VANDERBILT UNIVERSITY
MEDICAL CENTER

HOW CAN I REPORT WORKPLACE VIOLENCE?

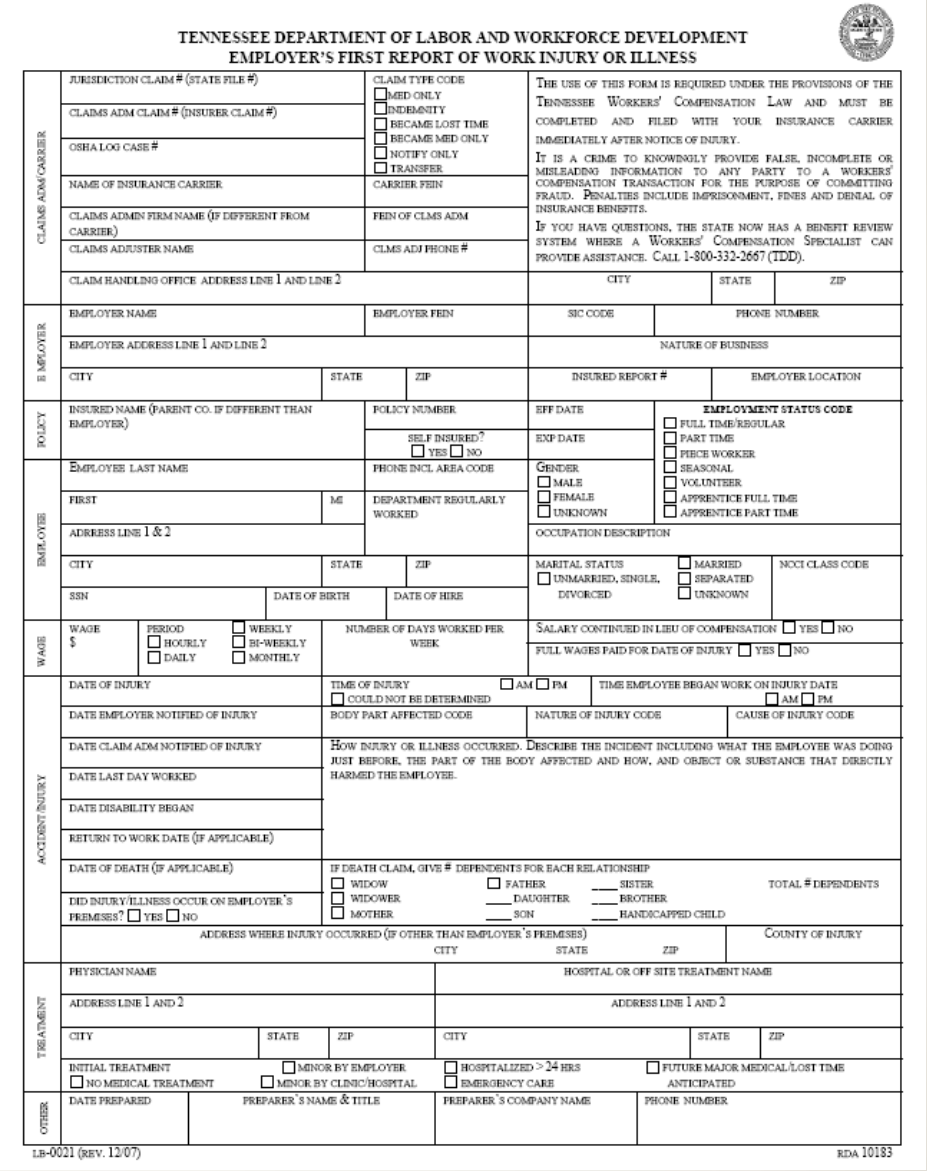
Katie Koss, RN, BSN
Pediatric Emergency Department
Monroe Carell Jr. Children's Hospital at Vanderbilt

What is the difference?

- If you are verbally attacked
  - Please report the incident via VERITAS system
- If you are physically attacked (pinched, hit, shoved, or any physical contact)
  - Please report the incident via VERITAS system
  - Complete a TN 1st report of injury

VANDERBILT UNIVERSITY
MEDICAL CENTER

Tennessee First Report of Injury



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (STATE FILE #)
CLAIMS ADM CLAIM # (INSURER CLAIM #)
OSHA LOG CASE #
CLAIM TYPE CODE
☐ MED ONLY
☐ INDEMNITY
☐ BECAME LOST TIME
☐ BECAME MED ONLY
☐ NOTIFY ONLY
☐ TRANSFER

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).

