

# Instructions for Employer's First Report (EFR)

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## Employer Investigation



## What is Employer's First Report?

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**Employer's First Report (EFR)** is an online incident management application that allows UC supervisors, administrators and department representatives to submit, monitor and resolve initial injury causes, as well as verify corrective actions taken to reduce the likelihood of recurrence

# Workflow

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**Employees or supervisors submit injury claims on employee's behalf**

Claim submission automatically generates email notification to supervisors and UC administrators



**Supervisors acknowledge claims, perform employer investigations, and verify corrective actions have been taken**

Email reminders generated for overdue claim investigations and preventative actions



**UC administrators review and complete electronic claim submissions to iVOS**

# Getting Started – Employer Investigation

- Go to: <https://ehs.ucop.edu/efr/home>
- Select your organization or institution from the drop down pick list
- Log into the system using your location sign-on credentials

InCommon®

You are accessing:  
**ermisp.ucop.edu**

Select your School, Organization, or Identity Provider:

Make your selection here ▾

NEXT

- Do not remember my selection
- Remember my selection for this session only
- Remember my selection permanently

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# Getting Started – Employer Investigation

Under the **MANGEMENT** section

- Select **Manage Claims**
- A list of your employees' claims will be displayed for review/action

## Manage Claims


Reports submitted in last # of days:


Reports submitted for:

Name	Health System	Department	Supervisor	Injury Date	Created Date ▼	Claim Number	Work Status	Investigation Complete	PDF
HAN, CHUNYAN	No	INFORMATION TECHNOLOGY SVCS	BARTON, THOMAS	07/24/2019	07/25/2019		Work Status		⬇
CARCAMO, CHRISTINE	No	INFORMATION TECHNOLOGY SVCS	BARTON, THOMAS	07/22/2019	07/24/2019		Work Status	☑	⬇
CARCAMO, CHRISTINE	No	INFORMATION TECHNOLOGY SVCS	BARTON, THOMAS	07/22/2019	07/24/2019		Work Status		⬇


For serious injury/illness (inpatient hospitalization, amputation or bony involvement of a digit, disfigurement) or death contact your EH&S.


**Personal**


Create Claim - Enables you to report a new injury or illness incident for any University of California employee.  **Create Claim**  
Report new injury or illness incident

My Claims - Allows you to view your personal claims.  **My Claims**  
View personal claims

**Management**

Manage Claims - Allows you to manage others' claims.  **Manage Claims**  
Manage claims under your management

Preventive Actions - Allows supervisors, claim administrators, and group members to view and update preventive actions status.  **Preventive Actions**  
Comment on employee forms

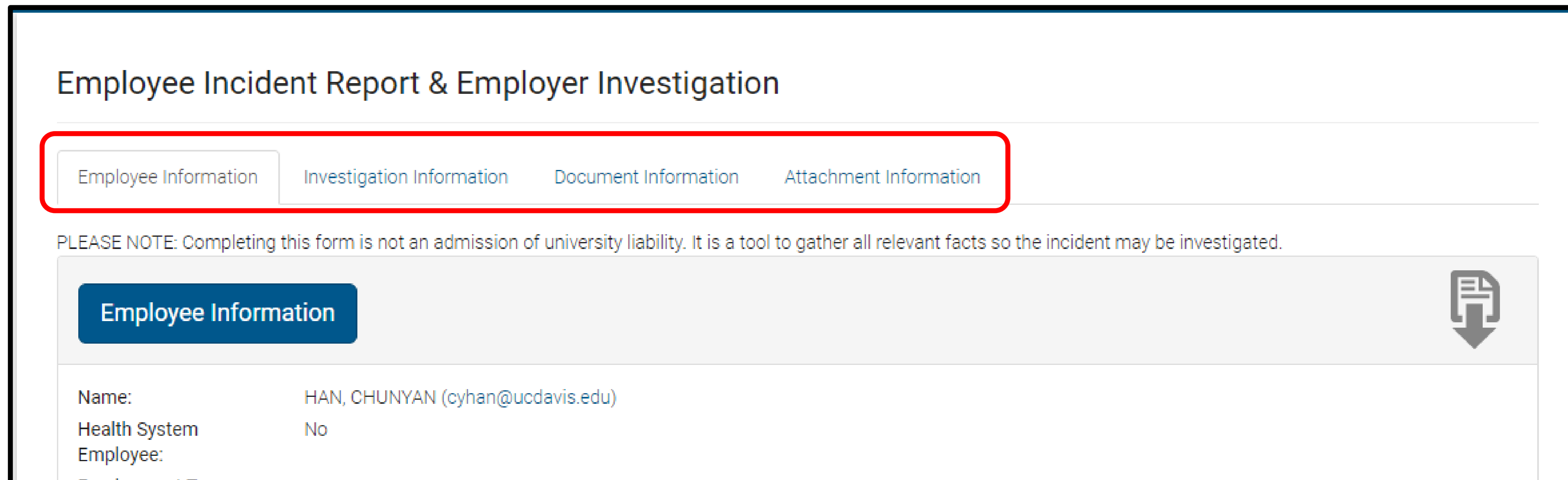
Work Status - Allows supervisors, claim administrator, and group members to update employee work status information.  **Work Status**  
View and update employee work status

