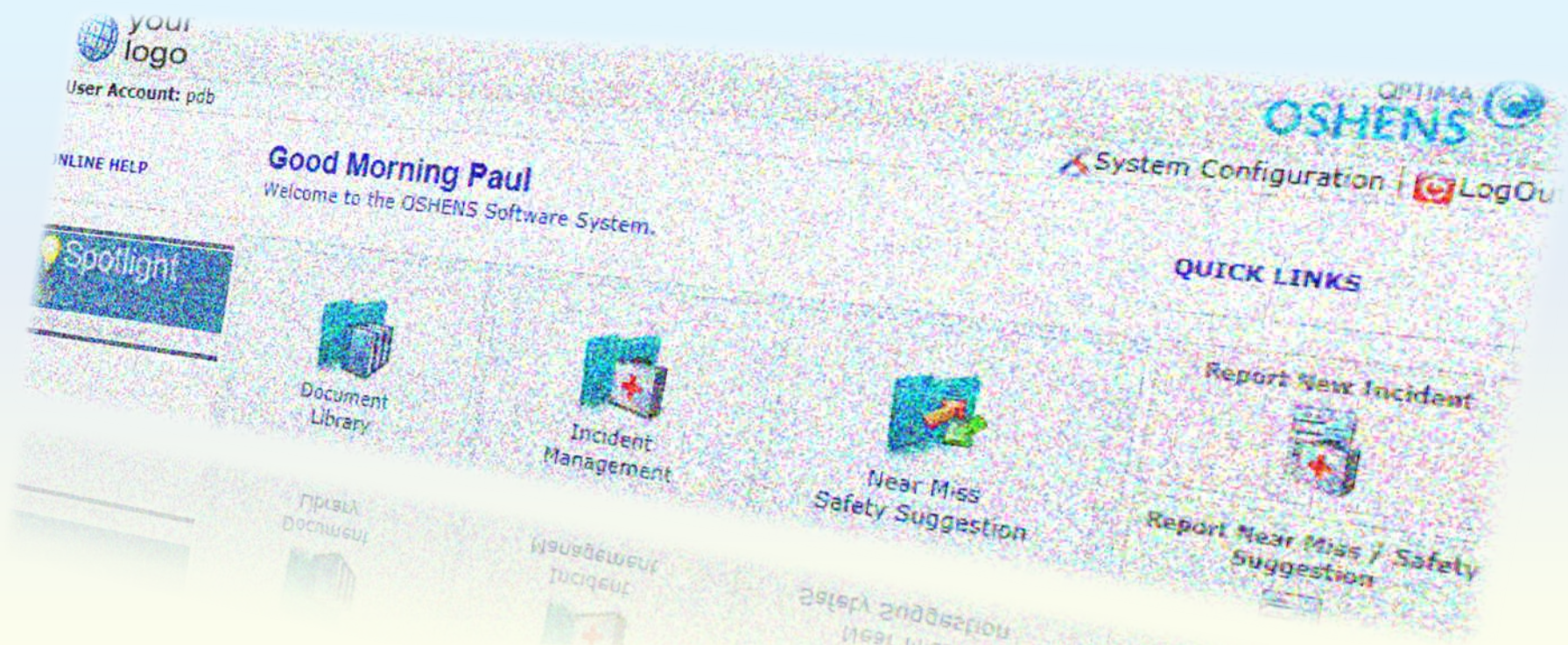


Incident Management Module

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?](#)

Incident Management Module

Online Incident Notification

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 *

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 * : on

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: *

Department: *

Team: *

[*Mandatory Field]

Incident Management Module

Online Incident Notification

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, a yellow banner states: 'Data will be lost if you use the explorer buttons [X] [?] [E] to close this window.' The form header includes 'YOUR LOGO' and 'Incident Notification Form 02 November 2012'. A progress bar shows five steps: '1.Begin', '2.What', '3.Where', '4.People', and '5.End', with '1.Begin' being the active step. Below the progress bar, instructions read: '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.'

The form is divided into sections, each with a blue header and a minus icon for collapsing: 'Type of Incident', 'Person Entering this Report', and 'About the Incident'. The 'About the Incident' section is highlighted with a red rectangular box. This section contains the following fields:

- 'Time & Date of Incident *': A date and time selector showing '15 : 30' on '02 Nov 2012'.
- 'Division: *': A dropdown menu with '[Select Division]'.
- 'Department: *': A dropdown menu with '[Select Department]'.
- 'Team: *': A dropdown menu with '[Select Team]'.

