

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE

This guide is designed to assist staff and students to report a psychological incident using the C.H.A.R.M system.

Each psychological incidents may be unique, in which the level of confidentiality around these incidents may vary. This guide is to assist users to submit a psychological incident to ensure that the incident is dealt with confidentially and by the relevant support area.

An incident may be considered "Confidential" if it relates to a psychological injury, stress, bullying or harassment in the workplace or where there are steps which need to be taken prior to line manager notification.

Please refer to the figure below to see what steps are to be undertaken when lodging a psychological incident depending on the circumstances of the incident and confidentiality.

## **Psychological Incident to be reported**



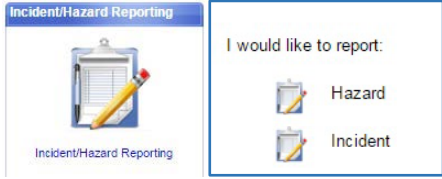
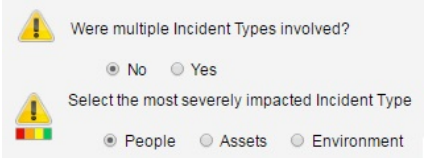
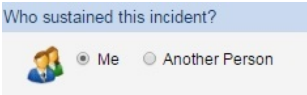
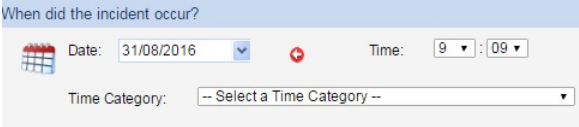
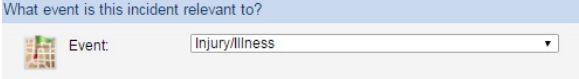
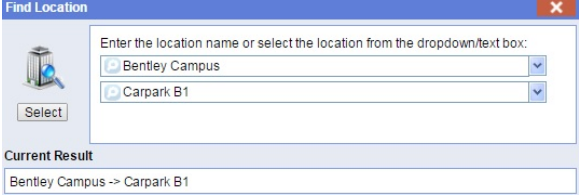

**Scenario 1: You are lodging an incident on behalf of another person (person involved), and do not want the person involved to see the incident (Go to page 2).**

**Scenario 2: You are lodging an incident on behalf of another person (person involved), and would like the person involved to see the incident (Go to page 6).**


















**Scenario 3: You are lodging an incident in which you are the person involved, and do not want your manager to see the incident (Go to page 10).**

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**Scenario 1: You are lodging an incident on behalf of another person (the person involved), and do not want the person involved to see the incident.**

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>Select “no” and “people” to report an injury or illness.</p>
	<p><b>If you do not want the involved person to see this incident, select “me”.</b> This will ensure that the incident will remain confidential from the involved person and they will not have access to view the incident. If you select “another person” the selected person will receive access and receive an email notification to the incident.</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 “<i>Select</i>” to select the location and close the pop up box.</p>







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<p><b>Incident Details</b></p> <p>Did this incident occur: <input checked="" type="radio"/> On Campus <input type="radio"/> Off Campus</p> <p>Incident Location: Bentley Campus  </p> <p>Location Category: Pathway/Walkway </p> <p>Location Details: The painted hexagon at Henderson Court </p>	<p>Select a location category from the drop down box and use the text box 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: -- Select a Work Activity Category -- </p> <p></p> <p><b>Describe the incident with as much detail as possible:</b></p> <p>Psychological Incident</p> <p>Example only</p> <p></p>	<p>Enter specific detail in these fields to identify exactly where, what and how the incident occurred.</p> <p><b>Do not include information in regards to the person involved in this section as this information appears in reports and on the incident register.</b></p> <p><b>Personal information in regards to the person involved is to be included in the injury details question appearing further in the report.</b></p>
<p><b>Did an injury/illness occur?</b></p> <p> <input type="radio"/> No <input checked="" type="radio"/> Yes</p>	<p>Select <b>Yes</b> to an injury/illness occurring</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></p>	<p>If there was a witness please select <b>Yes</b>. 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><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>What type of Equipment was used at the time of Incident:</b></p> <p>Equipment: Handtools, non-powered, edged </p>	<p>Select the type of equipment used from the drop down box or leave this question if no equipment.</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>

