

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 .

- 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 #): _____

NATURE OF INJURY	LOCATION OF BODILY INJURY
<p><input type="radio"/> Abrasion <input type="radio"/> Dislocation</p> <p><input type="radio"/> Bite <input type="radio"/> Fracture</p> <p><input type="radio"/> Bruise <input type="radio"/> Laceration</p> <p><input type="radio"/> Burn <input type="radio"/> Sprain</p> <p><input type="radio"/> Cut <input type="radio"/> Needle Stick</p> <p>Other: _____</p> <p>_____</p>	<p><input type="radio"/> Abdomen <input type="radio"/> Face <input type="radio"/> Leg</p> <p><input type="radio"/> Ankle <input type="radio"/> Finger <input type="radio"/> Mouth</p> <p><input type="radio"/> Back <input type="radio"/> Foot <input type="radio"/> Nose</p> <p><input type="radio"/> Chest <input type="radio"/> Forearm <input type="radio"/> Shoulder</p> <p><input type="radio"/> Ear <input type="radio"/> Hand <input type="radio"/> Teeth</p> <p><input type="radio"/> Elbow <input type="radio"/> Head <input type="radio"/> Wrist</p> <p><input type="radio"/> Eye <input type="radio"/> Knee</p> <p><input type="radio"/> Other _____</p> <p><input type="radio"/> Right Side <input type="radio"/> Left Side</p>

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