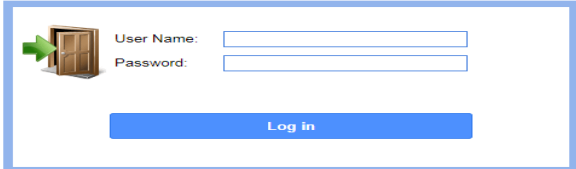



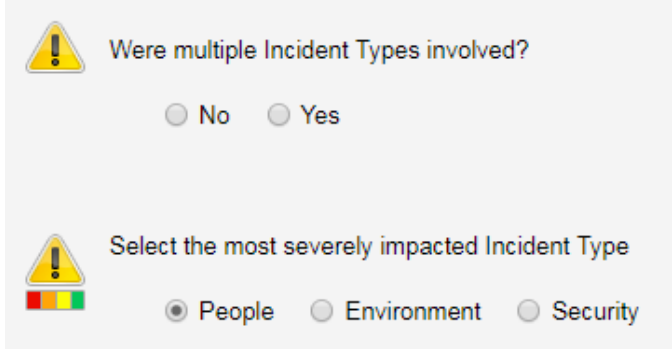
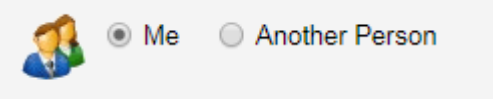
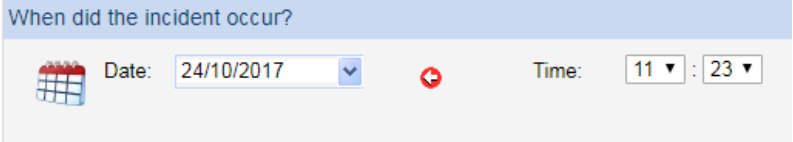
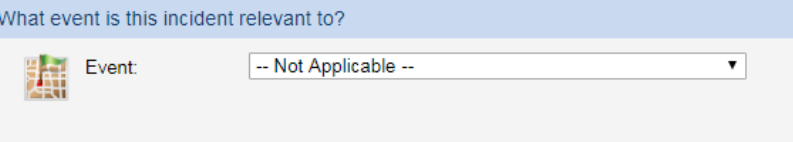
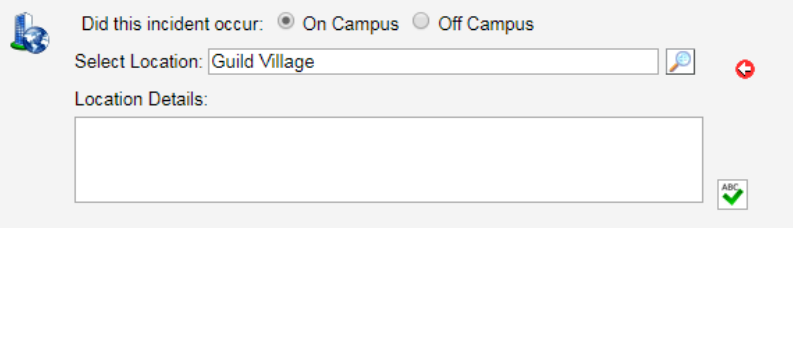















# Reporting an Incident

This guide is designed to assist staff and students to report an incident using the Riskware system. Please complete the Notification screen with as much information as possible.

On Screen	Information to Enter
	<p>Log into Riskware using your UWA ID and password (Pheme access)</p>
<p>I would like to report:</p> <ul style="list-style-type: none"> <li> <b>A Hazard</b> - A circumstance that has the potential to cause harm, injury or damage</li> <li> <b>A Needlestick/Sharps Injury or Exposure to Body Fluid</b></li> <li> <b>An Incident</b> - An event that could have resulted or did result in harm, injury or damage</li> </ul>	<p>Click the Incident/Hazard Reporting icon and click on Incident</p>
	<p>Select multiple event types if more than one incident type occurred. E.g. If there was a spill that damaged the environment and injured a person. You would select: Environment and People</p>
	<p>If you are reporting on behalf of another person please select "another person".</p>
	<p>Enter the date, time and time category that the incident occurred.</p>
	<p>Select the sub event type from the drop down box.</p>
	<p>Enter the specific location details of where the incident occurred. Click the icon to perform a search of the relevant location. The Find Location pop up box will appear. Use the drop down box to select a location. E.g. Guild Village Campus. The text box can be used to enter specific location information</p>

<p><b>What was the work or activity being undertaken at the time of the incident?</b></p> <p>Work Activity Category: <input type="text" value="Other"/></p> <p><input type="text" value="Walking from the library to the guild village"/></p> <p><b>Describe the incident with as much detail as possible:</b></p> <p><input type="text" value="I was walking from the library to the Guild Village when i tripped on a raised brick near the entrance to the Co-op bookshop. I tried to break my fall with my arms and landed on my wrist spraining it."/></p>	<p>Enter specific detail in these fields to identify exactly where, what and how the incident occurred.</p>
<p><b>Did an injury/illness occur?</b></p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>Select if an injury/illness occurred.</p>
<p><b>Did the activity you were doing at the time require specific Skills, Training or Certification?</b></p> <p><input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> Unknown</p>	<p>Select whether the activity you were doing at the time required specific Skills, Training or Certification.</p>
<p><b>Witness Details:</b></p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Witness Details (include name and phone number if known)</p> <p><input type="text"/></p>	<p>If there was a witness please select Yes. Look up UWA staff and students by clicking on the icon. If the witness was an external person, please provide their details (name and contact information) in the text box.</p>
<p><b>Was there a vehicle involved?</b></p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Registration number <input type="text"/></p>	<p>Select if a vehicle was involved, if applicable to the incident</p>
<p><b>Does this incident have an impact on the environment?</b></p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Identify the impact on the environment?</p> <p>-- Select the most severe environmental impact --</p> <p>Describe the Actual Impact on the environment:</p> <p><input type="text"/></p>	<p>Select yes if the incident have an impact on environment, and select the impact from the drop down box. Enter a description of the impact into the text box.</p>
<p><b>Do you believe you were sufficiently trained/qualified in the task?</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Select if you were sufficiently trained/qualified in the task</p>

