

# HOW TO REPORT WORK-RELATED INJURIES

CLAIMS ARE MOST EFFECTIVELY RESOLVED WHEN REPORTED WITHIN 24 HOURS OF THE EMPLOYEE'S REPORT OF INJURY.

## Step 1

Once an injury has occurred, our first priority is to obtain appropriate medical care for the employee as needed. Medical care must be offered as soon as possible; however, the employee has the right to refuse treatment. (If the employee refuses medical treatment, ensure that they sign that they denied treatment on the *Occupation Injury or Illness Employee Report*.)

If the injury is not life, limb or eyesight threatening, they may call the AmCares Nurse Triage line for guidance. If they call the Triage line, they DO NOT have to complete the *Employer's First Report of Injury*.

If they need obvious medical attention, they may go to Wellness Xpress, Weatherford Regional Hospital Convenient Care, or Weatherford Regional Hospital ER. Please notify the medical facility that this is a work-related injury. As soon as possible, notify the workers' compensation coordinator at 580-774-3108 or if the injury occurs after business hours, notify campus police at 580-774-3111.

At the discretion of the department, the employee may be sent for drug testing, even when treatment is declined. Contact Human Resources for guidance.

NOTE: Employees should be advised that any bills related to their on-the job injury received at their home should be brought to the workers' compensation coordinator for submission to our third-party administrator.

## Step 2

Complete all appropriate claim forms and submit to [compliance@swosu.edu](mailto:compliance@swosu.edu) within 24 hours of the accident. The workers' compensation coordinator is available for assistance completing the required forms in HAB (ADMIN) 211 or by calling 580-774-3108.

## CLAIM FORMS TO BE UTILIZED WHEN AN INJURY OCCURS

### *All Injuries/Work-Related Illnesses:*

These forms should be used to document an incident regardless of whether medical treatment is required.

- The ***Employer's First Report of Injury*** must be completed by the employee on the day the injury occurs unless the employee used the AmCares Triage Line. If the injury results in the need for immediate medical attention, the employee may complete the report when they are physically capable. Completed forms should be sent to [compliance@swosu.edu](mailto:compliance@swosu.edu).
- The ***Occupational Injury or Illness Employee Report*** must be completed by the employee on the day the injury occurs. If the injury results in the need for immediate medical attention, the employee may complete the report when they are physically capable. If the employee DENIED medical treatment, they must sign as such on this form. Completed forms should be sent to [compliance@swosu.edu](mailto:compliance@swosu.edu).
- The ***Occupational Injury or Illness Supervisor Report*** must be completed by the appropriate supervisor/manager on the day the injury occurs and sent to [compliance@swosu.edu](mailto:compliance@swosu.edu) as soon as possible
- The ***Witness/Co-Workers Statement*** must be completed by ***all*** witnesses/co-workers who were present when the incident occurred on the day the injury occurs and sent to [compliance@swosu.edu](mailto:compliance@swosu.edu).

### *Injuries Where Medical Treatment Is Provided:*

- The ***Authorization for Release of Medical Information*** must be completed by the employee on the day the injury occurs unless the injury results in the need for immediate medical attention. The employee may complete the form when they are physically capable. This form speeds up payment of medical bills and is required to obtain medical records. Completed forms should be sent to [compliance@swosu.edu](mailto:compliance@swosu.edu).

All forms can be found on the Workers' Compensation Webpage