



Instructions for Completing Electronic First Report Of Injury

Web-based “Employer’s Report of
Occupational Injury or Disease”
(LIBC- 344)

January 3, 2006

Workers' Compensation, Office of
Human Resources

A decorative graphic on the left side of the slide, resembling a spiral-bound notebook. It features a brown cover, a silver metal spiral binding, and a white page with a blue horizontal line. The page is slightly offset to the right, creating a layered effect.

Welcome to An Efficient Way to Report Work Injuries

- System features convenient drop-down menus.
- Copy of report is automatically sent to your Safety Officer, the Workers' Compensation office, and others upon completion.
- Links to provider panels and employee notifications are provided.
- Injury information is directly loaded into a database for analysis of hazards, trends, and cost.

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Workers' Compensation Website

Workers' Compensation - Office of Human Resources - Microsoft Internet Explorer

File Edit View Favorites Tools Help

PENNSYLVANIA STATE UNIVERSITY
WORKERS' COMPENSATION
OFFICE OF HUMAN RESOURCES

Human Resources Home | Staff | Contact Us | Search: OHR | Penn State | People | Departments

Report an Injury
Healthcare Provider Panels
Medical Treatment
Frequently Asked Questions
Penn State Occupational Medicine
Other Links

The University takes the health and safety of its employees very seriously. OHR's Workers' Compensation Department acts as a liaison to enhance the exchange of information between the injured worker's supervisor and Human Resources Representative, the claims adjuster and medical providers.

An employee has an obligation to report any work-related injury, regardless of how minor, to his or her supervisor.

The timely reporting of injuries is essential. The Commonwealth of Pennsylvania has several deadlines that must be met with each injury report. Therefore, strict adherence to reporting deadlines as outlined in SY-04 will be monitored and

NEWS & EVENTS
There are no announcements at this time.

start 2 AIM Eudora - ... Calendar ... Microsoft ... Workers' ... 3:33 PM

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Access Is As Easy As 1 –2 –3

1. Click on link found on these websites
 - Workers' Compensation (OHR)
 - Environmental Health & Safety (EHS)
 - Many, if not all, work-unit web pages
2. Enter your University access ID and Password
3. Enter injured worker's PSU ID number

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Step 1 – Click on Link

<https://workserv.ohr.psu.edu/WorkersComp/user/logon.cfm>

- Found on various web pages
- Bookmark for future use

Available “test” link for practice

<https://workserv.ohr.psu.edu/workerscompTraining/user/index.cfm>

This information will be repeated at the end of this presentation.

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Step 2- Enter Your University Access ID

https://webaccess.psu.edu - WebAccess: - Microsoft Internet Explorer

File Edit View Favorites Tools Help

PENNSTATE


[Change Access Account Password](#) [Change FPS Account Password](#)

[Help](#) WebAccess

Userid

Password

Login



: Please type your login and password and click the Login button to continue.

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Alternative Media - Nondiscrimination Statement

Done Internet

start 2 AIM Eudora - ... Calendar ... Microsoft ... https://w... 3:34 PM

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Step 3- Enter Injured Employee's PSU ID Number

Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail News RSS

Address <https://workserv.ohr.psu.edu/WorkersComp/user/session/frmEnterId.cfm> Go Links >>

Employer's Report of Occupational Injury or Disease

Enter Employee's PSU Id Number (no dashes):

Continue

[PSU ID SEARCH](#)

This link will allow you to look up a PSU ID by name.
You must have access to the BALU screen in IBIS.

If you are unable to obtain the PSU ID from the injured employee or by using PSU ID search,
contact WorkersComp@psu.edu or (814) 865-0424 for further instruction.

Done Internet

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If an Employee Enters Their Own ID Number, This Message Will Appear

