



EASTERN MICHIGAN UNIVERSITY
Department of Risk Management and Workers' Compensation

Employee Procedures for Occupational Injuries or Illnesses

SEEK MEDICAL ATTENTION IMMEDIATELY IN THE EVENT OF AN EMERGENCY

Step 1: Notify your supervisor immediately after a work related injury or illness occurs.

Step 2: Complete a **Report of Employee Occupational Injury** form in its entirety and attach additional information or reports (example: police reports, departmental reports, etc.) when applicable.

Step 3: Submit the report to your supervisor and retain a copy for your records.

Step 4: Determine whether or not you require medical treatment.

Midwest Health Center is Eastern Michigan University's designated health care provider for all work-related injuries. If medical treatment is necessary, you must go to Midwest Health Center for the first 10 days of treatment.

Monday – Friday 7:00 a.m. – 6:00 p.m.

Midwest Health Center, P.C.
9301 Middlebelt Road
Romulus, MI 48174
(734) 941-1000

After Hours and Weekends

Midwest Health Center, P.C.
5050 Schaefer
Dearborn, MI 48126
(313) 581-6009
Open 24 hours – 7 days a week

***SEEK MEDICAL ATTENTION AT THE NEAREST
EMERGENCY ROOM IN THE EVENT OF AN EMERGENCY***

Medical care will not be authorized unless the Department of Risk Management and Workers' Compensation is notified of your injury. Exceptions may be made in the event of an emergency.

Step 5: Advise your physician and physician's billing department that your injury or illness occurred at work. For questions about billing, your physician's office should contact the Department of Risk Management and Workers' Compensation at (734) 487-1357.

Step 6: Your physician will provide you with a "Work Status Report." Keep a copy for your records and present the original to your supervisor. Discuss this statement with your supervisor to determine whether or not you may return to work. Continue to provide your supervisor with updated medical reports.

If you are unable to return to work, YOU must IMMEDIATELY notify the Department of Risk Management and Workers' Compensation at (734) 487-1357 for further instructions.

**Department of Risk Management and Workers' Compensation
11 Welch Hall, Ypsilanti, Michigan 48197
Phone (734) 487-1357 • Fax (734) 487-6827**



EASTERN MICHIGAN UNIVERSITY

Department of Risk Management and Workers' Compensation

Supervisor Procedures for Occupational Injuries or Illnesses

ACCIDENTS RESULTING IN A FATALITY OR ANY HOSPITALIZATION OF 3 OR MORE EMPLOYEES SUFFERING INJURY FROM THE SAME ACCIDENT, OR ILLNESS FROM EXPOSURE TO THE SAME HEALTH HAZARD ASSOCIATED WITH THEIR EMPLOYMENT, MUST BE REPORTED IMMEDIATELY.

SEEK MEDICAL ATTENTION IMMEDIATELY IN THE EVENT OF AN EMERGENCY

- Step 1:** In the event an Eastern Michigan University employee is injured in the course of their employment, advise the employee to complete sections A-E of a **Report of Employee Occupational Injury** form.
- Step 2:** Complete sections F – K of the supervisor's section of the report immediately after the accident occurs, attach additional information or reports (example: police incident reports, departmental reports, etc.) when applicable.
- Step 3:** If the employee states that there were witnesses to the injury, discuss the injury with the witnesses and submit pertinent documentation via email to the Department of Risk Management and Workers' Compensation.
- Step 4:** Deliver the original report to the Department of Risk Management and Workers' Compensation as soon as practical but no later than **24-hours** after the accident (a faxed copy is acceptable but must be followed by the original).
- Step 5:** If the employee determines he/she needs medical treatment, direct him/her to **Midwest Health Center**. Midwest Health Center is the University's designated Workers' Compensation health care provider (see attached map).

NOTE: The injured employee's supervisor, co-worker or other University employee should not provide transportation to or from the medical provider's location. The injured employee should determine if they are able to drive in order to seek medical treatment. If the injured employee determines they are able to drive, they should use their personal vehicle for transportation. If the injured employee determines they are unable to drive, then an ambulance or taxi cab should be called for transportation. In the event of an emergency, medical treatment should be sought immediately.

The Department of Risk Management must be notified of the injury in order to authorize medical treatment. If the injured employee is seeking medical treatment, notify Risk Management via the Report of Employee Occupational Injury form or telephone call.

- Step 6:** The injured employee will receive a "Work Status Report" from the treating physician. Determine whether or not you can accommodate the employee's restrictions. Deliver the original "Work Status Report" to the Department of Risk Management within 24 hours of receipt.

