

On-The-Job Injury/Illness Workers' Compensation Procedures

1. Employee must notify supervisor immediately if you are injured or become ill on the job
Provide details of - What Happened, How it Happened, Witnesses to the Incident,
and Whether you were injured as a result of the accident

**CALL 911 FOR ALL EMERGENCIES THAT RESULT IN SERIOUS BODILY INJURY
AND/OR SEEK TREATMENT AT THE NEAREST EMERGENCY ROOM**

2. You and your supervisor must complete the following:

****Call CorVel 1-866-245-8588, option#1 - the registered nurse will evaluate
the nature of your injury and determine care or treatment options
The supervisor will verify to the nurse this is a work-place injury**

****Workers' Compensation Instruction/Procedure form (SUBMIT TO BUSINESS OFFICE)
Information attached should be retained by injured employee**

****Report of On-The-Job Injury or Illness form (SUBMIT TO BUSINESS OFFICE)**

3. If Medical treatment was necessary - Supervisor **MUST** call CorVel 1-866-245-8588, option #2
as a follow-up call
4. Business Office will confirm all necessary steps were taken and submit forms to Risk Management

ALL STEPS MUST BE COMPLETED IN 7 DAYS



WORKERS' COMPENSATION INSTRUCTIONS / PROCEDURES

**I HAVE RECEIVED AND READ THIS NOTICE REGARDING WORKERS'
COMPENSATION PROCEDURES AND BENEFITS.**

PRINT NAME

EMPLOYEE SIGNATURE

DATE

Campus WC Representative

**Please sign this page and return. Keep the other information for your
future reference.**

What should I do if I'm injured or become ill on the job?

1. Notify your supervisor immediately.

- Tell your supervisor exactly what happened, how it happened, witnesses to the incident, and whether you were injured as a result of the incident. If you witness a work-related incident where a fellow employee is injured and cannot notify his or her supervisor, you should notify the supervisor for him or her. This may be as simple as calling the supervisor to report that an incident occurred resulting in injury or sending an e-mail reporting the incident to the supervisor.

- You and your supervisor must complete the one-page UT form, *Report of On-the-Job Injury or Illness*, which can be found in the "Forms" folder at this web site:

<http://riskmanagement.tennessee.edu/>

- You should call 911 for all emergencies that result in serious bodily injury, and/or seek treatment at the nearest emergency room.

2. You and your supervisor shall call the State's Work Comp carrier, CorVel Corp.

- CorVel can be reached at the *Workplace Injury & First Notice of Loss Call Center*, 1-866-245-8588, option #1, immediately after the occurrence of an incident.
- By calling the *Workplace Injury & First Notice of Loss Call Center* you (the injured employee) will speak with a 24/7 registered nurse to evaluate the nature of your injury and determine immediate care or treatment options. Your supervisor will verify to the registered nurse that you are reporting a work-place injury.
- If no medical treatment is required, the registered nurse will document the call for you and your supervisor and enter an incident report into the Workers' Comp reporting system (CareMC). The UT form, "Report of On-the-Job Injury or Illness", must be completed, signed, and forwarded to your campus Workers' Comp representative, but no other action with CorVel is necessary.
- If the registered nurse recommends for you to seek immediate medical treatment, the nurse will direct you to the nearest State-approved medical provider. Your supervisor will be responsible for either completing the reporting process of the claim with CorVel, or notifying the campus WC rep that treatment was necessary.
- The 24/7 registered nurse will provide to you verbally an approved panel of physicians. (An approved panel of physicians for your location may also be posted with your

campus WC representative.) You must choose a provider who is authorized in the State workers' compensation network. This will be the only physician authorized to treat you for your compensable injury. The State will not pay any medical expenses you incur from a physician other than your treating WC physician or a network physician you are referred to by your WC physician.

- Follow-up doctor and/or specialist appointments must be arranged by CorVel, and may **NOT** be arranged by the injured employee or the employee's supervisor. **NOTE: This does not apply in situations requiring immediate emergency room treatment for serious or life-threatening injuries.**
- If you are seen in an emergency room or minor medical clinic and you were told to follow-up with a specialist or your own "primary care or regular doctor", you must contact your campus Workers' Comp representative before going for follow-up treatment. Your WC representative will request a panel of doctors from CorVel for you, along with a form you will need to sign regarding your choice of doctor. All doctors must be on the State's approved physicians list before the follow-up treatment.

3. When medical treatment is necessary, your supervisor must arrange to complete the First Notice of Loss (FNOL) reporting process with CorVel.

