Incident Reporting Training Guide

Using the Public Portal v1.4

WHS

Version Control

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1.3	21 Jul 2014	Updated form labels
1.4	5 Sep 2014	Updated Recaptcha, New Incident form (i.e. Topic, HSR question), New Involved Person form (i.e. Status at Time of Injury, Treatment Provided, Highest Level of Treatment Provided), All details complete for incident form and email template text.

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Terms used in this guide

For the purpose of this guide and use of the forms, the below table outlines terms and abbreviations used throughout the Public Portal.

Term /	Description
Abbreviation	
Accident / Incident	Is an issue identified that either could have or actually causes injury or illness. An example might be boxes left in a corridor where someone may trip over them.
Activity / Task being	What activity / task was being performed at the time of the accident / incident. Some
undertaken at the	examples may include office work, working with equipment in a workshop or
time of the incident	performing maintenance.
Agency	Is the object, substance or circumstance that was directly involved in inflicting the
	injury or illness.
Attachments	Any document or file such as a photo, Word document or scanned document. Title is a meaningful description of what the attachment is.
Bodily Location	The location of the most serious injury / illness. If there are other injuries, please list
,	them in the 'Other Injuries' box near the bottom of the form.
Company / School /	Is the School / Division area of the University or company the Reported By Person
Division	works for.
Corrective Actions	Are actions taken to correct the issues relating to the accident / incident. Actions may
(Any actions taken)	include cleaning up spills, moving boxes away from an area where people may trip
	over them or may be more complex involving a number of steps and / or actions.
Faculty / Portfolio	The main administrative unit that manages the area where the incident occurred (if known). There are 4 main Faculties and a number of Portfolios within the University.
FAN	Flinders Authentication Name is used to identify a person, if known.
Further Location	Extra details that provide a more specific description of the where the Incident
Details	occurred. Even if a Site and Location are chosen, details can be entered here to more
	describe the location such as 'the North Western corner of the courtyard.' This may
	also be used where Site and Location are not listed such as "10Kms south east of
	Alice Springs."
GPS Location	The GPS coordinates used to identify a location not listed such as remote locations
Incident	Lifat are not one of the listed sites / locations.
Incident Incident Date	Le the date and time the incident occurred
Incluent Date	An injured person is as person(s) injured in the incident, this link and form are used to
Person	record injury and first aid / medical details. An Involved Person is someone who is not
	injured, but involved in the incident or could be a witness.
Location	Is a building or area outside that relates to the Site chosen. If a Location cannot be
	found then choose 'Not Listed.' If 'Not Listed' is chosen then Further Location Details
	will need to be entered to help identify where the incident occurred.
Mechanism	Is the action, exposure or event which is the direct cause of why the injury / illness
	occurred.
Red Asterisk (*)	Used to identify that a detail is mandatory (required) to be entered before submitting
	the incident.
Reported By person	The person who has reported the incident. There may be times where the person that
	reports the incident is unable to do so and another person reports on their behalf.
School / Division	This is the administrative area within the Faculty / Portfolio that manages the area /
(Location)	Iocation where the incident occurred (if known).
Site	The campus of main area the University owns of works in. If the Site cannot be found,
	then choose Not Listed. If Not Listed is chosen then Further Location Details will need to be entered to belp identify where the incident occurred
Supervisor	The Report By person's Supervisor or immediate Manager. This detail is used to
Cupervisor	notify the Supervisor / Manager of the incident so they are aware and may be involved
	in the investigation and managing of the incident
WHS Unit	Work Health and Safety Unit is the University's central unit for managing health and
	safety matters

Incident Overview

An incident can be reported by anyone including Staff, Students, Contractors, Members of the public, etc. The Public Portal allows the reporting of an incident (including Involved / Injured persons and Witnesses) through a web form (no login details are required).

Supported Web Browsers include Internet Explorer (for PC) and Safari (for Apple/ Macintosh).