Microsoft Internet Explorer



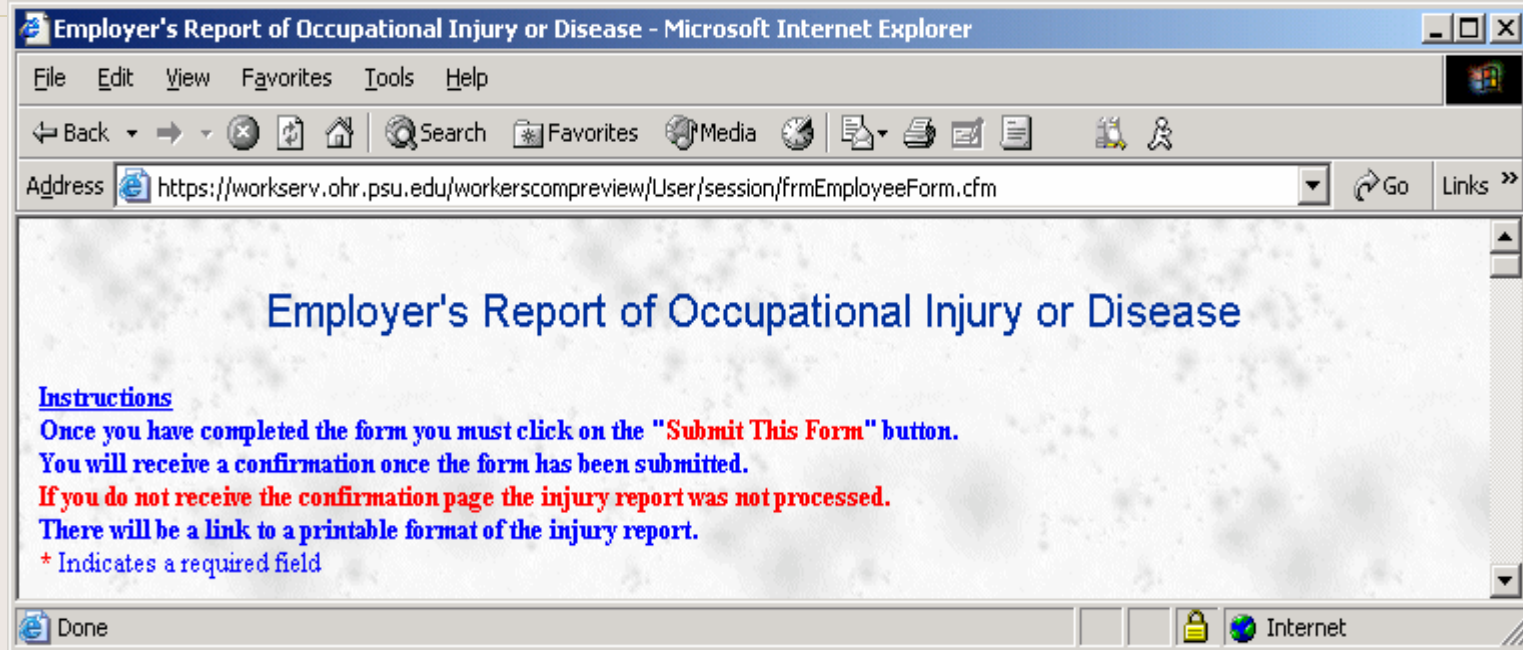
You cannot fill out a 'Workers' Compensation form for yourself. It must be filled out by a supervisor or someone else authorized to input the information for you.

OK

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Some Fields Require an Entry



- Please follow the instructions above when submitting the form.
- All fields marked with an * must be completed or the form cannot be submitted.

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General Format of Injury Report

- Injury report is broken into four major sections:
 - Employee Information
 - Injury Information
 - Work Unit Information
 - Medical Information
- Directions on how to complete each section follow.

Employee Information - Demographics

Employee Information

Name: Nitt N Lion

Home Address: Penn Stater

City: University Park State: PA Zip: 16801

Phone: 8148650101

Date of Birth: Jan-01-1960

Gender: MALE

Marital Status: Select

Dependents: Select... *The number of dependents does not include the employee.*

Occupation or Job Title: Mascot

Date of Hire: Jan-01-1989

- Demographic information is automatically populated by IBIS.
- This results in less information for the user to enter.
- Also ensures that data is consistent & accurate.

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Employee Information - Dependents

Use the drop-down menu to select the number of dependents.

Employee Information

Name: Nitt N Lion

Home Address: Penn Stater

City: University Park State: PA Zip: 16801

Phone: 8148650101

Date of Birth: Jan-01-1960

Gender: MALE

Marital Status: Select:

Dependents: Select... *The number of dependents does not include the employee.*

Occupation or Job Title: Unknown

Date of Hire: 0

1
2
3

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Injury Information – Date & Time

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links »

Injury Information

* Date of Injury: JAN 03 2006

Full Pay for Day of Injury: Yes

* Time Employee Began Work: 08 :00 AM

* Time of Occurrence: 09 :30 AM

* Date Employer Notified: JAN 03 2005

Done Internet

- Important Date and Time fields also use drop downs for convenience, accuracy and consistency.

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Injury Information -Lost Time

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links >>

* Did employee lose time from work due to this injury? Select...

If Yes:

Enter first date employee started losing time from work: Month Day 2005

Enter date employee returned to work: Month Day 2005

If employee's return to work date is unknown, please explain:

If **Unsure** at this time, please explain:

If **No**, please continue.

Done Internet

- Section is based on question “*Did employee lose time from work due to this injury?*”
- If answer is YES – enter date employee started losing time.
- If answer is NO – continue to the next section.
- If answer is UNSURE – provide additional information in text space.
- Also enter date employee returned to work if it is known.
- Don’t wait for employee to return to work to submit report (submit ASAP).