If you are unable to accommodate the injured employee's restrictions, contact the Department of Risk Management and Workers' Compensation IMMEDIATELY at 487-1357 for further instruction.

- Step 7:** When you are able to accommodate the employee, notify the Department of Risk Management and Workers' Compensation immediately upon the employee's return to work.

Department of Risk Management and Workers' Compensation
11 Welch Hall, Ypsilanti, MI 48187
Phone (734) 487-1357 • Fax (734) 487-6827



EASTERN MICHIGAN UNIVERSITY
Department of Risk Management and Workers' Compensation
Report of Employee Occupational Injury

Sections A-E to be completed by the injured EMPLOYEE

Section A: Employee Information

1. Name: _____ 2. Social Security #: _____
Last First Middle
3. Home Address: _____
Number Street (Apt #) City State Zip Code
4. Phone #: (____) _____ 5. Birthdate: _____ 6. Gender: **M** **F**
Home Work (mm/dd/yy)
7. Date of hire by the University: _____ 8. Do you claim on-the-job injury? **Y** **N**
(mm/dd/yy)
9. Retirement Plan: **MPSERS** **TIAA -CREF**

Section B: Accident Information

10. Date of Accident: _____ 11. Time of Accident: _____ a.m. / p.m.
(mm/dd/yy)
12. Time shift began on date of injury: _____ a.m. / p.m.
13. Location accident occurred: _____
(Be SPECIFIC: Building, Floor, Room, etc.) (Example: Northwest Stairwell of Mark Jefferson, 3rd Floor)
14. What were you doing just before the accident occurred? _____
(Be SPECIFIC: Describe activity, tools and equipment or material you were using)
15. What were you doing when accident occurred? _____
(Be SPECIFIC: Task being performed) (Example: Mopping stairs)
16. How did accident occur? _____
(Be SPECIFIC: Describe fully the events that led up to the accident) (Example: Slipped on wet stairs and dropped bucket of water on foot)
17. What object or substance directly harmed you (if any): _____
(Example: chlorine, concrete floor, bucket of water)
18. List any witnesses to the accident: _____
(First and Last names)



EASTERN MICHIGAN UNIVERSITY

Department of Risk Management and Workers' Compensation
Report of Employee Occupational Injury

Sections A-E to be completed by the injured **EMPLOYEE**

Section C: Injury Information

19. What body part(s) is affected? _____ 20. Nature of injury: _____
(Example: LEFT Foot/Ankle) (Example: Sprain, bruise, cut)
21. Did you seek medical attention? **Y** **N** If yes, where: _____
(Midwest Health Center is the University's designated WC Health Care Provider)
22. When did you receive medical attention? _____
Date Time
23. Did you lose full days of work due to this injury? **Y** **N** 24. If yes, when: _____
Dates From To
25. If you lost days from work, specify type of time to utilize: **SICK** **VACATION** **OTHER**

Section D: Supervisor Information

26. Date and time reported to Supervisor: _____ 27. Was it reported the day it occurred? **Y** **N**
Date Time
28. If no, why was there a delay in reporting? _____

Section E: Signature Information

By signing this Report of Employee Occupational Injury, I, the undersigned injured employee acknowledge that the above statement is true and the accident and injury occurred within the course of employment at Eastern Michigan University.

Those who commit fraud will be prosecuted to the fullest extent of the law.

29. Signature of Employee: _____ Date _____
30. Signature of Supervisor: _____ Date _____
(Signifies receipt of employee's report but does not acknowledge content as fact)

For Risk Management Purposes ONLY

Location Code: _____ Fund: **Auxiliary** **General** Division: _____

RO MO IND Claim #: _____



EASTERN MICHIGAN UNIVERSITY

Department of Risk Management and Workers' Compensation

Report of Employee Occupational Injury

Sections F – K to be completed by the SUPERVISOR

Section F: Employee Information

1. Employee's Name: _____
Last First Middle
2. Employee's Classification and Grade: _____ 3. Job Title: _____
(Example: FM-10) (Example: Groundskeeper)
4. Type of Employee: **Reg** **Temp** **Student** (Circle One) 5. Fund / Org: _____
(Example: G000345, 127450)
6. Type of Fund: **General** **Auxiliary** **Other:** _____ (Circle One)
7. Division: _____ 8. Department: _____
(Example: Business & Finance) (Example: Physical Plant)

Section G: Accident Information

9. Date of Accident: _____ 10. Time of Accident: _____ a.m. / p.m.
(mm/dd/yy)
11. Date reported to Supervisor: _____ 12. Time reported to Supervisor: _____ a.m. / p.m.
(mm/dd/yy)

