

INSTRUCTIONS TO THE ON~LINE INCIDENT REPORTING SYSTEM

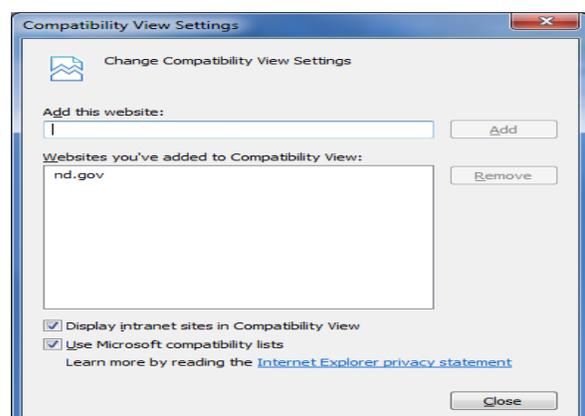
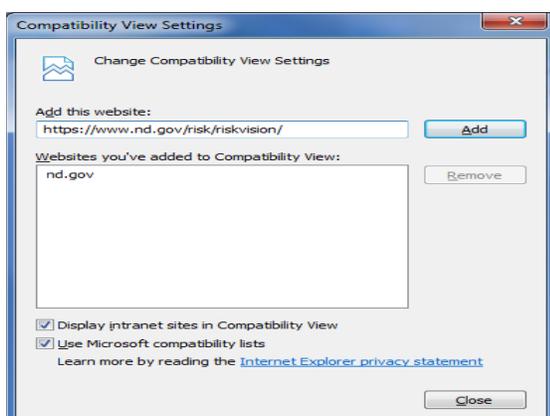
State of North Dakota
Office of Management & Budget
Risk Management Division
December 2015

BEFORE Starting the Incident Report

Preparation: To expedite the reporting process and avoid timing out of the System, make sure you have all of the necessary and required information ready before you start.

Items to take into consideration

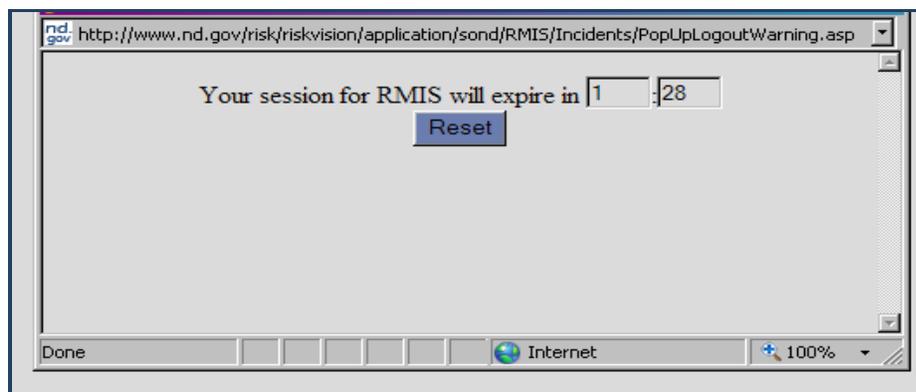
- When entering an incident report into the RiskVision system it is best to use **Internet Explorer 11**. Other browsers (i.e. Google Chrome, Firefox, Safari) cause problems with the required fields and then the proper information is not submitted to Risk Management. When utilizing other browsers, the information is not properly saved in the database and Risk Management will need to inquire for the missing information. Also, the PDF copy that the agency receives will not accurately reflect the information of the incident.
- If there is an apostrophe in the name (i.e. O'Neil) of any of the individuals you are entering in the reports, do not enter the apostrophe (O Neil) because the system will cause you to receive an error.
- If you are considering pasting information into the incident report, ensure that the text does not exceed the character limit in the field because the system will cause you to receive an error.
- If you are utilizing the Medical Service Incident Report (SFN 53601) and under Process you select OTHER you will need to enter something in the box that pops up on the right hand side. If you do not enter anything in that field, the system will provide you an error.
- Consider adding the RiskVision site to your **Compatibility View Settings** within Internet Explorer to ensure the system doesn't cause any additional errors.
 - When in Internet Explorer click on Tools; select Compatibility View Settings; in the Add This Website box type this address: <https://www.nd.gov/risk/riskvision/>; then select Add; the address will show as **nd.gov**.



