

DUQUESNE UNIVERSITY INCIDENT/ACCIDENT INVESTIGATION REPORT

EMPLOYEE NAME (Printed): _____

OCCUPATION: _____ DEPT/SUPERVISOR & EXT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MALE ___ FEMALE ___ MARRIED? ___ DATE OF BIRTH _____ PHONE NUMBER _____

DATE OF INJURY: _____ TIME OF INJURY: _____ REPORTING DATE: _____

NORMAL STARTING TIME _____ STATUS: Employee Student Other

ARE YOU ENROLLED IN MEDICARE? ___NO___YES

Section 1 – Completed by employee with supervisor:

**IMPORTANT NOTE TO INJURED EMPLOYEE:
PLEASE BE SURE TO READ AND SIGN ALL PAGES.**

1. Exact Location of Accident: _____

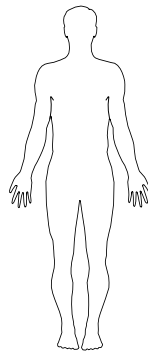
2. How did injury occur? (Describe events leading to injury. Exact location, any object or substance involved and how it was involved.)

2. Describe the nature of injury (Amputation, cut, contusion, strain, foreign body, burn, etc. and **name body part** - right index finger, left knee, etc. – and indicate on diagram in Section 2)

Action(s):

- 1. Sent to doctor? Yes No
If Yes, Name: _____
- 2. Sent to Hospital? Yes No
If Yes, Name: _____
- 3. Went to Health Service? Yes No
- 4. Sent home? Yes No
- 5. Returned to work: Yes No

Indicate on Diagram – Location of Injury



(Front)

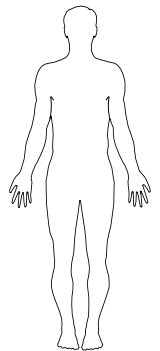
Type of Injury

- 1. Laceration
- 2. Hematoma
- 3. Abrasion
- 4. Burn
- 5. None Apparent
- 6. Other

Specify: _____

ACCIDENT

- 1. Fatal
- 2. Non Fatal



(Back)

(TURN OVER)

Section 2 – Completed by Witness(s):

Witness # 1: (Print Name) _____

Signature

Date

Witness # 2: (Print Name) _____

Signature

Date

Section 3 -- Completed by Supervisor:

1. What could have been done to prevent the injury?

2. Was corrective action taken / necessary?

3. Additional comments:

Employee: _____
Printed Name Signature Date

Supervisor: _____
Printed Name Signature Date

Reviewed by: _____
Printed Name Signature Date

PLEASE RETURN THIS COMPLETED FORM TO:

GENNY HUGHES IN EH&S & RISK MGT.

412-396-6677



WORKERS' COMPENSATION INFORMATION

In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us - PA Keyword: workers comp.

ACKNOWLEDGMENT

I, _____, employee of Duquesne University
(PLEASE PRINT NAME)

hereby certify that I was provided with the above statement on ____/____/____ (date).

Employee signature

**WORKERS' COMPENSATION EMPLOYEE NOTIFICATION
IN ACCORDANCE WITH SECTION 306(F.1)(1)(i) OF
THE PENNSYLVANIA WORKERS' COMPENSATION ACT**

If you are injured while employed and on duty at Duquesne University, you are responsible for reporting the injury/illness immediately to your supervisor. If you seek medical care for your work-related injury or illness, Duquesne University shall provide payment for reasonable surgical medical services, services rendered by physicians or other health care providers, and medicines and supplies, as and when needed, according to the procedures that follow.

In compliance with the Workers' Compensation Act, Duquesne University has established a list of health care providers to treat you in case of a work-related injury or illness. You are required to be treated by one of the designated "panel" providers or one designated directly by Duquesne's Office of Environmental Health & Safety for a period of ninety (90) days from the date you first seek medical treatment, or Duquesne University may not be required to pay for your medical care during that period of time. In the case of a medical emergency, you may be treated at the closest emergency department. However, any follow-up treatment is required to be provided by one of Duquesne University's panel providers or an approved provider for the first ninety (90) days from the date of your first treatment. Unauthorized, non-emergency treatment for a work-related injury/illness with a non-panel or non-approved health care provider during the initial 90-day period will not be paid by Duquesne University.

If you wish to change medical providers within the first ninety (90) days of medical treatment, you must select a new health care provider from Duquesne's designated panel of providers or consult with the Office of Environmental Health & Safety for an approved provider. If one of these designated providers refers you to another health care provider, you may receive care from that provider and the fees will be paid by Duquesne University. If a designated provider recommends invasive surgery, you may obtain a second opinion from a non-panel provider at the expense of Duquesne University. However, should you elect to follow the treatment plan recommended by the non-panel provider, you must obtain such treatment from a panel or approved provider for ninety (90) days from the date of the appointment with the non-panel provider. The list of health care providers is posted in various locations throughout the University campus, and copies are available in the office of Environment Health and Safety Room 202A Fisher Hall. The list of providers and the rules governing medical treatment change periodically, so you should consult the Office of Environmental Health & Safety if you need access to medical care.

