

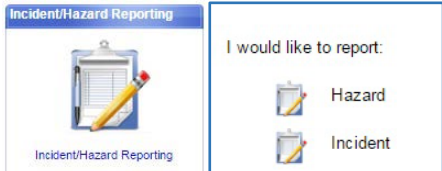
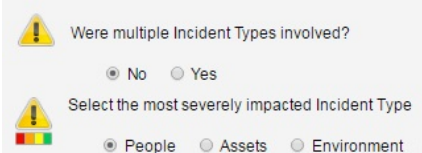
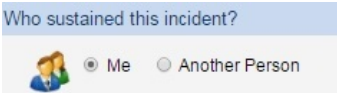
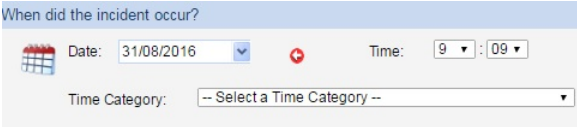
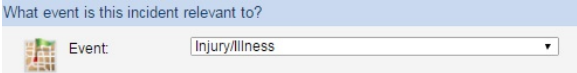
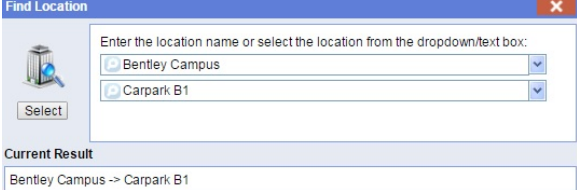

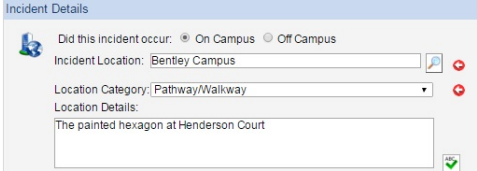



# C.H.A.R.M REPORTING AN INCIDENT QUICK GUIDE





This guide is for is designed to assist staff and students to report an incident using the C.H.A.R.M system. Please complete the Notification screen with as much information as possible.

On screen	Information to enter
	<p>Log into OASIS and click on the  icon to access C.H.A.R.M</p> <p>Log into <b>C.H.A.R.M.</b> using your Curtin ID and password</p>
	<p>Click the Incident/Hazard Reporting icon and click on Incident</p>
	<p>Select multiple event types if more than one incident type occurred.</p> <p>E.g. If there was a fire that damaged equipment and injured a person. You would select: <i>People</i> and <i>Assets</i></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.</p> <p>Click the  icon to perform a search of the relevant location. The <i>Find Location</i> pop up box will appear. Use the drop down box to select a primary campus or location. E.g. <i>Bentley Campus</i> Use the second drop down box to select a secondary location. E.g. <i>Carpark B1</i> Then click "Select" to select the location and close the pop up box.</p>
	<p>Select a location category from the drop down box and use the text box to enter specific location information</p>






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<p>What was the work or activity being undertaken at the time of the incident?          Work Activity Category: <input type="text" value="Walking"/></p> <p>Walking from building 201 to the Library.</p> <p>Describe the incident with as much detail as possible:          I was walking from building 201 to the Library when I tripped on a raised brick near the painted Hexagon at Henderson Court. 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>Did an injury/illness occur?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p>	<p>Select if an injury/illness occurred.</p>
<p>Did the activity you were doing at the time require specific Skills, Training or Certification?</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>Witness Details:</p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Witness Details (include name and phone number if known)</p>	<p>If there was a witness please select Yes. Look up Curtin staff and students by clicking on the  icon. If the witness was an external person, please provide their details in the text box.</p>
<p>Was there a vehicle involved?</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>Was there any asset/property involved/damaged?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p><input checked="" type="checkbox"/> Own Asset/Property <input type="checkbox"/> Third Party Asset/Property</p> <p><input type="checkbox"/> Contents <input type="checkbox"/> Fixed Plant <input type="checkbox"/> Mobile Plant <input type="checkbox"/> Mobile/Electronic Equipment <input type="checkbox"/> Other <input type="checkbox"/> Personal Items</p> <p>Describe the Actual Damage:</p>	<p>Select if there was any asset/property involved/damaged, if applicable to the incident. Select if the damage was to Own assets /property or Third party assets and the type of asset involved.</p> <p>Describe the actual damage in the free text box.</p>
<p>Does this incident have an impact on the environment?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Identify the impact on the environment?  <input type="text" value="-- Select the most severe environmental impact --"/></p> <p>Describe the Actual Impact on the environment:</p>	<p>Select yes if the incident have an impact on environment, and select the impact from the drop down box.</p> <p>Enter a description of the impact into the text box.</p>
<p>What type of Equipment was used at the time of Incident:</p> <p>Equipment: <input type="text" value="Handtools, non-powered, edged"/></p>	<p>Select the type of equipment used from the drop down box.</p>
<p>Do you believe you were sufficiently trained/qualified in the task?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Select if you were sufficiently trained/qualified in the task.</p>