Public Portal

The following information provides an overview of steps required to report an incident using the **Public Portal**:

- 1. Selecting the 'Report an Incident' link.
- 2. Entering Location Details of where the incident occurred.
 - a. If the location relates to an area of the University (i.e. Education Building may be Faculty / Portfolio = Faculty of Education, Humanities and Law; School / Division = School of Education), then the Faculty / Portfolio and School / Division details may be entered
- 3. Details of the incident itself.
- 4. Details of any immediate actions taken to correct the issue (if any). If no actions were taken, please enter "None taken."
- 5. Reported By details of the person reporting the incident (please include contact details).
- 6. Details of the supervisor of the Reported By person.
- 7. Details of each injured and involved person(s) and witnesses.
- 8. Attaching any documents, including photos or a document with more details to help in further investigation of the incident.
- 9. Marking the "All details are complete" box when all details have been completed, including Involved / Injured Persons and Witnesses.
- 10. Completing the Recaptcha text box
- 11. Submitting the incident.

1. Report an Incident

To report an Incident go to https://flinsafeportal.flinders.edu.au/FlindersECPortal/

Select 'Report an Incident' as shown in Figure 01 below.

(Figure 01: Welcome)

Welcome to the Flinders Univer	sity Health & Safety Portal	
Accidents / Incidents and Near Misses	What is an Accident / Incident?	

A form called **Incident Report** will open (see **Figure 02** on the next page). Please complete all sections on the form.

Helpful Hints:

A

Mandatory - All fields marked with a red asterisk (*) must be completed before the record can be submitted.

Location Details – Enter the location of where the incident occurred. If the incident is not related to a Faculty or Portfolio leave the Faculty/Portfolio & School/Division fields blank. If 'Not Listed' is chosen for the Site and Location fields, then 'Further Location Details' is required to help describe where the incident occurred.

Select Topic – Type a Topic Name of the class or activity being undertaken at the time (if applicable) and click Search. From the drop-down list choose the topic or Not Listed, if not in the list.

Incident Details –

- Enter the date and time the incident occurred.
- Describe the incident in as much detail as possible.
- Describe in detail any actions taken at the time of the incident.
- Describe the type of task being performed at the time of the incident (if any).

Authorising Health and Safety Representatives – Choose Yes or No depending on if you are happy for the health and safety representative to be notified of the incident.

Reported By (Section) –

- The current date and time will default into the 'Reported Date' fields. Normally this is correct, however if the incident was reported at another date / time, these values may be changed.
- The reported by name and contact details is usually the person entering the incident. Or you may enter different contact details if you are reporting the incident on behalf of another person.
- Enter the Company (i.e. if a contractor), or the School / Division the Reported By person works, studies or volunteers in. If not relevant (i.e. member of the public), please leave blank.
- Enter the supervisor name of the 'Reported By' person, where known (otherwise leave blank). If
 known, the incident will be assigned to the nominated supervisor to follow up with the
 investigation.

Add Injured and Involved Persons and Witnesses – Please be sure to complete all mandatory fields before selecting this link. On selecting the link a new screen called 'Injured and Involved Persons and Witnesses' will open in front of the 'New Incident Report'.

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(Fiaure 02: New Incident)

	0				
0	Location Details				
Faculty / Portfolio	Senior Vice-President (Strategic Financ 🔻	School / Division	Human Resources Division		
Site *	Bedford Park 👻	Location *	Union		
Floor / Level	2 🔹	Room / Area	207		
Further Location Details	WHS Project Office	GPS Location			
2	Select Topic				
opic Name	Mathematics	Search	Advance Mathematics		
3	Incident Details				
ncident Date *	05/09/2014 08:30 AM				
escribe The Incident In Detai	Needle was accidentally stuck into finger whi	ile undergoing a practical den	nonstration.		
escribe Any Actions Taken In letail	Removed needle and applied first aid. Need	le was sterile and has not be	en used.		
ctivity / Task Being Indertaken At The Time Of he Incident (If Any)	Undergoing a practical demonstration.				
authorise notification of icident to Health and Safety epresentatives *	Yes No Reported By 05/09/2014 02:19 PM				
eported bate					
	The second secon		an ann an		
irst Name *	OHS	Last Name *	Test 1		
irst Name * ontact Phone *	OHS 8201 3024	Last Name * Email	Test 1 test0031@flinders.edu.au		
irst Name * ontact Phone * AN	OHS 8201 3024 test0031	Last Name * Email Company / School / Division	Test 1 test0031@flinders.edu.au Human Resources		
irst Name * ontact Phone * AN opic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name	Test 1 test0031@flinders.edu.au Human Resources Test 2		
irst Name * Contact Phone * AN opic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses	Last Name = Email Company / School / Division Topic Coordinator / Supervisor Last Name	Test 1 test0031@flinders.edu.au Human Resources Test 2		
rst Name * ontact Phone * AN opic Coordinator / Supervisor rst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an		
rst Name * ontact Phone * AN opic Coordinator / Supervisor rst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses Attachments	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's det	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an plyed iails		
irst Name * ontact Phone * AN opic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses Attachments File Name	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's det	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an blved ails		
irst Name * ontact Phone * AN opic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses File Name Add Attachment	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's del	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an olved ails		
irst Name * Contact Phone * AN Popic Coordinator / Supervisor Inst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses Attachments File Name Add Attachment Yes ONo	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's det	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an Nved ails		
irst Name * Contact Phone * AN Topic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses Attachments File Name Add Attachment O'Yes O'No	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's det	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an olved aails		
irst Name * Contact Phone * AN fopic Coordinator / Supervisor irst Name	OHS 8201 3024 test0031 OHS Involved and Injured Persons and Witnesses Full Name Add Involved and Injured Persons and Witnesses Attachments File Name Add Attachment OYes ONO	Last Name * Email Company / School / Division Topic Coordinator / Supervisor Last Name Click this link to Injured or Invo Person's det	Test 1 test0031@flinders.edu.au Human Resources Test 2 add an lived sails		