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Injury Information – Injury Codes

- Injury codes revised in January 2006 to simplify use & improve injury trending.
- Four injury fields must be completed:
 - Type of Injury
 - Part of Body
 - Cause of Injury
 - Agent
- All four injury fields use a drop-down menu format.
- A complete list of current injury codes can be accessed at http://www.ehs.psu.edu/occhealth/EHS_FROI_Field_Updates.pdf

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“Type of Injury” Field

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help

date is unknown, please explain: _____

If **Unsure** at this time, please explain: _____

If **No**, please continue.

Type of Injury: 01 - No Physical Injury

* Primary Part of Body Affected: 01 - No Physical Injury

Other Parts of Body Affected: 02 - Amputation
03 - Chest Pain
04C - Burn- Chemical
04T - Burn - Thermal
10 - Contusion (Bruise)
16 - Dislocation
19 - Electric Shock

* Cause of Injury: 25 - Foreign Body
28 - Fracture
30 - Freezing

* Agent (Identify the object, substance, or circumstance that led to the injury):
Select...

Were safeguards or safety equipment provided? Select...

Were safeguards or safety equipment used? Select...

All equipment, materials, or chemicals employee was using when accident or illness exposure occurred: _____

Done Internet

- Choose the code from the menu that best describes the injury or illness.

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“Part of Body” Field

The screenshot shows a web browser window titled "Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The address bar shows "Links" and a search icon. The main content area contains a form with the following fields:

- Type of Injury:** Select...
- * Primary Part of Body Affected:** Select...
- Other Parts of Body Affected:** Select up to 3 with mouse keeping control button pushed. The list includes:
 - 13L - Ear - Left
 - 13R - Ear - Right
 - 14L - Eye - Left
 - 14R - Eye - Right
- * Cause of Injury:** Select...

The status bar at the bottom shows "Done", a lock icon, and "Internet".

- The form now allows selection of more than one body part.
- “Primary Part of Body Affected” must be completed first. Up to three “Other Parts of Body Affected” can be selected by holding the Control button and clicking the mouse.
- “Right” or “Left” must be indicated for certain body parts.
- For repetitive strain injuries involving an upper extremity, indicate whether the case involved the dominant side. (Choose the “Dominant” option when applicable; any other response will be interpreted as non-dominant).

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“Cause of Injury” Field

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help

14R - Eye - Right

* Cause of Injury: Select...

* Agent (Identify the object, substance, or circumstance that led to the injury): Select...

09 - Heat or Cold Exposure

10 - Contact With

13 - Caught In or Between

25 - Fall or Slip -From Different Level

29 - Fall or Slip - Same Level

50 - Motor Vehicle Collision

53 - Strain or Injury By - Twisting

54 - Strain or Injury By - Jumping

55 - Strain or Injury By - Holding or Carrying

56 - Strain or Injury By - Lifting

Were safeguards or safe

Were safeguards or safe

All equipment, materials

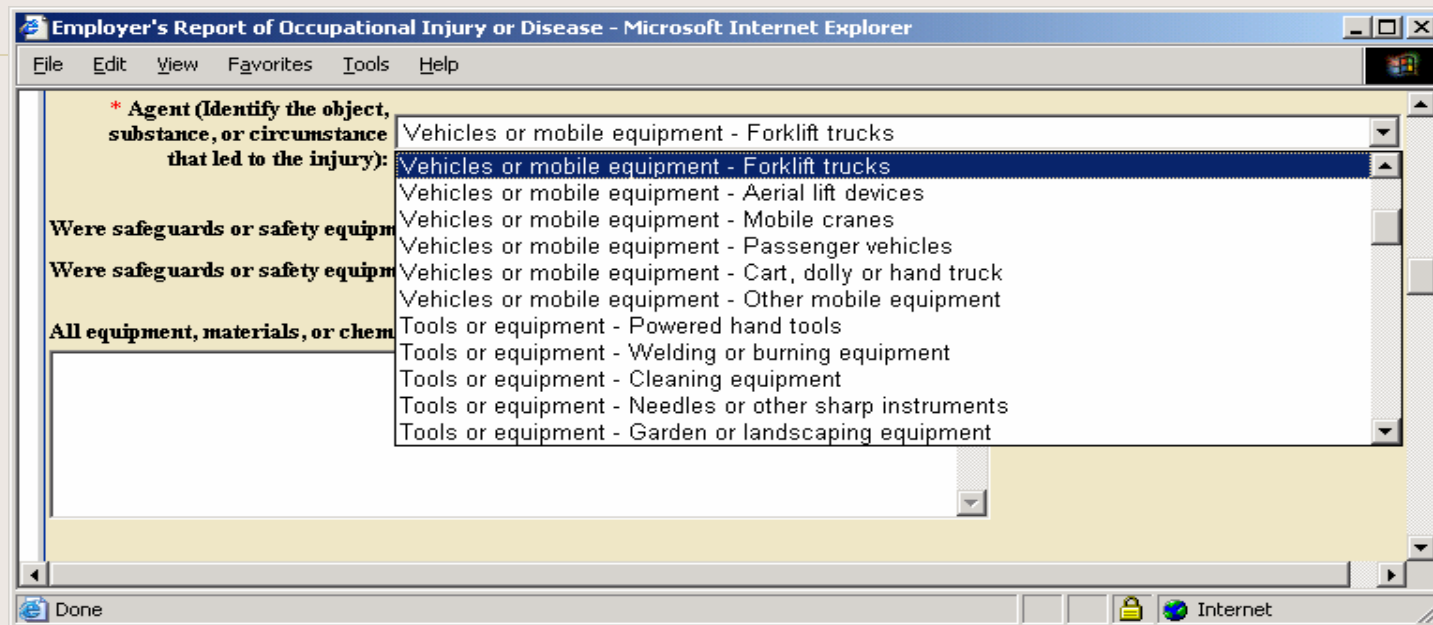
Exposure occurred:

