





## Submitting an Employee Event Form

NOTE: A **Green Asterisk (\*)** is a **Mandatory Field** and has to be completed in order to submit the form.

### To submit an Employee event: Select the Employee Event icon:



- Beginning at the top of the form that states:  
**Specific Event Type:** Click in the box to open up the drop down menu. Select the specific event type ie: fall, sprain/strain, etc.
- Entered by:** This will automatically have your name.
- Reported for:** Only to be used if you are unable to submit the event yourself.
- First and Last Name:** Select the Lookup Icon (  ) and type in your last and first name and then select **Search Staff**. Your name should be listed. Select the round button next to your name and then select the **Accept** button. Your information will then populate on the employee event form. **NOTE: If your name does not appear when you select Search Staff, please go back to the form and type in your last and first name.**
- When and Where Event Occurred:**  
**When: Event date:** Click in box to open the calendar  Select the date the event occurred from the calendar.  
**Time (00:00):** Enter the time of day the event occurred. **NOTE: This is a 24 hour clock.**  
**Where:** Select from the drop down menu the following:
  - Program:** Select the Program division where the event occurred (i.e.: Hospital Services East (Acute Care)).
  - Site/Department:** Choose the site/facility where the event occurred (i.e.: at Queen Elizabeth Hospital).
  - Service Area:** the event occurred (i.e.: Inpatient/Resident Unit).
  - Location** the event occurred (i.e.: on Unit 1).
  - Specific Location** the event occurred specifically (i.e.: in patient/client/resident room).
- Details of the Event:**  
**Injury/Damage Incurred?** Select from drop down menu either: **Yes or No**  
(NOTE: If **NO** is selected your severity level option is: **Severity Level 1 or 2**. If **YES** is selected: **Severity Level option will be 3, 4 or 5**.  
**Is this event Covid19 related?** Select from the drop down menu either: **Yes, No or Unknown**  
**Equipment Involved?** Select from the drop down menu either: **Yes, No or Unknown**  
**Reported Incident Severity:** Select from drop down menu the **Severity Level** options i.e.: Severity Level 1 or 2 for **NO**. Severity Level 3, 4 or 5 for **YES**.  
**Describe the Event:** Please give details of the event in this text box.  
**Contributing Factors:** Select **Add/Modify** – Check the contributing factors to the event (select more than one option if applicable) and then select **OK**  
**Actions Taken:** Select **Add/Modify** - Check the actions taken at the time of the event (select more than one option if applicable) and then select **OK**  
**WCB Completed?** Select from the drop down menu either: **Yes or No**  
**Did disclosure occur to patient and/or family?** Select from the drop down menu either: **Yes, No, Unknown or N/A**
- Injury Details: If YES to Injury/Damaged Incurred, Complete ‘Injury Details’ Portion:**  
**Nature of the Injury:** Select **Add/Modify** – check the nature of the injury (select more than one if applicable) then select **OK**  
**Injury Location:** Select **Add/Modify** - check the injury location (select more than one if applicable) then select **OK**  
**Injury Side of the Body:** Select from drop down menu one of the options: **Left, Right, Both, Not Applicable**  
**X-ray Taken?** Select from drop down menu one of the options: **Yes, No, or Unknown**  
**Medical Examination?** Select from drop down menu one of the options: **Yes, No, Declined or Unsure**
- If YES to Equipment Involved:** Select **Add** – type in text box ‘**Type of Equipment Involved**’ (i.e.: wheelchair, etc.) then select **OK**
- Witness Details: IF** there was a witness to the event select **Add** then put the witness name, etc and select **OK**
- Who was notified?**  
Select **Add** then under ‘**Type of Person Notified**’ select the drop down list and pick the position of the person notified i.e.: **Manager, Director, etc.**  
**Name:** Type in text box their name.  
**Date:** Click in box to select the calendar to choose the date they were notified. Then select **OK**.  
**NOTE: If there was more than one person notified of the event you would then select Add again and complete the same process.**



