

Reporting an Injury

What should happen if you are injured on the job?

- 1) If it is an emergency,
 - a) And you cannot get to emergency services on your own, call Police Services at 901-678-HELP (4357). They will direct emergency personnel to your location
 - b) Seek treatment at the nearest emergency room via ambulance or otherwise.
 - c) Contact **Workplace Injury and First Notice of Loss Call Center at 1-866-245-8588** as soon as possible (you have 3 days from the time of the incident to contact them, but prefer it done within 24 hours).
 - d) If your supervisor has not already been informed, please notify them
 - e) Fill out a First Injury report and submit it to both Environmental Health and Safety and Human Resources as soon as possible.
- 2) In a non-emergency,
 - a) Contact your supervisor and inform them of the incident immediately.
 - b) Call the **Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588** within 24 hours of the injury (maximum of 3 days).
 - c) Select option #1 to speak with a registered nurse who will evaluate the nature of your injury and determine your immediate care or treatment options. Your supervisor will only verify that you are reporting a work-related injury to the registered nurse.
 - d) If no medical treatment is recommended, the registered nurse will document the call for you and your supervisor and enter an incident report in the reporting system.
 - e) If medical treatment is recommended, the nurse will direct you to the nearest State approved medical provider.
 - f) Complete the **First Report of Injury or Illness** form found online on at https://www.memphis.edu/ehs/report_an_incident/index.php with the assistance of your supervisor. This form should be returned to the ehs@memphis.edu and benefits@memphis.edu.

What to do when seeking medical treatment:

- 1) Upon arrival, you should notify the medical facility personnel that you were injured while on the job.
- 2) **Follow-up doctor and/or specialist appointments must be arranged by CorVel.** Do not personally arrange visits or use your personal physician for workplaces injuries or illnesses.
- 3) **Contact CorVel** to discuss existing claims at 1.888.226.7835.

What to do after seeking medical treatment:

- 1) It is the employee's responsibility to keep Human Resources notified regarding their work status.
- 2) All medical documentation must be forwarded and provided to Human Resources only – not to your supervisor. Only Human Resources will store medical records related to an employee on the job injury because the records contain personal information.

For Accidents Which Occur After Hours

- 1) The **Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588** operates 24/7. In non-emergency situations, the employee and supervisor should call the Call Center and follow the steps above.

State of Tennessee
Workers' Compensation Program
Workplace Injury Call Center
(866) 245-8588

Employee and Supervisor select option 1
to speak to a nurse for immediate care.
Select option 2 for First Notice of Loss reporting.
Call 911 for Medical Emergencies

Administered by the State of Tennessee Treasury Department

CORVEL

Treasury Dept #100261

Human Resources: 901.678.3573

Environmental Health & Safety: 901.678.5700

State of Tennessee Workers' Compensation Division

<https://www.tn.gov/workforce/injuries-at-work.html>

Call the Workplace Injury and First Notice of Loss Call Center at 1-866-245-8588 within 3 days of injury, preferably in the first 24 hours!



First Report of Injury or Illness

Regardless if medical treatment was obtained, this report must be returned within 24 hours of injury/illness to: **Environmental Health and Safety**, 414 JM Smith Hall

You may submit the file using the button at the bottom of the second page or email it directly to ehs@memphis.edu and benefits@memphis.edu

Section I: Information about the injured person

First Name		Last Name		
UID	Date of Birth	Male	Female	
Address		City	State	Zip
Home Phone		Work Phone		
Employee		Student Worker (Use when injured on duty only)		

Section II: Employee Information

Job Title				Employee Status Full-time Part-time Contract N/A
Department				
Building	Hire Date			
Supervisor Name				
Supervisor Title				
Supervisor Phone				

Section III: Information about the accident

Date injury occurred	Date Employer notified of injury		
Location of accident (closest building)			
Specific location (examples: Room #, hallway, stairwell, parking lot)			
Time employee began work	A.M.	P.M.	Date employer notified of lost work time
Time incident occurred	A.M.	P.M.	
Number of days away from work (do not count the day the injury occurred)*			
Number of days of restricted work activity*			

Section IV: Information about the physician or other health care professional

If treatment was given away from the accident location, provide the name and address of the medical facility

Facility Name

Address	State	City	State	Zip
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Name of Doctor or Physician

Was the employee treated in an emergency room? Yes No

Was the employee hospitalized overnight as an in-patient? Yes No

*If the injured person misses work or requires restricted work activity due to this injury/illness after this report is submitted, please contact Environmental Health & Safety in 414 JM Smith Hall, 678-5700, and Employee Benefits in 165 Administration Building, 678-3573.



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Section V: Details about the accident

What was the injured person doing immediately before the incident occurred? Describe the activity, as well as the tools, equipment, or material(s) being used. Be as specific as possible. Examples: "climbing a ladder while carrying roofing materials;" "spraying chlorine from a hand sprayer;" "daily computer key-entry."

Describe the incident. How did the injury occur? Examples: "When the ladder slipped on the wet floor, the worker fell 20 feet;" "Worker was sprayed with chlorine when a gasket broke during replacement."

What was the injury/illness? Be specific, including the body part affected and how. "Hurt," "pain," "sore," ... are NOT specific enough. I.E.: "Strained lower back;" "Chemical burn to right hand;" "Carpal tunnel syndrome affecting left wrist."

What object or substance directly harmed the individual? Examples: "Concrete floor;" "Chlorine;" "Radial arm saw."

What has been done to prevent the same or similar accident from recurring?

Section VI: Signatures

Injured Person

Date

Supervisor

Date

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employee to the extent possible while the information is being used for occupational safety and health purposes.

Section VII: For Environmental Health & Safety Use

OSHA Case Number _____ Date of follow-up with injured person _____

Notes