Creating an NAU Report of Injury (ROI) for a Third Party Injury

The Report of Injury documents campus injuries. A Third Party may include NAU students, affiliates, guests or visitors, or an employee* not on work status attending a function after working hours. The ROI is to be completed when a Third Party is injured while on campus. The Insurance and Claims Unit of Contracting and Purchasing Services will receive the completed ROI for liability reporting purposes. The ROI is now an electronic form within LOUIE and replaces the paper form of the Incident/Injury Report. Note: This online reporting does not replace the Notice of Claim process to file a third party claim against the state.

*Icy Conditions – If an employee slips and falls on the ice, use the <u>Work Related</u> Report of Injury to report the incident. The claim will be processed according to the information and all relevant details about the case. If you have any questions about when to use the <u>Work Related</u> Report of Injury vs the Third Party Report of Injury, please contact Human Resources.

<div style="border:2px solid blue; background:#f9d77e; text-align:center; font-weight:bold;">
ACCESS to a PRINTER and SCANNER is preferred.
</div>

Who completes the ROI?

All Benefit Eligible employees will have access to create the electronic Report of Injury (ROI) and will serve as points of contact when Third Party related injuries occur in or near their building. <u>The ROI should be submitted online within 24 hours of the injury</u>.

In addition, if any Third Party related injury results in an inpatient hospitalization of one or more individuals, the form creator/initiator should contact the Insurance and Claims Unit of Contracting and Purchasing Services immediately at (928) 523-2009 or NAU-PropLiability@nau.edu.

IMPORTANT

Please be aware that certain types of injuries require a notification within 8 hours. Those injuries include the following:

- Biohazardous in nature
- Needlestick/Sharps injury
- An amputation
- Loss of an eye
- Chemical burn or chemical exposure
- In-patient hospitalization
- Death

Please contact the Insurance and Claims Unit of Contracting and Purchasing Services immediately at (928) 523-2009 as soon as you are aware of one of these types of injuries having occurred.

When should the form be filled out?

Due to legal reporting responsibilities, this form must be completed within 24 hours of being notified of the injury. It is important to complete this form as close to the incident/injury time as possible. The Insurance and Claims Unit of Contracting and Purchasing Services is responsible to report Third Party injuries to Arizona Department of Administration Risk Management Division (ADOA RMD), NAU's insurer, within certain time limits per Arizona Administrative Code.

How to get started….

Log into Louie > Find Department Self Service > Report of Injury Home Page > Choose "Create a Report of Injury"

The Report of Injury (ROI) Creator/Initiator will notice that ….

- some of the fields in the form are required while others are optional.
- fields with an asterisk are required fields, and
- some responses generate more required fields.

Since the electronic ROI will be used to create a Report of Injury for injured Students, Affiliates, Non- Working employees, and other Visitors/Guests as well as Working Employees, please identify this as a "Third Party Injury".

Next, enter the Injury Date.
Note: The online form may not be used to report injuries that occurred more than 180 days from the system date. If this is the case, contact Insurance and Claims Unit of Contracting and Purchasing Services at (928) 523-2009 or NAU-PropLiability@nau.edu.

Report an Injury Form

Step 1 of 9: Injury Type

Form Number

eForm ID   309978

Type of Injury

Work Related Injury Manual

Third Party Injury Manual

○ **Work Related Injury**

The injured person is an NAU employee injured while working.

Employees must report all injuries and incidents to the State of Arizona Employee Injury Call Center at 1-800-685-2877. Here the employee will be able to speak with a registered nurse who will be able to evaluate the nature of the incident and determine immediate care.

◉ **Third Party Injury**   ⬅

The injured person is an NAU student, NAU affiliate, or NAU employee injured while on campus, but NOT while working, OR a non-affiliate injured on campus.

*Injury Date 09/02/2015 ✕ 📅

The Injury Date may not be more than 180 days ago from today.

Click NEXT ➡

Next >>

Cancel

Enter the following information for the injured party in Step 2 of 9.
- First name
- Last name
- Date of birth.
- Then click the SEARCH button.

Report an Injury Form

Step 2 of 9: Person Search

Form Number

eForm ID   310781

Search for Injured Person

Third Party Injury

Instructions

Please enter the full last name and the birthdate.

