

Workers' Compensation – Page 2

- WC - 615-936-0656

Property Insurance – Page 9

- Property - 615-936-0664

Auto Insurance – Page 11

- Auto - 615-936-0664

General Liability – Page 13

- GL - 615-936-0664

Certificates of Insurance – Page 13

- Certificates - 615-936-0655

Protection of Minors – Page 14

- POM - 615-875-7593

Travel – Page 18

- Travel - 615-936-1295

Professional Liability – Page 20

- PL - 615-936-5909

Workers' Compensation

Benefits Overview

Know Your Workers' Compensation Benefits

Employees who have suffered a **compensable** injury, meaning that the authorized treating physician has determined it to be work-related, may be entitled to receive the medical and wage replacement benefits as prescribed by the Tennessee Workers' Compensation Act. Workers' Compensation benefits are not provided by this Bureau. Instead, they are provided by employers through their insurance providers or third party administrators (TPAs).

There are two main types of benefits:

- **Medical care** for work-related injuries and illnesses; and,
- **Partial wage replacement** for employees who:
 - Are unable to work; or
 - Continue to work but earn a less pay while recovering from their injuries.

Temporary and part-time workers may be eligible to receive benefits; and, you don't have to be a legal resident of the United States to receive most them.

Medical Benefits

Employees who have suffered a compensable workplace injury are entitled to receive various types of medical benefits, at no cost to the employee, for as long as the authorized treating physician relates it to the work-related injury. Medical benefits must be ordered by the authorized treating physician and can include medical/surgical treatment and supplies, medicine, crutches, nursing or psychological services, prescription eyeglass/eyewear, hospitalization, and dental work that is made reasonably necessary by the workplace injury. The different types of benefits are described below.

Receiving Medical Benefits

Employees who work for an employer that is covered by the Tennessee Workers' Compensation Act and who have suffered a compensable workplace injury are entitled to receive medical treatment. (An injury is compensable if the injury has been determined to have been caused by work or accepted by the workers' compensation insurance company.) This would include the right to future medical benefits, as described below after a claim is resolved and are provided for as long as required by the authorized treating physician. Medical benefits must be ordered by the authorized treating physician.

Employees have a role [choosing the physician](#) that will provide your treatment.

Future Medical Benefits

Employees who have suffered a compensable workplace injury are entitled to receive continuing medical benefits for treatment that is related to that workplace injury after a final settlement has been reached or a trial has been conducted on the merits of the case. These future medical benefits, are provided for as long as required by the authorized treating physician unless modified by an Order or Settlement Agreement. Medical benefits ordered by the authorized treating physician can include:

- medical/surgical treatment and supplies;
- medicine, crutches, nursing or psychological services;
- prescription eyeglass/eyewear, hospitalization; and,

- dental work that is made reasonably necessary by the workplace injury.

If an employee is having difficulty receiving his/her future medical benefits he should submit:

- For injuries occurring on/after July 1, 2014, the employee must file a [Petition for Benefit Determination \(Spanish version\)](#) to seek the Division's assistance.
- For injuries occurring prior to July 1, 2014, the employee must file a [Request for Assistance Form C-40A \(Spanish version\)](#) to seek the Division's assistance.

Who pays?

All medical costs incurred under the Tennessee Workers' Compensation Law must be paid by the employer and according to the Rules of [Tennessee Workers' Compensation Medical Fee Schedule \(MFS\)](#). The schedule applies to all medical services and medical equipment or supplies and is applicable to all injured employees claiming workers' compensation benefits under Tennessee's workers' compensation law, no matter where the injury took place.

Need More Help?

If you have additional questions, please call **615-532-4812** or **1-800-332-2667** or contact the TDOL by email at wc.info@tn.gov

- See more at: <http://tn.gov/workforce/topic/wc-medical-benefits#sthash.cHdNCEfq.dpuf>

Temporary Disability Benefits

Temporary Disability Benefits are paid by the insurance company or self-insured employer and are to replace lost wages. These benefits are not paid by the Tennessee Bureau of Workers' Compensation. An employee is entitled to 66 2/3% of his/her average weekly wages in temporary **total disability (TTD) benefits** while taken off work by the authorized treating physician due to the workplace injury, as long as the benefit amount is within the maximum or minimum amounts established by the Tennessee Workers' Compensation Act. Click [here](#) (PDF) to see the current maximum and minimum amounts.

Total vs. Partial

There are two types of Temporary Disability Benefits: Temporary Total Disability Benefits and Temporary Partial Disability Benefits.

