

# How to Report a Work Related Injury or Illness



**Overview:** This job aid guides Emory University employees through the step-by-step directions for reporting a work related injury or illness.

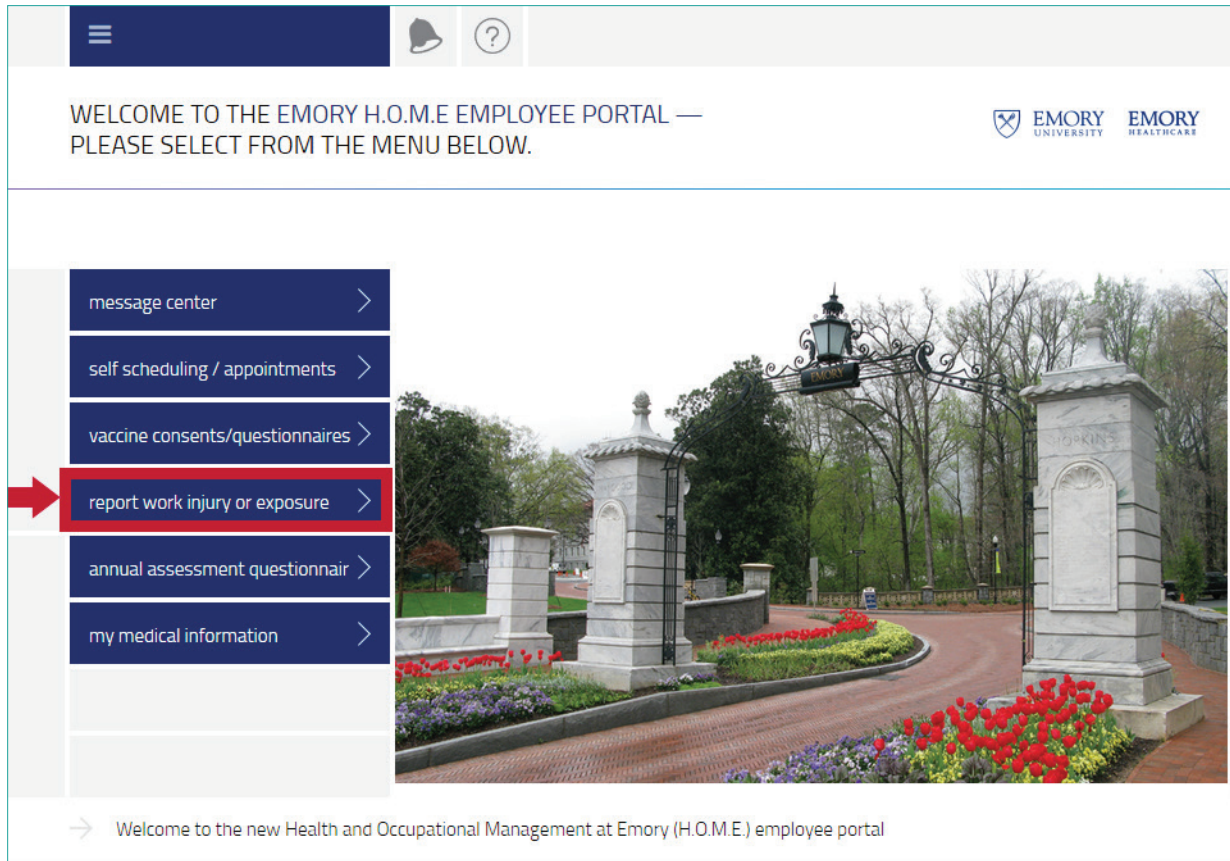
**1** Emory University uses a portal called HOME (Health and Occupational Management at Emory) for reporting work related injuries or illnesses. To access HOME, log in to Self-Service (<http://leo.cc.emory.edu>) with your Emory Network ID and password. Then, click on the **Workplace Health** tile.



**2** You will be prompted to log in again with your Net ID and password.

The screenshot shows the login page for Emory University. It features the Emory University and Emory Healthcare logos, and a 'Login' button. The page is titled 'Login to AttributeContract'. There are two input fields: 'Network ID' (containing 'NetID') and 'Password' (containing 'Password'). Below the fields is a blue 'Login' button and a link for 'Forgot Password?'. A disclaimer box on the right contains the following text: 'Login is Emory's authentication tool for logging into multiple web systems and applications. If you have any questions, problems, or comments about Login, please contact the University Service Desk at (404) 727-7777 or the Emory Healthcare Call Center at (404) 778-HELP. You may also submit an IT support request at <http://help.emory.edu/>.' At the bottom, there is a small disclaimer: 'You are about to access a computer system maintained or made available by Emory University and/or Emory Healthcare that is intended for authorized users only. Unauthorized use of this system is strictly prohibited and may be subject to criminal prosecution. By proceeding, your use of this system constitutes your acceptance of Emory's IT Conditions of Use and other applicable policies and your consent to monitoring, retrieval, and disclosure of any information within this system for any purpose deemed appropriate by Emory University or Emory Healthcare, including law enforcement purposes and enforcement of rules concerning unacceptable uses of this system.'

**3** If you are a manager, you will be given a choice between portal access or supervisor access. Click **Portal** and your dashboard will appear. Next, click on **report work injury or exposure**.



**4** Complete the online form and click **submit**.

Please complete the following questions to report a workplace injury, illness, or incident.

What Would You Like To Report? \*

What were you doing immediately prior to the injury or illness? \*

How did the incident happen? \*

**5** If you need to come to one of the Office of Injury Management (OIM) clinics for treatment, you will also need to complete the **OIM Injury Questionnaire**. Return to the homepage and click on **vaccine consents/questionnaires**.



WELCOME TO THE EMORY H.O.M.E EMPLOYEE PORTAL — PLEASE SELECT FROM THE MENU BELOW.

message center >  
self scheduling / appointments >  
**vaccine consents/questionnaires >**  
report work injury or exposure >  
annual assessment questionnair >  
my medical information >

Welcome to the new Health and Occupational Management at Emory (H.O.M.E.) employee portal

**6** Under the first tile on the left, Questionnaires, click on **OIM Injury Questionnaire**.

VACCINE CONSENTS/QUESTIONNAIRES

**QUESTIONNAIRES**

EXPRESS CARE OIM PT CONSENT

**OIM INJURY QUESTIONNAIRE**

POSITIVE TB SCREENING

EH RESPIRATOR QUESTIONNAIRE

**CHICKEN POX VACCINE**

Click on Varicella (Chicken Pox) Vaccine Info and read the information sheet. Then consent for the vaccine administration.

VARICELLA VACCINE INFO VARICELLA CONSENT

VARICELLA DECLINATION

**HEP B VACCINE**

Click on Hep B Vaccine Info and read the information sheet.

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Complete the form and click **Submit**.

SUBMIT

WORK COMP INJURY QUESTIONNAIRE (1/1)



### Work Comp Injury Questionnaire

Name

MR Number

Address

Telephone number

Cell phone number

Birth date

Position Title

Describe the exact part of your body affected by your work related incident, i.e., low back, neck, right shoulder, left leg, skin. \*

Describe what symptoms you are experiencing, i.e., headache, vision changes, pain, dizziness, numbness or tingling, loss of feeling in body part. \*

Select which best describes when your pain began. \*

Choose from list



What relieves the pain? (Select all that apply)

Nothing relieves pain \*

Yes

No

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When finished, **sign out** of the portal. You will be contacted from someone from the Office of Occupational Injury and Management.