Enter first 3 characters of first name. Exception is if first name is less than 3 characters.

Click on the Search button to return results once a name has been entered.

First Name: Christopher

Last Name: Lakeside

Date of Birth: 12/31/1989

[Search]   [Clear]   Click SEARCH

There are several result possibilities:

If the individual has been assigned an emplid as a current or former student, affiliate, or employee in LOUIE, then they will be returned in a grid that will display their student or employee status at the time of the injury (even if they are neither).
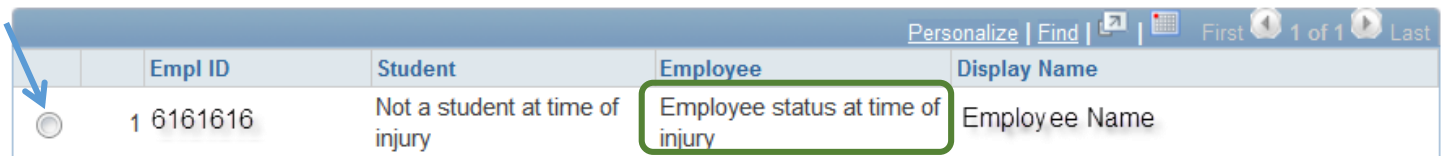
Click on the radio button to select the person and then select the 'Next' Button.

The person with student status at the time of the injury.

	Empl ID	Student	Employee	Display Name
1	0000000	Student status at time of injury	Not an employee at time of injury	Student's Name

The person with employee status at the time of the injury.

	Empl ID	Student	Employee	Display Name
○	1 6161616	Not a student at time of injury	Employee status at time of injury	Employee Name

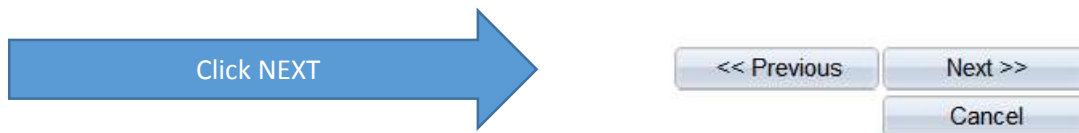**The person with both student and an employee status at the time of the injury.**

	Empl ID	Student	Employee	Display Name
○	1 1111111	Student status at time of injury	Employee status at time of injury	Student/Employee Name

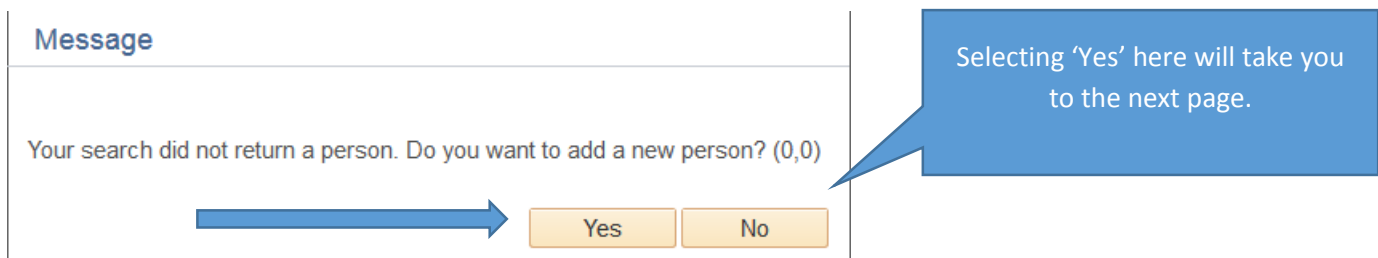**The person returned with an emplid because they are a former student, employee, or current affiliate.**

	Empl ID	Student	Employee	Display Name
○	1 3131313	Not a student at time of injury	Not an employee at time of injury	Injured Person's Name

Once selecting the person above via the radio button on the far left of the grid, click 'NEXT'.

Click NEXT

<< Previous   Next >>

Cancel

If the person entered has never been assigned an emplid as an NAU student, employee, or affiliate the following message will appear. In this case, please click 'YES', and you will be taken to the next form page.

Message

Your search did not return a person. Do you want to add a new person? (0,0)

Yes   No

Selecting 'Yes' here will take you to the next page.

