

# Workplace Incident Reporting

## Workplace Incidents

When you are an employee who has experienced a workplace incident, you are required to seek first aid in the event of injury and complete your reporting of the incident through the Web Portal. You will be able to electronically report the following types of incidents:

- An injury sustained at work
- A violence incident experienced at work, with or without injury
- A Near Miss ( An incident that almost happened)
- A bullying or harassment incident experienced at work, with or without injury

Incidents must be reported immediately or as soon as practical. If you are unable to come to work due to a workplace incident, you must log the absence through the web portal as well as log the incident through this procedure.

### Accessing the Incident Reporting Form

1. To access the Incident Reporting Form, you will select the My Information menu option in the Web Portal. Then select My Forms.



2. If you want to make a new submission, select which form applies from the “Submit A New Form” options:



3. Complete all fields as required, and as applicable to the best of your knowledge and understanding. Some fields are mandatory and you will not be able to submit the form without completing the required detail. You have the ability to SAVE the form and come back to it at a later date. Please note incident reporting is time sensitive. Please ensure your incident is submitted within 48 hours from the time the incident occurred.

INCIDENT REPORTING

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITHIN 48 HOURS FROM WHEN THE INCIDENT OCCURRED.**

**AFFECTED WORKER INFORMATION**

Last Name: test First Name: SRB2 Middle:

Occupation: TEACHER Location: test location (auth loc)

**INCIDENT REPORTING**

Please check what best describes the incident you are reporting:

Is this a 'NEAR MISS' incident with no injury?  Yes  No

No, this is NOT a 'NEAR MISS' incident. I have injuries.

**\*\* ABSENCES MUST BE LOGGED IN THE AMS SYSTEM \*\***

My injuries can best be described as a result of:  Incident or Accident  Exposure

Have you reported this incident?  Yes  No

If YES, Reported Date: YYYYMMDD Time: [ ] [ ] [ ] [ ]

Who did you report this incident to?  First Aid  Supervisor  Office  Other If other: [ ]

Location type: -- Choose Incident Location Type -- Operating Location: -- Choose Your Location --

Incident location detailed description:

4. When there is a field with  binoculars, such as for fields to select your JHSC Member, person you reported to or name of Supervisor, you may enter their employee number directly in the field, or you can **click** on the  binoculars to look up the employee by **LAST NAME**:

Select your JHSC Member at your location: [ ] 

Name of person you reported this incident to: [ ]   
click the binoculars to search the database by last name

Name of Supervisor at the time of incident: [ ]   
click the binoculars to search the database by last name

**JHSC Member Lookup Search**

Search

Full Name Employee No

[Test, Srb1](#) 16867

[Test, Srb2](#) 17642

Enter the search criteria above and then click on the Search Button. Then click on the hyperlink containing the information you want to work with.

Click on the hyperlink containing the information you want to work with.

**JHSC Member Lookup Search**

Search

Full Name Employee No

Enter the search criteria above and then click on the Search Button. Then click on the hyperlink containing the information you want to work with.

Click on the hyperlink containing the information you want to work with.

Select your JHSC (Joint Occupational Health and Safety Member) at your location:  Test, Srb1  

Name of person you reported this incident to:  Test, Srb1  

click the binoculars to search the database by last name

Name of Supervisor at the time of incident:  Test, Srb1  

click the binoculars to search the database by last name

5. If you have experienced a Bullying and Harassment or Violent Incident, and you indicate YES to the questions asked, you will be prompted to complete further details relating this aspect of the incident. Complete all fields as applicable.

Is this incident a result of Bullying or Harassment?  Yes  No

Is this a result of a violent incident?  Yes  No

Is this a result of a violent incident?  Yes  No

**VIOLENT INCIDENT REPORT - PART 1**

**Person Involved:**

Parent

Student

Ministry Designated Student

Other

Visitor

Staff Member

If Other:

Student Grade:  PEN:

**Type of Incident:**  Strike  Punch  Push  Grab  Kick  Scratch  Bite  Pinch  Verbal  Other

If other:

Describe the student behaviour prior to the incident and during the incident.