* Brief description of how injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances directly responsible:
(You may enter up to 200 characters.)

Done Internet

- Choose the code from the menu that best describes the cause of the injury.

“Agent” Field



- The purpose of this field is to identify the object, substance, or circumstance that led to the injury.
- This field will normally be closely related to the “Cause of Injury”.
- Users can choose from several dozen possible agents. These agents are grouped into eight major categories to simplify completion of this field.
- Examples of how to use the “Cause” & “Agent” fields are given on the following two pages.

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“Cause” & “Agent” Examples

Example 1: Employee cut hand with knife while slicing bread.

Cause = Struck or Injured by Object

Agent = Tools or Equipment: Edged Equipment

Example 2: Employee fell on sidewalk due to damaged surface.

Cause = Fall or Slip – Same Level

Agent = Structures, surfaces, or furnishings: Sidewalks/outdoor walkways

Example 3: Employee fell on sidewalk due to ice accumulation.

Cause = Fall or Slip – Same Level

Agent = Environmental Agents: Ice or Snow

“Cause” & “Agent” Examples

Example 4: Employee felt back pain after lifting bag of salt.

Cause = Strain or Injury by Lifting

Agent = Containers: Bags, sacks, totes

Example 5: Employee developed wrist pain due to long-term keyboard use.

Cause = Strain or Injury by Repetitive Motions

Agent = Structures, surfaces, or furnishings: Office, electronic, or computer equipment

Example 6: Employee felt shoulder pain after extending to reach items stored on overhead shelf.

Cause = Strain or Injury by Reaching

Agent = Animal, Plant, or Human Agents: Body motion or posture of injured employee

Injury Information – Narrative Description

*** Brief description of how injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances directly responsible:**
(You may enter up to 200 characters.)

200 characters left

Additional Injury Information:

- Use the first narrative box to describe what the employee was doing at the time of injury and what happened to cause the injury.
- The “Additional Injury Information” can also be used to record further information on the injury.

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Work Unit Information

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links »

If fatal, give date of death: Month Day Year

* Did injury or illness occur on employer's premises? Select...

If out of state, specify state of injury: Select...

Work Unit Contact Information

Name:

Phone Number: - -

* Work Unit:

ABINGTON COLLEGE - 190Z
AGRICULTURE EXTENSION SERVICES - 09

Done Internet

- Enter the name and phone number of the injured worker's direct supervisor in the "Work Unit Contact" boxes.
- Select the work unit location from the drop-down menu.

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Medical Treatment Information

Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links >>

Medical Treatment Information

* Initial Treatment: Select...
Select...
NO MEDICAL TREATMENT
MINOR BY EMPLOYEE
CLINIC/HOSPITAL
PANEL PHYSICIAN
EMPLOYEE PHYSICIAN
EMERGENCY CARE
HOSPITALIZED MORE THAN 24 HOURS

Physician Name: _____
Street: _____
City: _____
State: _____
Zip: _____

Done Internet

- Select the type of initial treatment from the drop-down menu.
- Enter **Healthcare Panel Provider** Information when medical care is obtained.
- Employees must treat with a **Healthcare Panel Provider** during the first **90 days** of medical treatment.

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Medical Treatment Information

The screenshot shows a web browser window with the title "Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The main content area has a yellow background and contains the following form fields:

- Hospital Name:** A single-line text input field.
- Street:** A single-line text input field.
- City:** A single-line text input field.
- State:** A small text input field.
- Zip:** A small text input field.

Witness Information

- Name:** A single-line text input field.
- Phone Number:** Three small text input fields separated by hyphens, representing area code, prefix, and number.

The browser's status bar at the bottom shows "Done", a lock icon, and "Internet".