The form creator/initiator will ask the injured person or their companion for personal information in order to complete Step 3 of 9. There will be both required and optional fields. Those with an asterisk are required fields. The form creator/initiator will ask the injured party their current relationship with NAU.

The options are:
- Affiliate
- Non-working employee
- Other
- Student

Please fill out the personal information. There will be both required and optional fields.

Report an Injury Form

Step 3 of 9: Biographical

Third Party Injury

Form Number

eForm ID	310781

Biographical

First Name	Christopher		Empl ID	
Middle Name			*Injury Date	08/02/2015
Last Name	Lakeside			
*Relationship to NAU	Other			
*Best Telephone	928/222-2222			
Email ID	cl@gmail.com			
*Gender	Male			

If the person is under the age of 18 years, additional information will be asked on this page. See the fields below.

Age

This person appears to have been a minor (under 18 years old) on the date of the injury. Have the parents been notified?

*Parent/Guardian Notified	
Parent/Guardian Name	
Parent/Guardian Phone Number	

Select 'yes' or 'no' to the notification question and fill in the additional information as follow up may be required.

Address

Country

Address Line 1 123 Horseshoe Trail

Address Line 2

City Flagstaff

State AZ

Postal Code 88888

Click NEXT

<< Previous   Next >>

Cancel

The information in the Time/Location Detail section defaults to the eform creator/initiator information.

Report an Injury Form

Step 4 of 9: Injury Time & Location

Third Party Injury

▼ Form Number

		Instructions for Entering Time of Day in the Fields Below:
eForm ID	310781	**Enter time using this format.** **Ex: 3:00 pm or 3:00 am**

Time/Location Details

Incident Date	08/02/2015	***Incident Time**	9:00AM

Definition of the Date the incident Reported to NAU: means the date the injured party reported the injury to an NAU employee (not the date the form was filled out).

*Date Reported	09/02/2015 📅	***Time Reported**	9:30AM

To whom was the injury reported?

*Reported To	Emplid 🔍	Form Initiator
*Department	30600 🔍	Human Resources
*Position Number	00003657 🔍	Creator's Job Title
Phone	928/523- 0000	
*Email Address	Form.Initiator@nau.edu	

Where did the incident occur?

Finding the Nearest Building

1-Click on the Magnifier Look Up
2-Change 'Description' filter to 'contains'
3- Write in a portion of the building name of which you're sure Ex: Franke
4- Click LOOK UP button
5- Click on the correct returned result

*Nearest Building	040 🔍	**Building Name**	McDonald Hall
*Area	0024 🔍	**Area Description**	Parking Lot

In the case the injured person was attending an NAU class, additional details are collected. Click on "Select Class If Applicable" button. Identifying the exact class/faculty begins with these search combinations:

- Class Subject/Catalog Number (Ex: BIO 300)
- Faculty First/Last Name
- Faculty Last Name/Class Subject

NOTE that schedule of class results yield term offerings corresponding to the date of the incident/injury being reported.

Select Class If Applicable

If this incident occurred while attending an NAU sponsored camp, workshop, seminar, event, or other, please include the name of the program/event. Ex: Curry Summer Music Camp or Employee Development Day

Class Search

Search For Class Associated With Incident

Enter one or more of the following: 1) faculty first and last names, or 2) faculty last name and class subject or 3) class subject and catalog number.

Class Subject	SPA
Catalog Number	201
Faculty First Name	
Faculty Last Name	

Search   Cancel

This example uses the subject/catalog number combination. Then hit SEARCH button.

Select the appropriate combination of Subject/Catalog Nbr/Faculty below.

Class Search

Personalize | Find | View All | 🗗 | 🖼 First ◀ 1-3 of 3 ▶ Last

	Select	Term	Course ID	Subject Area	Catalog Nbr	Faculty First Name	Faculty Last Name
1	Select	1154	007912	SPA	201	FRANCY	SOLARTESOTO
2	Select	1154	007912	SPA	201	CHRISTOPHER	WARGO
3	Select	1154	007912	SPA	201	BENNING	TIEKE

When there are multiple sections of the same course taught by the same faculty, differentiate which is the correct class by looking at meeting pattern days and times.