Temporary Total Disability (TTD) Benefits

Temporary Total Disability (TTD) Benefits may apply if the injured employee is taken off all work by the authorized treating physician and are due beginning on the eighth day of the disability. If the disability lasts fourteen (14) days, benefits will be paid back to the first day of disability. The amount of TTD benefits is usually two-thirds of your average weekly wages earned during the 52 weeks prior to your injury. If you are able to work, but your average weekly earnings are reduced because of job restrictions, you may be entitled to temporary partial disability benefits. The employer must submit a [Wage Statement \(Form C-41\)](#) to the insurance adjuster. This wage statement will list the injured employee's gross earnings for the fifty-two (52) weeks prior to the date of injury and should show all earnings including overtime and bonuses. To determine the benefit, gross earnings are totaled and divided by 52 (the number of weeks in a year). The result is the employee's average weekly wage. The average weekly wage is multiplied by .667 to determine the employee's weekly compensation rate.

If an injured employee has worked for his/her employer for less than 52 weeks at the time of the injury, the weekly compensation rate must be figured by one of the following two methods:

- By counting the number of weeks the injured employee has worked for that employer and calculating gross earnings for those weeks. The gross earnings are divided by the actual number of weeks employed with that employer; or,
- By calculating the average weekly wage earned by a similar worker employed with the same employer performing the same job as the injured employee during the 52 weeks prior to the injury.

Temporary Partial Disability (TPD) Benefits

Temporary Partial Disability (TPD) Benefits may apply if the injured employee is placed on “light duty” or restricted to working fewer hours than normal by the authorized treating physician. During the course of treatment for a work-related injury, the treating physician may determine an injured employee can return to work on “**light duty.**” If the authorized treating physician restricts an injured employee’s ability to work, such as limiting the number of hours worked or the type of work performed, it is very important that the physician’s instructions and restrictions are followed at all times. The employee should get a detailed description of work restrictions from the doctor to provide the employer. If the employer can provide work within those restrictions, it should do so. Failure to report for light duty offered by the employer may terminate temporary disability benefits. If the employee is paid a lesser pay or is restricted to fewer hours because of the light duty, the employee is entitled to “**temporary partial disability (TPD) benefits**”. These benefits are figured at 66 2/3% of the difference between the gross light duty wages and the employee’s average weekly wage, subject to the same maximum and minimum workers’ compensation rates described above. The employer must submit a [Wage Statement \(Form C-41\)](#) to the insurance adjuster.

Example: If an Employee’s average weekly wage were \$600.00 per week before being injured, but the same Employee was only able to earn \$200.00 per week while on light duty. The temporary partial disability benefit would be calculated in this manner:

\$600.00 minus \$200.00 equals \$400.00 difference in pay due to the light duty restrictions. 66 2/3% of \$400.00 equals \$266.68.

Therefore, the Employee will earn \$200.00 in wages and would receive \$266.68 in workers’ compensation temporary partial disability benefits. However, if the employer is unable to meet the restrictions provided by the treating physician, the injured employee would remain off work and his/her temporary total disability benefits described above would continue.

Payment of Benefits

Temporary disability payments for work missed due to a compensable work-related injury or illness must be received by the injured employee no later than 15 calendar days after the notice of injury. Unpaid or untimely paid benefits may be subject to a penalty.

Having trouble receiving your benefits?

Please call the TDOL at (800) 332-2667 or by email at wc.info@tn.gov

Stopping Temporary Disability Benefits:

There are several circumstances under which the temporary disability benefits stop:

- When an injured employee is released by the authorized treating physician to return to work without restrictions;
- If an injured employee refuses to comply with a reasonable request for medical examination or to accept medical treatment, compensation may be stopped for the period of time an employee continues the refusal;

- If the employer or insurance carrier has been paying benefits and discovers those payments were made in error, the insurance carrier can stop benefit payments, but must file a **Notice of Controversy (Form C-27)** ;
- When an injured employee's treating physician determines the employee has reached **maximum medical improvement (MMI)**, and the compensability of the injury has not been contested.

Payments must continue until the earlier of the following events:

- An injured employee accepts or rejects a job offered by the employer at a wage equal to or greater than the employee's pre-injury wage; or,
- A Benefit Review Conference is held and a report is filed by the Bureau.

Need More Help?

If you have additional questions, please call **615-532-4812** or **1-800-332-2667** or contact the TDOL by email at wc.info@tn.gov.

- See more at: <http://tn.gov/workforce/article/wc-temporary-disability-benefits#sthash...>

Permanent Disability Benefits

Permanent Disability benefits are designed to help replace wages lost if an injury leaves an employee with a permanent impairment and the employee is unable or less able to work after the injury. Permanent Disability Benefits are paid by the insurance company or self-insured employer and are to replace lost wages. These benefits are not paid by the Tennessee Bureau of Workers' Compensation.