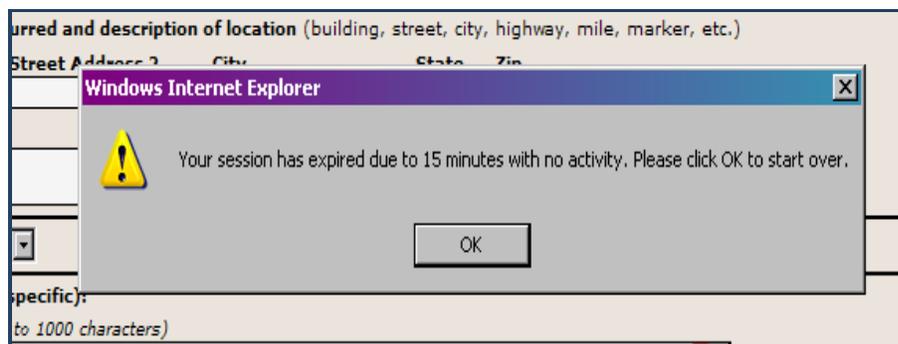
Because the On-Line Incident Reporting System is web-based, Microsoft limits the time a session can be open on the web server. Thus, the time an entry user has to report an incident through the System is also limited. That time is 15-20 minutes. You will be given notice with a **Countdown Timer and Reset** option when that time is about to expire, which will appear as follows:

Countdown Timer & Reset

- (1) If the reporting session is open for **15 minutes** without any activity, a message and timer will pop up on the screen, along with a sound chime, giving the user notification that the session will expire in **5 minutes**. This pop up message will give you the option to “**Reset**” the session within the 5 minute time frame. If “**Reset**” is selected, the pop up will close and the session will run for another 15 minutes. The user can continue resetting the session until the report is submitted.



- (2) If “**Reset**” is **NOT** selected, a message will pop up explaining that your session expired and you will need to start the reporting session from the beginning.



Start Incident Report

- Go to the Office of Management and Budget's website under State Employee – Report an Incident or Accident at:
www.nd.gov/omb/state-employee/report-incident-or-accident
- Click on the **Online Incident Reporting** link.

Report an Incident or Accident

Only state employees shall submit state incident/accident reports.

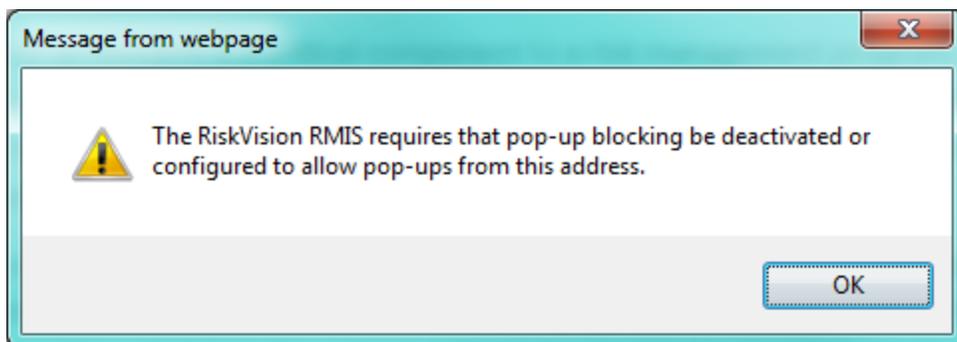
Prompt reporting of an incident is a critical component to a risk management program. Employees are directed to report all incidents and accidents as soon as possible to their supervisor (or his/her designee in the event of an absence) preferable by the end of the workday or within 24 hours. The supervisor is then responsible to work with the employee and the designated agency Risk Management or State Workers Compensation Program Contact in filing an online incident report.

An incident is an unplanned occurrence that resulted or could have resulted in injury to people or damage to property. An incident may also be considered an accident or near miss. When an incident is reported promptly, injured persons receive timely medical care, unsafe conditions are quickly corrected, and evidence is preserved for administration of potential claims. Incidents should be reviewed to identify trends, effectiveness of current safety programs, and to prevent similar incidences from re-occurring.

All incidents as discussed above should be reported to the Risk Management Division within 24 hours of the incident or receiving the report of the incident. Please report incidents through Risk Management's On-line Reporting System. The employee that has the most information or first-hand knowledge about the incident should complete the report. Incident reports should not be completed by non-state employees. For instructions on use of the [On-line Reporting System](#), please refer to the [Instructions to Online Incident Reporting](#) or contact the Risk Management Division at 701.328.7584.