Section H: Medical Information

13. Did employee go to **Midwest Health Center**? **Y** **N**
14. If no, did employee seek medical attention elsewhere? **Y** **N** 15. If yes, where? _____

Section I: Lost Time Information

16. Did the employee lose full days away from work due to the alleged work related injury? **Y** **N**
17. If yes, last date worked: _____ 18. Date employee returned to work: _____
(mm/dd/yy) (mm/dd/yy)

Section J: Safety Information

19. Does employee's statement coincide with your findings? **Y** **N** 20. If no, state any inconsistencies you found while investigating employee's statement of what happened: _____

21. Did the injury result from a violation of a rule that is clearly announced and regularly enforced? _____

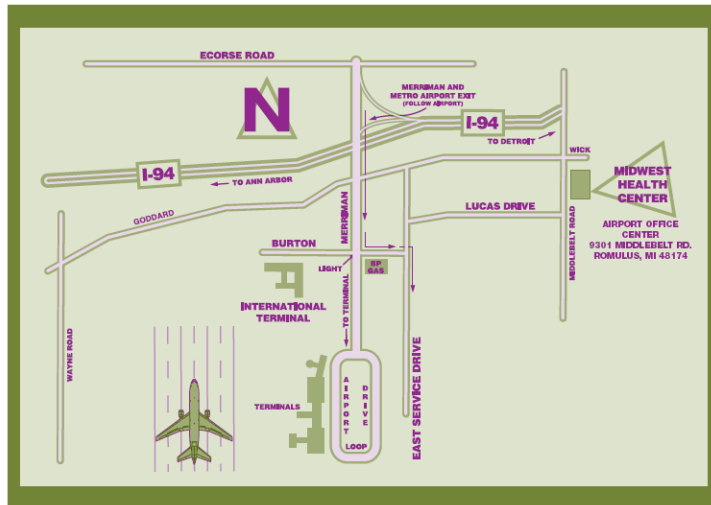
Section K: Supervisor Information

22. Name of Supervisor (Please **PRINT**): _____
23. Signature of Supervisor: _____ (date)
24. Supervisor's Phone #: _____ 25. Times available: _____

IF INJURED ON THE JOB, GO TO:

**Midwest Health Center, P.C.
9301 Middlebelt Road
Romulus, MI 48174
Phone: (734) 941-1000**

**Monday through Friday
7:00 a.m. – 6:00 p.m.**



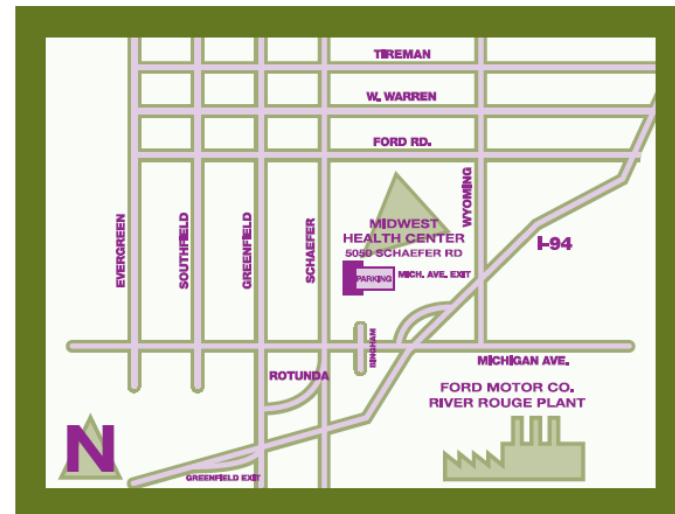
Directions from Eastern Michigan University

Take I-94 East
Exit #198 Metro Airport/Merriman/Middlebelt
Turn **RIGHT** on Middlebelt Rd.
Midwest Health Center is located on the **LEFT**
Travel Time: Approximately 20 minutes

AFTER HOURS INJURIES, GO TO:

**Midwest Health Center, P.C.
5050 Schaefer
Dearborn, MI 48126
Phone: (313) 581-6009**

Open 24 hours – 7 days per week



Directions from Eastern Michigan University

Take I-94 East
Exit # 208 Greenfield/Schaefer
Turn **LEFT** on Schaefer
Travel approximately 1 mile
Midwest Health Center is located on **RIGHT**
Travel Time: Approximately 30 minutes

SEEK MEDICAL ATTENTION AT THE NEAREST EMERGENCY ROOM IN THE EVENT OF AN EMERGENCY