Total vs. Partial

There are two types of Permanent Disability Benefits: Permanent Partial Disability (PPD) Benefits and Permanent Total Disability (PTD) Benefits.

- Permanent **Partial** Disability (PPD) Benefits

Permanent Partial Disability (PPD) Benefits may apply if an employee retains a permanent disability because of a work-related injury and is able to return to a job in the open market. The benefit is 66 and two-thirds percent (66 2/3%) of the injured employee's average weekly wage, subject to limitations depending upon the body part affected by the work-related injury (for injuries before July 1, 2014), and the employee's ability to return to his/her prior employment.

- Permanent **Total** Disability (PTD) Benefits

Permanent Total Disability (PTD) Benefits may apply if an employee is unable to return to any job in the open market because of a permanent disability due to a work-related injury. This benefit continues until he/she becomes eligible for old-age retirement under the social security law.

When are Permanent Disability Benefits due?

When the injury has healed and maximum medical improvement (MMI) is reached, the injured employee will likely be released from the treating physician's care. This could occur even though the injured employee may be referred for other additional services such as physical therapy, pain

management and possibly work hardening sessions. When released, the authorized treating physician may assign a permanent impairment rating based on the applicable edition of the [**American Medical Association Guides to the Evaluation of Permanent Impairment**](#) . The impairment rating, combined with vocational factors, may result in a permanent disability award.

How is the amount of Permanent Disability Benefits determined?

The impairment rating described above, combined with vocational factors, may result in a permanent disability award. Workers' Compensation Specialists with the Bureau conduct informal Benefit Review Conferences, at no cost to the parties, to assist in reaching a final determination of that award. Learn more about the [**Settlement Process of the Benefit Review Program**](#).

After the injured employee has reached MMI and is ready to mediate the settlement of his/her workplace injury, a party involved in the claim will need to complete and submit:

- For injuries occurring on/after July 1, 2014, a [**Petition for Benefits Determination**](#) to request the services of a Mediating Specialist within the Bureau.
- For injuries occurring prior to July 1, 2014, a [**Request for Assistance/Mediation Form C-40**](#) to request the services of a Mediating Specialist within the Bureau.

Negotiating Permanent Disability Cases

Parties are encouraged to try to settle these issues through negotiations and are allowed to attempt to resolve the issues. So, while private negotiations are allowed, no party can file suit, in any court, to resolve issues regarding permanent disability benefits and/or future medical benefits prior to exhausting the [**Benefit Review Process**](#). This requires the full and active participation of the parties in a mediation conducted by a Mediating Specialist within the Bureau. The Mediating Specialist will issue the paperwork indicating that the process has been exhausted when he/she is convinced that continued mediations are not likely to result in an agreement and an impasse has been reached.

- See more at: <http://tn.gov/workforce/article/wc-permanent-disability-benefits#sthash...>

Receiving your benefits

Temporary disability payments for a compensable work-related injury or illness must be paid by the insurance company and received by the injured employee no later than fifteen (15) days after notice of injury. All workers' compensation benefits shall be issued timely to assure the injured employees receive the benefits on or before the date they are due. Unpaid or untimely paid benefits may be subject to a penalty.

Having trouble receiving your benefits?

The [**Benefit Review Program**](#) can help if you are having trouble receiving your benefits.

Fraud

It is illegal for any party (the employee, employer, insurance adjuster, or medical provider) to knowingly and intentionally defraud another party of a property or monetary gain. The Bureau of Workers' Compensation does not investigate claims of workers' compensation fraud. Reports of workers' compensation fraud should be made to the employer's insurance carrier or third party administrator. Reports can also be made to the local District Attorney General.

Need More Help?

If you have additional questions, please call **615-532-4812** or **1-800-332-2667** or contact the TDOL by email at wc.info@tn.gov.

- See more at: <http://tn.gov/workforce/topic/wc-know-your-benefits#sthash.4wRcnjKd.dpuf>

Returning to Work

Returning to work safely and promptly after a work-related injury can help in your recovery. It can also help you avoid financial losses from being off work. If you are hurt on the job, several people will work with you to help return you to work as quickly as possible. These people include:

- Your authorized treating physician;
- Your employer (supervisors or others in management);
- Your insurance claims adjuster; and,
- Your attorney, if you have one.

Who determines if I can work while I am recovering?

Your physician will report about your ability to return to work to your claims adjuster. You may receive an offer to return to regular duty or light duty depending on what the doctor's report says. If you are not offered work due to your disability, you may be entitled to disability benefits. Click [here](#) to learn more about disability benefits.

What should I do if I am offered work?

If your employer offers you work within the limits described by your physician, you should return to work. Failure to comply with your doctor's recommendations will place your benefits at risk.

