After one of your employees submits an incident report you will receive an email with a link to that incident investigation. Open the link in your internet browser (Google Chrome, Microsoft Edge, or Internet Explorer are recommended).
 See sample email below (content of the email you receive may be different):



a. If you cannot find this email you can login to the Portal and the Incident will appear under "Home".

2. You must log-in using you HRMS NetID and password.

if Career Framework 🦉 Cross Browser Testri 🤌 Conty Test - I	in Syster 🚽 Conty Portal 📋 (TIL Adoption using 🗎	🔕 Russight   Uniesta - 🐺 Service D	esk Test 🗧 Code of Conduct for	📕 RMO 🕘 Copros Stage	🕴 Medgate Demo 🤞 Scale
	<b>ROCHESTER</b>			REMICH ROCHESTER EDV	9
	About Do 1 Academics 1 A	deletions   Arts   Athletics   C	Aranies   Medicine   Student	Life 1 Working Bere	
	rochester.aspcl5.medgate.com	Login with your Ne	tID credentials		
	NetD Into Acceptable Use Palicy	Login			
	Need Help7 V (585) 275-2000 Sunwhelp@racheder.edu				
		MAKE THE WORLD EVER BETTER MELIO	RA		

3. Once you login you will see a page where any incidents that have been reported by employees you are responsible for will appear.

ROCHESTER				Welcom
	Home	myWork	Report Event	
Inv Supervisor Incident #: 12257 Incident Location:685 MT HOPE (FAIRBAN	NK)	01/17/2018		Uni
Inv Supervisor Incident #: 10169 Incident Location:Medical Center ∴		01/10/2018		
Inv Supervisor Incident #: 10173 Incident Location:Mount Hope Campus -:		01/10/2018		FOR Envi 275-

4. Select the Incident you would like to investigate.

5. On the following page you will see six tabs – the first four are the ones you need to work with.

Supervisor Incident Investigation (Portal) ()

Inci	dent	BBFE/Pt. Handling Addt Questions	Cause	Findings & Actions	Injuries/Illnesses	Related Eve	ent Reports
Save	⊗ Canc	el 💿 Actions				Layouts	Supervisor In

- a. Complete each tab in order from left to right
- b. You <u>MUST click the SAVE button</u> before moving on from one tab to the next or any work you have completed will be lost.
- 6. General tips on filling out any of the forms
  - a. Required fields will be indicated by yellow boxes and red asterisks, optional fields will appear in white boxes, fields to be left blank will appear in grey boxes.

								<i>.</i>	
		Home	myV	Vork Report	t Event				
Supervisor Incid	lent Investigation (Por	tal) 🛈						Ň	
Incident BBF	E/Pt. Handling Addt Questions	Cause Fin	ndings & .	Actions Injuries/I	llnesses	Related Event Reports Layouts Supervisor Incident In	.• %		
Instructions									
1. Fill out all known inform	nation below. Required fields are	denoted in yellow.							
2. Navigate to all tabs, fro	m left to right, and fill out all knov	n information.							
3. When you are satisfied	that all information entered is co	mplete, select the act	ion label	ed Mark Investigation Co	mplete from	the Actions drop-down button.			
4. If this isn't a blood expo	osure or safe patient handling, vo	u do not need to comp	lete the l	Blood Exposure/Pt. Hand	lling Addt Qu	estions tab.			
Investigation Appre	ovals								
Investigating Supervisor			۹ ۱	ncident#	12257				
Supervisor Comments						+			<ul> <li>Option:</li> </ul>
Investigating EHS*			٩, ١	EHS Approval Date	mm/dd/w	N			
EHS Comments									
Incident Details									
Incident Date *	01/17/2018		# I	ncident Time *	09:15 AM				
On Premises									Required
Incident Location *	685 MT HOPE (FAIRBANK)(064	)	-	Location Type *	Office(IN	Г036)	••		
Location Comments	Cut finger with papercutt	er							
Additional Informat	ion						-		

b. Fields that have a tree icon are groups of items that are multi-layered so that you can select the most exact description available. You can expand the section by clicking on the (+) icon, or collapsing the section by clicking on the (-) icon.

