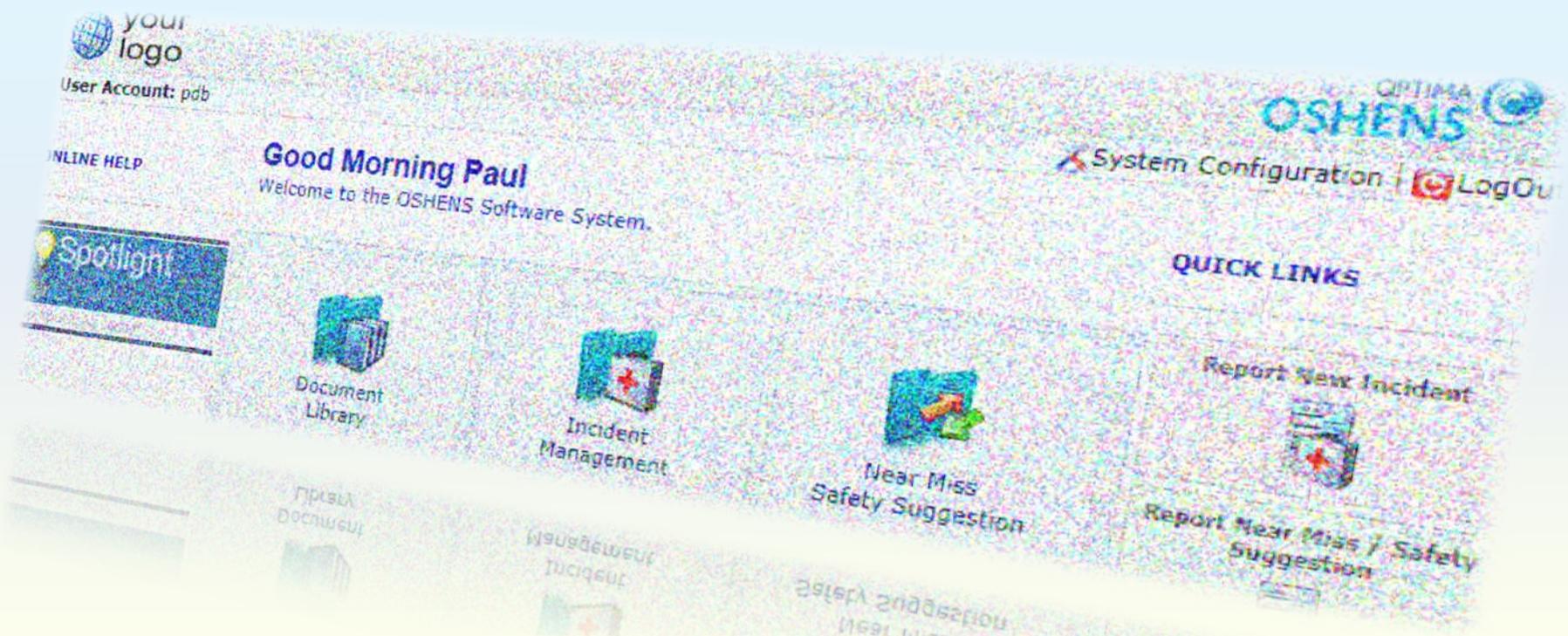


Incident Management Module Online Incident Notification

User Guide



Incident Management Module

Online Incident Notification

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1. INTRODUCTION

An “incident or accident” is an injury or any other occurrence that should prompt us to consider whether additional precautions may be needed.

It is important to report such events and this portal makes it easy. The system asks the right questions using a combination of drop-down options and free text fields.

To start, click on the icon with the words 'Report an Incident'

your logo

OPTIMA OSHENS

safety, health & environmental software

Report an Incident
Click to log an Incident

Near Miss / Safety Suggestion
Log near miss or safety suggestion

View a Risk Assessment
Click to find a Risk Assessment

myWorkstation Assessment
Click for your personal Assessment

myContractor Assessment
Click to complete your questionnaire

Select Language: English (UK)

Enter username and password

Username

Password

Login

[Forgot username or password?](#)

2. STEP ONE - Begin

A. Type of Incident

The questions are grouped in logical steps. The tabs at the top of the window indicate the current or active step.