If you are unable to return to work due to the limits described by your physician, it is important that everyone stay in close contact throughout the process. You should actively communicate with your treating doctor, your employer, and the claims administrator about:

- The work you did before you were injured;
- Your medical condition and the kinds of work you can do now; and,
- The kinds of work your employer could make available to you or whether your job duties can be changed during your recovery.

- See more at: <http://tn.gov/workforce/topic/wc-returning-to-work#sthash.7ubaz6Fs.dpuf>

Medical Treatment Guidelines

The Bureau of Workers' Compensation has adopted the Work Loss Data Institute ODG® Guidelines for the criteria used to determine the recommended treatments for injured workers in the State of Tennessee. The Treatment Guidelines are guidelines and not mandates, so that their use after January 1, 2016 is appropriate and supports their intended goal of an accessible, transparent and single reference for judging the medical necessity of the recommended treatments.

For subscription information to the complete ODG®, which includes data on return to work, ICD-9, ICD-10, CPT coding and cross references, cost and claim data, and criteria for treatment considerations, go to: <http://www.worklossdata.com>. An abbreviated version of some of the treatment guidelines is available for free at the National Clearinghouse: <http://www.guideline.gov>.

Tennessee Specific Comments and Advisories to the ODG® Treatment Guidelines

At the direction of the Administrator, the Medical Director may, from time to time, post considered comments and observations about the ODG® Treatment Guidelines from Tennessee physicians,

chiropractors, providers and specialists. These are intended to facilitate conversation about the best practices and treatments for injured workers in this state. [These comments and observations](#) are not endorsed by or intended to alter, replace, or update the ODG® Treatment Guidelines but should be considered by Utilization Review Organizations and physician reviewers in making decision concerning Tennessee Injured Workers whose diagnoses are affected. Please forward any comments or suggestions to the Medical Director.

- See more at: <http://tn.gov/workforce/topic/wc-medical-treatment-guidelines#sthash.zg...>

Reporting Claims

- Reporting a claim: In order to receive benefits under Workers' Compensation, an employee must report the injury to their supervisor/department immediately after it occurs. The department must report all injuries to the Risk Management Office via the VERITAS application.
- [Work Injury / Illness Reporting](#)

If the online work injury link is not operational at the time of reporting you may still use the paper form 1st Report of Work Injury. The paper form 1st Report of Work Injury may then be mailed, faxed, telephoned or e-mailed to the Office of Risk and Insurance Management.

Out of State Workers' Comp

If you have an employee who lives and works outside the state of Tennessee, please contact HR. HR and Risk & Insurance Management will work together to secure coverage in that state.

Property Insurance

Coverage Overview

Vanderbilt Medical Center is self-insured for the first \$250,000 of any property loss to either real property or business contents/equipment. Each department within the medical center will retain a \$5,000 insurance deductible per occurrence. The Property Insurance program provides coverage for most causes of loss except normal wear and tear.

The following is a description of the coverage, however, coverage issues will be governed by the language of the medical center's commercial property policy.

All real property and medical center-owned business contents and equipment are covered except for the following:

- Licensed vehicles.
- Personal property and equipment owned by employees.
- Data of any kind (for example - diskettes would be covered but not the cost of recreating the data on the diskette).
- Fine arts, rare books and specialty items unless scheduled with the Office of Risk & Insurance Management. These are generally items on which the intrinsic value is significantly different from the actual cash value. Fine Art additions/deletions/edits need to be report to our office_in Risk and Insurance Management.
- Livestock, other than laboratory research animals as determined by our master property policy.
- Miscellaneous portable equipment is not covered for mysterious disappearance. This includes but is not limited to: laptops, LCD projectors, Class Room Participation system components, overhead projectors. There must be evidence of forcible entry or severed tie-downs before coverage applies.

Deductible: There is a \$5,000 deductible that is the responsibility of the department that sustains the loss excluding Boiler and Machinery losses. Boiler & Machinery losses are insured commercially with a \$250,000 deductible.

Premium Allocations: Premiums for coverage are allocated internally. Please contact our office at 615-936-0660 if your department has any questions. Allocations for Medical Center programs are allocated monthly by VUMC Finance.

Certificate of Insurance: A certificate of insurance may be required by the rental or leased property owner – please see the Certificate of Insurance Section.

Reporting a Claim

All losses should be reported immediately to the Office of Risk and Insurance Management. A [property loss form](#) should be completed and submitted to the Claims Manager within 24 hours after the loss. Theft losses are to be reported immediately to the Vanderbilt Police Department.

Proof of Loss should be submitted as soon as practical to the Claims Manager. In all cases, Proof of Loss will be required prior to settlement of the loss. Proof of Loss includes, but is not limited to; copies of purchase orders, inventory listings, invoices, IDO's or bookstore requisitions, etc.