NAME OF INSURANCE CARRIER
CARRIER FEIN
CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)
FEIN OF CLMS ADM
CLAIMS ADJUSTER NAME
CLMS ADJ PHONE #
CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2
CITY | STATE | ZIP

EMPLOYER

EMPLOYER NAME
EMPLOYER FEIN
SIC CODE
PHONE NUMBER
EMPLOYER ADDRESS LINE 1 AND LINE 2
NATURE OF BUSINESS
CITY | STATE | ZIP
INSURED REPORT #
EMPLOYER LOCATION

POLICY

INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER)
POLICY NUMBER
SELF INSURED? ☐ YES ☐ NO
EFF DATE
EXP DATE
EMPLOYMENT STATUS CODE
☐ FULL TIME/REGULAR
☐ PART TIME
☐ PIECE WORKER
☐ SEASONAL
☐ VOLUNTEER
☐ APPRENTICE FULL TIME
☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME
PHONE INCL AREA CODE
FIRST | MI
DEPARTMENT REGULARLY WORKED
GENDER
☐ MALE
☐ FEMALE
☐ UNKNOWN
ADDRESS LINE 1 & 2
OCCUPATION DESCRIPTION
CITY | STATE | ZIP
MARITAL STATUS
☐ UNMARRIED, SINGLE, DIVORCED
☐ MARRIED
☐ SEPARATED
☐ UNKNOWN
NCCI CLASS CODE
SSN | DATE OF BIRTH | DATE OF HIRE

WAGE

WAGE $
PERIOD
☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY
NUMBER OF DAYS WORKED PER WEEK
SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO
FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY
TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED
TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM
DATE EMPLOYER NOTIFIED OF INJURY
BODY PART AFFECTED CODE
NATURE OF INJURY CODE
CAUSE OF INJURY CODE
DATE CLAIM ADM NOTIFIED OF INJURY
HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.
DATE LAST DAY WORKED
DATE DISABILITY BEGAN
RETURN TO WORK DATE (IF APPLICABLE)
DATE OF DEATH (IF APPLICABLE)
IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
☐ WIDOW ☐ WIDOWER ☐ MOTHER ☐ FATHER ___ DAUGHTER ___ SON ___ SISTER ___ BROTHER ___ HANDICAPPED CHILD
TOTAL # DEPENDENTS
DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES)
CITY | STATE | ZIP
COUNTY OF INJURY

TREATMENT

PHYSICIAN NAME
HOSPITAL OR OFF SITE TREATMENT NAME
ADDRESS LINE 1 AND 2
ADDRESS LINE 1 AND 2
CITY | STATE | ZIP
CITY | STATE | ZIP
INITIAL TREATMENT
☐ NO MEDICAL TREATMENT
☐ MINOR BY EMPLOYER
☐ MINOR BY CLINIC/HOSPITAL
☐ HOSPITALIZED > 24 HRS
☐ EMERGENCY CARE
☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