Your efforts to send accurate information as soon as possible are much appreciated and essential to help us reduce risks. A few moments of your time can stop somebody getting hurt. It could be YOU.

The first part of Step One asks you to record the type of incident you are reporting from the dropdown list. Your version of the system may contain a different selection to that shown.

Once you have made your selection the remainder of the form will respond with appropriate questions.

This is a mandatory field.

Data will be lost if you use the explorer buttons to close this window.

YOUR LOGO Incident Notification Form
02 November 2012

1.Begin → 2.What → 3.Where → 4.People → 5.End

Please complete this form as soon after the Incident as possible. Please complete all fields fully and accurately. Please note, mandatory fields are marked with an asterisk (*) and you will not be able to submit the report if these fields are incomplete.

Type of Incident

Type of Incident * Work-related Injury

Person Entering this Report

Please record the name and contact number of the person entering this report.

Name * [Max chars : 50]

Contact Tel No * [Max chars : 50]

About the Incident

Please record the time and date of the Incident and use the information in the fields provided to identify the area of the Organisation that has responsibility for this Incident.

Time & Date of Incident * 15 : 30 on 02 Nov 2012

For which part of the Organisation does the injured person work. If not known or if there is no injury then which part of the Organisation does the person reporting this Incident work for?

Division: * [Select Division]

Department: * [Select Department]

Team: * [Select Team]

[*Mandatory Field] Close < Back Next >

2. STEP ONE - Begin

B. Person Making Report

The second part of Step One asks for details of who is reporting the incident.

Providing us with your details will enable us to follow up with you if there are any questions that arise as a result of your report.

Mandatory fields are marked with an *.

Data will be lost if you use the explorer buttons to close this window.

YOUR LOGO **Incident Notification Form**
02 November 2012

1.Begin → 2.What → 3.Where → 4.People → 5.End

Please complete this form as soon after the Incident as possible. Please complete all fields fully and accurately. Please note, mandatory fields are marked with an asterisk (*) and you will not be able to submit the report if these fields are incomplete.

Type of Incident

Type of Incident * Work-related Injury

Person Entering this Report

Please record the name and contact number of the person entering this report.

Name * [Max chars : 50]

Contact Tel No * [Max chars : 50]

About the Incident

Please record the time and date of the Incident and use the information in the fields provided to identify the area of the Organisation that has responsibility for this Incident.

Time & Date of Incident * 15 : 30 on 02 Nov 2012

For which part of the Organisation does the injured person work. If not known or if there is no injury then which part of the Organisation does the person reporting this Incident work for?

Division * [Select Division]

Department * [Select Department]

Team * [Select Team]

[*Mandatory Field] < Back Next >

2. STEP ONE - Begin

C. About the Incident

The third part of Step One asks for details of the time and date of the Incident and the part of our organisation to which the Incident relates.

Further steps, and their order, will depend on your version of OSHENS and the Incident Type.

These are mandatory fields.

The screenshot displays the 'Incident Notification Form' interface. At the top, it says 'Data will be lost if you use the explorer buttons to close this window.' Below this is a progress bar with five steps: 1.Begin, 2.What, 3.Where, 4.People, and 5.End. The current step is '3.Where', which is highlighted. The form contains several sections:

- Type of Incident:** A dropdown menu with 'Work-related Injury' selected.
- Person Entering this Report:** Fields for 'Name' and 'Contact Tel No', both with a maximum character limit of 50.
- About the Incident:** This section is highlighted with a red box. It includes a 'Time & Date of Incident' field with a time picker set to 15:30 on 02 Nov 2012. Below this are three dropdown menus for 'Division', 'Department', and 'Team', each with a maximum character limit of 50.

At the bottom of the form, there is a legend for '*Mandatory Field]' and three buttons: 'Close', '< Back', and 'Next >'.