All incidents must be investigated thoroughly with factual and accurate information prepared and attached to the incident report. Properly investigated and analyzed incidents will assist in administration of potential claims/lawsuits, and protecting property by locating causes of incidents so corrective action can be taken.

- When the following message pops-up **Click OK**.



- Then go to **Click Here to Report An Incident** – no password required.



- You will get a list and the descriptions of the three different incident reports – click on the report you need to complete based upon the descriptions.

Incident Reports Online
State of North Dakota Risk Management Information Reporting System

Please review the description and select a form from the list below. Only one form per incident is necessary.

All incidents may be an **EXEMPT RECORD** (Contact the Risk Management Division)

DETAILED INSTRUCTIONS ARE AVAILABLE [HERE](#).

INTERNET EXPLORER BROWSER MUST BE USED OR YOU COULD ENCOUNTER PROBLEMS.

SFN 50508 – Incident Report
This form is used to report incidents involving alleged injuries (to non-employees and employees) OR property damage of any type which occurred at any location/building/property owned or managed by the State or that involved actions by State employee(s) that caused the alleged injury or property damage.

Use this form to make the first report of an employee's injuries to Risk Management Workers Compensation.

SFN 51301 – Motor Vehicle Report
This form is used to report incidents involving any type of vehicle owned or driven by the State or State employees (including permitted drivers) and it may also include causing injuries to individuals or damage to property that is not owned/managed or leased by the State when a State owned vehicle is involved.

SFN 53601 – Medical Services Incident Report
This form is NOT for reporting vehicle accidents or employee injuries (workers compensation). This form is used to report incidents involving any medical treatment or services provided by State employees or any injury to a third party at a State owned or managed medical facility (i.e. Human Service Centers, State Hospital, Developmental Center, Veteran's Home, or clinics).

[LOG OUT](#)

- Type in the information about the person submitting the report – **ALL** fields on this screen are required (identified with a **red triangle**).

SFN 50508 – Incident Report

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Required field

First Name

Last Name

Job Title

Telephone Number

E-mail address

Confirm E-mail address

Department

- Click **Continue** when all fields are completed.
- Fill out the necessary information on the first screen. Any field that has a **red triangle** is a required field. If the **Time of Incident** is unknown or cannot be determined type in "??" and then choose either AM or PM.
- The **Department/Agency Where Incident Occurred**: ONLY for **SFN 50508** - the department/agency may differ from the Department identified in the box above; i.e. a Dept. of Human Services employee witnesses an incident that occurred at the Capitol, therefore the 'Agency Where Incident Occurred' is OMB Facility Management; but on **SFN 51301**, the department/agency is your place of employment.

- Select **Claim Form Requested** if the other party indicates that he/she will be looking for compensation/reimbursement for the incident, then select Yes.

- Click **Continue** after filling in **ALL** the required fields.
- You will get the following message to "Please enter a value" if any of the required fields were missed and are not completed. The particular field will be **highlighted in yellow** and must be filled in before you can continue to the next screen.