- Your supervisor can ask the registered nurse to transfer the call to the Notice of Loss Unit, or call the CorVel reporting number again (1-866-245-8588) and select **Option #2**. The FNOL call will require additional employment and personal information. If the supervisor is unable to answer all the questions, the campus WC representative should be notified of the incident prior to the end of the work shift, and the completed UT "Report of On-the-Job Injury" must be submitted to the campus rep at that time.
- After the initial call to the 24/7 registered nurse, the campus WC representative may also call CorVel to complete the FNOL, or may complete it online via CareMC. (If the incident was a non-medical/first aid only incident reported directly to the campus WC representative, and the employee and supervisor did not already call the 24/7 registered nurse, the WC rep may enter the new incident directly into CareMC.)
- When seeking medical treatment, you must notify the treating doctor that you were injured while at work and that you will be filing a claim for workers' compensation benefits with the state.
- If you are given a prescription, DO NOT fill the prescription with your personal health insurance provider. Tell the pharmacist the prescription is for a workers' comp injury or illness and provide them with the "Cypress First Fill" pharmacy form (available from your campus WC rep, or online from the UT Risk Management website).

- **DRUG SCREENS** (if applicable to your department): If the employee is in an accident where a drug test is required, **DO NOT** request any drug tests from the workers' comp doctor. All drug tests must be performed by the State's contracted drug testing agency, National Toxicology Specialists (NTS). Only drug tests from NTS are acceptable.

NOTE TO INJURED EMPLOYEE: It is your responsibility to keep your supervisor and/or WC/Human Resources department notified on a weekly basis regarding your work status while out of work on workers' comp. Explain what medical care is being prescribed and your current condition.

- You should give copies of all paperwork issued by the treating WC doctor to your supervisor, especially any return-to-work notices, list of physical work restrictions, or scheduled re-check appointments or physical therapy.
- This written documentation must be forwarded to the campus WC representative.
- Per HIPPA regulations, **ONLY** the campus WC/HR department will store medical records related to an employee's on-the-job injury or illness. Medical records and notes shall not be retained in the employee's department, although the department may keep information about work restrictions and return-to-work plans.

DO NOT PRESENT YOUR PERSONAL HEALTH CARE INSURANCE CARD FOR MEDICAL TREATMENT OR FILLING A PRESCRIPTION FOR AN ON-THE-JOB INJURY. YOUR HEALTH INSURANCE AND YOUR WORKERS' COMPENSATION COVERAGE ARE TWO SEPARATE PLANS THAT DO NOT OVERLAP.

The State of Tennessee and the State's third party administrator reserve the right to review certain claims for compensability, and may assign a case manager to assist an employee. Certain outpatient procedures must be pre-certified by state processes before occurring. Providers of these services know they must contact the adjuster before diagnostic testing, physical therapy, injections, surgeries, referrals, etc.



**THE UNIVERSITY OF TENNESSEE
REPORT OF ON-THE-JOB INJURY or ILLNESS**

To be used for Workers' Compensation claim reporting.

Initial Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; padding: 5px;">Injured Employee Name</td> <td style="width:15%; padding: 5px;">Social Security #</td> <td style="width:25%; padding: 5px;">Date and Time of Incident</td> <td style="width:25%; padding: 5px;">Date of Report</td> </tr> <tr> <td style="padding: 5px;">Position</td> <td style="padding: 5px;">Department</td> <td style="padding: 5px;">Supervisor's Name</td> <td style="padding: 5px;">Supv. Telephone</td> </tr> </table>	Injured Employee Name	Social Security #	Date and Time of Incident	Date of Report	Position	Department	Supervisor's Name	Supv. Telephone
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	Position	Department	Supervisor's Name	Supv. Telephone					
	Exact Location of Incident (campus building/room or street address of non-campus location)								
	Description of Incident (work activity employee was engaged in, causes of incident, machinery in use, etc.)								
	(Use separate page to continue if needed.)								
	Nature of injury or illness (fracture, cut, allergic reaction, etc.)								
	Injured Body Part								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; padding: 5px;">Witness name</td> <td style="width:15%; padding: 5px;">Telephone</td> <td style="width:25%; padding: 5px;">Address</td> <td style="width:25%; padding: 5px;">Relationship to UT</td> </tr> <tr> <td style="padding: 5px;">Witness name</td> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">Address</td> <td style="padding: 5px;">Relationship to UT</td> </tr> </table>	Witness name	Telephone	Address	Relationship to UT	Witness name	Telephone	Address	Relationship to UT
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Employee Signature	Date	Supervisor Signature	Date
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