- c. Fields identified with the magnifying glass Q are limited to those selections provided. Click on the magnifying glass to open the option window and select the best answer. If the list is long, you can scroll using the scroll bar on the right. You can search the options available by using an asterisk (\*) as a wild card at the beginning or end (or both) of the term you are looking for. Example: In the description box at the top of the list type \*Smith, \*Smith\*, \*fall, \*fall\*.
- 7. Review the information provided in the *Incident* tab. Be sure to fill in any required fields that have been left empty. Remember to click the Save button at the top if you have made any changes or additions before moving on to the next tab.
- 8. The second tab, *BBFE/Pt. Handling Addt Questions,* should be filled out **only** if the Incident in question included blood or bodily fluid contact, needlesticks, or patient handling.

Supervisor Incident Investigation (Portal) ()

Incident	BBFE/Pt. Handling Addt Questions	Cause	Findings & Actions	Injuries/Illnesses	Related Eve	ent Reports
----------	----------------------------------	-------	--------------------	--------------------	-------------	-------------

- a. If this does not apply, simply skip this tab and move on to the next.
- b. If this <u>does</u> apply, you will not be able to submit your report until this section is complete.
- c. If you need assistance with completing this tab, please call the EH&S office at 275-3241.
- 9. For the third tab, *Cause*, you must select the "Edit" tool to enter information.



Follow all directions steps. Use freeform field to describe the cause of the incident. Also, complete the factors that contributed to the incident. <u>PLEASE SAVE WHEN</u> <u>COMPLETE.</u>

INSTRUCTION: Please press 'Edit' below to complete the questionnaire. (MG-000676)
Cause Analysis  B Save @ Cancel @ Actions
Question Response
Click on "Edit" above to start the questionnaire, then please consider what can be done TO PREVENT OR LESSEN THE CHANCE THAT A SIMILAR INCIDENT COULD OCCUR IN THE FUTURE. IIISAVE YOUR RESPONSES AND THEN COMPLETE THE FINDINGS & ACTION TAB BEFORE C INVESTIGATION!!!
Describe the cause(s) of this incident in box at right. Please consider equipment, work environment, PPE, and personal factors. Why did it happen? What factors contributed to it happening? *
Did any of the factors listed contribute to this incident? (Check those that apply) Did any of the factors listed contribute to this incident? (Check those that apply) NA NA Rushing
PLEASE SAVE before moving to the Findings & Actions tab. Consider what can be done differently going forward to help prevent a similar injury from happening again in the future. Please consider in this order of priority: elimination/substitution to less hazardous mat equipment changes, work practices, training, and PPE (PPE should be a last resort).
In completing the Findings & Actions section you need to create a formal finding and follow-up action per above instruction, assign it to a person, along with an expected completion date

10. Once you complete the Cause tab, you must move to the Findings & Actions tab next. This tab is designed to prevent a future similar injury from happening again. You will need to create a formal finding and follow-up action. Assign the action to someone who can assist with the prevention. It is most important to e-mail the individual you have assigned this Finding & Action to, so they are aware of the assignment, and also provide a brief summary of what happened as background information for that person.

Incident	BBFE/Pt. Handling Addt	Questions	Injuries/Illnesses	Contacts	Cause	Findings	t Actions	Docur
Findings/Actions	s - Click on the Finding D	ate to Open	Record			1	÷	
🕀 New 📋 Del	ete 🕑 Actions							
Finding Dat	e 🗸 🚺 🛛 🔤	cident Locati	tion Fin	ding Type	Finding I	Details	Risk	[Descript
Go To Top								Showing

- 11. To get started, click on New, and then fill in Finding Details (a brief summary of what is wrong and needs to be corrected).
- 12. Then fill out the Actions portion of the page with the specific actions that need to be taken to rectify the situation/prevent future incidents. Assign the action to yourself or another employee preferably in your own department. If you need to involve someone in another department, we recommend you make contacting that department or person your action item so that you can complete this step. **PLEASE REMEMBER TO SAVE WHEN COMPLETE.**

Safety F&A - Main 🚙 🕕						
Finding & Actions Document	s					
🛛 New 🕒 Save 📋 Delete 🛞 Ca	Incel				Layouts	Safety F&A - Main (UR
○ Finding Details						
Source	Safety Incident		Source Id	29755		
Finding Date *	03/04/2020	ŧ.	Finding Id			
Finding Details *						н
<b>Demographics</b>						
Action						
► Action Details	<b>`</b>					
Action Details (describe what steps need to be taken to resolve finding listed above)) *						H
Action Type *		् 🔶	Action Id			
Due Date *	mm/dd/yyyy	ţ.	Assigned To *			Q
			Workflow	Action Open (ACTN-OPEN)		
Completion Details						
Completed By		) ୍	Verified By User			Q,
Date Completed	mm/dd/yyyy	Ħ	Verified Date	mm/dd/yyyy		#
		í I	Action Rating			Q
Completion Comments			Verification Comments			
🛛 New 🎦 Save 📋 Delete 🛞	Cancel O Actions			·		(

13. If you need to add more Actions you can use the Actions button at the top of the screen and select "Add New Action to Finding".

Finding (w/ Risk) & Actions	₽	0				
Finding & Actions Documents						
🗢 New 🎦 Save 📅 Delete 🛞 Can	cel	O Actions Record 1 of 1				
Finding Details		Add New Action To Finding 🝗				
Source *	Safet	Show Finding Record History				Source Id
Finding Date *	01/2	Show Action Record History			#	
	Auto	Copy Action	e: Hazard Analysis: Can you	redesign eq	uipment,	install barriers or in
Finding Details *		Delete Action				
		Email				
Finding Type *	ENG	Open Document			0	
Probability1	$\square$	View Recurrence Settings			0	Severity1
Rick		Save Layout				
						Finding Id
Employee Work Demographic						T HIGHLE IS
Action						
▶ Action Details						
Action Details						
Action Type	Engir	neering (ENG)			0	Action Type Instruction

#### 14. BE SURE TO SAVE YOUR WORK AT THIS POINT!

15. To return to the *Findings & Actions* tab you <u>must</u> use the back arrow (  $\stackrel{\frown}{\sim}$  ) beside the title *Finding (w/ Risk) & Actions.* 

- 16. No action is required on your part for the Injuries/Illness tab which contains additional information regarding the cause and nature of injury or the Related Events Reports tab which shows the information originally entered by the employee.
- 17. Once you have insured that all required fields have been filled and that all Actions are assigned, return to the <u>Incident</u> tab, select the "Actions" button and click "Mark Investigation Complete".

	nome	IIIYWOIK	Iteboir Eveni				
Supervisor Inciden: Investigation (Por	tal) ()					2	×
Incident BBFE/Pt Handling Addt Questions	Cause	Findings & Actions	Injuries/Illnesses	Related Ever	nt Reports		
Save  Cancel  Actions				Layouts	Supervisor Incident In	•	
Instructions Mark Investigation Complete						)	
1. Fill out all known inform Print Form	lenoted in yello	w.					
2. Navigate to all tabs, from left to right, and fill out all know	n information.						
3. When you are satisfied that all information entered is co	mplete, select	the action labeled Mark Inv	estigation Complete from	n the Actions dro	op-down button.		
4. If this isn't a blood exposure or safe patient handling, you	u do not need to	o complete the Blood Expo	sure/Pt. Handling Addt Qu	iestions tab.			
Investigation Approvals							
Investigating Supervisor							

- 18. At this point the investigation will be sent to Environmental Health and Safety to be reviewed.
- 19. You will be notified once EH&S has reviewed and completed the investigation if further actions are required.
- 20. For further assistance, contact the EH&S Office at 275-3241.

#### ADDITIONAL STEPS TO COMPLETE ASSIGNED ACTION ITEMS

A notification email will be sent to the person assigned any of the action items in step 11-12 above. That person will need to fill out the Completion Details section on the same page and click Save.

▶ Action Details					
Action Details					
Action Type	Engineering (ENG)	Q,	Action Type Instructions		
CAPA Type		٩,			
Due Date	mm/dd/yyyy	#	Assigned To		Q,
Is Recurrent			Recurrence End Date	mm/dd/yyyy	
1			Action Id	186	
Completion Details					
Date Completed	mm/dd/yyyy	#	Verified By		) ٩
			Verified Date	mm/dd/yyyy	) #
Completion Comments					)
Action Rating		Q	Verification Comments		
🗢 New 🖻 Save 🕆 Delete 🛞	Cancel  O Actions Record 1 of 1			<u>.</u>	) Go T