All Theft or Mysterious Disappearance claims will be held for 30 days from the date of report to allow time for the "missing" items to be recovered. If items recovered are damaged the loss will then be treated as a damage claim. If the missing item is recovered after the claim has been adjusted, Vanderbilt's Office of Risk & Insurance Management has the option to the residual value of the recovered item.

Property Claim Process Example

Step 1. Submit the [Property Loss Form](#) immediately to the Office of Risk and Insurance Management.

Include the following items to document the claim: (Submit these additional items as they become available)

- Proof of ownership document
- Replacement document
- Police report (if applicable)
- Center/Account # for settlement

The replacement is normally purchased by the department through appropriate Procurement channels and settlement is reimbursed to the department's Center/Account # after the fact. Settlements are based on comparable replacement cost less the \$5,000 deductible. The settlement appears as a Journal Entry crediting the department's Center/Account numbers. At that time, an email will be sent to the department contact confirming the transfer and amount.

Normally, damaged items are sent to Surplus once the claim has been settled using the Property Self-insurance Center/Account numbers. Any proceeds from surplus are returned to the self-insurance fund.

Auto Insurance

Automobile Liability

The self-insured Automobile Liability Program provides coverage for bodily injury or property damage liability arising out of the operation of use of medical center-owned or operated vehicles.

All medical center officers, agents, employees, and authorized volunteers are covered under this program. The Medical Center requires employees to complete a Motor Vehicle Report (MVR) form. MVRs can be requested and processed by contacting Risk and Insurance Management at 615-936-0660. Risk and Insurance Management advocates processing an MVR for employees whose job description does not require driving, but one may drive occasionally on behalf of Vanderbilt. Please contact us if you or your employee fall into this category.

If you drive a medical center vehicle, a current Vanderbilt automobile insurance identification card needs to be placed in the vehicle to serve as proof of insurance. A copy of this card can be obtained by contacting [Beau Baker](#) in Risk and Insurance Management.

When a vehicle is transferred to another department, becomes surplus property, is sold, or otherwise disposed of, the department should notify [Procurement](#).

- **Deductible:** A \$500 deductible will be charged to the medical center department whose employee caused the loss.
- **Reporting Claims:** All vehicle accidents involving medical center vehicles must be reported immediately to the appropriate contacts by using the Vehicle Accident Report [Auto Accident Form](#). Please also contact [Risk Management](#) at 615-936-0660. The Medical Center Police Department (if on campus) and/or the local police department are to be notified immediately after the accident occurs so they may respond appropriately
- **Internal Allocations:** To ensure appropriate coverage is obtained for each vehicle purchased or leased on a long-term basis, it is essential that you the department contact [Frank Ashe](#) in Procurement immediately. Procurement will then notify Risk and Insurance Management and we will process the allocation.

Comprehensive and Collision (Physical Damage)

- **Deductible:** \$500 per occurrence for comprehensive losses; \$500 per occurrence for collision losses.
- **Reporting Claims:** All vehicle accidents involving occupied Medical Center vehicles must be reported immediately to the Claims Administrator at the Office of Risk and Insurance Management using the [Auto Accident Form](#). The Medical Center Police Department (if on campus) and/or the local police department are to be notified immediately after the accident occurs so they may respond appropriately. Accidents involving unoccupied medical center vehicles (for example, parked vehicles) are to be reported as damage to medical center property using the Property Damage [Report Form](#). This report must be submitted within 24 hours after the accident to the Claims Administrator at the Office of Risk and Insurance Management (615-936-0660).

Rental Vehicles Collision Damage Waiver

An individual renting a vehicle contractually in Vanderbilt's name, Vanderbilt assumes the liability for the loss or damage to that vehicle regardless of fault. The car rental companies offer collision damage waiver, also known as optional vehicle protection or loss damage waiver (CDW/LDW) and liability or supplemental liability coverage (SLP/SLI), along with other coverage types. You should decline these coverages within the United States except under the circumstances notes below. The Medical Center policy requires that CDW/LDW coverage be purchased under the following circumstances:

- Vehicles rented in any country other than the United States

The following kinds of vehicles should not be rented (unless authorized):

- Passenger vans with seating capacities greater than 8
- Trucks or other similar vehicles rented for the primary purpose of transporting any type of cargo or property
- Sports or utility vehicles to be used off of maintained roads
- Rentals of vehicles for use within the United States by authorized foreign national guest of the University

Reporting Claims: All accidents involving rented vehicles are to be reported in accordance with procedures established for reporting accidents involving Medical Center-owned vehicles. In the event of an accident, the renter should complete the report form with the renting agency and complete a Medical Center [Auto Accident Report Form](#). The auto accident form should be submitted to your claims administrator along with a copy of the rental agency report.