Select	Term	Session	Course ID	Subject Area	Catalog Nbr	Class Nbr	Class Section	Course Title	Start Time	End Time	Faculty First Name	Faculty Last Name
1 Select	1154		007912	SPA	201	1012 001		SECOND YEAR SPANISH	09:00	11:50	FRANCY	SOLARTESOTO

Personalize | Find | View All | 🖾 | 📰   First ◀ 1 of 1 ▶ Last

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Y	Y	Y	Y	Y	N	N

Select Class If Applicable

Course ID 007912

Course Title SECOND YEAR SPANISH

Course Instructor Francy H Solarte Soto

Term 1154   **Session Code** N5A

Class Subject SPA   **Catalog Number** 201

Class Nbr 1012

Start Time 09:00   **End Time** 11:50

Building and Room Babbitt Acad Annex, Rm 113

If the above information is correct, Click NEXT

[<< Previous]   [Next >>]

[Cancel]

Choose the description closest to describing what happened in each of the four categories. There may be more than one answer for each. If more than one answer is entered the creator/initiator will be asked to choose one as primary.

Report an Injury Form

Step 5 of 9: Injury Details

Third Party Injury

Form Number

| eForm ID | 310781 |

Descriptions

When completing this page, please select the closest related description for each option.

Accident Type   Personalize | Find | 🔲 | 🖼 First ◀ 1 of 1 ▶ Last

	Accident Type		Primary Injury	
1	Bend, climb, crawl, reach, twist	▾	☐	➕ ➖

Body Part   Personalize | Find | 🔲 | 🖼 First ◀ 1 of 1 ▶ Last

	'Body Part Code		Side of Body	Primary Injury	
1	Thigh(s)	▾	▾	☐	➕ ➖

Nature of Injury   Personalize | Find | 🔲 | 🖼 First ◀ 1 of 1 ▶ Last

	'Nature of Injury		Privacy Case	Primary Injury	
1	Tendonitis	▾	☐	☐	➕ ➖

Source of Injury   Personalize | Find | 🔲 | 🖼 First ◀ 1 of 1 ▶ Last

	'Source of Injury		Primary Injury	
1	Recreation and athletic equipment	▾	☐	➕ ➖

| "How did it happen? | Kicking a soccer ball outside of the dorm. The ball was lodged in a tree and the injured party climbed the tree to get it and over extended which caused severe pain the thigh. |

Unsafe Acts	n/a
Describe any unsafe acts that may have contributed to the incident. **Enter N/A into the field if NO unsafe acts were committed.**	

Click NEXT

[<< Previous] [Next >>]
[Cancel]

If there were witnesses to the incident or injury, please include their information below. Some may have an emplid because of current or former associations to NAU and others may not. It is important to include all witnesses.

Report an Injury Form

Step 6 of 9: Witnesses and Treatment

Third Party Injury

Form Number

eForm ID   310781

Report an Injury Form

Step 6 of 9: Witnesses and Treatment

Third Party Injury

Form Number

eForm ID   310781

Incident Details

Witness Details

Witnesses   Personalize | Find | 🖻 | 🖩   First ◀ 1-2 of 2 ▶ Last

	No Emplid	Empl ID	Witness Name	Email	Telephone		
1	☑		Bud Young	by@gmail.com	928/555-1234	+	−
2	☐	1808555 🔍	Carla Rene Crone	pstest.Carla.Crone@nau.edu	928/523-3333	+	−

Witness Statements   He climbed the tree to get the ball and had to climb pretty high. We shook the tree before he climbed, but the ball still wouldn't come down. He was limping when he got down from the tree.

Police Report Number (if applicable) [_____]

Continuing through Step 6 of 9 is Outcome and Treatment

Depending on the treatment required selected (None, First Aid, Medical, and Hospitalization), you will have more or less questions to answer. Please see the identified treatments that are classified as first aid by clicking on the link below.

More Step 6 of 8 is "Were others also injured?"

If there were others injured through the same incident as this third party, please include their information below. Some may have an emplid because of current or former associations to NAU and others may not. It is important to include all witnesses.

Click NEXT

It is important to acquire the signature of the Injured Party at this point in the process. Exceptions might be in case of an extreme emergency.

The Signature Status form is required. The options are:
- Signed Now
- Will Sign Later

Report an Injury Form

Step 7 of 9: Print and Upload

Third Party Injury

Form Number

eForm ID   309978

Print Form

To: The Report of Injury Third Party Form Initiator

The injured party whom you are assisting must sign this Report of Injury before it can be submitted to NAU's Insurance Company.