Below the 'About the Incident' section, a legend indicates that an asterisk (*) denotes a 'Mandatory Field'. At the bottom right of the form are 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 displays the 'Incident Notification Form' interface. At the top, a yellow banner reads: 'Data will be lost if you use the explorer buttons [X] to close this window.' Below this, the header includes 'YOUR LOGO' and 'Incident Notification Form 02 November 2012'. A progress bar shows five steps: '1.Begin', '2.What', '3.Where', '4.People', and '5.End', with '2.What' being the active step. The main section is titled 'What Happened' and contains the 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.' Below this is a text area labeled 'Description * [Max chars : 1978]' with the text 'Stepped on a wet floor' entered. At the bottom, there are three buttons: 'Close', '< Back', and 'Next >'. The 'Next >' button is highlighted with a red rectangle. 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 shows a web browser window displaying the 'Incident Notification Form' dated 02 November 2012. The form has a yellow header bar with a warning: 'Data will be lost if you use the explorer buttons to close this window.' Below the header, there is a navigation bar with buttons for '1.Begin', '2.What', '3.Where' (the current step), '4.People', and '5.End'. The main content area is titled 'Where it Happened' and contains two sections: 'Where it Happened' and 'Exact Location'. The 'Where it Happened' section has a question 'Did it occur on or near one of our sites? *' with 'Yes' selected. Below this are three dropdown menus for 'Site: *', 'Area: *', and 'Sub Area: *'. The 'Exact Location' section has a text area for 'Please give exact details of the location at which the Incident took place * [Max chars : 2000]'. At the bottom of the form, there is a legend for '[*Mandatory Field]' and buttons for 'Close', '< Back', and 'Next >'.

YOUR LOGO

Incident Notification Form
02 November 2012

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

Where it Happened

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

Site: * [Select Site]

Area: * [Select Area]

Sub Area: * [Select Sub Area]

Exact Location

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

[*Mandatory Field]

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 form has a progress bar with steps: 1.Begin, 2.What, 3.Where, 4.People (selected), and 5.End. Under the heading 'People Injured/Affected or Involved (including witnesses)', there is a question: 'Were any people involved in this Incident? *'. Below this question are two checkboxes: 'Yes' (checked) and 'No'. A message states: '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.' Below this message is a table with one entry: '[Person 1] Incomplete information'. To the right of this entry is a red-bordered button labeled 'Add Details' with a trash icon. At the bottom right of the form is a button labeled 'Add Another Person'. The footer of the form includes a note '[*Mandatory Field]' and three buttons: 'Close', '< Back', and 'Next >'. A yellow banner at the top of the form window says: 'Data will be lost if you use the explorer buttons to close this window.'

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

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

Personal Details

Involvement: * Injured/Affected Person

Category of Person: * Employee

Lookup ...

Employee No. [Max chars : 25]

First Name: * [Max chars : 44] Rodger

Last Name: * [Max chars : 44] Ranson

Contact Tel No. [Max chars : 25]

Email Address: [Max chars : 50]

Were they On Duty? Yes ☒ No ☐

[*Mandatory Field]

Close < Back **Next >** Next >

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' interface within the OSHENS system. At the top, a navigation bar shows the sequence: 1.Person → 2.Body Map → 3.Injury → 4.Treatment → 5.Save. Below this, a warning states: 'Data will be lost if you use the explorer buttons to close this window.' The main section 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: 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: 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 checked. At the bottom, there are buttons for 'Close', '< Back', and 'Next >'. A sidebar on the left contains a 'YOU LOG' section and a 'People' section with a 'Were a Please person' button. A sidebar on the right shows a 'Person Form' dated 'September 2012'.

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.

The screenshot shows a web application window titled 'Data will be lost if you use the explorer buttons to close this window.' The window contains a navigation bar with buttons: 1.Person, 2.Body Map, 3.Injury (selected), 4.Treatment, and 5.Save. Below the navigation bar is a section titled 'Injury Details' with a sub-header 'Please complete ALL fields selecting 'Unknown' or 'n/a' where appropriate. Click the 'Add Injury' button to record add further injuries to the list.' The form includes a table with columns: Part of Body, Side of Body, Area, and Injury / Illness. The table has one row with values: Ankle, Right, -----, and [Select]. Below the table is a red-bordered button labeled 'Add Injury'. Underneath is a 'Severity Classification' section with a sub-header 'Use the dropdown field below to assign an overall severity to the injury/illness experienced by this person.' and a 'Severity Level: *' dropdown menu with [Select] as the current value. Below that is an 'Injury Comments' section with a text area labeled '[Max chars : 1000]'. At the bottom of the window are buttons for 'Close', '< Back', 'Next >', and 'Next >'. A footer note indicates '[*Mandatory Field]'.

