



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Staff Injury/Illness Reporting Process

Injured Staff Member – Foundation YMCA of Wilson

You received this package because you reported to your supervisor an injury or illness related to, caused by, contributed to, or significantly aggravated by events or exposures connected to the day-to-day activities of your employment in the workplace.

Any injury experienced during work must be immediately reported to your supervisor and risk management using the QR Code or the YESS Risk Management Portal at risk.ymcamsso.org.



For Life-Threatening Emergency Injuries:

1. The YMCA will call EMS and follow all established emergency procedures.
2. The YMCA will contact your emergency contact, and a supervisor or leadership may accompany you to the Emergency Room.
3. Follow steps 3 & 4, outlined below as soon as you are able.

For Non-Emergency Injuries:

1. Select a medical provider listed below.
2. Provide the medical facility staff with all detailed information regarding your injury.
 - a. A post-accident drug test may be required for all staff accidents.
3. As soon as possible submit a copy of all **documentation** received from the medical facility staff via email to your supervisor and complete Staff Injury/Severe Illness Report via the Risk Portal (risk.ymcamsso.org/new/)
 - a. Enter the Subject as: Staff Injury - (Your Name) - (Date of Injury)
 - b. Choose: Risk – Foundation YMCA of Wilson as the Category
 - c. Choose: Staff Injury/Severe Illness Report as the Ticket Option
 - d. Choose: Injured Staff Member as the Reporting Person
 - e. Continue filling in the form with information. Remember to be as detailed and factual as possible.
4. Obtain approval from your supervisor before returning to work.

Additional Information:

1. Expect to be contacted within 48 hours by:
 - a. Human Resources Department
 - b. Your Workers' Compensation claims representative from **UTI-Care**. Save your claim number and your claim representative's contact information.
 - c. Your claim representative will be able to assist you with questions regarding your claim, follow-up appointments, etc.
2. You must attend all follow-up appointments with an approved Worker's Compensation medical provider.
 - a. Follow-up appointments should be scheduled before or after work.
 - b. Failure to attend your medical appointments may result in a loss of benefits.



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ACCEPTABLE MEDICAL PROVIDERS

Wilson Immediate Care

1725 Tarboro St W Wilson,
NC 27893
252-237-2891

FastMed Urgent Care

2503 Forest Hills Rd W Ste B
Wilson, NC 27893
252-991-0555

Essential information to provide to the medical facility when seeking care:

- Insurance policy number #5569475
- YMCA name and **billing address:**
Foundation YMCA of Wilson
PO BOX 1327
Wilson, NC 27894-1327