3. STEP TWO - What

What Happened

Describe what happened as fully as you can, taking care to distinguish between:

- facts you have verified yourself
- information provided by others
- opinions and evidence for them

If you do not have accurate information to hand, indicate where it may be found.

These fields are mandatory.

Once you have completed the details – click the 'Next' button

The screenshot shows a web browser window titled "Incident Notification Form" with the date "02 November 2012". At the top left is a logo for "YOUR LOGO". A progress bar at the top contains five steps: "1.Begin", "2.What", "3.Where", "4.People", and "5.End", with "2.What" being the active step. Below the progress bar is a section titled "What Happened" with a sub-instruction: "Give as much detail as you can, e.g. name any substance or equipment involved, circumstances leading up to Incident, the part played by any people and what the injured person was doing at the time of the Incident." A text area labeled "Description * [Max chars : 1978]" contains the text "Stepped on a wet floor". At the bottom of the form, there are three buttons: "Close", "< Back", and "Next >". The "Next >" button is highlighted with a red box. A green arrow points from the text box above to this button. A legend at the bottom left indicates "[*Mandatory Field]".

4. STEP THREE - Where

Where It Happened

This section asks for information about where the incident happened.

If the Incident occurred on our of our sites tick “Yes”, select appropriate choices from the three drop down boxes and add any other important details in the free text field.

Otherwise, tick “No” and use free text to identify the location of the event. This should include full postal address including postcode where possible.

These fields are mandatory.

The screenshot displays a web-based form titled "Incident Notification Form" dated "02 November 2012". At the top left is a placeholder for "YOUR LOGO". A progress bar shows five steps: "1.Begin", "2.What", "3.Where", "4.People", and "5.End", with "3.Where" currently selected. The form is divided into two main sections: "Where it Happened" and "Exact Location".

Where it Happened

Did it occur on or near one of our sites? * Yes No

Site: * [Select Site] [v]

Area: * [Select Area] [v]

Sub Area: * [Select Sub Area] [v]

Exact Location

Please give exact details of the location at which the Incident took place * [Max chars : 2000]

[*Mandatory Field]

Buttons at the bottom: Close, < Back, Next >

5. STEP FOUR - People

A. People

It is very important to record information about any people involved.

If no people were involved just tick the “No” box and click on the “Next” button.

The system allows you to record multiple persons including:

- injured persons/victims;
- witnesses;
- the first person on the scene.

To record people data, tick the “Yes” box –a new window opens automatically.

The initial “Were there people ...” question is mandatory.

If you have indicated that people were involved click the ‘Add Details’ button

The screenshot shows the 'Incident Notification Form' for '02 November 2012'. The progress bar indicates the current step is '4. People'. The form asks 'Were any people involved in this Incident? *' with 'Yes' selected. Below, a table lists '[Person 1] Incomplete information' with an 'Add Details' button highlighted in a red box. A callout box from the text above points to this button. At the bottom, there are 'Close', '< Back', and 'Next >' buttons.

5. STEP FOUR - People

B. People - Personal

You need to select the person's category (employee, contractor, site visitor etc.) and the nature of their involvement.

Add their title, first and last names.

You only need to enter address details if a **non-employee** has been recorded.

(The system will automatically locate employee details once you have made your report).

The Category of Person, their Involvement, First Name and Surname are mandatory fields.

Once you have completed the details – click the 'Next' button

The screenshot shows a web-based form for recording incident details. At the top, there is a progress bar with five steps: 1. Person, 2. Body Map, 3. Injury, 4. Treatment, and 5. Save. The current step is '1. Person'. Below the progress bar, the form is titled 'Personal Details' and contains the following fields:

- Involvement:** A dropdown menu with 'Injured/Affected Person' selected.
- Category of Person:** A dropdown menu with 'Employee' selected. A 'Lookup ...' button is to the right.
- Employee No.:** A text input field with a maximum character limit of 25.
- First Name:** A text input field with a maximum character limit of 44, containing the value 'Rodger'.
- Last Name:** A text input field with a maximum character limit of 44, containing the value 'Ranson'.
- Contact Tel No.:** A text input field with a maximum character limit of 25.
- Email Address:** A text input field with a maximum character limit of 50.
- Were they On Duty?:** A radio button group with 'Yes' selected and 'No' unselected.