- Enter hospital information if emergency medical treatment was required at the time of the injury
- If applicable, include the name and telephone number of a witness
- If no witnesses - leave blank

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You're almost done !

Person Completing This Form

Name: OLGA PEREZ
Title: HMN RESOURC SPEC

* Phone:

Date Prepared: Nov-02-2005

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.

PLEASE NOTE: Once you have completed the form you must click on the "Submit This Form" button below. You will receive a confirmation once the form has been submitted with a link to a printable format of the injury report.

If you do not receive the confirmation page the injury report was not processed.

- Change your telephone number if incorrect
- Review all entries before you hit "Submit This Form"
- Once submitted – you **CANNOT** go back and change the form
- **Logging off without submitting will lose your work**

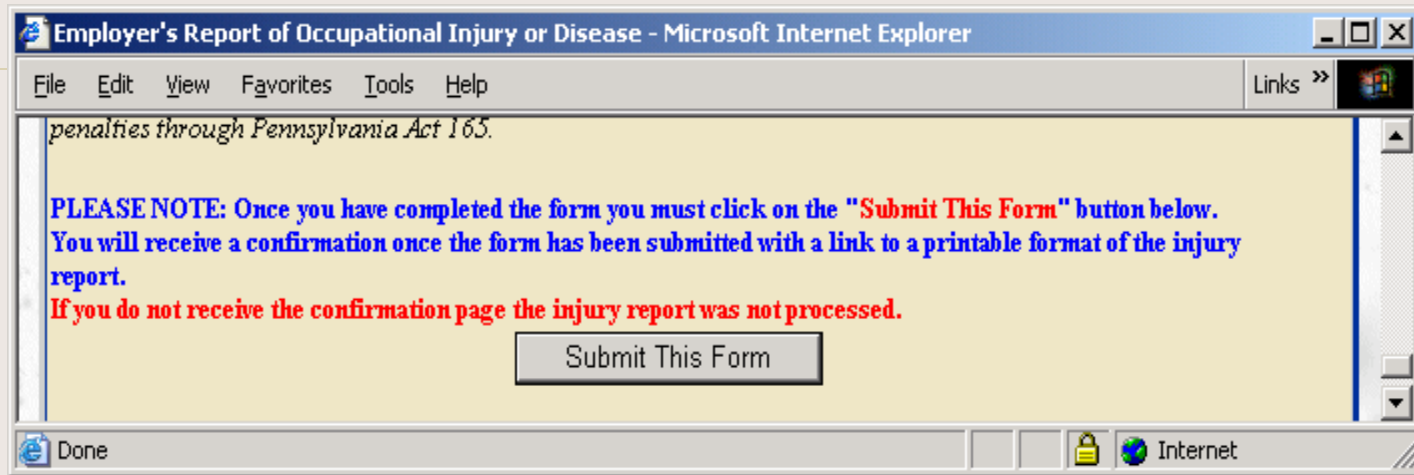
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If you do not complete a required field, you will get this message. Your form cannot be submitted until all required fields are completed



What happens after you submit this form?

