INJURED WORKERS TRAINING

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

UMES Office of Human Resources
Contents

- 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](http://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: ____________________________

2. Date of Injury: ___________ Date Reported to Supervisor: ___________

3. Today’s Date: ___________ Times: ___________

4. Last Day Worked: ___________ Expected return date: ___________

5 a & b. Social Security Number: ___________ Birth Date: ___________

6. Home Address: ____________________________

7. (Street, Apt. #, City, State & Zip)

8. Employee Job Title: ____________________________

9. Date Hired: ___________ Full time, part time or contract: ___________

10. Campus Phone Number: ___________ Home Phone Number: ___________

11. Male ______ Female ______ Married ______ Single ______

12. 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): ____________________________

13. 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): ____________________________

14. Were safe guards or safety equipment provided? ___________ Yes ___________ No ___________

15. Were they in use? ___________ Yes ___________ No ___________ If No, Explain ___________

16. At what provider, clinic, or hospital did the injured worker seek treatment? ____________________________

17. Was the injured worker admitted to a hospital? ___________ Yes ___________ No ___________

18. If yes, what is the name and address of the hospital: ____________________________

19. Has the injured worker had any previous work injuries? ___________ Yes ___________ No ___________

20. Zero ______ One ______ Multiple ______ Dates ___________

21. Name of Witness (if any): ____________________________

22. Comments: ____________________________

PLEASE COMPLETE ALL QUESTIONS
2. Approve all physician referrals through the HR Office unless emergency circumstances exist
Helpful Hints for First Report of Injury Form

- 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
What is Required – 3. Timekeeping

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<tr>
<th>Time Worked:</th>
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Paid Leave which counts towards Family and Medical Entitlement:

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### Timekeeping (continued)

#### WEEK 1

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Select Addtl LV Cds
Accident Lv
Admin Lv for Layoff
Admin Lv-Election Judge
Admin Lv-Furlough Plan
Admin Lv-Per of Notice
Administrative Lv
Advanced Sick Lv
Bereavement Leave
Call Back
Disaster Service Leave
Extended Sick Lv
Holiday Lv
Job Steward Lv-EX Union
Job Steward Lv-NE Union
Jury Duty
Legal Action Paid
Military Lv
Sick Immediate Family Lv
Suspension, Paid
Union Business Leave
Accident Lv
# Timekeeping (continued)

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**Paid Leave which counts towards Family and Medical Entitlement:**

| Select Family Medical LV Cds | : | : | : | : | : | : | : |
| Daily Tot Paid Leave | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
4. Refer any inquiries to the Benefits Coordinator

“Health and Safety: words to live by”
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
IWF (continued)

- Adjustor responsibilities
- Authorizations
- Questions from Adjustor
- Acceptance/Denial
- Early Intervention
- Seminars offered
- Loss Prevention Services offered
- Forms and Publications offered
An ounce of prevention is worth a pound of cure.
- Doctor’s note
- Limitations/light duty/reasonable accommodation

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