If you need additional information on these policies please contact the The Risk Management Office. We will be happy to help.

General Liability

Coverage Overview

General Liability provides coverage for bodily injury or property damage liability arising from ownership or use of buildings or premises and/or legal liability arising from Medical Center operations. All medical center officers, agents, employees, and authorized volunteers are covered under this program. This coverage extends to accidents or incidents on Vanderbilt property or in connection with Vanderbilt business conducted elsewhere.

- **Premium Allocations:** Premiums for coverage are allocated internally. Please contact us at 615-936-0660 if your department has any questions. Allocations for the Medical Center programs are allocated monthly by the Department of Finance.
- **Certificate of Insurance:** If Vanderbilt business or sponsored event is being conducted elsewhere a certificate of insurance may be required by the owner/manager of the premises. See the Certificate of Insurances section.

Reporting a Claim

Claims are to be made using the online [VERITAS report](#). Questions related to claims or VERITAS should be directed to the Claims Manager at the Office of Risk and Insurance Management. The VERITAS report should be submitted within 48 hours after the accident or incident occurred.

If you have any questions related to the general liability claim please contact our office at 615-936-0660.

Certificates of Insurance

A certificate of insurance demonstrates evidence of insurance policies and their coverage limits. Businesses and organizations outside of Vanderbilt may request that we provide them with this document as proof of our insurance coverages.

When you need a certificate of insurance please contact our office at 615-936-0660. Be prepared to provide the following information:

- Name and mailing address for entity requiring certificate
- Brief description of the event property, etc to be covered including serial number, dates as applicable, etc.
- Vanderbilt department requesting the certificate
- Type(s) of coverage and limits that entity is requiring
- Copy of contract (or agreement) if applicable
- Relevant contract number if applicable

Protection of Minors

Vanderbilt University Medical Center (VUMC) is committed to the highest standards of ethics, honesty, and integrity in pursuit of its mission of education, research, patient care, and public service. All Directors, providers, staff, vendors, delegated entities, business associates, and other community members who participate in the work and mission of VUMC are expected to adhere to the [Protection of Minors policy](#).

The policy on protection of minors provides guidelines for the following:

- [Registering programs in the POM application](#)
- [Training on protection of minors](#)
- [Abuse reporting requirements](#)

Additional information regarding the policy, registration of programs and individuals (faculty, staff, students, volunteers) working with minors, and education may be found by calling us directly at 615-875-7593 or [email](#).

State of Tennessee Child Abuse Hotline: 877-237-0004, online at <https://apps.tn.gov/carat/>

Vanderbilt University Medical Center Integrity Line at (866) 783-2287 or www.vanderbilt.edu/integrityline 24 hours a day, 7 days a week.

[Abuse Reporting Requirements](#)

- Emergency - Call 911
- Vanderbilt University Medical Center Protection of Minors 615-875-7593
- Tennessee Department of Children's Services Hotline 877-237-0004
- Vanderbilt University Medical Center Integrity Line (866) 783-2287

Every member of Vanderbilt University Medical Center (VUMC) (not limited to individuals who interact with minors) is required by law to report known or suspected instances of the abuse of, neglect of or inappropriate interactions with minors. Members making a report in good faith will be protected from criminal and civil liability for making the report. It is important to understand that every member is required to report any type of suspected abuse, neglect or inadequate care rather than just child sexual abuse. A "child" in Tennessee is an individual under the age of 18 years.

The following information provides contact names and numbers if you suspect a child has been abused. Please contact via [email](#) or call the Office of Risk and Insurance Management at 615-936-0660 if you have any questions. Other forms of misconduct, maltreatment, or Protection of Minors Conduct Code violations may also be reported to Risk Management.

Excerpt from the Tennessee Department of Children's Service Website:

Everyone in Tennessee is a mandated reporter. Tennessee Code Annotated 37-1-403(i) (1) requires all persons to report suspected cases of child abuse or neglect. "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been

caused by brutality abuse, or neglect or that, on basis of available information, reasonably appears to have been caused by brutality, abuse, or neglect.”

If child abuse is suspected, two reports, one external and one internal, must be made.

External Report

Tennessee law requires every person to make a report when they suspect sexual or physical abuse or neglect of a minor. Failure to report is a Class A misdemeanor. The required report may be made to the State of Tennessee Child Abuse Hotline at 1-877-237-0004, online at <https://apps.tn.gov/carat/> or to a Tennessee sheriff's office or police department, including VUPD at 615-322-2745. If the situation is a life threatening emergency, contact 911.