At the bottom of the form, there are three buttons: 'Close', '< Back', and 'Next >'. The 'Next >' button is highlighted with a red box. A green arrow points from the text box above to this button.

5. STEP FOUR - People

C. People – Body Map

If you have indicated that a person was injured or affected, the Body Map presents a visual representation of the injured person's body.

Here you can select the body part/s that were affected – creating visual picture of the injury.

The screenshot displays the 'Body Map' step of the incident notification process. The browser address bar shows the URL: http://demos.oshens.com/Demonstrator/AIR2/Incbook/incbook_pop_person_injuries_A.aspx. A yellow warning bar at the top states: "Data will be lost if you use the explorer buttons [X] to close this window." Below this is a navigation bar with buttons for "1.Person", "2.Body Map", "3.Injury", "4.Treatment", and "5.Save".

The main content area is titled "Body Parts Affected" and features a central silhouette of a human figure. Surrounding the silhouette are two columns of checkboxes, labeled "Left Side" and "Right Side". The "Left Side" column includes checkboxes for: Ear, Eye, Face, Head, Neck, Shoulder, Arm, Elbow, Wrist, Hand, Finger(s), Ribs, Chest, Back, Groin, Hip, Knee, Leg, Ankle, Foot, and Toe(s). The "Right Side" column includes checkboxes for: Ear, Eye, Neck, Shoulder, Arm, Elbow, Wrist, Hand, Finger(s), Ribs, Abdomen, Back, Internal, Hip, Knee, Leg, Ankle, Foot, and Toe(s). The "Ankle" checkbox on the right side is currently checked.

At the bottom of the form, there are buttons for "Close", "< Back", and "Next >". A sidebar on the left contains a "YOU LOG" section and a "Person" dropdown menu. A sidebar on the right shows a "Person" dropdown menu and a "Next >" button.

5. STEP FOUR - People

D. People – Injury

This section only appears if you have indicated that a person was injured.

It asks the right questions using a combination of drop-down options and free text fields.

To start click on the 'Add Injury' button.

Data will be lost if you use the explorer buttons to close this window.

1.Person → 2.Body Map → 3.Injury → 4.Treatment → 5.Save

Injury Details

Please complete ALL fields selecting 'Unknown' or 'n/a' where appropriate. Click the 'Add Injury' button to record add further injuries to the list.

Part of Body	Side of Body	Area	Injury / Illness
Ankle	Right	-----	[Select]

Add Injury

Severity Classification

Use the dropdown field below to assign an overall severity to the injury/illness experienced by this person.

Severity Level: * [Select]

Injury Comments

[Max chars : 1000]

[*Mandatory Field]

Close < Back Next >

5. STEP FOUR - People

E. People – Injury Details

The system asks for injury details using four drop-down boxes:

- Injury/illness –e.g. bruising
- Part of Body –e.g. leg
- Area –e.g. lower
- Side –e.g. Right

You can record multiple injuries for each injured person by repeatedly clicking on “Add” button.

Please select a severity category and add any other important details in the “Injury Comments” field.

The four Injury/Illness drop downs are mandatory fields.

Once you have completed the details – click the ‘Next’ button

Data will be lost if you use the explorer buttons to close this window.

1.Person → 2.Body Map → 3.Injury → 4.Treatment → 5.Save

Injury Details

Please complete ALL fields selecting 'Unknown' or 'n/a' where appropriate. Click the 'Add Injury' button to record add further injuries to the list.

Part of Body	Side of Body	Area	Injury / Illness
[Select]	Right	n/a	Bruise, graze, scratch

Add Injury

Classification

Please select a severity field below to assign an overall severity to the injury/illness experienced

Comments

[Text Area]

[*Mandatory Field] [Close] < Back **Next >**

Once you have completed the details – click the 'Next' button

5. STEP FOUR - People

E. People – Injury Details

The system asks for an initial injury or illness assessment.