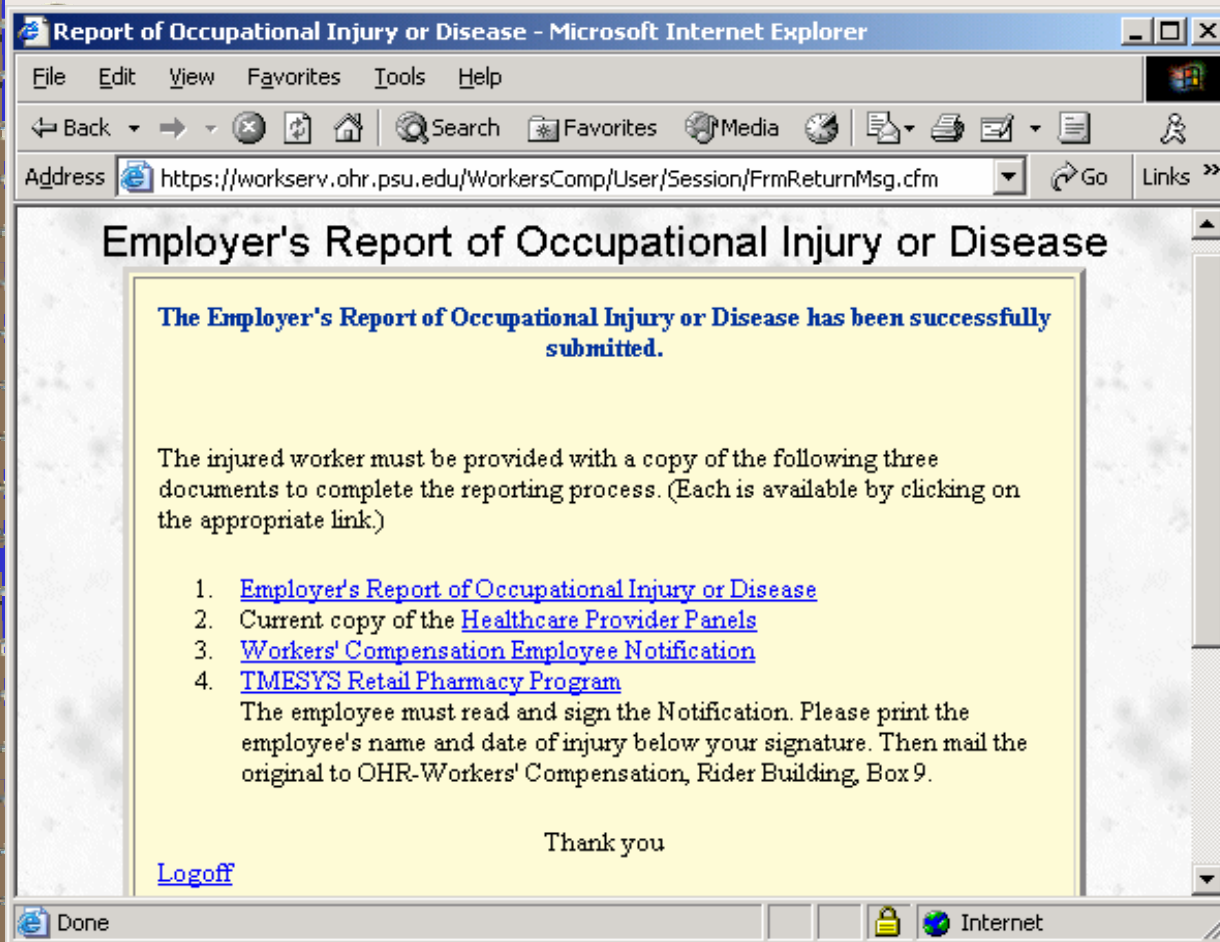


- Immediate on screen confirmation & printing options
- Electronic notices will automatically be sent to
 - Your Safety Officer
 - Your Human Resources Representative
 - OHR Workers' Compensation
 - Environmental Health & Safety
 - Occupational Medicine

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Confirmation of successful completion

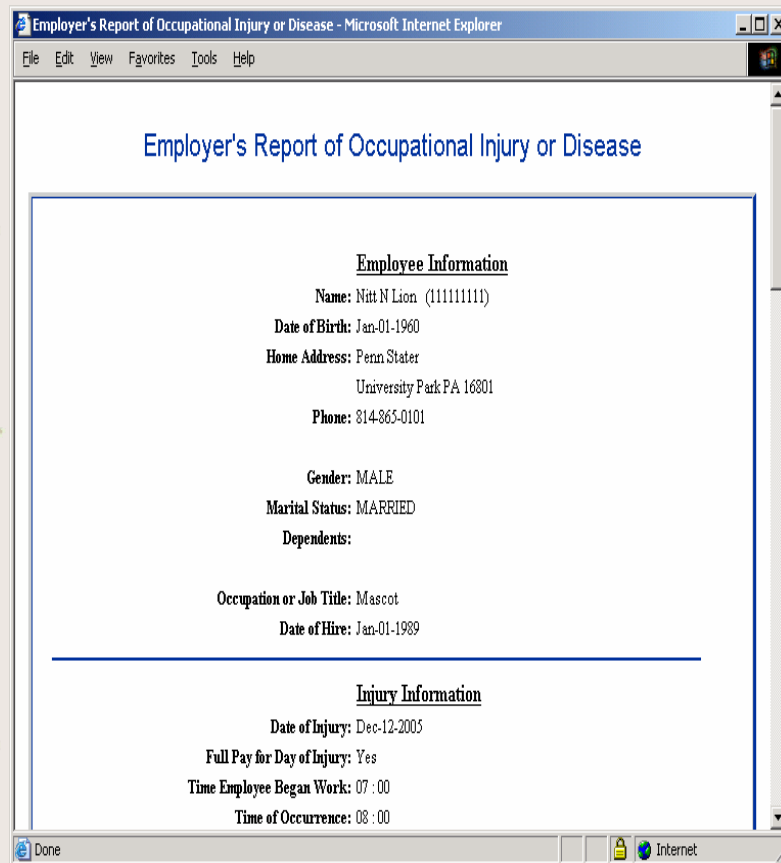


- Links to web pages will appear so that the injured employee can be provided with required information and forms.