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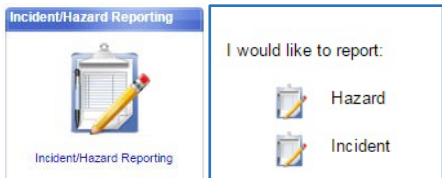
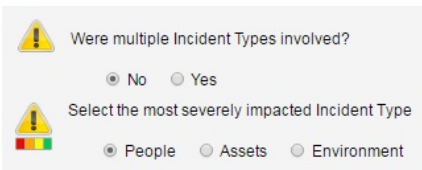
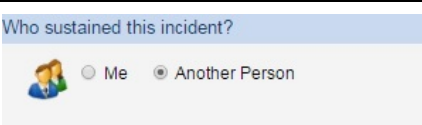
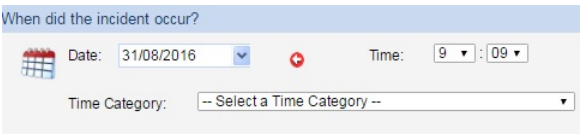
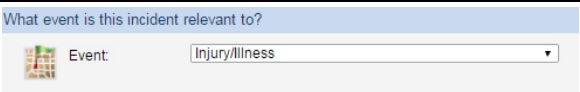
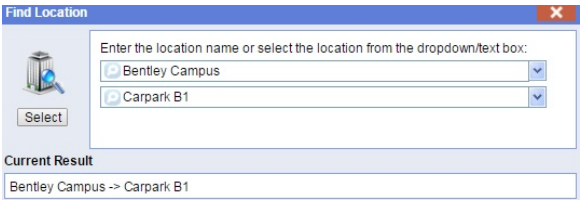

<p><b>Incident Classification:</b></p> <p>Identify what occurred:  <input type="text" value="Psychological stress factors (workplace violence, unrealistic work dema"/></p> <p>What was the most significant cause:  <input type="text" value="Psychological/Stress"/></p>	<p>Select "Psychological stress factors" from the identify what occurred drop down list and significant cause drop down list.</p>
<p><b>Injury/Illness Classification:</b></p> <p>Identify the type of injury or illness sustained (select the most severe):  <input type="text" value="Psychological illness/stress"/></p> <p>What part of the body was/is most affected (select the most severe):  <input type="text" value="General and unspecified locations"/></p> <p>If applicable what side of the body was affected?  <input checked="" 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:          Example Only:          Student John Doe has been expressing depressive behaviours after failing a unit.</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 "psychological illness" from the question: identify the type of injury or illness sustained (select the most severe) drop down list.</p> <p>If relevant, select the side of the body affected</p> <p>Enter specific injury details into the text box. Include information in this section in regards to the person involved.</p>
<p><b>Assign to:</b></p> <p>Do you want this incident to remain confidential? (i.e from your Manager or SHR)          Please ensure you read the Psychological Incident Guide in the FAQs to the left before proceeding.</p> <p><input checked="" type="radio"/> No   <input type="radio"/> Yes</p> <p>Manager/Supervisor: <input type="text" value=""/></p>	<p><b>Confidential incident question:</b>          If you select "no" the incident will be automatically assigned to your manager and their name will appear in the Manager/Supervisor box. To change this to the manager of the involved person, click on the magnifying glass to perform a person search and select the relevant manager.</p> <p>If you <b>DO NOT</b> want the Manager/Supervisor to be notified please select <b>Yes</b> and a confidential incident will occur. 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><i>An incident may occasionally be considered "Confidential" if it relates to a psychological injury, stress, bullying or harassment in the workplace or where there are steps which need to be taken prior to line manager notification.</i></p>
<p><b>Notify your local Health and Safety Representative:</b></p> <p>HS Representative: <input type="text" value="OHS TEST"/></p>	<p>Skip this question if you do not wish to notify your local SHR.</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>