At this point in the process (unless the injured party is physically unable to sign the form) please PRINT this form using the Print Button. Ask the Injured Party to sign the printed form at the "Injured Party Signature". Once this is done, please scan and upload the form to this page using the Upload Button. Then set Signature Status to "Sign Now".

When acquiring the signature now, make the status "Signed Now" and the Click the Print button.

Signature   Signed Now   ▼   Injured party signature pertains only to the status
Status   at form initiation.

Add File Attachment

Click PRINT button ➡

<< Previous   Next >>
Print   Cancel

A PDF will result after a few seconds of processing:

NORTHERN ARIZONA UNIVERSITY	Third Party Injury (NO emplid) REPORT OF INJURY
Personal Information	EForm ID: 310781
Last Name, Suffix First, Middle, Lakeside, Christopher	Date of Birth: 12/31/1988
Gender: M	Street Address: 123 Horseshoe Trail	City, State, Zip Code Flagstaff, AZ 88888
Relationship to NAU: Other	Contact Phone Nbr:	Contact Email:

Right Click the PDF and 'Save Page As' to your desktop naming it as the name of the injured party.

File name: Christoper Lakeside.pdf

Save as type: Adobe Acrobat Document (*.pdf)

- **Print the PDF and ask the injured party to sign the bottom of the form.**
- **If the injured party is under 18 years old then the parent or guardian of the child should sign the form if at all possible.**
- **If you are unable to acquire the signature of either of the above, please hand write the the reason where indicated on the printed form.**

Injured Individual's Signature

I have reviewed this document and it accurately reflects the account of my accident/injury:

Signature of injured person:_____ Date:_____

| If injured party is under 18 years: N | Were the parents contacted? |
| Parent Name: | Parent/Guardian Phone Nbr: |

If injured person is unable to sign this form, please provide the reason below:

NAU RI NW id-non Form #1

Once the form is printed and signed, **SCAN the signed form and reload to your desktop and then upload to the eform.**

UPLOAD the form by Clicking the 'Add File Attachment' button. 'Then the Upload' button will appear. Click 'Upload'.

File Attachments

	Upload	View	Description	Doc ID	
1	Upload	View			Delete

Add File Attachment

STEP 1: Add File Attachment /STEP 2 UPLOAD

Now click the BROWSE button and find the scanned and uploaded form on your desktop.

File Attachment

Help

Browse...   No file selected.

Upload   Cancel

STEP 2: Click BROWSE

Christopher Lakeside.pdf
Adobe Acrobat Document
83.8 KB

File Attachment

Help

Browse...   Christopher Lakeside.pdf

Upload   Cancel

- **Click Upload**
- **See the form now uploaded. It may be viewed by pressing the VIEW button. Click the Next button.**

File Attachments

	Upload	View	Description	Doc ID	
1	Upload	View		rys52015-09-04-16.09.32	Delete

Add File Attachment

Click NEXT

<< Previous	Next >>
Print	Cancel

The final Report of Injury page

- **Include any comments that may be helpful to the Insurance and Claims Unit of Contracting and Purchasing Services Approver or to clarify any of the reporting.**
  - ○ **Example: If a signature was not acquired, state the reason here.**
  - ○ **Comments are not a required field.**
- **Click the Submit button.**

Report an Injury Form

Step 8 of 9: Submit Form

Third Party Injury

▼ Form Number

eForm ID   310781

Comments

Your Comment:

Form Creator's Comments

```
<< Previous          Submit
```

Click 'YES' below if you are ready to submit the form to the Insurance and Claims Unit of Contracting and Purchasing Services Approver.

Message

Submit this form? (24642,112)

The form will be directed to the next approver, if any.

```
    Yes          No
```

Report an Injury Form

▼ Form Number

eForm ID   310781

▼ Form Status

You have just SUBMITTED this form. This action passed the form to UROI Purchasing Approver for further processing.

Process Visualizer
↻

Go To Worklist

View This Form

The Form Creator may access "View This Form" to see routing and status.