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Use web browser print command to obtain Printed Version of Injury Report



The screenshot shows a Microsoft Internet Explorer window titled "Employer's Report of Occupational Injury or Disease - Microsoft Internet Explorer". The browser's address bar is empty, and the menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The main content area displays the following information:

Employer's Report of Occupational Injury or Disease

Employee Information

Name: Nitt N Lion (111111111)
Date of Birth: Jan-01-1960
Home Address: Penn Stater
University Park PA 16801
Phone: 814-865-0101

Gender: MALE
Marital Status: MARRIED
Dependents:

Occupation or Job Title: Mascot
Date of Hire: Jan-01-1989

Injury Information

Date of Injury: Dec-12-2005
Full Pay for Day of Injury: Yes
Time Employee Began Work: 07 : 00
Time of Occurrence: 08 : 00

The browser's status bar at the bottom shows "Done" and "Internet".

- Provide injured worker with a copy
- Copy for your file
- Click on your web browser's **BACK** button to return to confirmation screen

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Link to Healthcare Provider List

The screenshot shows a Microsoft Internet Explorer browser window displaying the website for the Office of Human Resources at Penn State. The page title is "WORKER'S COMPENSATION HEALTHCARE PROVIDER PANELS". The browser's address bar shows the URL "http://www.ohr.psu.edu". The page features a navigation menu on the left with options like "Report an Injury", "Healthcare Provider Panels", and "Medical Treatment". The main content area contains a table of healthcare provider panels for various campus locations.

Campus Location	Word Document	PDF Format
ABINGTON	Abington Panel	Abington Panel
ALTOONA	Altoona Panel	Altoona Panel
BEAVER	Beaver Panel	Beaver Panel
BEHREND	Behrend Panel	Behrend Panel
BERKS	Berks Panel	Berks Panel
DELAWARE	Delaware Panel	Delaware Panel
DICKINSON SCHOOL OF LAW	Dickinson Panel	Dickinson Panel
DUBOIS	Dubois Panel	Dubois Panel
FAYETTE	Fayette Panel	Fayette Panel
GREAT VALLEY	Great Valley Panel	Great Valley Panel

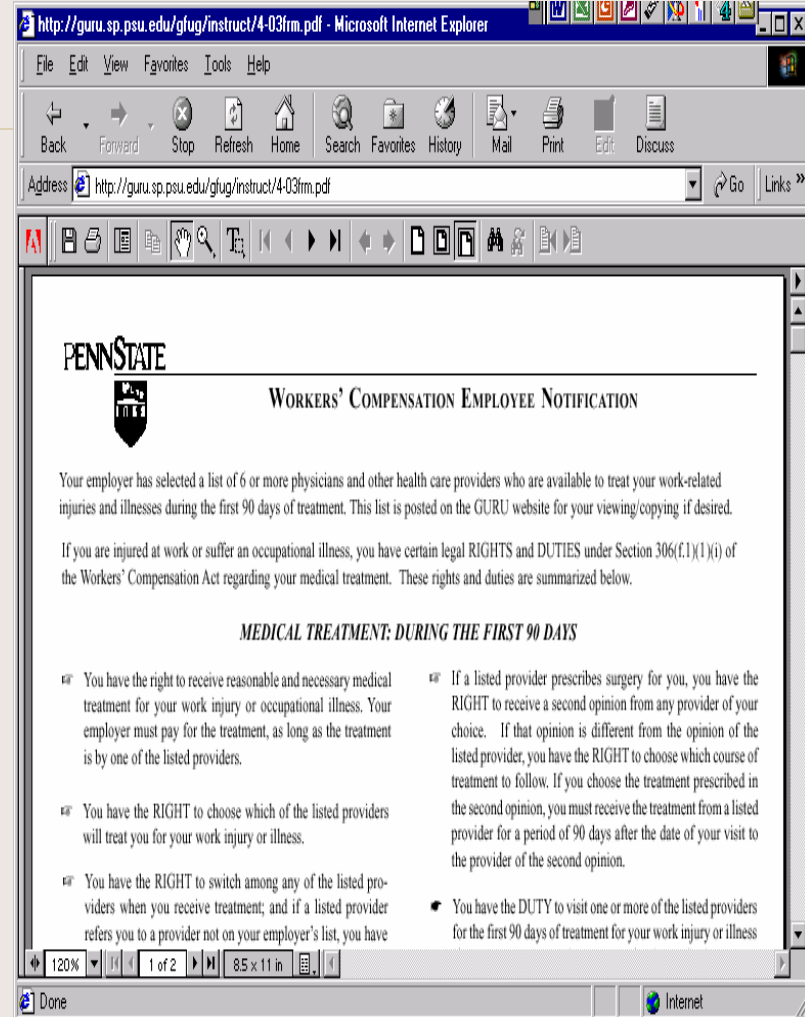
- Print copy of Healthcare Provider Panel for injured worker
- Employee **MUST** treat from panel list for first 90 days
- Click on your web browser's **BACK** button to return to confirmation screen

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Link to Employee Notification Form