What might have contributed to this behaviour?

**Physical Restraint of a Student**

Student Physically Restrained by:

6. You may provide additional information you feel is necessary for your submission or if you run out of room describing the incident.

Describe how the incident happened:

Describe the injuries in detail (in none, indicate none)

Side of body affected:

Left     Right     Both     Not applicable

Contributing factors - select AT LEAST ONE, and as many as applicable

<input type="checkbox"/> Lifting <input style="width: 50px; border: none; border-bottom: 1px solid gray;" type="text"/> <input type="checkbox"/> lb <input type="checkbox"/> kg	<input type="checkbox"/> Struck	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Crush	<input type="checkbox"/> Assault
<input type="checkbox"/> Repetitive (activity repeated over and over again)	<input type="checkbox"/> Sharp edge	<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Slip or trip	<input type="checkbox"/> Fire or explosion	<input type="checkbox"/> Unsure/other (please explain below)
<input type="checkbox"/> Twist	<input type="checkbox"/> Harmful substance in the work environment	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Fall		

Are you able to perform your full, regular duties without restrictions?  Yes     No

Additional Information:

7. To complete the initiation of this incident reporting transaction, you must click the **SUBMIT** button. If you click the **SAVE** button, it will not submit the record and only save it for you to return to update/cancel or submit.

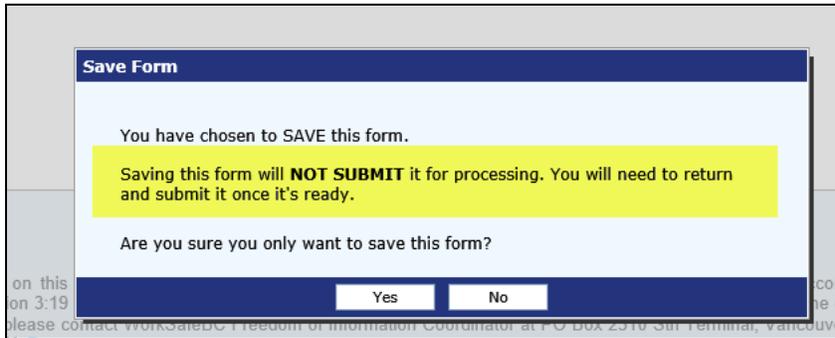
**ACKNOWLEDGEMENT**

Personal Information on this form is collected for the purposes of administering a WSBC claim by the employer in accordance with WorkSafeBC Regulation 3:19 and the Freedom of Information and Protection of Privacy Act. For further information about the collection of personal information please contact WorkSafeBC Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver, BC V6B 3W5 or (604) 279-8171.

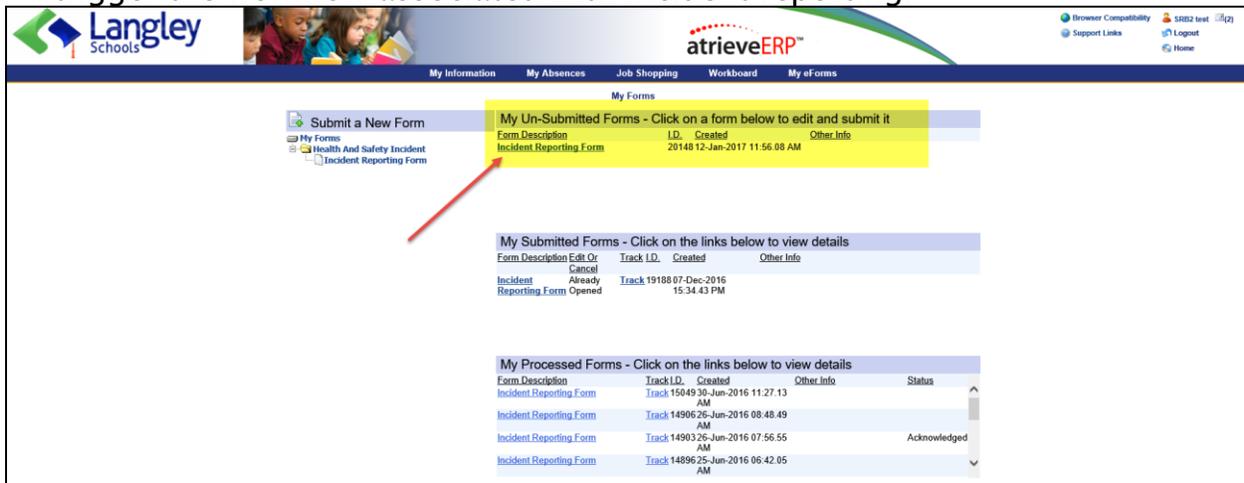
**THIS FORM MUST BE COMPLETED AND SUBMITTED WITHIN 48 HOURS FROM WHEN THE INCIDENT OCCURRED.**

