

JOHNS HOPKINS

EMPLOYEE REPORT OF INCIDENT INSTRUCTIONS

SEVERE OR LIFE-THREATENING INJURIES: Activate the appropriate emergency response process based on location (e.g., rapid response team; 911).

Employee:

1. Immediately report all workplace incidents, injuries or illnesses, no matter how minor, to your supervisor/designee.
2. Complete the attached Employee Report of Incident form to take to your nearest Occupational Health (OH) / Occupational Injury Clinic (OIC) listed below.
3. For needlesticks or other bloodborne pathogens exposures, immediately call the nearest Occupational Health (OH) / Occupational Injury Clinic (OIC) listed below for further instructions.

OH/OIC Location	Hours	Contact
All Children's Campus (JHACH) - OH 500 Seventh Ave S., Suite: 103 St. Petersburg, FL 33701	6:30am – 3:30pm	Phone: 727-767-4190 After Hours/Holidays: 727-284-3081 Email: ach-occhealth@jhmi.edu
Johns Hopkins Hospital – OIC 600 N Wolfe St., Blalock: 139 Baltimore, MD 21231	7:00am – 4:00pm	Phone: 410-955-6433 After Hours/Holidays: 410-955-7849 or 5-STIX Email: oiceb@jh.edu
Bayview Campus - OH 5300 Alpha Commons Dr., Suite: 105 Baltimore, MD 21224	8:00am – 4:30pm	Phone: 410-550-0477 After Hours/Holidays: 410-955-7849 or 5-STIX Email: ohsclinic@jhmi.edu
Howard County Campus - OH 11085 Little Patuxent Pkwy., Suite: 104 Columbia MD, 21044	7:30am – 4:00pm	Phone: 410-740-7838 After Hours/Holidays: 443-718-2424 or 5-STIX Email: hcghemployeehealth@jhmi.edu
Sibley Campus – OH 5255 Loughboro Rd. NW, Building B, Ground Floor, Washington, DC 20016	7:30am – 4:00pm	Phone: 202-660-6350 After Hours/Holidays: 410-955-7849 or 5-STIX Email: smh-occ-health@jh.edu
Suburban Campus - OH 8600 Old Georgetown Rd., 4th floor Bethesda, MD 20814	7:30am – 4:00pm	Phone: 301-896-3167 After Hours/Holidays: 240-880-1727 or 5-STIX Email: shemployeehealth@jhmi.edu
Homewood Campus - OH 1101 East 33rd St., Room: C-160 Baltimore, MD 21218	7:30am – 4:00pm	Phone: 443-997-1700 After Hours/Holidays: 410-955-7849 or 5-STIX Email: ohs-homewood@jh.edu

4. If evaluated outside of a Johns Hopkins Occupational Health/Injury Clinic, report or call the appropriate clinic (as listed above) the next business day.

Supervisor/Designee:

1. Sign this Employee Report of Incident form as soon as given notice of incident.
2. If employee is unable to complete this incident report at the time of injury, the supervisor/designee completes the report based on known information and forwards to the appropriate Johns Hopkins Occupational Health/Injury Clinic as soon as possible.
3. If the employee reports a workplace injury or illness, but declines evaluation at the appropriate Johns Hopkins Occupational Health/Injury Clinic, document the employee's report on this Employee Report of Incident form and forward to the appropriate clinic.
4. Discuss the workplace incident with the employee to prevent recurrence, understand factors involved, and report to appropriate individual/department so that corrective action(s) that improve/fix/address the issue can be implemented.

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

Name: _____
Date of Birth: _____
JHED ID: _____
Employer (e.g., JHH, Bayview, JHU): _____
Best Daytime Phone Number: _____
Personal Email: _____

Part I. Employee Incident Information (required fields *)

Job Title *: _____ Unit/Department *: _____

Date of Incident *: _____ Time of Incident *: _____ AM PM

Name of Supervisor/Designee Incident Reported to *: _____

Date reported to Supervisor/Designee: _____ Time Work Began: _____ AM PM

Location of Incident: _____ Building: _____ Room: _____

Describe what happened:

What were you doing right before the incident? _____

List the body part(s) involved (if applicable): _____
Left Right NA

Were you using an object or substance when incident occurred? Yes No
If yes, what were you using (e.g., equipment, device): _____

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

Do you require medical evaluation/care at this time?

Yes - Please report to your local Occ Health or injury clinic.

No - I decline medical treatment at this time.

Employee's Signature

Part II. Supervisor/Designee Information (optional)

Note: Any additional comments you feel are pertinent to an investigation of this incident can be made on a supplemental sheet and attached. Please forward to the appropriate Johns Hopkins Occupational Health/Injury Clinic as soon as possible.

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

Supervisor/Designee Name: _____ Date: _____ Phone: _____

Supervisor/Designee's Signature

Part III. For Occupational Health/Injury Clinic Use Only

Disposition: Full Duty Off Duty Restricted Duty Referral (ER, Ortho, Plastics, Etc.) RTC Scheduled RTC PRN

Safety investigation requested: Yes No

Healthcare Provider's Signature/Title: _____ Date: _____