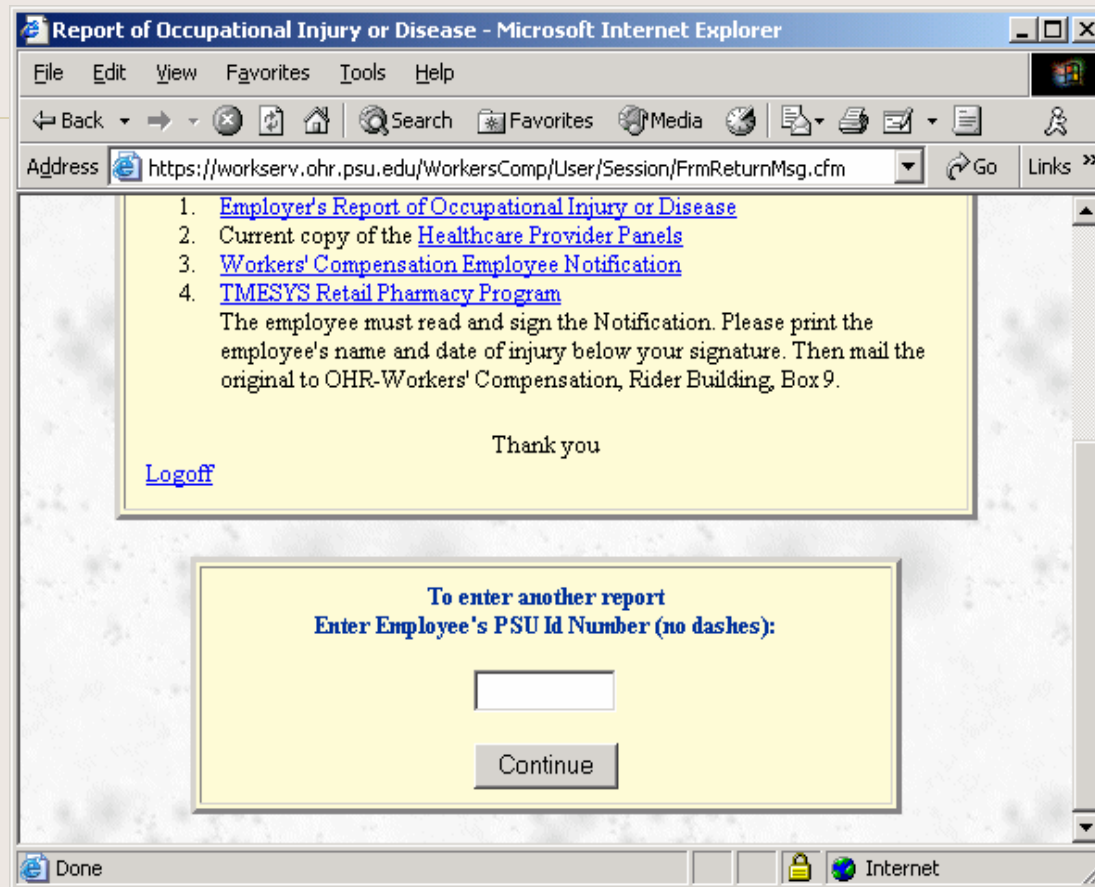
- Print copy of Notification Form
- Have injured worker read and sign form
- **Print** employee's name on form
- Give copy to employee
- Mail original to:
OHR Workers' Comp,
Box 9, Rider Bldg.
- Click on your browser's **BACK** button to return to confirmation screen



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Log Off or Enter Another Report



- Remember once you log off or enter another PSU ID number, you will NOT be able to retrieve the form just completed.

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Practice, Practice, Practice

Feel free to practice at this test site as many times as you wish before entering your first “live” report

The practice data you enter does not enter the reporting system and will be erased

<https://workserv.ohr.psu.edu/workerscompTraining/user/index.cfm>

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TMESYS Retail Pharmacy Program

- In order to participate in this program, a First Report of Injury must be completed for the injured worker by his/her supervisor.
- The injured worker can receive prescriptions RELATED to the First Report of Injury from **participating** pharmacies at no cost.
- Major participating pharmacies are **CVS, Giant, Wal-Mart, and Eckerd**. To identify other participating pharmacies, the injured worker can call 1-800-964-2531.
- If using a non-participating pharmacy there may be out of pocket expenses. If this occurs, please contact our office for reimbursement procedures.

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Need Help ???

or Would you like to share your thoughts...

If you need assistance or to share feedback on the form, please feel free to contact Workers' Compensation in the Office of Human Resources

WorkersComp@psu.edu

Tonia Rudy

Olga Perez

814-865-0424

January 3, 2006

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Thank You !

- You have a very important role in making this program work.
- All injuries need to be reported as soon as you are aware that an injury has occurred – your action sets the process in motion.
- Your feedback on using the electronic form is appreciated.

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