**IF YOU ARE ABSENT BEYOND THE DATE OF INJURY BECAUSE OF THIS INCIDENT, YOU MUST LOG YOUR ABSENCE IN THE AMS SYSTEM.**

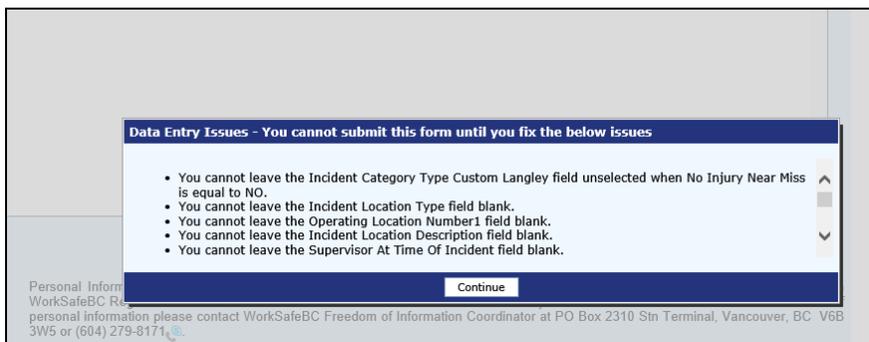
**If your situation changes from the information that you have submitted, please contact Megan Zazelenchuk, Manager-Health, Safety and Wellness at: [mzazelenchuk@sd35.bc.ca](mailto:mzazelenchuk@sd35.bc.ca)**



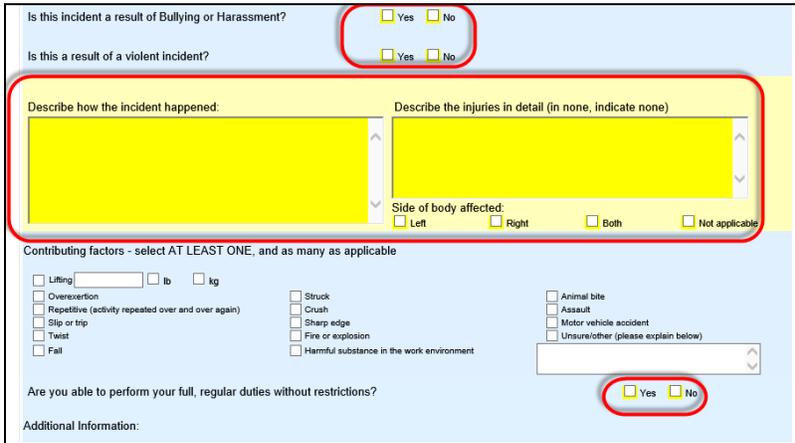
8. To re-load a saved report, click on the link in the MY UN-SUBMITTED FORMS to access. You will have the ability to SAVE, CANCEL or SUBMIT this incident.
  - \*\* You must click the SUBMIT button to complete your submission and trigger the workflow associated with incident reporting.



9. If you click the the SUBMIT button, but receive an message similar to this screenshot, the system is advising you there are required fields that haven't been completed. Click the CONTINUE button to return to your report to complete.