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<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><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:</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	<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 checked="" type="radio"/> No <input 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"/> Less than one working day/shift lost - <b>No Lost Time From Work</b></p> <p><input type="radio"/> One or more working days/shifts lost - <b>Lost Time From Work</b></p>	<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><b>Did the injury result in Restricted Work Duties?</b></p> <p> <input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>Select whether the injury resulted in Restricted work duties</p>																		
<p><b>What immediate action, if any, has been taken?</b></p> <p></p> <div style="border: 1px solid gray; height: 80px; width: 100%;"></div> <p style="text-align: right;"></p>	<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 style="background-color: #e0e0e0;">Injury or illness requiring First Aid treatment No lost time injury &lt;days</td> <td style="background-color: #e0e0e0;">Injury or illness requiring medical treatment Lost time injury &lt;10 days</td> <td style="background-color: #e0e0e0;">Serious injury or illness. Lost time injury &gt;10 days</td> <td style="background-color: #e0e0e0;">Significant/extensive injury or illness. Permanent Partial Disability</td> <td style="background-color: #e0e0e0;">Fatality Permanent Total Disability</td> </tr> <tr> <td></td> <td style="background-color: #e0e0e0;">Insignificant</td> <td style="background-color: #e0e0e0;">Minor</td> <td style="background-color: #e0e0e0;">Moderate</td> <td style="background-color: #e0e0e0;">Major</td> <td style="background-color: #e0e0e0;">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>																			

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE


**Scenario 2: You are lodging an incident on behalf of another person (person involved), and would like the person involved to see the incident. The confidential incident question will determine whether you would like to keep this incident confidential from the person involved's manager.**

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>Select "no" and "people" to report an injury or illness.</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>

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE






<p><b>Incident Details</b></p> <p>Did this incident occur: <input checked="" type="radio"/> On Campus <input type="radio"/> Off Campus</p> <p>Incident Location: Bentley Campus</p> <p>Location Category: Pathway/Walkway</p> <p>Location Details: The painted hexagon at Henderson Court</p>	<p>Select a location category from the drop down box and use the text box to enter specific location information</p>
<p>What was the work or activity being undertaken at the time of the incident?</p> <p>Work Activity Category: -- Select a Work Activity Category --</p> <p>Describe the incident with as much detail as possible: Psychological Incident Example only</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 type="radio"/> No <input checked="" type="radio"/> Yes</p>	<p>Select <b>Yes</b> to an injury/illness occurring</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>If there was a witness please select <b>Yes</b>. 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><b>Was there a vehicle involved?</b></p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>Registration number</p>	<p>Select if a vehicle was involved, if applicable to the incident</p>
<p><b>What type of Equipment was used at the time of Incident:</b></p> <p>Equipment: Handtools, non-powered, edged</p>	<p>Select the type of equipment used from the drop down box or leave this question if no equipment.</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>