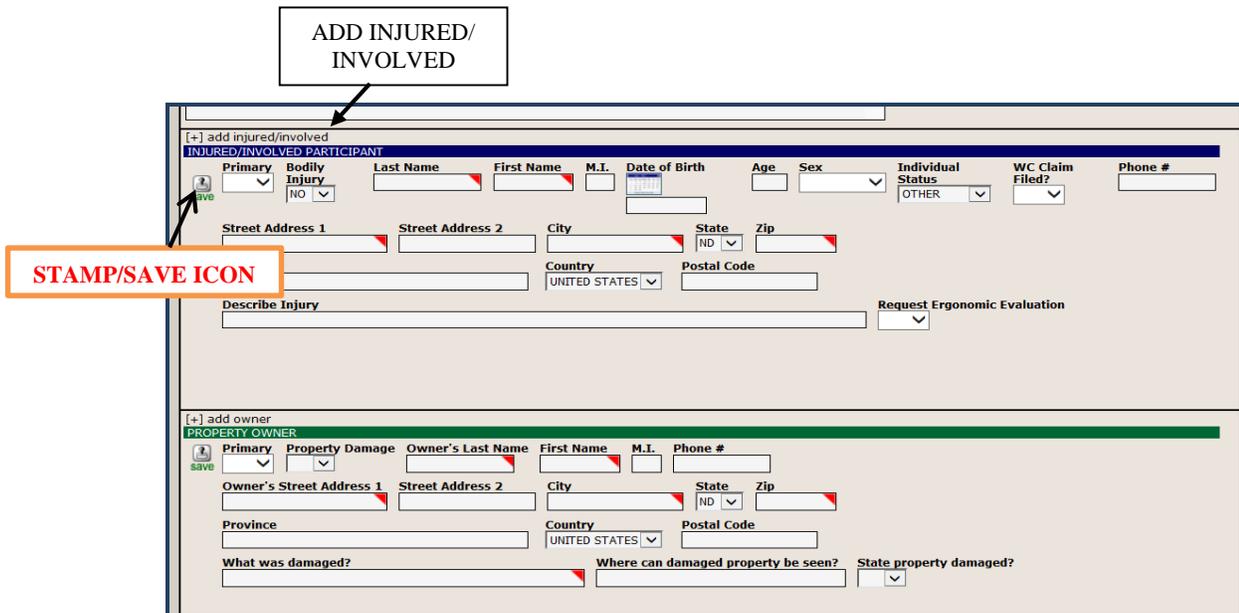


- Fill out the necessary information on the second screen. Remember, any field that has a **red triangle** is a required field. The information that you typed in the first screen will carry over into the second screen.
- When finished entering information about the (a) **Injured/Involved Participant (blue section)**, (b) **Property Owner (green section)** and/or (c) **Witness (red section)**, you **MUST** click on the **stamp/save**  **icon** on the left side to save each section.
- Either the **Injured/Involved Participant (blue)** and/or **Property Owner (green)** must be filled out or the form will not submit. However, both sections **do not** need to be completed to submit.

- If you need to add more than one individual into these sections, click on the (a)  **add injured/involved**, (b)  **add owner**, or (c)  **add witness**. This option eliminates re-entry of the same incident if multiple parties are involved. It is located at the top of each the **blue**, **green**, and **red** section.

- Note that any phone numbers entered must be in the following format: 000-000-0000

EXAMPLE showing stamp/save icon  **save** and add icon .



ADD INJURED/ INVOLVED

[+] add injured/involved

INJURED/INVOLVED PARTICIPANT

Primary Bodily Injury Last Name First Name M.I. Date of Birth Age Sex Individual Status WC Claim Filed? Phone #

Street Address 1 Street Address 2 City State Zip

Country Postal Code

Describe Injury Request Ergonomic Evaluation

[+] add owner

PROPERTY OWNER

Primary Property Damage Owner's Last Name First Name M.I. Phone #

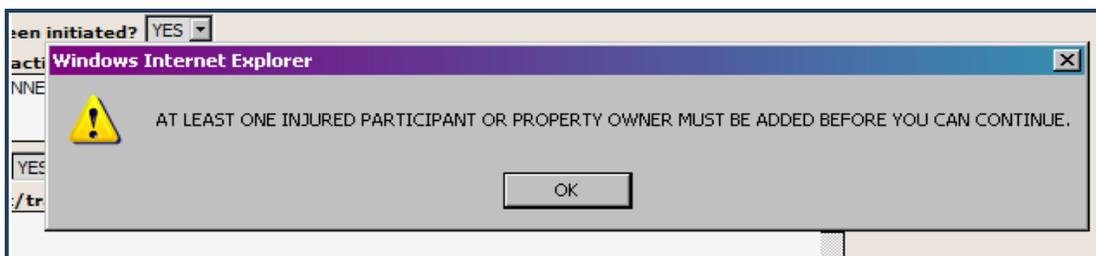
Owner's Street Address 1 Street Address 2 City State Zip

Province Country Postal Code

What was damaged? Where can damaged property be seen? State property damaged?

STAMP/SAVE ICON

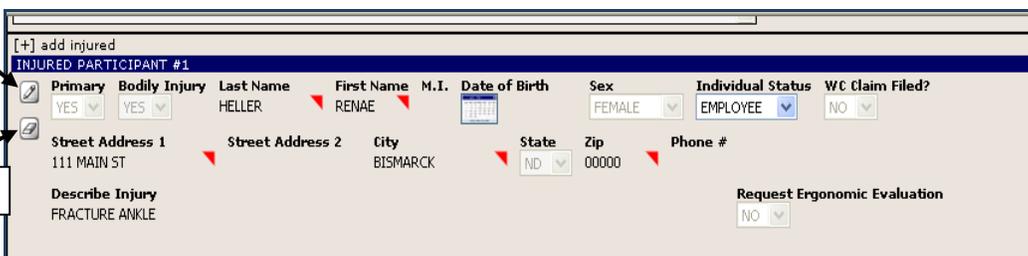
- You will get the following message if (a) you do not enter an injured/involved participant or property owner and/or (b) you do not select the stamp/save icon, even if information has been entered.