1a. Add an **Injured** Person

On selecting the 'Add Involved and Injured Persons and Witnesses' link the screen in Figure 03 below will appear. If the involved person was not injured or was a witness please see Section 1b on page 8.

Involved and Injured Person and Witness Details –

- Enter where the injured person works or studies, <u>not</u> where the incident occurred. If the person is
 not connected to a Faculty or Portfolio listed please leave these fields blank. If the injured person
 is a contractor, please enter the contractor's company name in Company / School / Division (or if
 you believe the Faculty / Portfolio is not covered).
- Enter the injured person's name and contact details.
- Status at Time of Injury Choose the role the person was in at the time of the incident.
- Injury Details If the person was injured, select 'Yes'. The remaining questions will become active allowing you to fill in the injury details.
- Treatment Provided Choose the level of treatment provided to this person (see Figure 03 below).
- Submit Select submit. The form will close and return to the 'Incident Report' where you have the option to add another Injured/Involved Person/Witness or finalise the 'Incident Report'.

(Figure 03: Injured Person)

	Involved and Injur	ed Persons and Wi	itnesses
📵	Involved and Injured Person and Witness	School / Division	
Faculty / Portfolio	Senior Vice-President (Strategic Financ -	School / Division	Human Resources Division 👻
-irst Name	OHS	Last Name	Test 1
Contact Phone *	8201 8201	Email	test0031@flinders.edu.au
Company / School / Division		FAN	test0031
Status at Time of Injury * 🥝	Staff		Choose the person's type
3	Injury Details		based on what they were
injured *	Yes No If the per tick 'Ye	son was injured,	doing at the time.
injury *	Needlestick	ury details.	•
Side of Body	Left 👻		
Bodily Location *	Upper Limb 👻	Body Location (more specific) *	Hand / Finger / Thumb
Mechanism *	Hit by Moving Objects 🔹	Mechanism (more specific) *	Hit by moving objects 🔹
Agency *	Other 💌	Agency (more specific)	
Classification *	First Aid Injury 👻		
Freatment of First Nid Details	First Aid applied.	Choos treatm appear	e a 'Treatment Provided' for initial ent. If Other is chosen, a box will r requiring extra information.
Other Injuries	Scratched hand.		Choose 'Highest Treatment
Freatment Provided *	First Aider 🔹		significant treatment provided.
		and the second se	

1b. Add an **Involved** Person (not injured or a witness)

Please add contact details for other involved people who were not injured during the incident, for example witnesses or other contacts that may assist WHS with the investigation (see **Figure 04** below).

Involved and Injured Person and Witness Details –

- Enter where the involved person works or studies, not where the incident occurred. If the person is not connected to a Faculty or Portfolio listed please leave these fields blank. If the involved person is a contractor, please enter the contractor's company name in Company / School / Division (or if you believe the Faculty / Portfolio is not covered).
- Enter the involved person's name and contact details.
- *Injury Details* If the person was not injured (or a witness), select **'No'**. Injury details will be disabled.
- Involved Person Status Choose either 'No involved but not injured' or 'Witness' (see Figure 04 below)

Submit – Select submit. The form will close and return to the 'Incident Report' where you have the option to add another Injured/Involved person or finalise the 'Incident Report'.