10. The fields that are required will display in BRIGHT YELLOW as in the screen shot below:



Is this incident a result of Bullying or Harassment?  Yes  No

Is this a result of a violent incident?  Yes  No

Describe how the incident happened:

Describe the injuries in detail (in none, indicate none)

Side of body affected:  
 Left  Right  Both  Not applicable

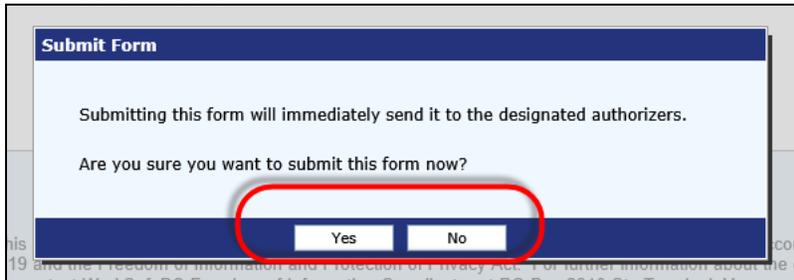
Contributing factors - select AT LEAST ONE, and as many as applicable

Lifting  lb  kg  
 Overexertion  
 Repetitive (activity repeated over and over again)  
 Slip or trip  
 Twist  
 Fall  
 Struck  
 Crush  
 Sharp edge  
 Fire or explosion  
 Harmful substance in the work environment  
 Animal bite  
 Assault  
 Motor vehicle accident  
 Unsure/other (please explain below)

Are you able to perform your full, regular duties without restrictions?  Yes  No

Additional Information:

11. Once you have satisfied all of the required fields, and you are ready to submit your incident report, clicking the SUBMIT button will result in the following pop up. Ensure you click the YES button to complete your submission:

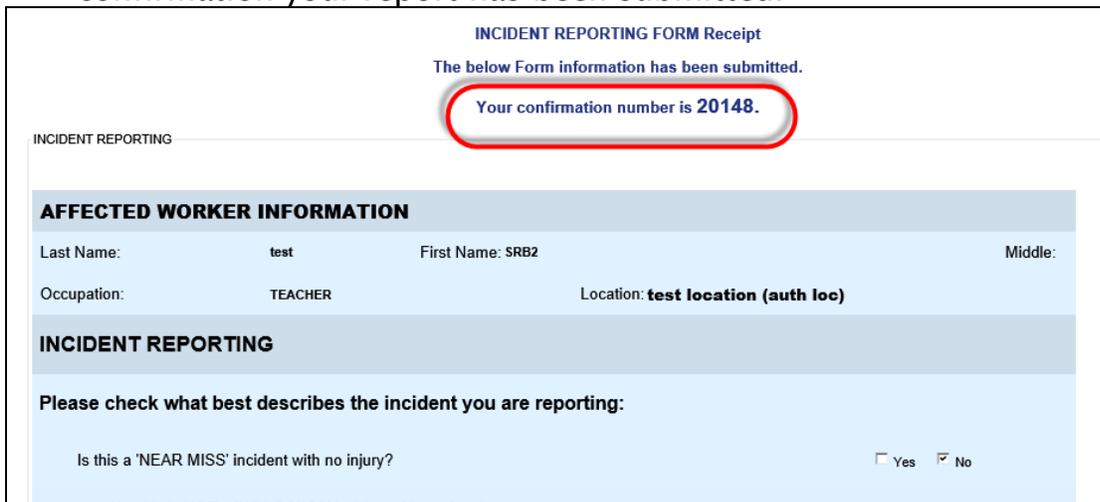


**Submit Form**

Submitting this form will immediately send it to the designated authorizers.

Are you sure you want to submit this form now?

12. You will receive an Incident Reporting Form Receipt as well as email confirmation your report has been submitted.



**INCIDENT REPORTING FORM Receipt**

The below Form information has been submitted.

Your confirmation number is 20148.