Should you require continued medical treatment after the initial 90-day period, you may continue seeing the panel or approved provider or you may go to another physician or health care provider of your choice. You must notify the Office of Risk Management, (412) 396-6677, within five (5) days of treatment with a non-panel provider. This non-panel provider must provide an initial medical report to the Office of Risk Management within ten (10) days of the date of first treatment, and every thirty (30) days thereafter as long as treatment continues. Failure to notify the Office of Environmental Health & Safety or Duquesne University will relieve Duquesne University of the responsibility for the payment of services rendered if such services are determined to have been unreasonable or unnecessary.

If you follow the guidelines set forth in this notification, you will not be responsible for payment of any charges related to the medical treatment of your work-related injury/illness, or any charges in excess of charges as calculated under the Workers' Compensation Act, unless your treatments are unrelated to your injury/illness. If you refuse reasonable medical services, you may forfeit rights to compensation for your injury.

By my signature below, I acknowledge that I have read the above notification and understand the provisions of the Pennsylvania Workers' Compensation Act as set forth and understand my rights and duties. This notice was presented to me (check one): Time of Hire When I was injured Other

NAME (Print) _____

DATE _____

SIGNATURE _____

DUQUESNE UNIVERSITY
MEDICAL PROVIDER NOTICE for WORK-RELATED INJURIES/ILLNESSES
Effective: May, 2009

If you experience a work-related injury or illness, your employer, Duquesne University, through its Third Party Administrator, CompServices, Inc., P.O. Box 3460, Pittsburgh, PA 15230, 412- 402-4200, shall provide payment for reasonable surgical and medical services rendered by physicians or other health care providers, medicines and supplies, and orthopedic appliances and prostheses, as and when needed. These services will be provided to you under Duquesne University's Workers' Compensation program as described below:

1. To insure that your medical treatment will be paid by Duquesne University, you are required to visit one of the providers listed below or any provider designated directly by Duquesne University's Office of Environmental Health & Safety:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>SPECIALTY</u>
Duquesne University Health Service *	Student Union, 2 nd floor	412- 396-1650	General
UPMC Mercy Hospital Emergency Department	1400 Locust Street Pittsburgh, PA 15219	412-232-8222	Emergency Medicine
WorkWell	All Locations	1-800-662-2400	Occupational Medicine
MedExpress Urgent Care	All Locations	412-343-3627	Occupational Medicine
Keystone Rehab Systems/ Eagle Physical Therapy	All Locations	1-888-749-7461	Physical Therapy
Brian Ernstoff, M.D.	3471 5 th Avenue, Suite 404 Pittsburgh, PA 15213	412-901-2891	Physiatrist
Tri-State Orthopedics	Pittsburgh Office & Research Park 5900 Corporate Dr., Suite 200 Pittsburgh, PA 15237-7004	412- 369-4000 X322	Orthopedics
Neurosurgery Group of Western PA	107 Gamma Drive Suite 110 Pittsburgh, PA 15224	412-968/-5490	Neurosurgery
Michael Lally, MD	General & Vascular Surgery 1350 Locust St., Suite 205 Pittsburgh, PA 15219	412-391-4360	General Surgery
Greg Tarnow, DC	2165 Noblestown Road Pittsburgh, PA 15207	412- 421-3060	Chiropractic Care
Everett & Hurite	1835 Forbes Ave. Pittsburgh, PA. 15219	(412) 288-0885	Ophthalmology

* Duquesne University Health Service is owned and operated by Duquesne University.

2. If you need further treatment, you must continue to visit the same or another designated physician or health care provider on the list or one designated by the Environmental Health & Safety Department for **the first ninety (90) days** from the date of your first treatment. Should you not comply with the foregoing, Duquesne University shall be relieved from liability for the payment of services rendered during such applicable period.
3. If one of the Panel health providers listed above or a University approved provider refers you to another licensed specialist or medical provider, Duquesne University will pay for these services, provided they are reasonable and necessary. If a Panel or approved provider recommends invasive surgery, you may obtain a second opinion from a non-Panel provider at the expense of Duquesne. However, should you elect to follow the treatment plan recommended by the non-Panel provider, you must obtain such treatment from a Panel or approved provider for ninety (90) days from the date of your first visit with the "second-opinion" provider.
4. If after a 90-day period you still need medical treatment, you may choose to go to another licensed medical provider not listed above. Your bill will be paid **ONLY** if you notify the Environmental Health & Safety Department (412) 396-6677, within five (5) days of your first visit, and if your treating medical provider files a report with the office of Environmental Health & Safety within ten (10) days of the initial treatment and at least once a month thereafter, as long as treatment continues. Duquesne University shall not be liable to pay for such treatment until a report has been filed.
5. In case of a medical emergency, you may be treated at the closest Emergency Department. However, any follow up medical care must be provided by one of the designated medical professionals for the first ninety (90) days from the date of your first treatment.

All bills and questions regarding Workers' Compensation should be directed to the Environmental Health & Safety department at (412) 396-6677.