(Figure 04: Involved Person or Witness)

Esculty / Portfolio	Involved and Injured Person and Witnes	is School / Division	
First Name *	Faculty of Science and Engineering	Last Name *	School of Computer Science, Engineerii 👻
Contact Phone *	OHS	Email	Test 2
Contact Phone	8201 8201		test0032@flinders.edu.au
Company / School / Division		FAN	test0032
Status at Time of Injury *	Student	•	
	Injury Details	If the	Involved person was not injured
Injured *	Yes INO	(or	was a witness), tick 'No.' The
Involved Person Status * 🤕	Witness	▼	
injury Side of Body		The Involved Person St person to be No - Invo Witness (when Injured = Details box is for any ex	tatus box requires either a blved but not injured or = No). The Involved Person tra information, if required.
Bodily Location		Body Location (more speci	ific)
Mechanism		Mechanism (more specific)	
		×	
Agency		Agency (more specific)	
Agency Classification		Agency (more specific)	
Agency Classification Treatment of First Aid Details		Agency (more spediic)	*
Agency Classification Treatment of First Aid Details Other Injuries		Agency (more spediic)	* * *
Agency Classification Treatment of First Aid Details Other Injuries Treatment Provided		Agency (more spediic)	* * *

1c. Complete the Incident Report

When all involved persons have been added, you may proceed with completing the incident report.

Note: Your list of Involved and Injured Persons is displayed within the Incident Report (see **Figure 05** below). These details may be amended before the incident report is submitted.

Add Attachment – Attach photos or additional documentation relating to the incident to assist with the investigation.

All details are complete – Verify all details have been completed, including adding Involved, injured person and witnesses. The 'Yes' option must be chosen to be able to save the Incident.

- Recaptcha Code box Type the code as it appears in the image above the box to prove you are not a computer.
- Submit Please wait for a successful message when you select submit. This action will automatically notify the WHS Unit of the incident.

(Figure 05: Incident)

\frown	Location Details		Human	
Representatives	керorted By			
Reported Date *	05/09/2014 01:48 PM			
First Name *	OHS	Last Name *	Test 1	
Contact Phone *	8201 3024	Email	test0031@flinders.edu.au	
FAN	test0031	Company / School / Division	Human Resources	
Topic Coordinator / Supervisor First Name	OHS	Topic Coordinator / Supervisor Last Name	Test 2	
	Involved and Injured Persons and Witnesses	2		
	OHS Test 1		Yes <u>Delete</u>	
	Add Involved and Injured Persons and Witnesses Attachments	The Involved o	or Injured Person details may be	
	File Name	remove a perso	on a person select the Delete link.	
•	Incident Photo.jpg			
All details are complete (including all people involved)?	Add Attachment Verify all details have been entered (including Involved Persons). Select 'Yes' before submitting.			
	812		Type the code letters and numbers above	
3	312	Privacy & Terr	ms	
Copyright Protected www.scrim.c	Submit Select Submit and wait f	or <u>Cancel</u>		

A message will appear confirming the report was submitted successfully (see **Figure 06** below). Please take note of the ID number for future reference (especially if following up details of the Incident with the WHS Unit).

(Figure 06: Success message)



An email notification will be sent to the 'Reported By' person only if a valid email address was provided in the incident report (see **Figure 07** below).

(Figure 07: Email)

E-mail Confirmation of receipt of Accident / Incident Report, Reference ID: INC_EVT0000092 (Information) CRMTRAIN:0001483	E-mail Messages	- T
On 22/07/2014 1:35 PM you reported the following accident / incident:		
Accident / Incident Description: Needle was accidentally stuck into finger while undergoing a practical demonstration.		
Site: Bedford Park		
Location: Union		
Thank you for submitting this report. We will investigate the accident / incident as soon as possible and the WHS Unit will contact you to follow up this matter.		
Note: This is an unmonitored email service. If you have any questions please contact the WHS Unit on phone +61 (08) 8201 3024 or email whs@flinders.edu.au.		
This e-mail and any attachments may be confidential. If you are not the intended recipient, please inform the sender by reply email and delete all copies of this mess	age.	

<u>Note:</u> The WHS Unit Team will review the record and assign a supervisor or appropriate person to investigate the incident and suggest corrective actions.