/INJURY REPORTING PROCEDURES

On Campus Students and Graduate Students

After hours there is an on call provider for students. Call Michael Hall 829-3316 and they will advise and/or provide care.

On Campus Staff and Faculty:

1. When injured notify your supervisor immediately.

2. If you need medical attention inform your usual medical provider immediately.

*Suggested care center if your primary care doctor is unavailable:
MedFirst Urgent Care Center
Dent Neurological Tower, 1st Floor
3980 Sheridan Drive, near Harlem
Staffed by Kaleida Health Systems
929-2800 opens at 3 pm M-F

3. ALL EMPLOYEES: All employees should complete an accident/injury report form available on-line or hard copies available in department office - 206 Farber Hall.
http://hr.buffalo.edu/files/phatfile/Workers_Comp.pdf

4. Effective 10/28/05, EH&S no longer handles Worker Compensation Claims. If you as an employee sustain an on-the-job injury or illness, please contact the Workers Compensation Administrator, Annette Lozo, at 645-5000, extension 1025 (Fax: 645-2605). Accident reports should be sent to Annette Lozo.

5. Copies of all accident reports must be submitted to the department office for your personnel/faculty file.

Note: If the injury involves a needle stick or a cut from a sharp that could have been contaminated with blood or other bodily fluid, wash exposed area with soap and water, seek medical attention immediately and notify your supervisor. Inform your medical provider of the possibility of a blood borne contamination exposure. The department should contact EH&S immediately at 829-2401 to initiate investigation into the potential for blood borne infection. In addition, employee should notify Annette Lozo in Crofts Hall, the Workers Compensation Administrator at 645-5000 x 1025.
Workers' Compensation
Accident/Injury Report Form

If you, as an employee, sustain an on-the-job injury or illness, you are covered under workers’ compensation and are entitled to medical treatment at no cost. Please follow the procedure below.

1. **When injured, notify your supervisor IMMEDIATELY.**
2. **Note:** If the injury involves a needle stick or a cut from a sharp that could have been contaminated with blood or other bodily fluid, wash exposed area with soap and water, seek medical attention *immediately* and notify your supervisor. Inform your medical provider of the possibility of a blood borne contamination exposure. You and your department should contact EH&S immediately at 829-3301 to initiate investigation into the potential for blood borne infection. In addition, Employee should also notify Annette Lozo, the Workers Compensation Administrator at 645-7777. If your department has a biosafety exposure control plan already in place, please follow your departmental guidelines.
3. If you need medical attention, go to the provider of your choice. Inform the provider that the injury is work related.
4. Follow the procedure below based upon your employee status.

**State Employees only:**
- Please complete the attached Accident/Injury Report Form in full.
- **Contact the NYS Accident Reporting System (ARS) at 1-888-800-0029**
- Enter the NYS ARS Incident Number under Part 2 of the Accident/Injury Report Form
- Fax the completed Accident/Injury Report Form to Annette Lozo at 645-2605 IMMEDIATELY.
- If you have questions, please contact Annette Lozo at 645-7777.
- The proper insurance carrier for State Employees is:
  - The State Insurance Fund, 225 Oak Street, Buffalo, NY 14203 (716)851-2000.

**Research Foundation Employees only:**
- Please complete the attached Accident/Injury Report Form in full.
- Fax the completed Accident/Injury Report Form to Annette Lozo at 645-2605 IMMEDIATELY.
- If you have questions, please contact Annette Lozo at 645-7777.
- Research Foundation Employees should **not** contact Chubb directly. Please call Annette Lozo at 645-7777.
- The proper insurance carrier for Research Foundation Employees is:
  - Chubb First.

**FSA Employees only:** Contact Sherry Wagner, 146 Fargo Quad, 645-0379.

**UB Foundation Employees only:** Contact Anne Duggan, Center for Tomorrow, 645-3013

**Sub-Board Employees only:** Contact Adria Moffatt, 341 Student Union, 645-2954
EMPLOYEE ACCIDENT/INJURY INFORMATION

Part 1 - PERSONAL INFORMATION:
Employee's Name: ________________________________
Job Title: ______________________________________
Home Address: ___________________________________

Home Phone: ________________________________
Department: ________________________________
Dept. Address: ________________________________
Department Phone: ________________________________

Date of Birth: ________________________________
Gender: O Male  O Female

Supervisor's Name: ________________________________
Bargaining Unit (e.g. CSEA): ____________________
Normal Work Days (e.g. Mon-Fri): ____________________
Lost Time Dates Due to Accident: ____________________

Normal Work Hours (e.g. 9am-5pm):
O Part Time  O Full Time

Part 2 - INCIDENT DETAILS:
Incident Date: ________________________________
Incident Time: ________________________________
Location/Address of Incident (Bldg, Rm, Parking Lot #):

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<tr>
<th>NATURE OF INJURY</th>
<th>LOCATION OF BODILY INJURY</th>
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<tr>
<td>O Abrasion</td>
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<td>O Bite</td>
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What was the employee doing when injured? (Be specific)

How did the injury occur?

What object or substance directly harmed the employee? (e.g. “Concrete floor,” “chlorine,” “radial arm saw”)

Names of witnesses: ______________________________________

Medical Treatment Provided: (check if applicable) Date:
O First Aid by Staff  O Hospital  O Personal Physician  O Other
Name, Address and Phone Number of Physician and/or Hospital

Date Notified Supervisor: ________________________________
Time: ________________________________

NYS ARS Incident Number: ____________________ (State Employees only – will receive upon speaking with ARS)

Part 3 - CERTIFICATION: I certify that the above information is correct:

Employee Signature: ________________________________
Date: ________________________________