
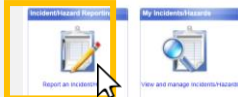



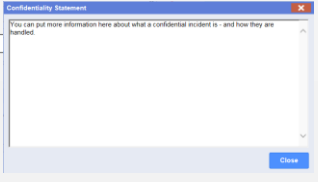








Reporting an incident, including injuries

When logging a report of an incident, near miss or injury in **riskware**, include enough detail so that Nominated Supervisors, Course Coordinators and/or relevant staff members can determine what has occurred and the Contributing Factors to the incident. Attach photos to the report (if possible) to support staff members to identify these casual factors and take actions to reduce the risk that a similar incident will occur.

What appears on screen:	The information you should enter:
	Log into riskware using either your student or staff network ID and password.
	Select 'Report an Incident/Hazard'
<p>I would like to report:</p> <p>1) Incident - Has an incident occurred? If so, use this to report the incident or near miss that has occurred.</p> <p>2) Hazard - Have you identified a hazardous situation?</p>	Select Incident in order to report an injury which has affected you or another person. Also, use 'Incident' to report a near miss which is an event which could have caused an injury.
<p>Who sustained this incident?</p> <p><input checked="" type="radio"/> Me <input type="radio"/> Another Person</p>	Who did the incident affect? If someone has gone for further treatment you may log the incident on their behalf.
<p>When did the incident occur?</p> <p>Date: 13/04/2016 Time: 13:14</p> <p>Time Category: -- Select a Time Category --</p>	Enter the date and time of the incident and the time category e.g. did the incident occur during business hours or was it during a lunchbreak?
<p>Incident Details</p> <p>Did this incident occur: <input checked="" type="radio"/> On Campus <input type="radio"/> Off Campus</p> <p>Select Location: [Location field]</p> <p>Location Category: -- Select a Location Category --</p>	Enter the details of the incident starting with the location of the incident. Use the  icon to select the relevant campus location. Use the drop down box to select the appropriate location category.
<p>Location Details:</p> <p><i>For example: The Mary Glowrey Building Level 3 Science laboratory room 3.00 fume cupboard (ref 1234)</i></p> <p>What was the work or activity being undertaken at the time of the incident?</p> <p><i>For example: Measuring chemicals in preparation for classroom practical</i></p> <p>Describe the incident with as much detail as possible:</p> <p><i>For example using the above activity: What was being measured? How was being measured (exact steps)? What was worn? What was happening in the room at the time of the incident?</i></p>	You should provide enough detail in these fields to support Nominated Supervisors and other relevant staff to identify exactly where, what and how the incident occurred. Click  to move to the next page.
<p>Select the primary place of Work for this Person:</p> <p>Business Unit: [Field]</p> <p>Organisational Structure</p> <p>Level 1*: Australian Catholic University</p> <p>Level 2*: Provost / Deputy Vice-Chancellor</p> <p>Level 3*: Faculty of Education and Arts</p> <p>Level 4*: School of Arts (VIC)</p>	Students and anyone reporting on behalf of students will be prompted to identify their school (Business Unit). To select your School, click on the magnifying glass, to the right of this field. From the drop down menu which will appear, select: Australian Catholic University (Level 1) Provost/Deputy Vice Chancellor (Level 2) Now select your Faculty and School from Levels 3 and 4.
<p>Did an injury/illness occur?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p>	Select if an injury/illness occurred.
<p>Witness Details:</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Witness Details (include name and phone number if known)</p> <p>[Text area for witness details]</p>	If there was a witness, please provide their details (if known) to support Nominated Supervisors and others to identify the Contributing Factors (causes) to the incident.