INCIDENT REPORTING

**AFFECTED WORKER INFORMATION**

Last Name: test First Name: SRB2 Middle:

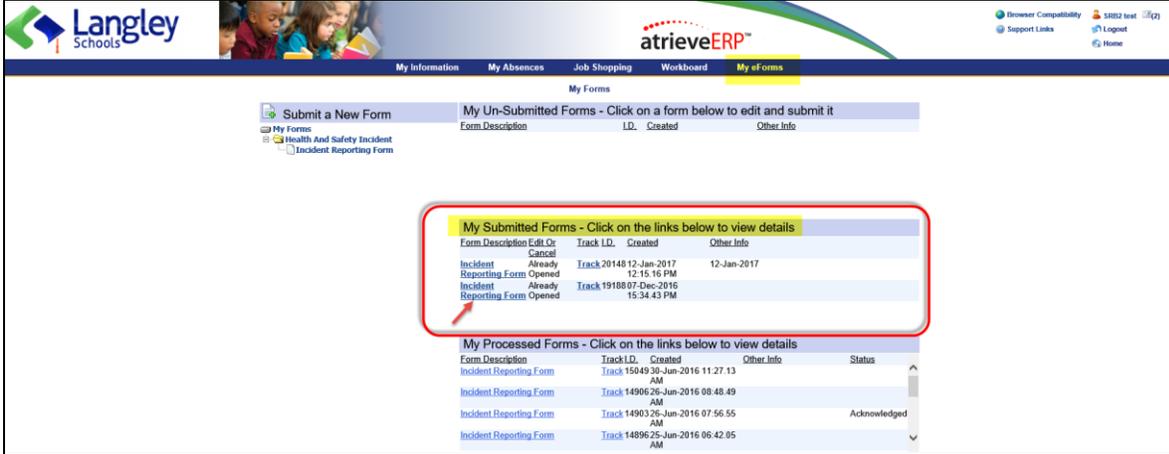
Occupation: TEACHER Location: test location (auth loc)

**INCIDENT REPORTING**

Please check what best describes the incident you are reporting:

Is this a 'NEAR MISS' incident with no injury?  Yes  No

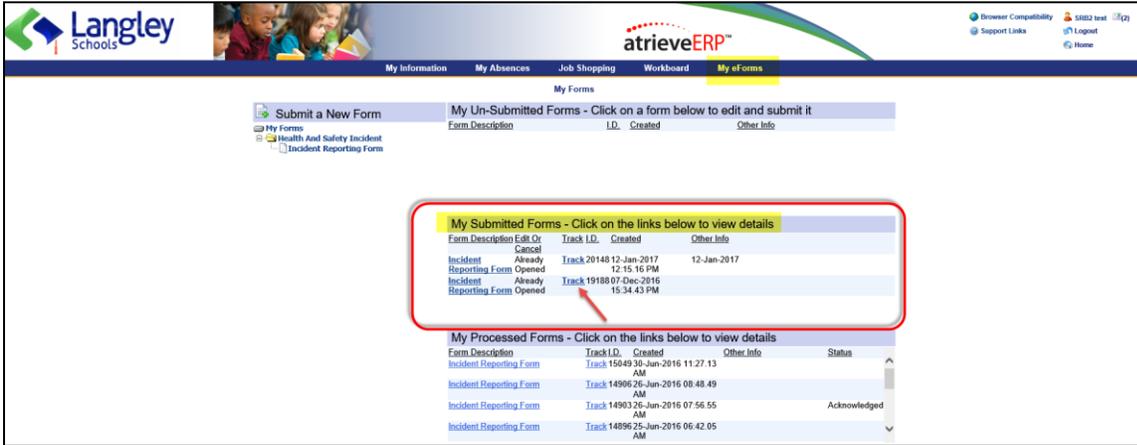
13. You can access your submitted reports anytime by selecting the My EForms menu option, and clicking on the link to the Incident Reporting Form:



The screenshot shows the 'My eForms' section of the atrieveERP system. Under 'My Submitted Forms', there is a table with columns: Form Description, Edit Or Cancel, Track I.D., Created, and Other Info. A red box highlights the 'Track' link for the 'Incident Reporting Form' entry.