<p><b>Experience in the task being carried out when the incident occurred:</b></p>  <p>Years: <input type="text"/> Months: <input type="text"/></p>	<p>Enter the number of years and months experience in the task at the time of the incident</p>
<p><b>Incident Classification:</b></p>  <p>Identify what occurred (Mechanism):  <input type="text" value="-- Please select the most severe incident type --"/></p> <p>What was the most significant cause (Breakdown Agency):  <input type="text" value="-- Please select the most severe possible cause --"/></p>	<p>Select the most appropriate mechanism and causes that contributed to the incident from the drop down box.</p>
<p><b>Injury/Illness Classification:</b></p>  <p>Identify the type of injury or illness sustained (Nature) (select the most severe):  <input type="text" value="Lacerations, bruises, wounds (including crushing, amputation)"/></p> <p>What part of the body was/is most affected (Bodily Location) (select the most severe):  <input type="text" value="Hands and fingers"/></p> <p>If applicable what side of the body was affected?  <input type="radio"/> Not applicable   <input type="radio"/> Left   <input type="radio"/> Right   <input type="radio"/> Both</p> <p><b>Injury Details:</b></p>  <p>Describe the injury in detail:  <input type="text" value="Sprained right wrist"/></p>	<p>Select the most appropriate Nature of Injury and Bodily Location.          Provide further detail of the injury in the text field.</p>
 <p>Do you require that this incident remains confidential from your supervisor/manager?  <input checked="" type="radio"/> No   <input type="radio"/> Yes</p> <p>Manager/Supervisor: <input type="text"/></p>	<p>Assign your Manager/Supervisor to manage the incident.          If the person who appears here automatically is not your Manager/Supervisor, please select the correct person by clicking on the magnifying glass icon.          If you DO NOT want your Manager/Supervisor to be notified please select Yes and a confidential incident will occur. You will be prompted with a confidentially statement and the incident will be assigned to the Safety Health and Wellbeing team</p>
<p><b>Notify your local Health and Safety Representative:</b></p>  <p>HS Representative: <input type="text"/></p>	<p>Click the magnifying glass icon to notify your Safety and Health Representative via email. Your local SHR can be found on the <a href="#">SHR list</a></p>

<p><b>Who was notified of this Incident?</b></p> <p> Staff: <input type="text"/>  Date: 24/10/2017 Time: 11:23</p> <p>Student: <input type="text"/> Date: 24/10/2017 Time: 11:23</p> <p>Contractor/Visitor/Other: <input type="text"/> Date: 24/10/2017 Time: 11:23</p>	<p>Enter the details of people who have been informed of the incident</p>
<p><b>Attachment</b></p> <p> <input type="button" value="Click to add an attachment"/></p>	<p>Use the attachment function to add images, document or other media that may assist with the investigation and action plan for the incident.</p>
<p><b>Treatment for injury/illness:</b></p> <p> Was First Aid Administered? <input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Was Medical treatment provided? <input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Please provide details:</p> <div style="background-color: #cccccc; height: 50px; width: 100%;"></div> <p> Was an Ambulance called? <input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>Enter all the treatment for injury/illness questions and provide as much detail as possible in the free text box if applicable.</p>
<p><b>Do you intend on seeking Medical treatment?</b></p> <p> <input type="radio"/> No <input checked="" type="radio"/> Yes</p>	<p>Select whether you wish to seek medical treatment for your injury.</p>
<p><b>Injury/illness resulted in:</b></p> <p> <input type="radio"/> No Lost Time From Work</p> <p><input type="radio"/> Lost Time From Work - (one or more shifts lost)</p>	<p>Select whether a Lost Time Injury Occurred (LTI). If less than 1 whole working day was lost please select No Lost Time From Work</p>

<p><b>Lodgement of Worker Compensation Claim:</b></p> <p>Do you wish to lodge a Worker Compensation Claim for this injury?  <input type="radio"/> No    <input type="radio"/> Yes</p> <p>Has a Workers Compensation Medical Certificate been issued?  <input type="radio"/> No    <input type="radio"/> Yes</p>	<p>Select whether a Workers Compensation Medical Certificate been issued and if you intend to pursue a Workers Compensation Claim</p>
<p><b>What immediate action, if any, has been taken?</b></p> <div data-bbox="159 470 223 537"></div> <div data-bbox="239 470 989 784"></div> <div data-bbox="1005 739 1045 795"></div> <p><b>What further action do you recommend?</b></p> <div data-bbox="159 896 223 963"></div> <div data-bbox="239 896 989 1209"></div> <div data-bbox="1005 1164 1045 1220"></div>	<p>Describe the immediate action taken after the incident occurred in the free text box</p> <p>Provide details of any further recommended actions (if any)</p>