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 > 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

1.Begin

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 category to assign an overall severity to the injury/illness experienced

Injury Comments

[*Mandatory Field]

Close < Back **Next >** Next >

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.

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
Ankle	Right	n/a	Bruise, graze, scratch

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]

- No treatment (and return work)
- First aid (and return to work)
- Medical treatment beyond first aid (full duty)
- Restricted duty
- Lost time
- Major

[Max chars : 1000]

[*Mandatory Field]

Close < Back **Next >** Next >

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

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

Please indicate what, if any, treatment this person received.

Was any treatment given? * Yes - at scene

Time & date: * 09 : 30 on 02 Nov 2012

Nature of treatment: * Dressing applied

Treatment provided by: * Mary Manson - First Aider

☒ Did this person

... become unconscious? Yes ☐ No ☒

... require resuscitation? Yes ☐ No ☒

... go to hospital? Yes ☐ No ☒

☒ After Initial Treatment

What happened? * Returned to work

Mode of transport (if leaving site): * Not applicable

Close < Back **Next >** 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 titled 'Incident Management Module'. At the top, a yellow banner reads: 'Data will be lost if you use the explorer buttons [icon] [icon] to close this window.' Below this is a navigation bar with five buttons: '1.Person', '2.Body Map', '3.Injury', '4.Treatment', and '5.Save'. The '1.Person' button is highlighted. The main content area features a box titled 'INVOLVED PERSON' with a small icon of two people. Inside this box, the text says: 'To save the details relating to this person click on the button below:'. Below the text is a button labeled 'Save & Continue' with a green right-pointing arrow. This button is highlighted with a red rectangular border. The left sidebar contains a 'YOU LOG' section and a 'People' section with a 'Save details' button. The bottom of the window has a status bar with '[*Mandatory Field]' and navigation buttons: '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/IncidentNotification/incident_not_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? *
Please check the 'Yes' box to record details of injured parties, witnesses or other persons involved in, or affected by, this Incident. Yes ☒ No ☐

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.

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

SUBMIT REPORT

AGREEMENT

☒ I agree that the information contained on this form is correct as far as I am aware.

I understand that CustomerName will use this information to meet its Safety, Health, and Environmental 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.

Submit Now

Note:
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.

[*Mandatory Field]

Close < 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" with the date "05 November 2012". At the top, a yellow banner reads: "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 currently active. The main content area is titled "SUBMIT REPORT" and contains an "AGREEMENT" section. It includes a checked checkbox and the text: "I agree that the information contained on this form is correct as far as I am aware." Below this, it states: "I understand that CustomerName will use this information to meet its Safety, Health, and Environmental 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:" 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 and "Close" and "< Back" buttons.

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". At the top, a yellow banner reads: "Data will be lost if you use the explorer buttons [back] [forward] [stop] to close this window." Below this is a navigation bar with a "YOUR LOGO" icon and a sequence of buttons: "1.Begin" → "2.What" → "3.Where" → "4.People" → "5.End". The "5.End" button is highlighted. The main content area features a light blue box with a first aid kit icon and the text "INITIAL NOTIFICATION COMPLETE". Below this, it says "Your reference no. **IN000014**". A red PDF icon is shown with a green arrow pointing to it from the text below: "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." At the bottom of the window, there is a status bar with "[*Mandatory Field]" on the left and "Close" and "< Back" buttons on the right.

Incident Management Module

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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	05/11/2012	09:49

REPORTED BY
Reported By: John Smith
Telephone No.: 000

INCIDENT OWNERSHIP
Division: All Divisions Business: All Departments Site: All Teams

INCIDENT DESCRIPTION
Stepped on a wet floor

INCIDENT LOCATION [General description of where incident took place]
Main building:
On or Off-site: On-Site Site: London Area: ALL Areas Sub Area: 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
Bruiise, 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 Required resuscitation? No
Went to hospital? No Post treatment: Returned to work
Mode of transport (if applicable): Not applicable

Injured Person's Signature (if appropriate):
Signatures: Date:

Incident Management Module

Online Incident Notification

Thank you