FormList Fields

eForm ID: 310781

Workflow Form Type: UROI

Workflow Form Status: Pending

Original Operator: rys5	Initiator Name
Original DateTime: 09/04/2015 4:13:59PM	

Last Operator: rys5	Initiator Name
Last By Alternate Operator:	
Last DateTime: 09/04/2015 4:13:59PM	

> **Click below to determine who the Approver is.**

Next Approving RoleName: NAU_HR UROI PURCH Approver   Who can work this form?

Process Visualizer

1: Schenck,Renee Young (rys5) > 2: UROI Purchasing Approver > 3: Integration Broker > 4: System

Transaction Log

	Current DateTime	Role Name	User ID	User Description	Form Action	Workflow Form Status
1	09/04/2015 4:13:59PM	NAU_LS HR UROI Initiator	rys5	Initiator Name	Submit	Pending

Form Messages

[<< Previous]

[<< Search]

When the submitted form information is incomplete……….

If this form was initiated and submitted right after an incident/injury occurred for a third party like a student, affiliate, visitor, non-working employee, it is understandable that not all data could be fully collected. For example, if it was known when the form was created that someone went to the hospital, but we don't yet know the full treatment description or treating doctor, it is important for the initiator to know that the Insurance and Claims Unit of Contracting and Purchasing Services Approver will be able to add this information when it is known.

What happens after the form is submitted?

Notification emails are sent to Regulatory Compliance to view and to the Insurance and Claims Unit of Contracting and Purchasing Services Approver to approve the form.

Who sees the form after it is submitted and approved?

- The Report of Injury **Initiator/Creator** will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.
- Assigned **Regulatory Compliance** employees will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.
- The **Insurance and Claims Unit of Contracting and Purchasing Services Approver** is able to Evaluate/Approve the Report of Injury and update fields if necessary prior to finalizing. After the form is approved the Insurance and Claims Unit of Contracting and Purchasing Services Approver will always have access to VIEW the form.

Where is the form VIEWED?

In Self Service > Report of Injury SS Home Page

Report of Injury Self Service Home Page

View a Report of Injury eForm
View a recently submitted Report of Injury eForm, including information about its handling so far. Report of Injury eForms submitted in the last month are listed here. This is a read-only view.

OR Department Self Service > Report of Injury Home Page

Report of Injury Home Page

Create a Report of Injury
Click here to create a Report of Injury eForm.

Evaluate a Report of Injury eForm
Evaluate a Report of Injury eForm to continue through the approval route

View a Report of Injury eForm
View a recently submitted Report of Injury eForm, including information about its handling so far. Report of Injury eForms submitted in the last month are listed here. This is a read-only view.

Search for the eform using these combinations (use names and statuses for those injured without an emplid):

- first/last name,
- emplid,
- user id,
- eform ID,
- filter by form statuses of Pending, Authorized, Executed

NOTE: Users will only be able to view forms they have created or forms that have been created for them via Self Service and Department Self Service.

Searching for forms 'I' have created that have been Executed or approved by the Insurance and Claims Unit of Contracting and Purchasing Services Approver.

View a ROI eForm

Enter any information you have and click Search. Leave fields blank for a list of all va

Find an Existing Value

▼ Search Criteria

eForm ID:	begins with ▼	
Workflow Form Status:	= ▼	Executed ▼
User ID:	begins with ▼	🔍
Empl ID:	begins with ▼	🔍
First Name:	begins with ▼	
Last Name:	begins with ▼	

View an Injury Form

Step 7 of 7: Form Finalized

FormList Fields

eForm ID:	310781
	Workflow Form Status: **Executed**
Workflow Form Type:	UROI

Original Operator:	rys5	Initiator Name
Original DateTime:	09/04/2015 4:13:59PM	

Last Operator:	ajk332	Approver Name
Last By Alternate Operator:		
Last DateTime:	09/04/2015 4:32:02PM	

Who can work this form?

Process Visualizer

Schenck,Renee Young (rys5)   Integration Broker   System

Transaction Log

	Current DateTime	Role Name	User ID	User Description	Form Action	Workflow Form Status
1	09/04/2015 4:13:59PM	NAU_LS HR UROI Initiator	rys5	Initiator Name	Submit	Pending
2	09/04/2015 4:32:02PM	NAU_HR UROI PURCH Approver	ajk332	Approver Name	Execute	Executed