

THE JOHNS HOPKINS INSTITUTIONS EMPLOYEE REPORT OF INCIDENT INSTRUCTIONS

SERIOUS INJURY/ILLNESS: If an employee is seriously injured or becomes acutely ill on the job and needs immediate medical attention, call 911. Examples of serious medical conditions include loss of consciousness, life threatening injury, seizure, and/or change in mental status. In such cases the employee should be accompanied by a supervisor or coworker. If there is a question of severity, contact the appropriate clinic for assistance in determining the appropriate care facility. See the list of phone numbers in #5 below.

Employees:

1. Report any work-related injury or illness, no matter how minor, to your supervisor **immediately**.
2. Obtain a completed Employee Report of Incident form from your supervisor and proceed to the appropriate clinic listed in # 5 below.
3. For EYE INJURIES report directly to the Emergency Room of the appropriate campus. Refer to policies HSE004 & HSE005. For bloodborne pathogen exposures, call 5- STIX (5-7849) from the Wilmer ER. The STIX physician will evaluate and treat as needed. Report to the appropriate clinic the next business day.
4. For needlesticks or other BLOODBORNE PATHOGEN EXPOSURES call the appropriate clinic for further instructions. Refer to BLOODBORNE PATHOGEN EXPOSURES in Policy HSE005 for details.
 - **East Baltimore Campus:** Call 5-STIX 5-7849 **immediately**. During the hours of 7:30a – 4 p, the employee will be given instructions to report to clinic (Blalock 139) **immediately**. After the STIX message will be on and detailed instructions will be give to call the STIX physician and the beeper number. Please listen to entire message and follow instructions. The STIX will evaluate & treat as needed. Report to Occupational Injury Clinic the next business day.
 - **Hopkins employees at Bayview:** Call 5-STIX immediately. Call the Bayview Occupational Health Clinic during clinic hours 8a – 4:30p. When Occupational Health is closed, call the nursing supervisor at 0-0190. If you cannot reach them, call “O” (Bayview Operator) and have the nursing supervisor paged. The supervisor will arrange to have the source patient tested etc. Report to East Baltimore Campus, Blalock 139 for follow-up the next business day.
 - **Homewood:** Call Occupational Health at 410 516-0450 from 8:30a – 5p. When Occupation Health is closed, call 5-STIX 410 955-7849. The STIX physician will evaluate your exposure. Report to the appropriate OHS the next business day.
 - **Hopkins and BSI employees at Howard County Hospital:** From 7:30a-4:30p report to Employee Health, TCAS Building, 2nd floor. After hours, call the nursing supervisor’s office at 410 740-7773 or on their Spectralink phone at 410 884-4994. Report to Employee Health the next business day. Follow-up will be done at East Baltimore Campus.
 - **JHCP Clinics:** Call 5-STIX (410 955 7849) immediately. After hours, the STIX message will be on. Listen to complete message and follow the instructions. The STIX physician’s beeper # is on the message.
5. If evaluated in the Adult or Wilmer Emergency Rooms or via a 5-STIX bloodborne pathogen exposure evaluation, contact the appropriate clinic on the next available business day for further disposition. Refer to policies HSE004 & HSE005 for more information.
 - **East Baltimore Campus:** 7:30a – 4p 410 955-6433, Blalock 139. For emergency, call 5-4444 **inside** hospital. For other East Baltimore Campus Buildings, call 911.
 - **Bayview Campus:** 8a-4:30p 410 550-0477, “A” Building. For emergency 0-0350 and/or 0-0222.
 - **Homewood:** 8:30a-5p 410 516-0450, Wyman Building, Room 601. For emergency, call 410 516-4600 (Security) and they will call 911. Union Memorial Hospital will be utilized.
 - **Howard Co. Hospital** 7:30a-4:30p 410740-7838, TCAS Building 2nd Floor. For emergency, call 410 740-7777.

Supervisors:

1. Supervisor should determine if the employee’s illness or injury on the job needs immediate medical attention as outlined in the “serious injury/illness” section in this policy HSE005.
2. Complete an Employee Report of Incident. Retain a copy in the department. Employee should bring the original copy to clinic.
3. If unable to complete and incident report at the time of injury, a call to the appropriate clinic is required to properly identify the employee and department and provide a brief explanation of the incident. Forward the completed Employee Report of Incident form to the appropriate clinic *before the end of the shift*.
4. If the employee reports an injury, illness or hazards but refuses to proceed to the designated campus clinic, document the employee’s claim on the Employee Report of Incident. Write “Employee refused treatment” on the form and send it to the appropriate injury clinic.
5. Discuss the injury/illness with the employee to prevent recurrence, understand factors involved, and notify Safety if indicated.

**THE JOHNS HOPKINS INSTITUTIONS
EMPLOYEE REPORT OF INCIDENT**

Name:	_____								
Social Security Number:	_____								
JHH History Number:	_____								
Employer (circle one):	<table border="0"> <tr> <td>JHH</td> <td>SOM</td> <td>SOH</td> <td>BSI</td> </tr> <tr> <td>JHHS</td> <td>HWD</td> <td>MCS</td> <td></td> </tr> </table>	JHH	SOM	SOH	BSI	JHHS	HWD	MCS	
JHH	SOM	SOH	BSI						
JHHS	HWD	MCS							
Other (specify):	_____								

Part I. Employee Incident Information (to be completed and signed by the supervisor)

Occupation: _____ Functional Unit/Department: _____

Date of Incident: _____ Time of Incident: _____ AM/PM Date reported to Supervisor: _____

Time Work Day Began: _____ AM/PM

Location of Incident: _____ Building: _____ Room: _____

Description of Incident (Must include all equipment and materials employee was using at the time of incident as well as the specific activity employee was engaged in at the time of incident). BODY PART: _____

Was there a safety procedure or mechanism available? Yes No

Was it in use at the time of incident? Yes No

Is the activity part of the normal job duties? Yes No

List names of anyone present at time of incident: _____

Probable cause of incident (object or substance responsible for injury/illness): _____

If indicated, what was discussed with employee to prevent recurrence? _____

Date: _____ Supervisor Name: _____ Extension: _____ Beeper: _____

Employee's Signature

Supervisor's Signature

Note: Any additional comments you feel are pertinent to an investigation of this incident can be made on a supplemental sheet and attached.

Part II. For Occupational Injury Clinic Use Only

Inc # _____ Body Part _____ ICD9 DX Code _____

Disposition Full Duty Restricted Duty Off Duty Restrictions not Accommodated

Referral (ER, WER, Ortho, Plastics, Etc) RTC Scheduled RTC PRN

Recordable* Yes No *as defined by OSHA

Safety investigation requested Yes No If yes, comments: _____

Date _____ Healthcare Provider's Signature/Title _____

DISTRIBUTION OF COPIES: White and Yellow – accompany employee to Occupational Injury Clinic, Blalock 139