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE

<p><b>Incident Classification:</b></p> <p>Identify what occurred:  <input type="text" value="Psychological stress factors (workplace violence, unrealistic work dema"/> </p> <p>What was the most significant cause:  <input type="text" value="Psychological/Stress"/> </p>	<p>Select "Psychological stress factors" from the identify what occurred drop down list and significant cause drop down list.</p>
<p><b>Injury/Illness Classification:</b></p> <p>Identify the type of injury or illness sustained (select the most severe):  <input type="text" value="Psychological illness/stress"/> </p> <p>What part of the body was/is most affected (select the most severe):  <input type="text" value="General and unspecified locations"/> </p> <p>If applicable what side of the body was affected?  <input checked="" 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:          Example Only:          Student John Doe has been expressing depressive behaviours after failing a unit.       </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 "psychological illness" from the question: identify the type of injury or illness sustained (select the most severe) drop down list.</p> <p>If relevant, select the side of the body affected</p> <p>Enter specific injury details into the text box.</p>
<p><b>Assign to:</b></p> <p>Do you want this incident to remain confidential? (i.e from your Manager or SHR)          Please ensure you read the Psychological Incident Guide in the FAQs to the left before proceeding.  <input type="radio"/> No   <input checked="" type="radio"/> Yes       </p> <p>Manager/Supervisor: <input type="text" value="Nelly Latino"/></p>	<p><b>Confidential incident question:</b>          If you select "no" the incident will be assigned to the manager of the person involved.</p> <p>If you <b>DO NOT</b> want the Manager/Supervisor to be notified please select <b>Yes</b> and a confidential incident will occur. You will be prompted with a confidentiality statement and the incident will be assigned to the Director of Health, Safety and Emergency Management.</p> <p>An incident may occasionally be considered "Confidential" if it relates to a psychological injury, stress, bullying or harassment in the workplace or where there are steps which need to be taken prior to line manager notification.</p>
<p><b>Notify your local Health and Safety Representative:</b></p> <p>HS Representative: <input type="text" value="OHS TEST"/></p>	<p>Skip this question if you do not wish to notify your local SHR.</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><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>



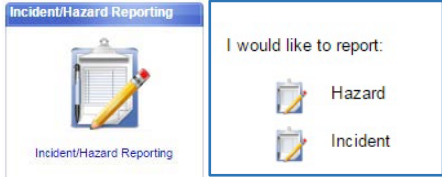
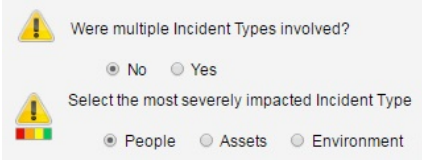
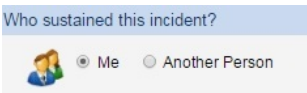
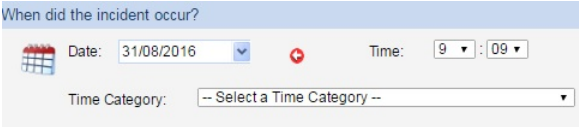
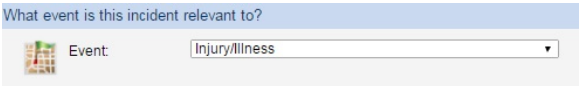
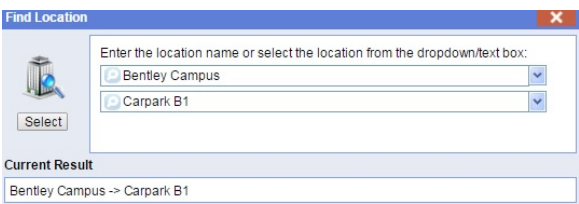



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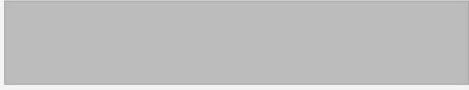




<p>Do you intend on seeking Medical treatment?</p>  <input checked="" type="radio"/> No <input type="radio"/> Yes	<p>Select whether you wish to seek medical treatment for your injury.</p>																		
<p>Injury/illness resulted in:</p>  <input type="radio"/> Less than one working day/shift lost - <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>																		
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<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>																		
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	Insignificant	Minor	Moderate	Major	Critical														
<p>Click the  icon to submit the Incident</p>																			

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE









**Scenario 3: You are lodging an incident in which you are the person involved, and do not want your manager to see the incident.**

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>Select “no” and “people” to report an injury or illness.</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 “<i>Select</i>” to select the location and close the pop up box.</p>