You should provide an indication as to the severity of the injury and it's possible outcome.

Clearly this can only be based on your knowledge of the incident and the facts that you have to hand at the time of completing the form. It can be edited later by the Reviewing Manager if necessary.

5. STEP FOUR - People

F. People – Treatment

Please answer the prompts to record important information about treatment given to the injured person.

There are no mandatory fields on this screen so leave them blank if you do not have the information to complete them. They will be verified (if applicable) at the next stage when we follow up on the report.

Once you have completed the details – click the 'Next' button

The screenshot shows a web-based form for recording incident details. At the top, a progress bar indicates the current step is '4. Treatment', with previous steps '1. Person', '2. Body Map', '3. Injury', and '5. Save'. The form is titled 'Please indicate what, if any, treatment this person received.' and includes several sections:

- Was any treatment given? ***: A dropdown menu set to 'Yes - at scene'.
- Time & date: ***: A date and time selector showing '09 : 30' on '02 Nov 2012'.
- Nature of treatment: ***: A text area containing 'Dressing applied'.
- Treatment provided by: ***: A dropdown menu showing 'Mary Manson - First Aider'.
- Did this person**: A section with three rows of questions and 'Yes/No' checkboxes:
 - ... become unconscious? Yes No
 - ... require resuscitation? Yes No
 - ... go to hospital? Yes No
- After Initial Treatment**: A section with two rows of questions and dropdown menus:
 - What happened? *: 'Returned to work'
 - Mode of transport (if leaving site): *: 'Not applicable'

At the bottom right, a 'Next >' button is highlighted with a red box. A green arrow points from the instruction box above to this button. Other buttons include 'Close', '< Back', and 'Next >'.

5. STEP FOUR - People

G. People – Save Details

This screen saves the set of information you have just entered at the Person Involved. Simply click on the “Save details” button.

You can use the “Back” button to check details before submitting if you wish.

The screenshot shows a web application window with a yellow warning bar at the top: "Data will be lost if you use the explorer buttons [X] [Close] to close this window." Below the warning bar is a navigation breadcrumb: "1.Person" → "2.Body Map" → "3.Injury" → "4.Treatment" → "5.Save". The main content area features a light blue box with a person icon and the heading "INVOLVED PERSON". The text inside the box reads: "To save the details relating to this person click on the button below:". Below this text is a button labeled "Save & Continue" with a green right-pointing arrow, which is highlighted with a red rectangular border. At the bottom of the window, there are several buttons: "[*Manda", "[*Mandatory Field]", "Close", "< Back", "Next >", and "Next >".

5. STEP FOUR - People

H. People – Add Another Person?

The details are saved and you are returned to the main window.

You can add information about more people by clicking on “Add Another Person” as many times as is necessary.

Once you have completed the details – click the ‘Next’ button

http://demo.oshens.com/demonstrator/Inc/IncBook/IncBook_tab_people.aspx

Data will be lost if you use the explorer buttons to close this window.

YOUR LOGO Incident Notification Form
05 November 2012

1.Begin → 2.What → 3.Where → 4.People → 5.End

People Injured/Affected or Involved (including witnesses)

Were any people involved in this Incident? * Yes No
Please check the 'Yes' box to record details of injured parties, witnesses or other persons involved in, or affected by, this Incident.

You have indicated the involvement of people in this Incident please click the Add or Edit Details button to provide full details of their involvement.

[Person 1] Ranson, Rodger [Injured/Affected Person]	Edit Details
---	--------------

Add Another Person

[*Mandatory Field] Close < Back Next >

6. STEP FIVE - End

A. End - Declaration

The final screen includes a declaration explaining the purpose of the report and your role in submitting it. Please read it carefully.

If you do not agree with the declaration use the “Back” button to return and clarify any entries that cause the problem.

