

Reporting an Employee Injury or Illness

Reporter Types

Type	Role	Permission
Injured Person	<ul style="list-style-type: none"> The employee who sustained a job-related injury or illness 	<ul style="list-style-type: none"> Create an employee injury/illness report Review own employee injury/illness report(s)
Supervisor	<ul style="list-style-type: none"> The direct supervisor of the injured/ill employee Another supervisor in the injured/ill employee's department 	<ul style="list-style-type: none"> Create an employee injury/illness report Review an Employee Injury/Illness Report for any employee they supervise Perform an investigation on a report where they are named as supervisor
Bystander	<ul style="list-style-type: none"> Neither the injured/ill employee nor the injured/ill employee's supervisor 	<ul style="list-style-type: none"> Create an Employee Injury/Illness Report

Creating a Report

1. Log in with your credentials at: <https://app.riskandsafety.com/>
2. Select **Report Employee Injury or Illness** from the "Quick Links" on the right-hand menu of the RSS Platform homepage. **Note:** If you do not see this link on the homepage, you must reach out to your Workers' Compensation department for assistance.
3. Select **Start** to begin
4. Choose if you were the one injured or not and select **Continue**
 - a. If you chose "No", search for the person who was injured
 - b. If known, choose which location the person is associated with (i.e., Medical Center etc.)

- c. Choose if you are the person's Supervisor
 - d. Select **Continue**
5. Fill out the sections for Job information, Date & Time, Location, and Injury Details using **Back** and **Continue** to move between pages
 - a. All questions and sections indicated by a **red asterisk** are required by the reporter to proceed
 - b. Enter the date and time the injury/illness occurred. If uncertain, please estimate.
 - c. When providing location details, please include nearest building or physical landmark in the description if the event took place outside
 - d. Injury details are required including any possible exposure, injury/illness description and general area(s) of body injured or affected. Enter as much information as possible
6. Enter if the injured person received medical treatment
 - a. If yes is selected, provide type of treatment, treatment provider, and treating physician
 - b. Select **Continue**
7. Indicate if any other person(s) were injured in the incident
 - a. If the answer is yes, please enter the individual(s) names. This is a free text field and is not restricted to employees only. **Note:** All injured person(s) are responsible for reporting their own injury/illness
8. Enter the names of any witnesses to the incident
9. Attach any supporting documentation by dragging and dropping files or selecting **Upload File**
10. The report is now complete. Please review the information displayed for errors or missing entries. If needed, return to previous sections to correct before submission
11. Select **Submit** to complete the injury/illness report
 - a. A confirmation message will display, including an active hyperlink to the report and will be routed to the appropriate representative for further processing
 - b. Submitted employee claims can be viewed in the Workspace section located on the RSS Platform homepage