# Provincial Safety Management System

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# Health PEI



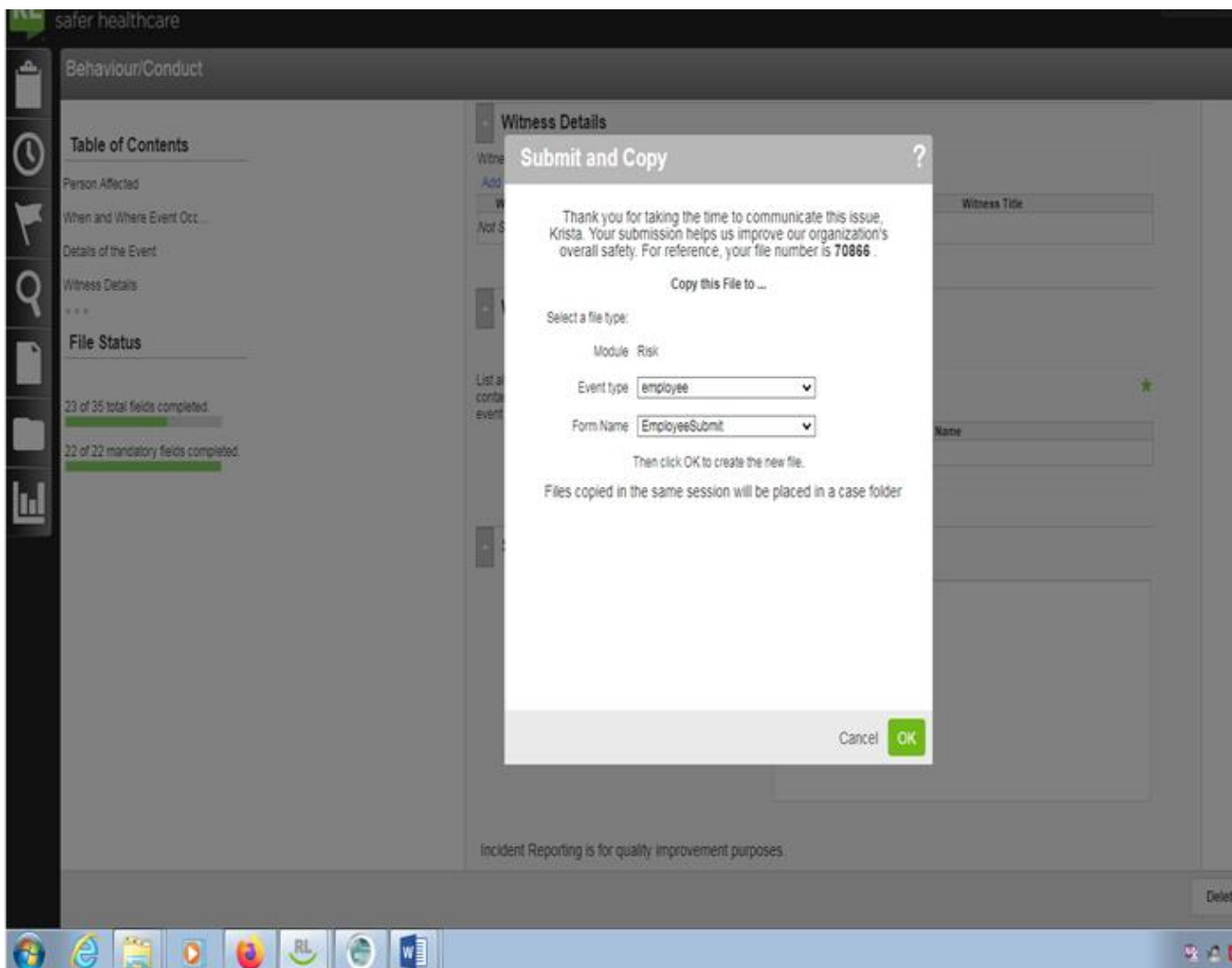
- 11. Staff Recommendations:** If you would like to make a recommendation on how the incident could have been prevented, etc. please type it in the text box.
- 12. NOTE:** At the bottom of the page the user will see the following options: *Delete*, *More Actions* and *Submit*. Under the **MORE ACTIONS** button – A front line user has the following options: **Save as Incomplete OR Submit and Copy**.
- 13. Save as Incomplete function:** If you are unable to complete your form, you can save it and complete it later by choosing the option: **Save as Incomplete**. It will be saved under the info center icon () and in the folder titled “My Incomplete Files”. **Note: All incidents are to be completed within 24 hours or before the end of your shift.**  
  
When you are ready to complete your saved form, go to the info center icon () and to the folder titled “My Incomplete Files” and then click on the file ID # this will re-open the form allowing you to finish completing the form.
- 14. Submit and Copy function:** If an employee and patient are involved in the same incident (eg: A patient has a Behaviour incident and physically assaulted the Employee while trying to assist in cares). The Employee would complete the patient incident report under the Behaviour event form. Then at the bottom of the page **Under MORE ACTIONS** the user (employee) would select the **Submit and Copy** option. The user will then be prompted to **Copy this file to.....** Select event type: **From the drop down list under Event Type:** The user would then select **Employee** (all the information from the Behaviour form that was just completed will be copied into the Employee form) then the user would press the **OK** button which opens the **Employee form**. The user would then complete the **Employee form** and select **SUBMIT** when completed.

Figure 1: Submit and Copy screen shot



- 15. SUBMIT function:** The user would select the **SUBMIT** button when the incident is ready to be submitted.