



**Division of Research  
Comparative Medicine**

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<b>SOP # 008</b>	<b>Title:</b> Reporting Accidents, Injuries, and Illnesses
<b>SCOPE:</b> This SOP is applicable to all Comparative Medicine personnel.	
<b>SOP OWNER:</b> Facilities Manager	
<b>PURPOSE:</b> To outline the proper procedures for reporting all work-related accidents, injuries, or illnesses.	
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## **1. Responsibility**

- a. All Comparative Medicine Employees and Volunteers
  - i. Conduct yourself in a safe manner and be cognizant of surroundings at all times.
  - ii. Wear eye protection when working with chemicals that may splatter, drip, and/or whilst pouring.
  - iii. Use proper restraint on animals to avoid bites and scratches.
  - iv. Use caution when lifting, bending, stretching, pulling, and/or pushing.
  - v. Report all work-related injuries or illnesses to supervisor immediately.
  - vi. Fill out required paperwork as outlined below.
- b. Supervisors
  - i. Report all injuries/illnesses to AmeriSys, Environmental Health and Service (EH&S), and Human Resources (HR) as outlined below.

**2. General**

- a. Eating, drinking, chewing gum, and applying cosmetics is not permitted within the facility.
- b. Appropriate PPE has to be worn and universal precautions followed when working with rodents and chemicals.

**3. Procedure**

- a. If there is a medical emergency, dial 911. Once the injured party is safe, the supervisor will contact AmeriSys.
- b. All non-emergency work-related injuries or illnesses should be reported to your supervisor immediately.
- c. Prior to the injured individual seeking medical attention and even if medical attention is not pursued, the supervisor will report the incident to AmeriSys 1800-455-2079 (see section d).
  - i. If possible the employee is to be present for the call so the employee's injuries may be triaged and the appropriate medical care is provided.
  - ii. Failure to obtain treatment from an AmeriSys participating provider will jeopardize the employee's workers' compensation benefits.
- d. The location code (0204) will need to be provided to AmeriSys along with the following information:
  - Employee Name
  - Employee Social Security Number
  - Date of Incident (Injury or Illness)
  - Time of Incident (Injury or Illness)
  - Employee Home Address
  - Employee Home Phone Number
  - Employee Class Title
  - Employee Date of Birth
  - Employee Sex (Male or Female)
  - Description of Accident
  - Cause of Accident
  - Part of Body Affected
  - Name and Address of Agency or University (Primary Address)
  - Date that Incident was Reported by Employee
  - Employee Date of Employment
  - Employee Salary
  - Employee Work Address and Phone Number
  - Employee Supervisor
  - Supervisor Phone Number
  - Place of Accident (Street, City, Zip)
- e. If medical attention is not sought, the First Report of Injury Report form <https://www.fau.edu/hr/files/FirstReportOfInjuryForm-NonMedical.pdf> needs to be filled out and sent to HR.
- f. Questions regarding work place injuries and Workers' Compensation may be directed to the Department of Human Resources, Employee Relations, tel: 561-297-0319, fax: 561-297-4220 or visit

[https://www.fau.edu/hr/employee\\_relations/workers-comp.php](https://www.fau.edu/hr/employee_relations/workers-comp.php) for more information.

- g. *The Supervisor's Injury/Illness Analysis and Prevention Report*, located on the EH&S website <http://www.fau.edu/facilities/ehs/info/Supervisor-Injury-Illness-Report.pdf> needs to be completed within 24 hours of notification of the incident. Send the completed and signed report to EH&S (hand carry or fax to 297-2210).
  - h. The injured employee may be reimbursed for mileage to and from doctor's appointments. The report can be found at <http://www.fau.edu/hr/files/MileageReimbursement.pdf>
  - i. The injured employee needs to send a work status to their supervisor and the Human Resources Department, Worker's Compensation Coordinator, IS-4, Room 229, after every visit to the doctor. Without the work status form, the injured employee will be required to use his/her own leave to cover the time out.
4. **Record Keeping**
- a. File a copy of all aforementioned paperwork in employee's file.

Review Date	Revision Date	Revision Number	Description of Revision