When you are satisfied with the report, check the box and click on the “Submit Now” button.

The screenshot shows a web browser window titled "Incident Notification Form" with the date "05 November 2012". At the top left is a "YOUR LOGO" placeholder. A progress bar at the top shows five steps: "1.Begin", "2.What", "3.Where", "4.People", and "5.End", with "5.End" being the active step. The main content area is titled "SUBMIT REPORT" and contains an "AGREEMENT" section. A checkbox with a checkmark is selected next to the text: "I agree that the information contained on this form is correct as far as I am aware." Below this, there are two paragraphs of text explaining the use of the information. A "Submit Now" button with a green checkmark icon is highlighted with a red rectangle. At the bottom, there is a "Note" section and a "[*Mandatory Field]" label. The browser window has standard navigation buttons like "Close" and "< Back".

6. STEP FIVE - End

B. End - Processing

The system displays a message to indicate that it is processing the information.

Please wait while the system processes your report

The screenshot shows a web browser window titled "Incident Notification Form" dated "05 November 2012". At the top, a yellow warning bar states: "Data will be lost if you use the explorer buttons [back] [forward] [refresh] to close this window." Below this is a navigation bar with a "YOUR LOGO" and a progress indicator showing five steps: "1.Begin", "2.What", "3.Where", "4.People", and "5.End". The "5.End" step is highlighted. The main content area is titled "SUBMIT REPORT" and contains an "AGREEMENT" section. A checked checkbox is next to the text: "I agree that the information contained on this form is correct as far as I am aware." Below this, there is a paragraph of text: "I understand that CustomerName will use this information to meet its Safety, Health, and Environment reporting and recording legal duties. The information is held by CustomerName and seen by relevant managers and agents. Data is extracted and used for statistical purposes without individual identification." A "Submit Now" button with a green checkmark icon is visible. At the bottom, a "Note:" section states: "A PDF summary document will be produced. Please print or save this document for your records. If printing or saving the PDF please be mindful of the sensitive nature of data that may be contained within it. Submitting this report will generate an email." The footer includes a "[*Mandatory Field]" label, "Close" and "< Back" buttons, and a status bar.