Form Description	Edit Or Cancel	Track I.D.	Created	Other Info
Incident Reporting Form	Already Opened	Track 20148	12-Jan-2017 12:15:16 PM	12-Jan-2017
Incident Reporting Form	Already Opened	Track 19188	07-Dec-2016 15:34:43 PM	

14. You can also access the tracking information to review the progress of the submission through the workflow by clicking the TRACK link:



This screenshot is identical to the one above, showing the 'My Submitted Forms' table with a red box highlighting the 'Track' link for the 'Incident Reporting Form' entry.

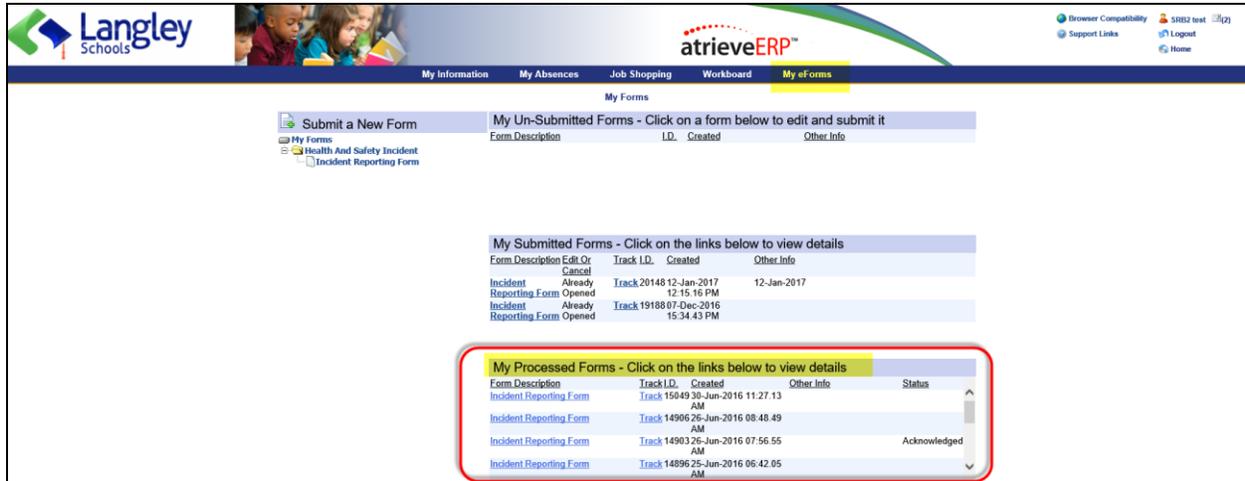
Date: 12-Jan-2017 12:22

**Langley Personnel System  
My Form Tracking Report  
Health And Safety Incident  
Incident Reporting Form  
Form ID: 20148**

Page: 1

Status	Description of Authorizer	Name of Authorizer	When Received	When Processed	Action Taken	View Details
Completed	Ohs Applicant *	Test, Srb2	12-Jan-2017 12:15:13 PM	12-Jan-2017 12:15:13 PM	Auto Submit Worker Report	<a href="#">View Details</a>
Completed	Ohs Applicant *	Test, Srb2	12-Jan-2017 12:15:15 PM	12-Jan-2017 12:15:15 PM		<a href="#">View Details</a>
Pending	Ohs Supervisor Location *	Zazelenchuk, Megan Kathleen	12-Jan-2017 12:15:16 PM			<a href="#">View Details</a>
Completed	Ohs District Health And Safety Rep *	Bunyan, W Barry	12-Jan-2017 12:15:16 PM			<a href="#">View Details</a>

15. You will be able to access completed and processed incident reports through the My Processed Forms section of the My eForms page:



The screenshot shows the 'My eForms' page in atrieveERP. The 'My Processed Forms' section is highlighted with a red box. It contains a table with the following data:

Form Description	Track ID	Created	Other Info	Status
<a href="#">Incident Reporting Form</a>	Track 1504930	Jun-2016 11:27:13 AM		
<a href="#">Incident Reporting Form</a>	Track 1490626	Jun-2016 08:48:49 AM		
<a href="#">Incident Reporting Form</a>	Track 1490326	Jun-2016 07:56:55 AM		Acknowledged
<a href="#">Incident Reporting Form</a>	Track 1489625	Jun-2016 06:42:05 AM		