- Select the **employee's name** that you wish to complete an investigation for

# Getting Started – Employer Investigation

The **Employee Incident Report & Employer Investigation** page is a summary of information related to the injury report/claim

- Select the appropriate tab to view specific claim information



Employee Incident Report & Employer Investigation

Employee Information Investigation Information Document Information Attachment Information

PLEASE NOTE: Completing this form is not an admission of university liability. It is a tool to gather all relevant facts so the incident may be investigated.

**Employee Information**

Name:	HAN, CHUNYAN (cyhan@ucdavis.edu)
Health System	No
Employee:	

# Getting Started – Employer Investigation

- Select the **Investigation Information** tab
- Click on **Employer Investigation & Statement** to enter your interview and investigation findings

## Employee Incident Report & Employer Investigation

Employee Information   Investigation Information   Document Information   Attachment Information

**Employer Investigation & Statement**

Employer Knowledge   July 17, 2019  
Date:  
Employee Interviewed  
By:  
Date Employee  
Interviewed:

# Getting Started – Employer Investigation







## Incident Report: Employer Investigation & Statement

Employer Knowledge

**CHUNYAN HAN**  
INFORMATION TECHNOLOGY SVCS

Employer Knowledge Date  
July 17, 2019  
Date when employer first became aware of the incident

Incident Investigation & Statement

-  **Employee Interview & Investigation**  
Questionnaire for recording employee interview & statement
-  **Record Incident Initial Cause**  
Questionnaire for recording incident initial causes
-  **Record Contributing Factors & Activities** ✓  
Questionnaire for recording incident contributing factors & statement
-  **Preventive Actions & Statement**  
Record preventive actions & status
-  **Investigation Completion & Additional Information**  
Set Investigation completion & additional information
-  **Send Investigation Notification**  
Sends a notification related to claim investigation once it's completed

- Select **Employee Interview & Investigation** in the Incident Investigation & Statement summary section
- Each section will need to be completed in order to submit a claim
  - Except for **Send Investigation Notification** (not required)
- Completed sections are indicated by a **green check mark** next to the title



# Getting Started – Employer Investigation

- Search and enter name of interviewer name – last name, first name to display
- Enter as much information as possible relating to the employee injury
  - **All fields marked with an (\*) are required and must be entered to save section**
- Click **Save** to complete and move to next section of the investigation

## Employee Interview & Investigation

\*Employee Interviewed By:

Search by Last Name, First Name

Who completed the interview?

\*Date Employee Interviewed:

mm/dd/yyyy



Date when employee was interviewed

How Injury/Illness Occurred:

Explain in detail how the injury/illness occurred and the specific activity being performed at the time

What was Injury, Illness, or Exposure?

Employee declined treatment.

Save

Cancel

# Getting Started – Employer Investigation

- For **Record Initial Causes**
- Select the possible cause of the employee's injury or illness
  - **Multiple causes can be selected**
  - **Provide further details where indicated**
- Click **Save** to complete and move to next section of the investigation

## Incident Investigation - Record Initial Causes

Struck by or against object.

