## **COLUMBUS CENTER**

## **Work Related Injury Information**

Columbus Center Shared Services has developed an arrangement with the University of Maryland Immediate Care Center (UMICC) for handling work related injuries for all University personnel employed at the Columbus Center. UMICC is located at the corner of Paca St and W. Lombard St.

UMICC is open Monday-Friday 7 a.m. to 5 p.m.

University of Maryland Immediate Care Center (UMICC)

408 W. Lombard Street

Baltimore, MD 21201

667-214-1899

If your work related injury occurs outside of this timeframe, please seek medical attention at the closest emergency room, urgent care facility or family physician. Some



suggested facilities close to the Columbus Center are listed below. You also must follow your respective campus's procedures for reporting a work related injury. This information can be found at links provided in the information boxes by campus at the bottom of this page.

Name of Facility	Address	Phone Number	Hours of Operation
Concentra Arbutus	1419 Knecht Avenue, Baltimore, MD 21227	410-247-9595	24 hours, 7 days a week
Concentra Urgent Care Downtown	100 S Charles Street #150 Baltimore, MD 21201	410-752-3010	8:00 am – 4:00 pm Monday-Friday
MedStar Urgent Care	1420 Key Highway Baltimore, MD 21230	410-230-7800	8:00 am – 7:00 pm Monday – Friday 8:00 am – 3:00 pm Saturday and Sunday
Patient First Bayview	5100 Eastern Avenue Baltimore, MD 21221	410-814-4500	8:00 am – 10:00 pm, 7 days a week

<sup>\*</sup>bring a copy of your completed Injury Report Forms with you. The facility may require you to pay out of pocket upfront and then you will in turn need to work with your respective Administrator to submit a claim to the University's Workers Compensation.

In the event of an injury at work, please follow these steps:

1. For injuries that require immediate emergency medical attention: please call 911 for an ambulance. Then alert the CC security guard at the front door (front desk phone 410.576.5700 or front desk cell phone 410.977.5850 that an ambulance is on the way, and tell them where the injured employee is located, so that when the ambulance arrives, the security guard can direct them where to go. Next, go to step #3.

For injuries that do <u>not</u> require immediate emergency medical attention: go to UMICC or if it after UMICC operating hours seek care from the above named emergency care facilities. No appointment is necessary. The injured employee needs to take their Columbus Center ID card with them as well a copy of your Employee Report of Injury Form, so that payment is not needed for the medical visit. First Report of Injury Forms can be found at the URL provided below, for the respective campus. Go to step #2.

- 2. If possible, call UMICC at 667-214-1899 and tell them about the injury, so that they can prepare a triage. Otherwise, when you arrive, tell the UMICC front desk that you are a Columbus Center employee who has suffered a work related injury and show them your Columbus Center ID card as well as the copy of the first report of injury form.
- 3. Notify the appropriate Columbus Center Business Manager as soon as possible, but no later than 24 hours after the injury occurs, and complete the remaining required paperwork. Below are appropriate contacts and links to the Employee Report of Injury Forms by Institution.

IMET-UMB			
Description	Name	Phone #	Email Address
UMB CC Contact	Kim Curry	410-234-8853	kcurry@som.umaryland.edu
UMB EHS Contact	Angela Boxley	410-706-3221	aboxley@umaryland.edu
UMB EHS Website	https://www.umaryland.edu/ehs/risk-management-and-workers-compensation/workers-compensation/		
UMB Employee Injury Report Forms	https://www.umaryland.edu/ehs/risk-management-and-workers-compensation/workers-compensation/		
Please submit the completed form(s) by FAX to the attention of Angela Boxley at (410) 706-8212 within 24 hours of			

Please submit the completed form(s) by FAX to the attention of Angela Boxley at (410) 706-8212 within 24 hours of the injury. Please give original forms to Kim Curry.

IMET-UMBC-DMB, Shared Services, ARC				
Description	Name	Phone #	Email Address	
UMBC CC Contact	Tonya Queen	410-234-8807	queent@umbc.edu	
UMBC ESH Contact	Mike Pound	410-455-2918	michaelp@umbc.edu	
UMBC ESH Website	https://safety.ur	https://safety.umbc.edu/		
UMBC Injury Report Forms	https://safety.ur	https://safety.umbc.edu/		

Please complete the online form within 24 hours of the injury. Save and Print online form. Please forward original form for DMB Faculty and Staff to Mildred Homa (G-010) and to Tonya Queen for ARC and CC Shared Services

IMET-UMCES				
Description	Name	Phone #	Email Address	
UMCES CC Contact	Monica Chacon	410-234-8898	mgellene@umces.edu	
UMCES HR/Worker's Comp Contact	Lisa Ross	410-221-2017	<u>lross@umces.edu</u>	
UMCES HR Website	https://www.umces.edu/human-resources			
UMCES Injury Report Forms under	https://www.umces.edu/hr-forms			
Worker's Compensation				

Please submit the completed form to Monica Gellene by email to <a href="mailto:mgellene@umces.edu">mgellene@umces.edu</a> or via fax at 410-385-6345 within 24 hours of the injury.

IoF-UMBC				
Description	Name	Phone #	Email Address	
IoF CC Contact	Chris Geddes	410-576-5720	geddes@umbc.edu	
UMBC ESH Contact	Mike Pound	410-455-2918	michaelp@umbc.edu	
UMBC ESH Website	https://safety.ui	https://safety.umbc.edu/		
UMBC Injury Report Forms	https://safety.ui	https://safety.umbc.edu/		
Coo quick links to complete the s	nline form within 24 h	ours of the injury Cove	and Drint online form Please sive	

See quick links to complete the online form within 24 hours of the injury. Save and Print online form. Please give original form to Dr. Chris Geddes, Suite 3017-21.

TU			
Description	Name	Phone #	Email Address
TU CC Contact	Mary Stapleton	410-385-6318	mkstapleton@towson.edu
TU HR/Worker's Comp Contact	Marlee Ranoull	410-704-6010	mranoull@towson.edu
TU Worker's Comp Instruction Guide	https://www.towson.edu/hr/documents/workers comp instruction guid e.pdf		
TU Injury Report Forms	https://www.towson.edu/hr/current/leave.html		
TU Worker's Comp Employee Statement	https://www.towson.edu/hr/documents/workers_comp_employee_state ment_updated.pdf		

Please submit the completed First Report of Injury Forms by (fax or email) to 410-704-2603 within 24 hours of the injury. Please give original form to Mary Stapleton.