# C.H.A.R.M REPORTING AN INCIDENT QUICK GUIDE

<p>Experience in the task being carried out when the incident occurred:</p>  Years: <input type="text"/> Months: <input type="text"/>	<p>Enter the number of years and months experience in the task at the time of the incident</p>
<p>Incident Classification:</p> <p>Identify what occurred:  <input type="text" value="Slips, trips, falls"/></p> <p>What was the most significant cause:  <input type="text" value="Outdoor environment"/></p>	<p>Select the most appropriate mechanism and causes that contributed to the incident from the drop down box.</p>
<p>Injury/Illness Classification:</p> <p>Identify the type of injury or illness sustained (select the most severe):  <input type="text" value="Sprain or strain"/></p> <p>What part of the body was/is most affected (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 checked="" type="radio"/> Right <input type="radio"/> Both</p> <p>Injury Details:</p> <p>Describe the injury in detail:  <input type="text" value="Sprained by right wrist"/></p>	<p>Classify the injury/illness by the type of injury sustained and the bodily location of the injury/illness from the drop down box.</p> <p>Select the side of the body affected.</p> <p>Enter specific injury details into the text box.</p>
<p>Assign to:</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.</p> <p><b>If the person who appears here automatically is not your Manager/Supervisor, please select the correct person by clicking on the magnifying glass icon.</b></p> <p><b>If you DO NOT want your Manager/Supervisor to be notified please select Yes and a confidential incident will occur.</b> You will be prompted with a confidentially statement and the incident will be assigned to the Director of Health, Safety and Emergency Management.</p>
<p>Notify your local Health and Safety Representative:</p> <p>HS Representative: <input type="text" value="OHS TEST"/> </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>Attachment</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>Treatment for injury/illness:</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><input type="checkbox"/> Medical treatment (doctor, emergency/outpatient, physiotherapist or other practitioner)</p> <p><input type="checkbox"/> Hospital admission (admitted/inpatient)</p> <p>Please provide details:  <input type="text"/></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>

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<p>Do you intend on seeking Medical treatment?</p>  <input checked="" type="radio"/> No <input type="radio"/> Yes	<p>Select whether you wish to seek medical treatment for your injury.</p>																		
<p>Injury/illness resulted in:</p>  <input type="radio"/> Less than one working day/shift lost - <b>No Lost Time From Work</b> <input type="radio"/> One or more working days/shifts lost - <b>Lost Time From Work</b>	<p>Select whether a Lost Time Injury Occurred (LTI). If less than 1 whole working day was lost please select <b>No Lost Time From Work</b></p>																		
<p>Did the injury result in Restricted Work Duties?</p>  <input checked="" type="radio"/> No <input type="radio"/> Yes	<p>Select whether the injury resulted in Restricted work duties</p>																		
<p>What immediate action, if any, has been taken?</p>  <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>	<p>Describe the immediate action taken after the incident occurred in the free text box.</p>																		
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="6">Consequence</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e0e0e0;">Health &amp; Safety</td> <td>Injury or illness requiring First Aid treatment No lost time injury days</td> <td>Injury or illness requiring medical treatment Lost time injury &lt;10 days</td> <td>Serious injury or illness. Lost time injury &gt;10 days</td> <td>Significant/extensive injury or illness. Permanent Partial Disability</td> <td>Fatality Permanent Total Disability</td> </tr> <tr> <td></td> <td style="background-color: #add8e6;">Insignificant</td> <td style="background-color: #90ee90;">Minor</td> <td style="background-color: #ffff00;">Moderate</td> <td style="background-color: #ffa500;">Major</td> <td style="background-color: #ff0000;">Critical</td> </tr> </tbody> </table>	Consequence						Health & Safety	Injury or illness requiring First Aid treatment No lost time injury days	Injury or illness requiring medical treatment Lost time injury <10 days	Serious injury or illness. Lost time injury >10 days	Significant/extensive injury or illness. Permanent Partial Disability	Fatality Permanent Total Disability		Insignificant	Minor	Moderate	Major	Critical	<p>Rate the consequence for the incident as per the descriptors. E.g. First Aid injury – select insignificant.</p>
Consequence																			
Health & Safety	Injury or illness requiring First Aid treatment No lost time injury days	Injury or illness requiring medical treatment Lost time injury <10 days	Serious injury or illness. Lost time injury >10 days	Significant/extensive injury or illness. Permanent Partial Disability	Fatality Permanent Total Disability														
	Insignificant	Minor	Moderate	Major	Critical														
<p>Click the  icon to submit the Incident</p>																			

## REVISION HISTORY

Revision #	Date	Amendment Description
1	17/10/2016	New Document