Internal Report

Every member of Vanderbilt University Medical Center has a further obligation to report known or suspected abuse or neglect of a minor at VUMC or in a VUMC program immediately. The preferred method is to immediately contact the Director of the Protection of Minors Program at 615-875-7593 or [email](#). Alternatively, known or suspected abuse or neglect of a minor at VUMC or in a VUMC program shall be reported in [VERITAS](#), the online occurrence reporting system.

Recommended Guidelines for Reporting:

- If you suspect, witness, or have knowledge of abuse occurring to a minor child (under 18), make a report.
- If I tell my supervisor, do I still have to do an external report of child abuse? Yes, make a report if you have concerns a child is being abused.
- If you think it might be abuse, but or you are worried about getting someone in trouble, report the behavior or concerns you have. The Office of Risk and Insurance Management is a resource in answering any "What happens next?" questions.
- Allow the investigation to acquire the details, report what you know.
- If the child is in immediate harm, report using 911.
- For more on Tennessee Child Abuse Reporting and the response of the Dept. of Children's Service, visit [visit https://www.tn.gov/dcs/article/report-child-abuse](https://www.tn.gov/dcs/article/report-child-abuse).

Vanderbilt University Medical Center requires all persons working in VUMC programs serving minors to agree to abide by a Code of Conduct when interacting with minors. **If you witness a code of conduct violation that does not violate state law, but does violate conduct codes, report the behavior** to your supervisor (if he/she is not the person exhibiting the behavior), **and** to Risk Management via 615-936-0660, or VERITAS at <https://veritas.app.vumc.org/> or the Vanderbilt University Medical Center Integrity Line www.vanderbilt.edu/integrityline

We strengthen our community by working together to be the voice that protects children from abuse. Please contact 615-875-7593 or [email](#) if you have any questions.

Training

[Q1. How do I complete the initial Protection of Minors 101 training?](#)

[Q2. How do I complete Annual Renewal training for POM?](#)

[Q3. I don't have or can't access the Learning Exchange and need to complete another version of training.](#)

Q1. Initial training: To meet the policy compliance requirement for training, prior to interaction with minors in Vanderbilt programs and operations, all staff, faculty, students, and others with VUNET ID access must complete the Learning Exchange "Protection of Minors 101" training module. To access this training, follow the steps listed below:

Step 1: Log in to the [Learning Exchange](#) using your VUNET ID and password and search for the training in the blue box by typing "Protection of Minors."

Step 2: After locating Protection of Minors 101, select "enroll," then "launch," to begin the module. Please allow 20-30 minutes for completion.

Completion of the initial *Protection of Minors 101* course will meet both training and policy compliance requirements for those working or interacting with minors in VUMC programs. Policy agreement is incorporated into the module electronically. After completion, you will receive a confirmation email and be able to print a certificate.

Q2. Annual training renewal: If you continue interaction with minors in VUMC programs and operations, you will need to annually renew your training compliance for the Protection of Minors not later than 365 days after completion of the POM 101 module. To do this, navigate to the Learning Exchange site linked above, in the blue search box, type " Protection of Minors Annual Renewal" , select the course and complete.

Please note - reviewing the Protection of Minors 101 course material will not update your original course completion date and cannot be used for Annual Renewal Compliance. Protection of Minors Renewal training will be launched annually on July 1st. Check your compliance status [here](#)

Q3. Alternate training: For those without Learning Exchange log-in capacity and for third party groups, access is available by contacting the Director of the Protection of Minors program at (615) 875-7593 or [email](#). Instructions will be provided after confirmation that affected personnel do not/will not have access to the Learning Exchange training.

Other alternate training (including classroom training in the POM 101 module) may be approved by the Protection of Minors Director. Please [email](#) requests for approval. Any training in addition to the online module is at the discretion of the program coordinator and does not require prior approval by the Protection of Minors Director.

Registration for VUMC Programs Serving Minors

The information below will assist individuals with registering a program in the POM application as required by policy. The policy generally applies to any VUMC sponsored or authorized program or operation which has oversight of minor participants who attend events and activities without parental supervision. All programs must be registered and reviewed by the Director of Protection of Minors

Program. Managers and Coordinators who have oversight of the program are responsible for assuring the compliance elements of activities and affiliated personnel, which include:

- Registration of the program in the [Protection of Minors Web Application Tool](#).
- Documentation of date delineated or operational events within the program and the associated personnel with the event in the [Protection of Minors Web Application](#).
- Verification that all event affiliated personnel have a VUMC approved criminal background clearance.
- Verification that all affiliated personnel have completed Protection of Minors training in the last year.
- A supervision plan for activities and events.
- A completed participation agreement for each minor participant by a parent or legal guardian which includes emergency contacts, a release/liability waiver, a photo release (if applicable), and the Protection of Minors provision.