- If you get the message above and you do not correct the error, the report will **not** submit properly and you will need to re-enter the incident.
- If you need to make any changes after saving the information, you can either click on the **pencil icon**  to edit data or the **eraser icon**  to delete data.

EXAMPLE showing pencil  and eraser icon  which show up after the data is saved with the stamp/save icon.

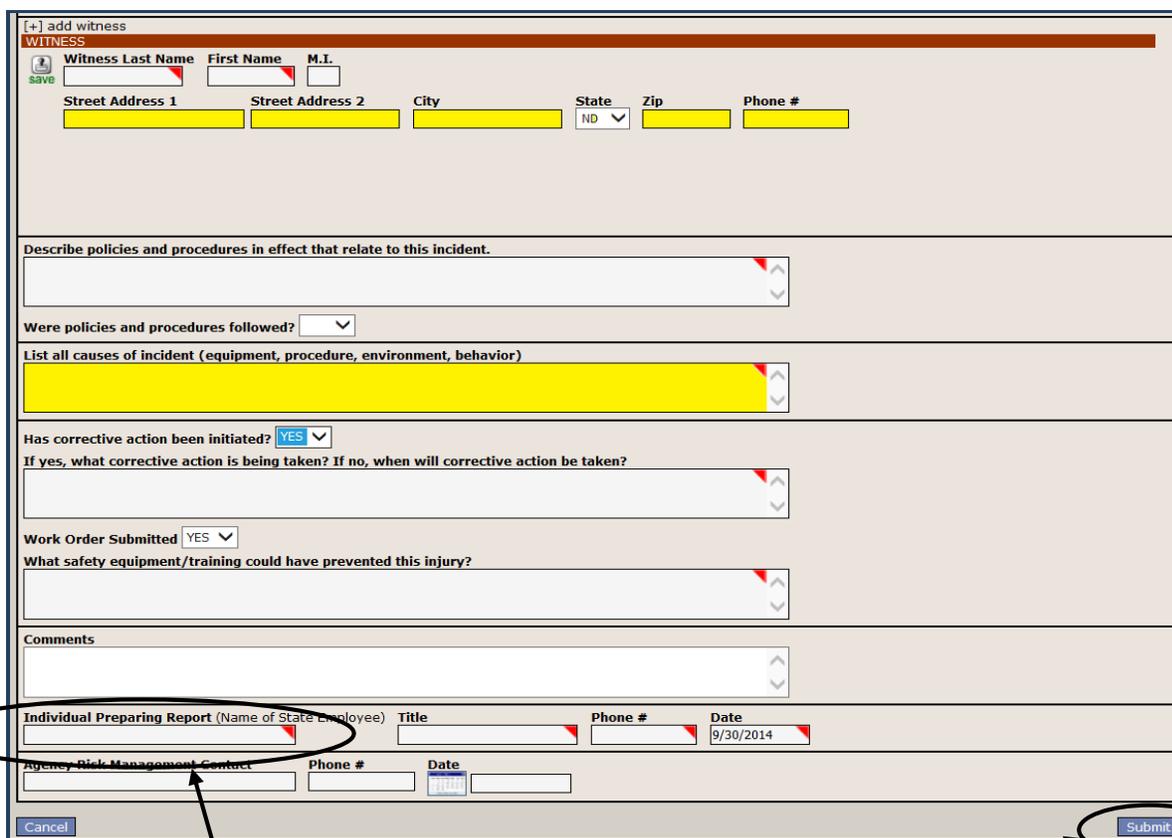
- Note that the fields appear different after the stamp/save icon saves the information.



A screenshot of a web form titled "[+] add injured". The form contains several fields for an injured participant. A pencil icon is positioned over the "Primary" field, and an eraser icon is positioned over the "Street Address 1" field. Callout boxes with arrows point to these icons, labeled "PENCIL ICON" and "ERASER ICON".