Caught in/under/between object

Fall/Slip/Trip

Patient Handling (Lifting/Movement)

Choose one of the following...

Material handling or lifting

Repetitive motion

Chemical exposure

Body fluid exposure

Biohazard Material Exposure

Sharps (i.e. needle stick, stab, incision, or skin penetration)

Stuck by exposed rusted nail, skin penetration

Please describe: Sharps (i.e. needle stick, stab, incision, or skin penetration)

# Getting Started – Employer Investigation

## Incident Investigation - Record Contributing Factors

➤ Equipment

▼ Slip-Resistant Footwear

If this injury was caused by a trip or fall, was the employee wearing shoes provided by the Slip-Resistant Footwear Program?

Yes  No

➤ Personal Protective Equipment

➤ Training/Experience

➤ Policy/Procedure

➤ Work Area

➤ Employee

➤ Assistance

➤ Animal

➤ Other Factors/Comments (If none of the above is applicable)

**Save** Cancel

- For **Record Contributing Factors**
- Select the possible contributing factors for the injury or illness
  - **Multiple factors can be selected**
  - **Each contributing factor field expands by clicking the arrow next to the title**
  - **Provide further details where indicated**
- Click **Save** to complete and move to next section of the investigation

# Getting Started – Employer Investigation

## For **Preventative Actions & Statement**

- Select the **Preventative Action** that will be taken
  - **Multiple Preventative Actions can be selected**
  - **Provide further details where indicated**
- Complete the **Preventative Actions Status** section, include required information (\*)
  - **Responsible person for completing the action(s) assigned**
  - **Expected date of completion**
- Click **Save** to complete and move to next section of the investigation

### Preventive Actions & Statement

#### \*Supervisor will

- Develop/revise safety procedures and update IIPP or Chemical Hygiene Plan
- Request ergonomic evaluation
- Order new equipment
- Order new PPE
- Remove equipment from use and/or repair/replace
- Retrain employee before task is reassigned
- Conduct on-site review of work activity
- Update job safety analysis
- Reconfigure work area
- Communicate corrective actions to others in job category
- Other/Comments (If none of the above is applicable)

Other future preventive actions

#### Preventive actions status

Preventive actions will be completed by:

BARTON, THOMAS

\*Expected date of completion:

mm/dd/yyyy



As a reminder, the Actual Completed Date on the Preventive Actions page must be completed even if no further action is required. The Preventive Actions page can be accessed [here](#) or from the homepage.

Save

Cancel

# Getting Started – Employer Investigation

- Select the check box when the employer investigation is completed
- Add any additional information or details in the text box provided
- Select **Save** your investigation statement

Investigation Completion & Additional Information

Select when Employer Investigation is completed.

Additional Information:

Additional Information (Use this space to add additional details or explanation about the cause(s), contributing factors and preventive actions related to this case):

**Save** Cancel

- You have now completed your Employer Investigation Statement **Employee Incident Report & Employer Investigation Statement**
- Next step in this process is to complete the Preventative Actions

# Getting Started – Employer Investigation

- If you wish to complete **Preventive Action(s)** immediately, here are the instructions starting from the EFR main page:
  - Click on Preventive Actions
  - Click on the Due link located on the right side of the row containing the employee name
  - Fill in the Actual Completion Date field
  - Add any additional comments
- Select **Save** to complete your Preventative Action(s)

## Preventive Actions & Status

KUMI CHINEN (kchinen@ucdavis.edu)  
INFORMATION TECHNOLOGY SVCS

Date of Injury / Onset of: July 30, 2019 2:10:00 PM  
Date Reported: July 30, 2019

Status History

Action Due Date:

08/07/2019

Date when preventive action is due

Responsible Person:

FARRAND, KRISTEN - INFORMATION TECHNOLOGY SVCS

Preventive actions will be completed by

Actual Completion Date:

07/30/2019

Date when action was completed

Additional Comments:

Additional comments or notes relation to this incident

Add any additional comments or notes relation to this incident

Cancel

**Thank You**

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