What appears on screen:	The information you should enter:
<p>Was there any asset/property involved/damaged?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p><input type="checkbox"/> Own Asset/Property <input type="checkbox"/> Third Party Asset/Property</p> <p>Describe the Actual Damage:</p> <p><input type="text"/></p>	<p>If any property or assets were involved or damaged as a result of the incident please provide details of the actual damage. For example: if a colleague trips on a step that has a raised tread, select 'Yes' and the actual damage would be listed as 'raised stair tread'.</p> <p>Click  to move to the next page.</p>
<p>Incident Classification:</p> <p>Identify what occurred:</p> <p>-- Please select the most severe incident type --</p> <p>What was the most significant cause:</p> <p>-- Please select the most severe possible cause --</p> <p><i>For example: if a colleague sustains an injury after being struck by a trolley, the incident classification might look like:</i></p>	<p>Using the dropdown menu, select the most appropriate action or activity that contributed to the incident and the most appropriate object, substance or circumstance that caused the injury.</p>
<p>Injury/Illness Classification:</p> <p>Identify the type of injury or illness sustained (select the most severe):</p> <p>-- Please select the most severe injury --</p> <p>What part of the body was/is most affected (select the most severe):</p> <p>-- Please select the most severely injured bodily part --</p> <p>If applicable what side of the body was affected?</p> <p><input type="radio"/> Not applicable <input type="radio"/> Left <input type="radio"/> Right <input checked="" type="radio"/> Both</p> <p><i>For example: if a colleague sustains an injury after being struck by a trolley, the injury classification might look like:</i></p> <p>Injury/Illness Classification:</p> <p>Identify the type of injury or illness sustained (select the most severe):</p> <p>Superficial Injury</p> <p>What part of the body was/is most affected (select the most severe):</p> <p>Legs</p> <p>If applicable what side of the body was affected?</p> <p><input type="radio"/> Not applicable <input type="radio"/> Left <input checked="" type="radio"/> Right <input type="radio"/> Both</p>	<p>Classify the injury/illness using the dropdown menu to determine the type of injury sustained and where on the body the injury occurred.</p>
<p>Assign to:</p> <p>Select Yes if you don't want your Nominated Supervisor to be informed of this confidential incident?</p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Manager/Supervisor: <input type="text"/></p> <p></p>	<p>Your Nominated Supervisors details have been prepopulated within the report. If you need to allocate the report to someone else, use the  icon, enter the staff member's details and click search and select. This staff member will receive a notification email which prompts them to follow up with an investigation and to develop an Action Plan to prevent reoccurrence.</p> <p>If you do not want your Nominated Supervisor to be notified, select 'Yes' and enter the details of why the incident is confidential.</p>
<p>Who was notified of this incident?</p> <p>Staff: <input type="text"/> Date: 13/04/2016 Time: 13:14</p> <p>Contractor/Visitor/Other: <input type="text"/> Date: 13/04/2016 Time: 13:14</p>	<p>Enter the details of anyone else that has been notified of the incident and when.</p>
<p>Attachment</p> <p> <input type="button" value="Click to add an attachment"/></p>	<p>Attachments can be added to the incident report to assist Nominated Supervisors to identify what factors contributed to the incident. You may attach photos, previous incident reports, maps etc.</p> <p>Click  to move to the next page.</p>
<p>Treatment for injury/illness:</p> <p>Was First Aid Administered? <input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Was Medical treatment provided? <input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p><input type="checkbox"/> Medical treatment (doctor, physiotherapist or other practitioner)</p> <p><input type="checkbox"/> Hospital admission</p> <p>Please provide details:</p> <p><input type="text"/></p>	<p>If any medical treatment was provided as a result of the injury/illness sustained, select 'Yes' and provide specific details of the treatment administered, e.g. cleaned wound and applied dressing, applied ice pack every 20 mins, sent to hospital for further review etc.</p>
<p>Do you intend on seeking Medical treatment?</p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>If further medical treatment is required please click on the appropriate box.</p>
<p>Injury/illness resulted in:</p> <p><input checked="" type="radio"/> No Lost Time From Work</p> <p><input type="radio"/> Lost Time From Work - (one or more shifts lost)</p>	<p>A lost time injury (LTI) is classified as the loss of one or more days/shifts. If less than one day is lost from work or study e.g. 2 hours, you should not classify this time as a LTI and therefore you would select 'no'. Click  to move to the next page.</p>
<p> You are about to submit an Incident</p> <p>To complete this process, please follow the instructions below</p>	<p>Click on the  button to finalise the reported incident. A confirmation email will be sent to you and your Nominated Supervisor once you have submitted the report.</p>