INJURY REPORTING FORM POLICY

**Purpose:** Policies and procedures for reporting injuries that occur within the Department of Recreational Sports

**Scope:** This policy applies to all UGA Recreational Sports employees including student staff

**Policies:**

I. **INJURY REPORT FORM**
   a. The Department of Recreational Sports requires that anytime an injury occurs within the Ramsey Student Center, Recreational Sports Complex, Club Sports Complex, and any Outdoor Recreation trip that an injury form be filled out by the responding staff members.

   b. The online reporting form must be completed by one of the following staff members: Facility Managers, Senior Managers, Aquatic Managers, Site Supervisor, Trip Leader, Complex Manager, Club Safety Officer, and Manager on Duty (Pound Hall).

   c. This incident form is to report any work-related injury, non-work-related injury to visitors, guests, students, volunteers, and employees not in the course of their work responsibilities.

   d. In the event a Rec Sports employee is injured, notify the Rec Sports Business Manager immediately.

   e. A paper version of this form will be utilized anywhere where access to internet/WiFi is limited. This includes: Rec Sports Complex, Club Sports Complex, Outdoor Recreation trips/clinics, and Club Sports teams when travelling.

   f. It is VERY IMPORTANT to note that anyone who completes this form is documenting only that there is a potential injury. Do not attempt to state a diagnosis of the injury. For example, you would not document that the patron’s right ankle is sprained. Instead you would only document that the patron’s right ankle is injured based on the patron’s comments. See example report on the last page of this document.

   g. In the event that a paper form is completed, it is the duty of the staff member completing the form to transfer all information to the online reporting form as soon as an internet connection/WiFi is available.

   h. Once the form is reviewed by Finance and Administration, they will be reviewed by a member of the Rec Sports Business Office and then distributed to the head of the program or facility area for further review/follow up.

   i. All program areas within UGA Recreational Sports will have direct link for reporting installed on tablet(s) and/or iPad(s).
Procedure:

I. COMPLETING INJURY REPORT FORM
   a. In the event that an incident occurs, a manager from that program area or a Facility Manager/Senior Manager will complete the form, being sure to complete every box.

   b. The login page for the form can be found here: https://busfin1.busfin.uga.edu/hr/injury_report_login.cfm

   c. Step-by-step instructions for completing this form can be found at: https://hr.uga.edu/_resources/pdf/Injury-reporting-guide.pdf

   d. To complete the form:
      i. Designated staff or HR partners will log in with their MyID and Password
      ii. Select the New Injury Report located on the left margin
      iii. Input basic information including date, time, name of injured person, phone number of injured person, age, and type of incident/accident that occurred (check all that apply).
      iv. Describe the incident including any witness contact info. Be as specific as possible about the location of the injury. Be sure to include witness names, phone numbers, and email addresses.
      v. Describe the injury and who is reporting and who is reporting the incident/accident.
      vi. Indicate what treatment you know has been provided at the time of submitting the report. Do not speculate what care was given after the report.
      vii. Document contact info for the person submitting the report.
      viii. Work related or not? Be sure to choose the correct designation.
      ix. The injured person is employed by UGA (including student employees)
          1. Did the injury occur in the course of employment? YES/NO
          2. Provide the 81x number if the injured individual is an employee
      x. The injured person is NOT employed by UGA
          1. Identify whether the injured person is a Student, Visitor/guest, Volunteer, or Other (please describe)
xi. Press Form Complete-SUBMIT when finished.
   1. For work-related injuries: you will receive a confirmation email. Be sure to complete the remaining paperwork related to Worker’s Compensation. Be sure to notify UGA Recreational Sports HR representative of any potential Worker’s Compensation claims.
   2. For non-work-related injuries: you will have the opportunity to send any supporting documentation. In most cases, there is likely no supporting documentation. If there is supporting documentation, use ONLY secure email to send these documents. Once submitted, you will receive a confirmation email.
   3. If you have any questions about injuries at UGA you may contact:
      a. Work-related injuries:
         Angie Dellinger
         hrwc@uga.edu
         706-542-6498
      b. Non-Work related injuries:
         Vance Silcott
         admsvcs@uga.edu
         706-425-3083
UNIVERSITY OF GEORGIA
Finance & Administration

Injury Report

Name of Injured Person: John Doe
Employee 810 Number
Injury Date: 8/15/2018

Phone Number of Injured Person: 123-4567
Time: am 3:00 pm

The injured person is: ___ Under age 18 ___ Age 18 or over

Incident/accident (check all that apply):
___ Lifting/moving ___ Ingestion/inhalation ___ Struck by/struck against ___ Animal/insect bite
___ Burn ___ Slip/trip/fall ___ Strain ___ Caught by ___ Other (please specify):
___ Needle stick ___ Object in eye ___ Cut/puncture/scrape ___ Hearing loss
___ Motor vehicle collision

Where did incident happen? (Be specific: building, room no, hallway, laboratory, etc.)
Building Name: Ramsey Student Center - Gym Control
Room No: Court #3 Other location; please describe: 

Details of incident. (What was the individual doing? What was the root cause? Describe what happen.)
John was playing basketball, platted his foot and tripped.

Give the name(s)/phone number/email of any witnesses to the incident.
Jane Doe (jane.doe@uga.edu)

Describe any injury (bruise, sprain, laceration, etc.)
Injured right ankle

Specify what body part(s) were injured

Treatment received:
___ None ___ Refused Treatment ___ First aid at site ___ Doctor/urgent care visit ___ Emergency room ___ Admitted to hospital ___ Fatality

Submitted by (UGA supervisor or departmental HR representative) shiburn
UGA supervisor/HR representative work phone and email: /shiburn@uga.edu

The injured person is employed by UGA (including student employees) and was injured in the course his/her work responsibilities (work-related injury).
Employee Number 810