All Program registration, event documentation and personnel compliance is managed in the [Protection of Minors Web Application Tool](#).

Third Party Events: All VUMC hosted Third Party events should also be registered in the Web Application. This includes external agencies who bring minors to campus as part of an event or activity and supervise the minors through the course of the event. Any contracts or agreements should include information on VUMC's policy requirements for the compliance of third parties. Please contact the Office of Risk and Insurance Management about other requirements for third party events at 615-936-0660.

[Protection of Minors Web Application Tool](#)

If you have any questions about these requirements or any other aspect of the policy, please contact the Director of Protection of Minors at 615-875-7593 or [email](#). Thank you for partnering with us to provide a safe environment at VUMC.

Instructions for new program registration

To create a new program for review, enter the Application by clicking the box above and select "Create a Program." Complete all fields and select "submit." You will be notified via your VU email within 2 business days with next steps to take.

For program managers and coordinators with existing registered programs

Enter the Application by selecting the box above. If you have permissions within a program, you will have tabbed selections based on your role for each program. Select the program you wish to manage and continue. Primary Contacts and Program Administrators may edit and add to both the program and the event pages. It is recommended you fully review the available user guide prior to entering new data.

Programs, registered events, and personnel compliance will be reviewed by the Director of the Protection of Minors Program at regular intervals. If you have compliance questions, please [email](#).

For assistance in using the Protection of Minors Web Application Tool please [email](#).

Travel

Coverage Overview

Vanderbilt provides coverage for faculty and staff traveling on behalf of or at the direction of Vanderbilt. Travel Authorizations will be determined/outlined/managed at the division/departamental levels. Please see Vanderbilt's travel website for further information:

- [Vanderbilt Medical Travel Website](#)
- [Travel Policy](#)

Please also see information on the [Auto insurance](#) page if renting or driving a vehicle while traveling on behalf of Vanderbilt.

[Non-Commercial Air Travel \(Private and Corporate/State Owned\)](#)

Vanderbilt faculty and staff are prohibited from utilizing non-commercial aircraft or operating or using private/corporate/state owned, rented, or borrowed aircraft for business travel. An exception to this prohibition may possibly be secured upon an email to [Beau Baker](#) in the office of Risk and Insurance Management. Qualification for such an exception will be based upon the need for this type of travel and the liability insurance coverage the aircraft. Written approval should also be obtained in advance from the Chief Financial Officer.

No traveler may profess to be an agent of VUMC in entering into agreements with airports or other authorities without prior approval of the Departments of Risk and Insurance Management and the Department of Finance. The department must also obtain a certificate of insurance from the aircraft company. All of the documentation must then be forward to the Office of Risk and Insurance Management.

[Foreign Travel](#)

Generally, travel-related insurance coverage on international travel is similar to that described for domestic travel. However, special circumstances such as an extended stay could change the scope of coverage. It is recommended that travelers consult the Office of Risk and Insurance Management to discuss special circumstances and verify insurance coverage prior to international travel. Some countries may be excluded from coverage, so please [check here](#). If exclusion exists, the Risk and Insurance Management Office will need to determine the level of coverage based on the following information: traveler(s) name, city, country, dates of travel, hotel name, reason for travel, precautions in place while traveling, and a VUMC contact person. Please email this information to [Beau Baker](#).

Vanderbilt has contracted with International SOS to provide travel assistance and evacuation services for all faculty, and staff members traveling internationally on Vanderbilt related business. Those services are listed [here](#). Travel registrations made through the online booking tool or through VUMC's travel agency are registered automatically with International SOS.

We encourage travelers to also make sure they have adequate medical insurance while traveling abroad. Vanderbilt faculty and staff may need to purchase supplemental international health insurance for the period they are overseas. For information on traveling with Vanderbilt health-care benefits, please check the [HR Benefits website](#).

Professional Liability

The goals of the Vanderbilt Office of Risk and Insurance Management are to:

- promote delivery of quality health care

- promote safety
- identify and control hazards and injuries, and
- protect the Medical Center's resources

The nationwide incidence and cost of malpractice claims have escalated dramatically over the past thirty years. The results include staggering financial and emotional costs to patients, to their families, to society, and to our physicians and health care institutions.

When adverse events (any less-than-expected or bad outcomes) occur, everyone's best interest is served when the incidents are immediately and carefully evaluated to determine if any legal liability might exist. Early intervention enables the Medical Center to treat the involved persons fairly. Besides being the right thing to do, fair treatment may prevent lawsuits that escalate the cost of an appropriate settlement or significantly delay the initiation of payments to those who have been injured.

If you have questions, please contact 615-936-0660 to speak with a Risk Manager. We are here to help you.