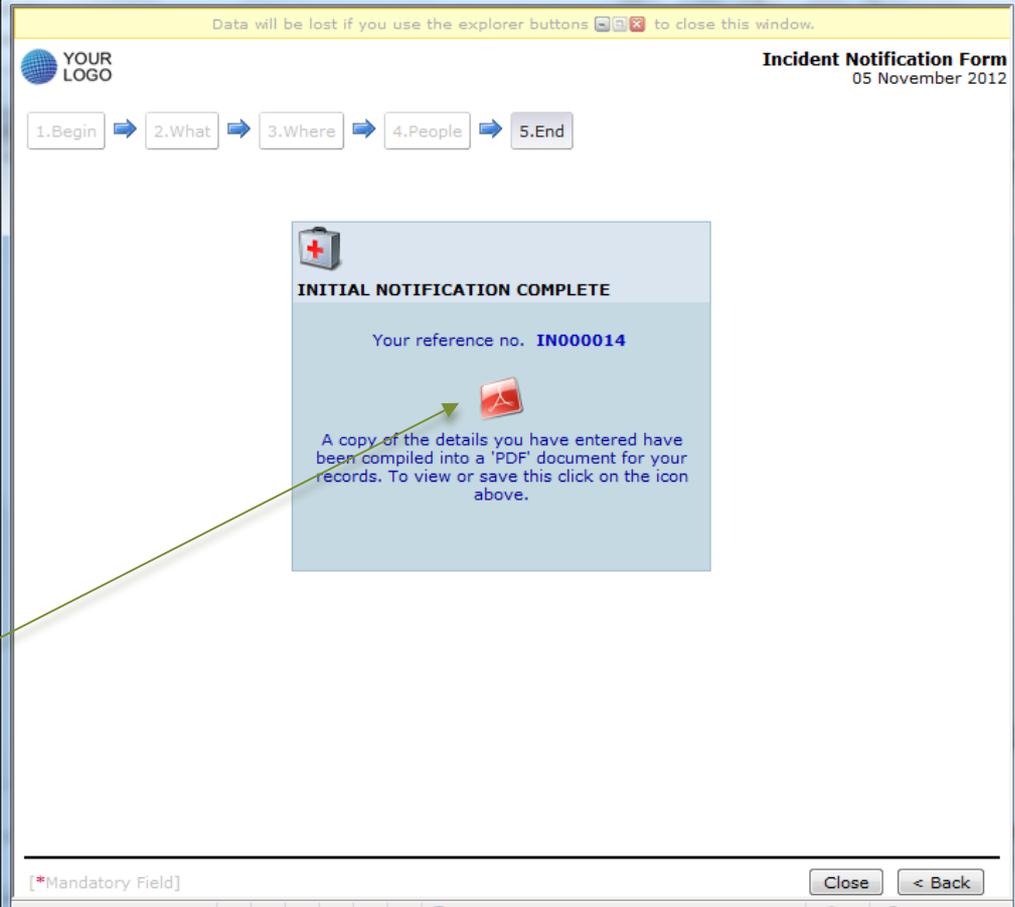
6. STEP FIVE - End

C. End - Completion

This screen displays an Incident Reference Number and gives you your Report Form in PDF format.

The system retains the PDF file as our Accident Book entry and will automatically notify a Reviewing Manager by email.

Click to view the incident notification



The screenshot shows a web browser window titled "Incident Notification Form" with the date "05 November 2012". The browser's address bar contains the text "Data will be lost if you use the explorer buttons [back] [forward] [refresh] to close this window." The page header includes "YOUR LOGO" and a progress bar with five steps: "1.Begin", "2.What", "3.Where", "4.People", and "5.End", with "5.End" being the active step. The main content area features a light blue box with a first aid kit icon and the text "INITIAL NOTIFICATION COMPLETE". Below this, it states "Your reference no. IN000014" and shows a PDF icon. A message reads: "A copy of the details you have entered have been compiled into a 'PDF' document for your records. To view or save this click on the icon above." A green arrow points from the text box on the left to the PDF icon. At the bottom of the page, there is a "[*Mandatory Field]" label and "Close" and "< Back" buttons.

6. STEP FIVE - End

D. End – PDF Report

There is no need to print a copy unless you need it for a specific purpose as the notification form is stored by the system.

The Reviewing Manager can access a copy if necessary.

You have now completed the Incident Notification Form.



YOUR LOGO

INCIDENT NOTIFICATION FORM
Reference No. **IN000014**
All time shown in Greenwich Mean Time (GMT)

Work-related Injury

INCIDENT DATE	INCIDENT TIME	REPORT DATE	REPORT TIME
02/11/2012	09:30	09/11/2012	09:49

REPORTED BY

Reported By: John Smith	
Telephone No.: 000	

INCIDENT OWNERSHIP

Division	Business	Site
All Divisions	All Departments	All Teams

INCIDENT DESCRIPTION

Stepped on a wet floor

INCIDENT LOCATION [General description of where incident took place]

Main building

On or Off-Site	Site	Area	Sub Area
On-Site	London	ALL Areas	ALL Sub Areas

PERSON INVOLVED

Rodgar Ranson	Involvement: was injured or victim
	Category: Employee
	Contact Tel:
	Email:
On or Off Duty?	On Duty

Nature of Injury	Body Part	Side	Area
Bruise, graze, scratch	Ankle	Right	n/a

Was treatment given?	Yes - at scene
Time & Date:	09:30 02/11/2012
Nature of treatment:	Dressing applied
Provided by:	Mary Manson - First Aider
Became unconscious?	No
Went to hospital?	No
Mode of transport (if applicable):	Not applicable
Required resuscitation?	No
Post treatment:	Returned to work

Injured Person's Signature (if appropriate)

Signature:	Date:
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Incident Management Module

Online Incident Notification

Thank you