Reporting Injuries That Occur When Working with Laboratory Animals

1. **Reporting Work Related Injuries**: Every person working with animals should be aware of the potential danger from animal bites and/or other mishaps such as self-injection of reagents, needle sticks, other sharps injuries, and mucous membrane exposures from urine, feces, blood or other bodily secretions. Although an animal scratch or bite might not seem serious, its occurrence should be reported to one's supervisor or instructor so that proper measures may be taken. The immediate measures to be taken are outlined below (as adapted from UB Workers' Compensation Accident/Injury Report form). The full form can be found below or at: [http://hr.buffalo.edu/files/phatfile/Workers_Comp.pdf](http://hr.buffalo.edu/files/phatfile/Workers_Comp.pdf).

   a. **Seek Emergency First Aid** ie wash exposed area with soap and water, rinse eyes at eyewash stations, remove contaminated clothing, use emergency body showers etc as deemed appropriate
   b. Notify your supervisor
   c. Seek medical attention **immediately**. Go to the provider of your choice, Note: ECMC supports the UB Occupational Health Monitoring Program, and has your health history records.
   d. Bring counsel (such as a laboratory colleague or supervisor).
   e. Bring with you all pertinent SOPs and MSDS sheets that relate to any hazards that you work with or that you may be exposed to during your accident/injury.
   f. Inform the medical provider of any exposure to blood-borne pathogens
   g. Inform the provider that the injury is work related.
   h. Occupational health records for individuals approved to work with animals at UB are maintained by Dr. David Hughes, Great Lakes Physicians Services, Erie County Medical Center (898-4153) and can be provided to the medical care staff.
   i. Complete the Accident/Injury Report Form below IMMEDIATELY, (http://hr.buffalo.edu/files/phatfile/Workers_Comp.pdf), and Fax to Annette Lozo at 645-2605
   j. Contact Annette Lozo at 645-7777.
   k. **Contact EH&S immediately at 829-2401 or after hours/weekends call 645-2222.**
   l. Follow the additional procedures below based upon your employee status

**State Employees only:**
- Contact the NYS Accident Reporting System (ARS) at 1-888-800-0029
- Enter the NYS ARS Incident Number under Part 2 of the Accident/Injury Report Form
- The proper insurance carrier for State Employees is: The State Insurance Fund, 225 Oak Street, Buffalo, NY 14203 (716) 851-2000.

**Research Foundation Employees only:**
- The proper insurance carrier for Research Foundation Employees is: Chubb First. However, Research Foundation Employees should not contact Chubb directly. Please call Annette Lozo at 645-7777.

**UB Foundation Employees only:** – Contact Josephine Zenosky, Center for Tomorrow, 645-3013

**Students:**
- Students can use Student Health Services or their private insurer.
- Students are considered “employees” regardless if they are paid or volunteer.

2. Several of the agents responsible for viral, fungal, bacterial, and parasitic infections in laboratory animals are capable of infecting humans. Employees can further contact The Great Lakes Physician’s Services, ECMC for advice beyond that offered by the initial medical care personnel. Any subsequent gastrointestinal, eye, respiratory or skin illnesses that may resemble the signs or symptoms of infections in the animals for which they are caring should be reported.
EMPLOYEE ACCIDENT/INJURY INFORMATION

Part 1 - PERSONAL INFORMATION:
Employee’s Name: ____________________________ Person #: ____________________________
Job Title: _____________________________________________ Date of Birth: ____________________________
Home Address: ______________________________________________________ Gender: ○ Male ○ Female

Home Phone: (_____) ____________________________ Supervisor’s Name: ____________________________
Department: ____________________________ Bargaining Unit (e.g. CSEA): Line #
Dept. Address: ______________________________________________________ Normal Work Days (e.g. Mon-Fri):
Department Phone: ____________________________ Lost Time Dates Due to Accident: ____________________________

Normal Work Hours (e.g. 9am-5pm): ____________________________________________
○ Part Time ○ Full Time

Part 2 - INCIDENT DETAILS:
Incident Date:__________________________ Incident Time:__________________________
Location/Address of Incident (Bldg, Rm, Parking Lot #):

<table>
<thead>
<tr>
<th>NATURE OF INJURY</th>
<th>LOCATION OF BODILY INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Abrasion</td>
<td>○ Abdomen</td>
</tr>
<tr>
<td>○ Bite</td>
<td>○ Ankle</td>
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<tr>
<td>○ Bruise</td>
<td>○ Back</td>
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<tr>
<td>○ Burn</td>
<td>○ Chest</td>
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<td>○ Cut</td>
<td>○ Ear</td>
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<td>Other</td>
<td>○ Elbow</td>
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<td>○ Eye</td>
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<td></td>
<td>○ Other</td>
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<td>○ Right Side</td>
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<td>○ Left Side</td>
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</tbody>
</table>

What was the employee doing when injured? (Be specific) ____________________________________________

How did the injury occur? ____________________________________________

What object or substance directly harmed the employee? (e.g. “Concrete floor,” “chlorine,” “radial arm saw”)

________________________________________________________________________

Names of witnesses: ____________________________________________

Medical Treatment Provided: (check if applicable) Date: ____________________________
○ First Aid by Staff ○ Hospital ○ Personal Physician ○ Other ____________________________

Name, Address and Phone Number of Physician and/or Hospital ____________________________________________

Date Notified Supervisor: _________________ Time: _________________

NYS ARS Incident Number: _________________ (State Employees only – will receive upon speaking with ARS)

Part 3 - CERTIFICATION: I certify that the above information is correct:

Employee Signature ____________________________ Date ____________________________