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<p><b>Incident Details</b></p> <p>Did this incident occur: <input checked="" type="radio"/> On Campus <input type="radio"/> Off Campus</p> <p>Incident Location: Bentley Campus  </p> <p>Location Category: Pathway/Walkway </p> <p>Location Details: The painted hexagon at Henderson Court </p>	<p>Select a location category from the drop down box and use the text box 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: -- Select a Work Activity Category -- </p> <p></p> <p><b>Describe the incident with as much detail as possible:</b></p> <p>Psychological Incident</p> <p>Example only</p> <p></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 type="radio"/> No <input checked="" type="radio"/> Yes</p>	<p>Select <b>Yes</b> to an injury/illness occurring</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></p>	<p>If there was a witness please select <b>Yes</b>. 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><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>What type of Equipment was used at the time of Incident:</b></p> <p> Equipment: Handtools, non-powered, edged </p>	<p>Select the type of equipment used from the drop down box or leave this question if no equipment.</p>

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE

<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>
<p>Experience in the task being carried out when the incident occurred:</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>Incident Classification:</p> <p> Identify what occurred:          Psychological stress factors (workplace violence, unrealistic work dema          What was the most significant cause:          Psychological/Stress</p>	<p>Select "Psychological stress factors" from the identify what occurred drop down list and significant cause drop down list.</p>
<p>Injury/Illness Classification:</p> <p> Identify the type of injury or illness sustained (select the most severe):          Psychological illness/stress          What part of the body was/is most affected (select the most severe):          General and unspecified locations          If applicable what side of the body was affected?  <input checked="" type="radio"/> Not applicable <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both</p> <p>Injury Details:</p> <p> Describe the injury in detail:          Example Only:          Student John Doe has been expressing depressive behaviours after failing a unit.</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 "psychological illness" from the question: identify the type of injury or illness sustained (select the most severe) drop down list.</p> <p>If relevant, 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 want this incident to remain confidential? (i.e from your Manager or SHR)          Please ensure you read the Psychological Incident Guide in the FAQs to the left before proceeding.  <input type="radio"/> No <input checked="" type="radio"/> Yes          Manager/Supervisor: Nelly Latino</p>	<p><b>Confidential incident question:</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><i>An incident may occasionally be considered "Confidential" if it relates to a psychological injury, stress, bullying or harassment in the workplace or where there are steps which need to be taken prior to line manager notification.</i></p>
<p>Notify your local Health and Safety Representative:</p> <p> HS Representative: OHS TEST</p>	<p>Skip this question if you do not wish to notify your local SHR.</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>

# C.H.A.R.M PSYCHOLOGICAL INCIDENT QUICK GUIDE

<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><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:</p> <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>	<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 checked="" type="radio"/> No <input 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"/> Less than one working day/shift lost - <b>No Lost Time From Work</b></p> <p><input checked="" type="radio"/> One or more working days/shifts lost - <b>Lost Time From Work</b></p>	<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><b>Did the injury result in Restricted Work Duties?</b></p> <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p>	<p>Select whether the injury resulted in Restricted work duties</p>																		
<p><b>What immediate action, if any, has been taken?</b></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></th> <th colspan="5">Consequence</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e6f2ff;">Health &amp; Safety</td> <td style="background-color: #e6f2ff;">Injury or illness requiring First Aid treatment No lost time injury days</td> <td style="background-color: #e6f2ff;">Injury or illness requiring medical treatment Lost time injury &lt;10 days</td> <td style="background-color: #e6f2ff;">Serious injury or illness. Lost time injury &gt;10 days</td> <td style="background-color: #e6f2ff;">Significant/extensive injury or illness. Permanent Partial Disability</td> <td style="background-color: #e6f2ff;">Fatality Permanent Total Disability</td> </tr> <tr> <td></td> <td style="background-color: #e6f2ff;">Insignificant</td> <td style="background-color: #e6f2ff;">Minor</td> <td style="background-color: #e6f2ff;">Moderate</td> <td style="background-color: #e6f2ff;">Major</td> <td style="background-color: #e6f2ff;">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														
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REVISION HISTORY		
Revision #	Date	Amendment Description
1	15/12/2016	New Document