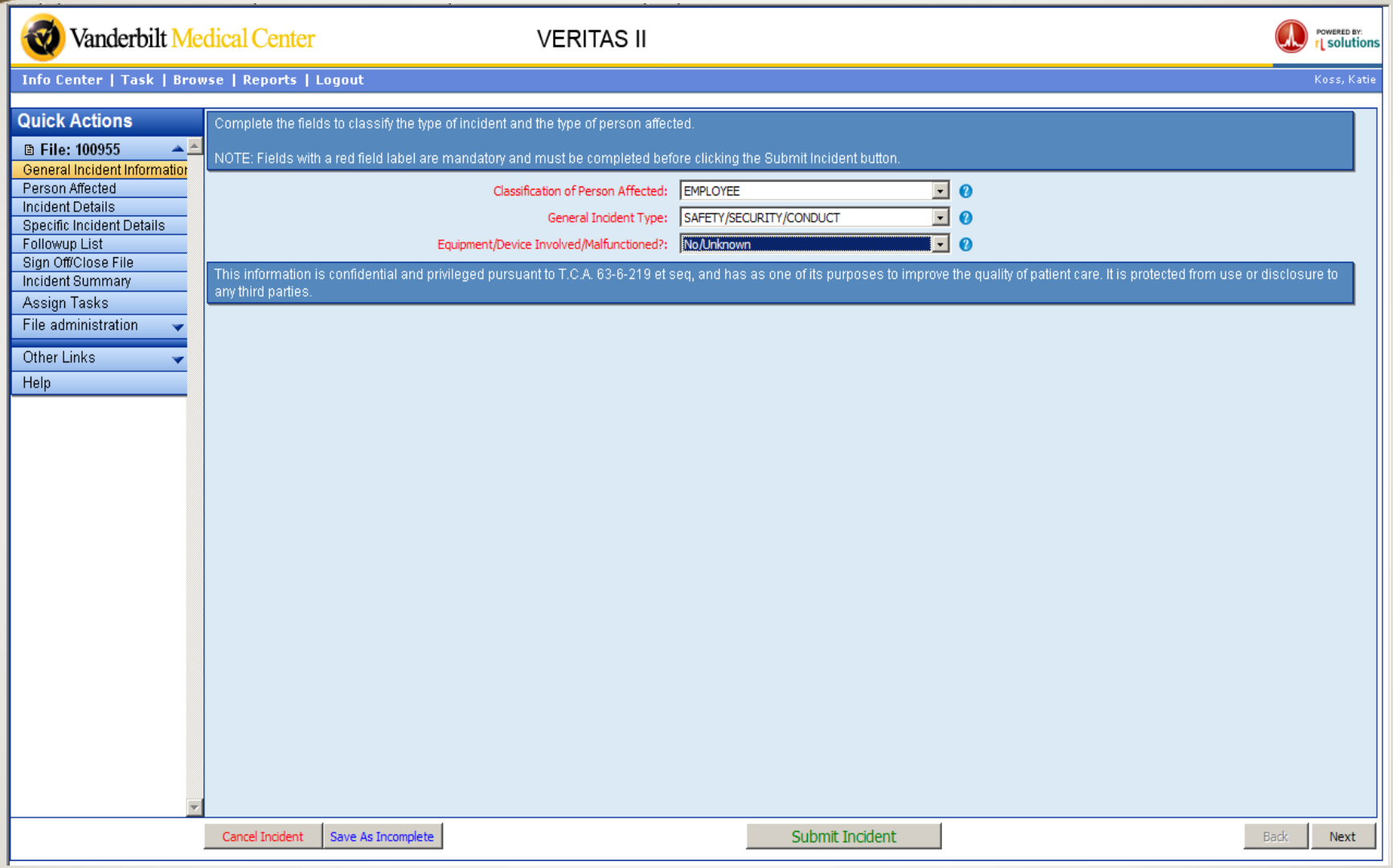
OTHER

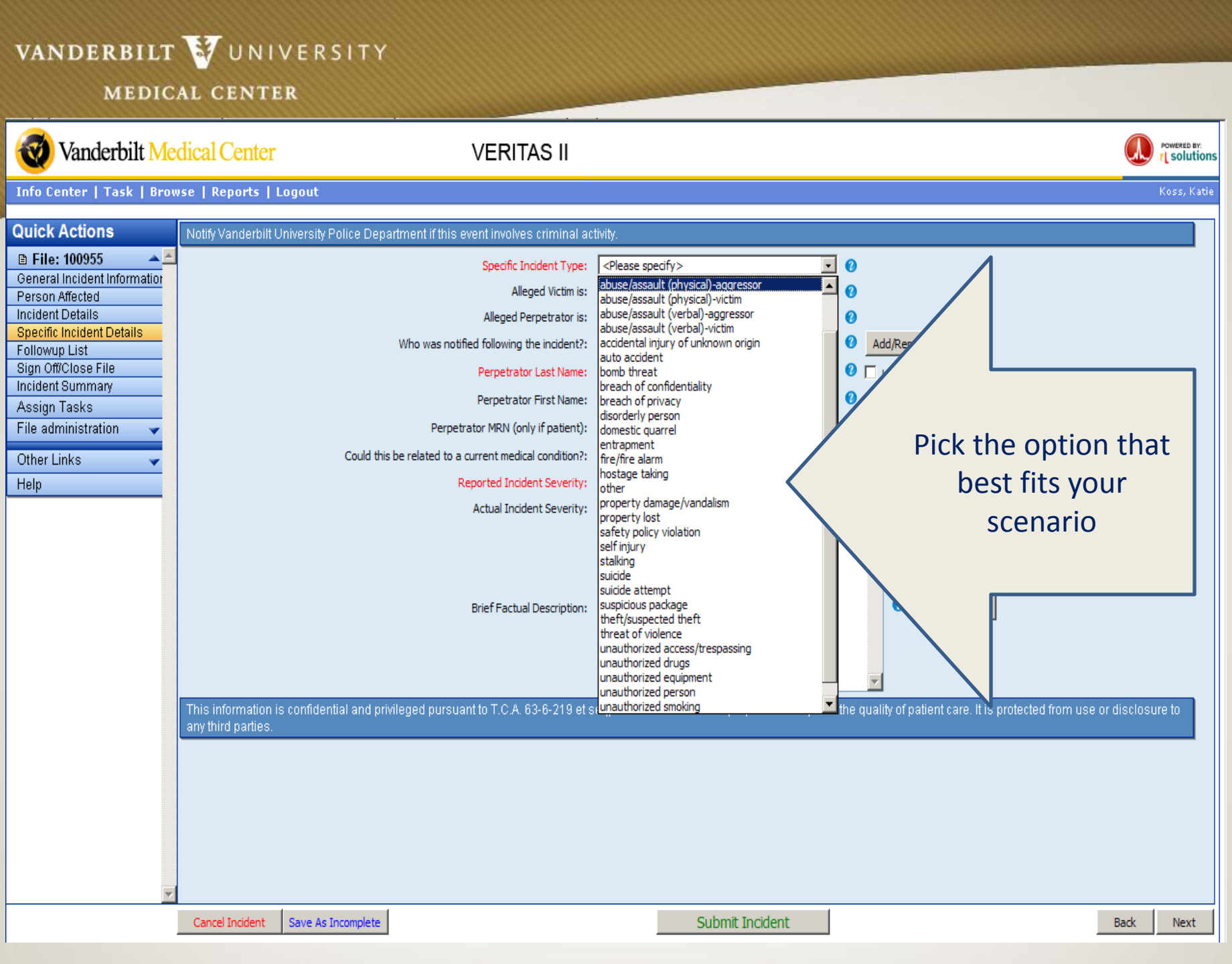
DATE PREPARED
PREPARER'S NAME & TITLE
PREPARER'S COMPANY NAME
PHONE NUMBER

LB-0021 (REV. 12/07)
RDA 10183

VANDERBILT UNIVERSITY MEDICAL CENTER

VERITAS




VANDERBILT UNIVERSITY
MEDICAL CENTER
Vanderbilt Medical Center
VERITAS II
POWERED BY: rL solutions
Info Center | Task | Browse | Reports | Logout
Koss, Katie
Quick Actions
File: 100955
General Incident Information
Person Affected
Incident Details
Specific Incident Details
Followup List
Sign Off/Close File
Incident Summary
Assign Tasks
File administration
Other Links
Help
Notify Vanderbilt University Police Department if this event involves criminal activity.
Specific Incident Type:
<Please specify>
Alleged Victim is:
Alleged Perpetrator is:
Who was notified following the incident?:
Perpetrator Last Name:
Perpetrator First Name:
Perpetrator MRN (only if patient):
Could this be related to a current medical condition?:
Reported Incident Severity:
Actual Incident Severity:
Brief Factual Description:
abuse/assault (physical)-aggressor
abuse/assault (physical)-victim
abuse/assault (verbal)-aggressor
abuse/assault (verbal)-victim
accidental injury of unknown origin
auto accident
bomb threat
breach of confidentiality
breach of privacy
disorderly person
domestic quarrel
entrapment
fire/fire alarm
hostage taking
other
property damage/vandalism
property lost
safety policy violation
self injury
stalking
suicide
suicide attempt
suspicious package
theft/suspected theft
threat of violence
unauthorized access/trespassing
unauthorized drugs
unauthorized equipment
unauthorized person
unauthorized smoking
Pick the option that best fits your scenario
This information is confidential and privileged pursuant to T.C.A. 63-6-219 et s
the quality of patient care. It is protected from use or disclosure to any third parties.
Cancel Incident
Save As Incomplete
Submit Incident
Back
Next