

STANDARD OPERATING PROCEDURES
DIVISION OF COMPARATIVE MEDICINE
UNIVERSITY OF SOUTH FLORIDA

SOP#: 029.11

Date Issued: 9/04

Date Revised: 5/16

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TITLE: Reporting/Tracking Work Related Injury/Illness
SCOPE: All Animal Program Personnel
RESPONSIBILITY: Veterinary Staff, Facility Manager, All Animal Care Personnel, and Administrative Staff
PURPOSE: To Outline Procedures for Reporting Work Related Injury/Illness

I. PURPOSE

1. To provide a mechanism for recording and reporting work related injury/illness of Animal Care Staff.

II. RESPONSIBILITY

1. It is the responsibility of each individual to report all work related injuries and/or work related illnesses immediately to his/her supervisor (no exceptions).
2. Facility Managers are required to maintain a record of information regarding every reported work related injury and/or illness on the ***Work-Related Injury/Illness Log, CMDC #129.***
3. Facility Managers are responsible for knowing ***How to Report a Work Related Injury or Illness*** and completing a [Supervisor's Incident/Injury Report](#).
4. It is the responsibility of the injured/ill individual to submit all work related documentation provided by a health care provider to their supervisor or Facility Manager. Facility Managers are responsible for forwarding any documentation to the Assistant Director.
5. The Facility Manager is required to submit a [Supervisor's Incident/Injury Report](#) for each work-related injury/illness to Human Resources and the Assistant Director within 24 hours.

III. PROCEDURES

1. Individuals **must report each incidence** of work-related injury or illness immediately to a supervisor (no exceptions).

Note: You do not have to seek medical care immediately but the injury/illness must be reported to your supervisor and to AmeriSys, so there is a record of the injury/illness if treatment is required at a later date.

2. Animal Care Staff Supervisors ensure **all work-related injury/illness is properly reported to the Facility Manager.**

3. **In case of emergency, call 911** for immediate medical care or immediately send the employee to a hospital emergency room. The Facility Manager must call AmeriSys at 1-800-455-2079 as soon as practical. The AmeriSys toll free number is available 24/7.
4. For **non-emergency** injury/illness, a [Supervisor's Incident/Injury Report](#) must be completed and the employee present with the Facility Manager when the injury/illness is reported. To report injury or illness call AmeriSys at 1-800-455-2079. The AmeriSys toll free number is available 24/7.
5. Have the completed [Supervisor's Incident/Injury Report](#) and the injured/ill employee available when you call AmeriSys to report an injury/illness. Be prepared to provide the following information:
 - a. Home address and telephone number
 - b. Date of birth and social security number
 - c. Date of employment and salary
 - d. USF four digit Code:
 1. **0297** if employee is paid from of the auxiliary account
 2. **0298** if employee is paid from the VA or Research Initiative account
6. Once AmeriSys has taken the required information from you over the phone, **the intake specialist will ask to speak directly with the employee to assess their medical needs and refer him/her to an appropriate medical facility.**
7. **Within 24 hours** of the injury/illness, the manager/supervisor must follow-up by completing the [Supervisor's Incident/Injury Report](#) electronically, print, sign, scan and submit via email to the Worker's Compensation Administrator, Meica Elridge, at melridge@usf.edu and copy the Assistant Director.
8. **An AmeriSys case manager will obtain the results of the initial medical visit** including diagnosis, treatment plan, and any injury-/illness-related restrictions. This information will be provided to the supervisor immediately after the initial medical visit. **Be prepared to speak to the case manager regarding return to work restrictions.**
9. Facility Managers record information regarding all work-related injuries and illnesses on the **Work-Related Injury/Illness Log, CMDC #129** to include:
 - a. Name of affected individual
 - b. Date of injury or onset of illness
 - c. Location where injury occurred (e.g., area, room #, etc)
 - d. Description of the cause of the injury and the areas of the body affected
 - e. Action taken: (list all applicable)
 1. Reported (R)
 2. First Aid Administered (FAA)
 3. First Aid Declined (FAD)
 4. Treatment Required (TR)
 5. Treatment Declined (TD)
 6. None (N)
 - f. Initials and date of employee and supervisor
10. The **Work-Related Injury/Illness Logs, CMDC #129** are forwarded annually, January 1, to the Division of Comparative Medicine's Assistant Director and are

available to the Division's Occupational Health Physician.

11. **A Workers' Compensation Administrator is available** at USF to provide assistance regarding the entire Workers' Compensation process and can be contacted by phone at (813) 974-5775, by fax at (813) 974-7535, or by email at melridge@usf.edu

12. **Complete information is available on the Worker's Compensation webpage** on the HR website at <http://usfweb2.usf.edu/human-resources/employee-relations/workers-comp.asp>

Approved:

Date: