

New Layout

ONLINE INCIDENT REPORTING - EMPLOYEE



Extraordinary lives start with a great Catholic education.

NEW Online Incident Report (OLIR) – GF 390

| New Look!

The Boards OLIR form has been converted onto the Kics system.

The incident report is an updated version to the previous Parklane form.

This report is divided into 4 pages:

1. Employee Details & Incident Classification
2. Incident Details
3. Incident Description
4. Supervisor Investigation

The screenshot displays the OLIR form interface. On the left is a sidebar menu with four items: "Employee Details & Incident Classification" (highlighted), "Incident Details", "Incident Description", and "Supervisor Investigation". The main form area is titled "DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD - Employee/Supervisor Incident Report". It contains several sections: "Employee Lookup" with a search button and fields for Employee Id, Employee First Name, Employee Last Name, Position, Union, Department, Phone Number, and Email; "Employee Preferred Phone Number" with a text input field; "Supervisor Lookup" with a search button and fields for Employee First Name, Employee Last Name, and Email; a question "Did this incident occur at your home work site?" with radio buttons for Yes and No; a text input field for "Please provide name of the worksite/school location where this incident occurred at?"; "Incident Date" with a date picker (yyyy/mm/dd) and a "Today" button; "Incident Time" with a time picker (hh:mm am/pm) and a "Now" button; and "Incident Classification" with radio buttons for: "Hazardous Situation/Near Miss. No injury sustained.", "First Aid - First aid was given, but didn't involve a Health Care Professional.", "Health Care - Medical aid provided by a physician or Health Care Professional. The employee was not off work.", "Lost Time - Employee was injured and is/ will be off work.", "Critical Injury - Employee was critically injured and is / will be off work.", "Occupational Illness and will be off work.", and "Fatality - Incident resulted in a Fatality."

Accessing the Online Incident Report

| Same Process on DP 24

The process to accessing the OLIR remains the same through the staff portal on DP 24.

Go to the *Quick-links* menu and scroll down to the *Online Incident Reporting* link and click.

In the Online Incident Reporting Page, click on the [Employee/Supervisor Incident](#).



Quick-links

- eBase
- Ergonomics Videos
- Help
- HR Portal
- Megamation
- Mileage Form
- myBlueprint
- Online Incident Reporting
- Professional Learning (formerly PD Place)
- School Messenger
- Teacher-Librarian Essentials
- TRILLIUM - SDAS
- PRISM
- Staffing Plus

DP24

Home Help Calendars PnP - Policies & Procedures

Online Incident Reporting

Please click on the following link to report a **Safe School Incident (GF025)**.

Note: If this incident resulted in an injury, you are required to follow the "Employee Online Incident" link and complete a report.

[Safe School Incident \(GF025\)](#)

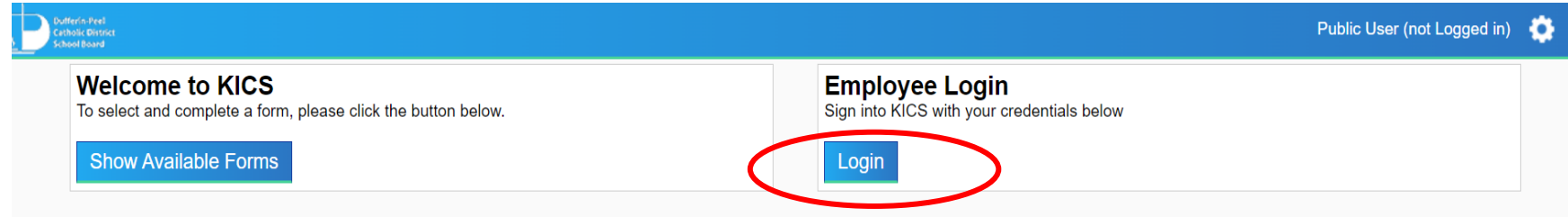
Please click on the following to access the links to complete an **Employee Incident** report or **Supervisor Incident** report.

[Employee/Supervisor Incident\(Formerly GF390\)](#)

Home Help Calendars PnP - Policies & Procedures Sites of Interest Site Directory Labour Disruption Portal

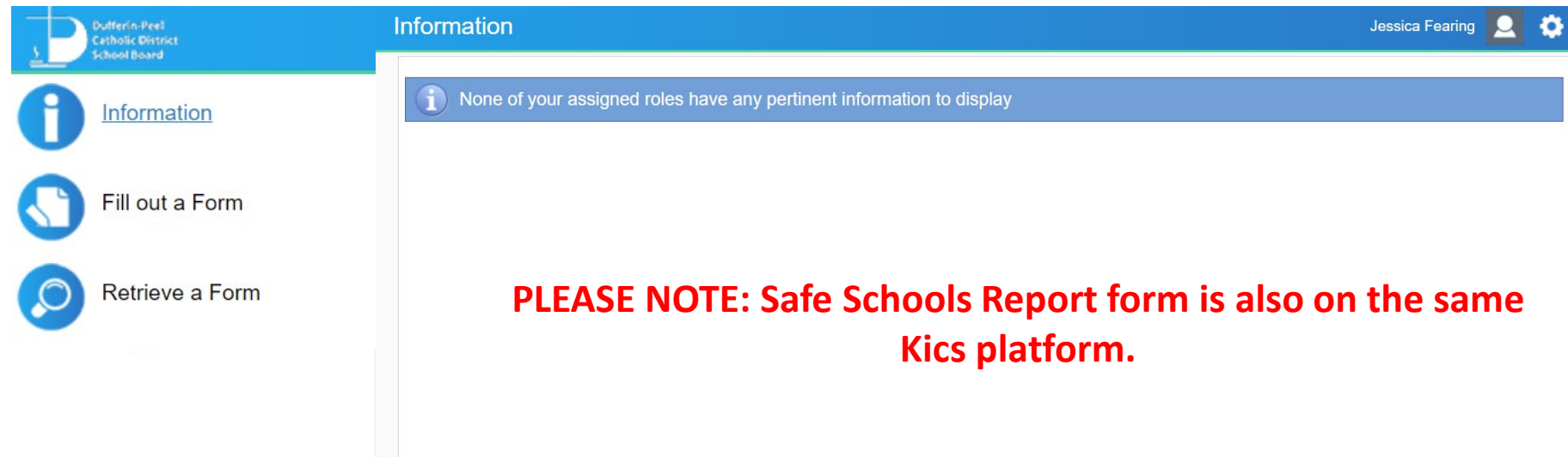
Logging into the Online Incident Report

Employee Login



Click on the *Employee Login* on the right and enter your Board credentials.

Once signed in, click on the  Fill out a Form icon on the left side column.



Logging into the Online Incident Report

| Selecting the Online Incident Report

On the Fill out a Form page, you will see 2 incident forms to chose from. Select the **Employee/Supervisor Incident Report**.

PLEASE NOTE: Safe Schools Report form is also on the same Kics platform. Do Not get them confused.

NEW Online Incident Report– First Page

Employee Details & Incident Classification

The first page requires the worker to:

- Look up their name via employee ID and date of birth.
- Supervisor Look up
- Location of Incident
- Union/Association
- Incident date and time
- Incident Classification

TEESTER - Employee/Supervisor Incident Report

Employee Details & Incident Classification

Incident Details

Incident Description

Supervisor Investigation

Employee Lookup
Employee Lookup

Employee Id:
Employee First Name:
Employee Last Name:
Position:
Union:
Department:
Phone Number:
Email:

Employee Preferred Phone Number

Supervisor Lookup
Supervisor Lookup

Employee First Name:
Employee Last Name:
Email:

Did this incident occur at your home work site?
 Yes
 No

Please provide name of the worksite/school location where this incident occurred at?

Incident Date
yyyy/mm/dd Today

Incident Time
hh:mm am/pm Now

Incident Classification

- Hazardous Situation/Near Miss. No injury sustained.
- First Aid - First aid was given, but didn't involve a Health Care Professional.
- Health Care - Medical aid provided by a physician or Health Care Professional. The employee was not off work.
- Lost Time - Employee was injured and is/ will be off work.
- Critical Injury - Employee was critically injured and is / will be off work.
- Occupational Illness and will be off work.
- Fatality - Incident resulted in a Fatality.

N New Form Not Yet Stored

Exit Next

NEW Online Incident Report–First Page

| Employee Details & Incident Classification

When selecting any classification, the definition of each incident classification will be shown. For **Medical Aid**, and **Lost time** incidences, an additional noticed is provided as a reminder to report incident to Health Promotion and Wellness and that the Joint health and safety committee Worker Co-Chairs will receives a copy of the incident as required by the OHSA.

NOTE: All fields are mandatory in this section to complete.

Incident Classification

- Hazardous Situation/Near Miss. No injury sustained.
- First Aid - First aid was given, but didn't involve a Health Care Professional.
- Health Care - Medical aid provided by a physician or Health Care Professional. The employee was not off work.
- Lost Time - Employee was injured and is/ will be off work.
- Critical Injury - Employee was critically Injured and is / will be off work.
- Occupational Illness and will be off work.
- Fatality - Incident resulted in a Fatality.

Health Care (Medical Aid) – A work related injury, which requires medical treatment but does not result in time lost from work.

Following a reported incident, ensure that your Supervisor and Health Promotion and Wellness Office (HPWmailbox@dpcdsb.org) are notified. Please provide all medical documentation to HPWmailbox@dpcdsb.org.

Note: A copy of all lost time incident reports are sent to the appropriate JHSC Worker Co-Chair.

NEW Online Incident Report— Second Page

Incident Details

The second page requires worker to provide details of the incident such as:

- Specific location of the incident
- If workplace violence or Harassment was part of the incident, and if so, the specifics details to the violent or harassment incident.

- **NOTE: All fields are mandatory.** For the **Aggressor Identification** section, you DO NOT have to put the student's name and information. Student initials/identifiers is acceptable.

TESTER - Employee/Supervisor Incident Report
Jessica Fearing

This is a preview of the form and is fully-functioning with the following conditions:
- It will not be stored when you submit it
- No Confirmation Code is associated with this form
- All Pages (regardless of permissions) are available for your review
- On exiting, disregard "Exit this form" dialogue box and the "Page Saved as Complete" page.

Location at site where incident occurred

Definition of Workplace Violence from the Occupational Health & Safety Act:

- The **exercise of physical force** by a person against a worker, in a workplace, that causes or could cause physical injury to the worker
- An **attempt to exercise physical force** against a worker, in a workplace, that could cause physical injury to the worker
- A **statement or behaviour that it is reasonable for a worker to interpret as a threat** to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Workplace Harassment from the Occupational Health & Safety Act:

- engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
- workplace sexual harassment

Please refer to [GAP 305.00](#) if there is workplace harassment involved.

Was Violence or Harassment a part of this incident

Yes
 No
 Unknown

New Form
A-23-0-00000

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TESTER - Employee/Supervisor Incident Report
Jessica Fearing

Was Violence or Harassment a part of this incident

Yes
 No
 Unknown

Did the situation involve physical violence?

Yes
 No

Type of physical violence against worker

Exercised Attempted Threatened Punching Biting Striking
 Pushing Spitting Kicking Scratching Sexual Pulling
 Other

Did the situation involve harassment?

Yes
 No

TESTER - Employee/Supervisor Incident Report
Jessica Fearing

Was Violence or Harassment a part of this incident

Yes
 No

Is the aggressor a third-party to Dufferin-Peel? (i.e. student, parent, visitor, contractor, community member)

Yes
 No

Is domestic violence a factor in this incident?

Yes
 No

Were the Police summoned for this incident?

Yes
 No

Aggressor Identification (Name, Address, Age, Height, Role)

MK, Grade 2 student

Aggressor Identification (Name, Address, Age, Height, Role)

MK, Grade 2 student

New Form
A-23-0-00000

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NEW Online Incident Report— Third/Final page

Incident Description

The third page requires the employee to provide detail descriptions of the incident such as:

- Eyewitnesses
- Descriptions on what happened
- Injury Description
- Description on what body part that was injured (if applicable)

NEW Online Incident Report-GF 390

| Final Step

Once employee submits the report, a confirmation code will appear to verify that the report was submitted successfully.

The Supervisor/Principal will receive an email notification to complete the supervisor investigation page of the report.


The employee will receive a copy their report.

****Employee must still advise their supervisor of the incidence and the submission of the injury report. ****

TESTER - Employee/Supervisor Incident Report

Form Submitted Successfully

Your form has been successfully submitted into the KICS System and is marked as complete. For future reference, the confirmation code for this form is: **A-23-0-00000**



C Completed Form
A-23-0-00000

Exit

Questions or Help?

If you have any questions , issues or need any assistance contact any of the following for help:

Lydia Chatoff, Health and Safety Officer ext. 24136

Joshua Lee, Health and Safety Officer ext. 24557

Jessica Fearing, Manager of Health and Safety ext. 24137

Thank You!



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