Primary	Bodily Injury	Last Name	First Name	M.I.	Date of Birth	Sex	Individual Status	WC Claim Filed?
YES	YES	HELLER	RENAE			FEMALE	EMPLOYEE	NO
Street Address 1		Street Address 2	City	State	Zip	Phone #		
111 MAIN ST			BISMARCK	ND	00000			
Describe Injury								Request Ergonomic Evaluation
FRACTURE ANKLE								NO

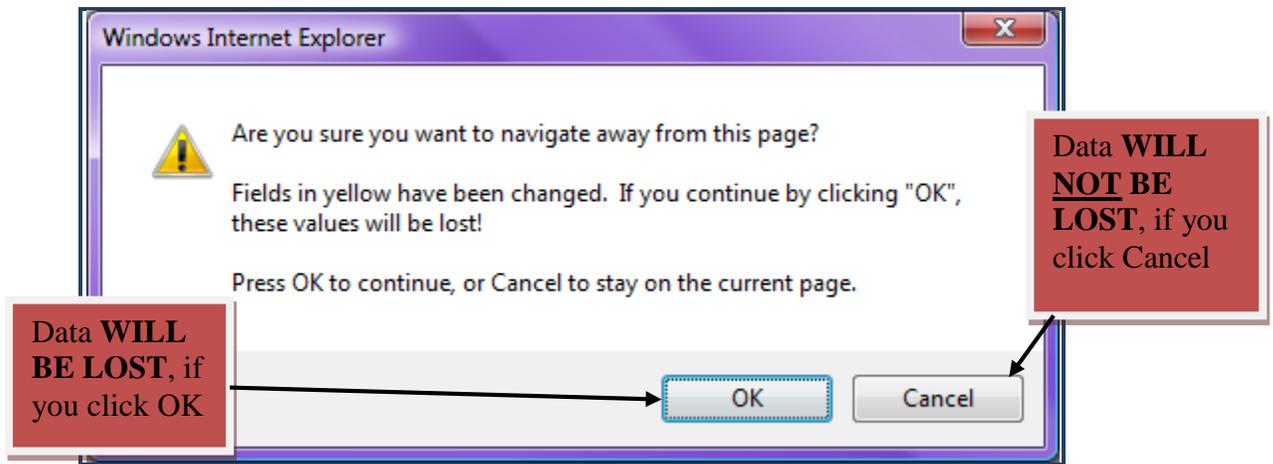
EXAMPLES of the following screens:



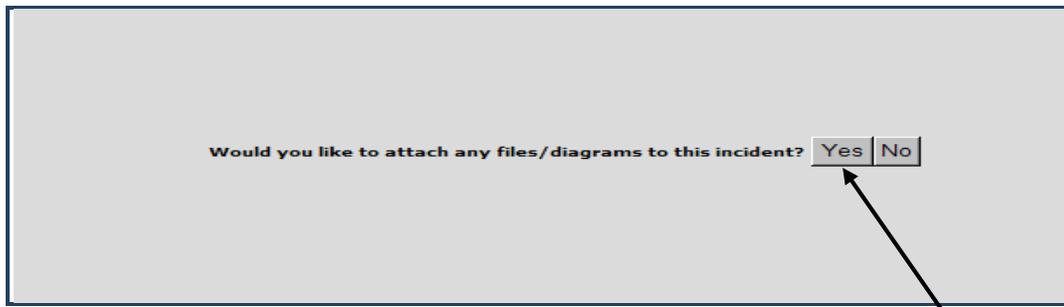
A screenshot of a web form titled "[+] add witness". The form contains several fields for a witness. The "Witness Last Name", "First Name", "M.I.", "Street Address 1", "Street Address 2", "City", "State", "Zip", and "Phone #" fields are highlighted in yellow. A "Submit" button is circled in the bottom right corner. A "Cancel" button is in the bottom left corner. A callout box points to the "Individual Preparing Report" field.

Witness Last Name	First Name	M.I.				
Street Address 1		Street Address 2	City	State	Zip	Phone #
				ND		
Describe policies and procedures in effect that relate to this incident.						
Were policies and procedures followed?						
List all causes of incident (equipment, procedure, environment, behavior)						
Has corrective action been initiated? YES						
If yes, what corrective action is being taken? If no, when will corrective action be taken?						
Work Order Submitted YES						
What safety equipment/training could have prevented this injury?						
Comments						
Individual Preparing Report (Name of State Employee)						
		Title	Phone #	Date	9/30/2014	
Agency Risk Management Contact		Phone #	Date			

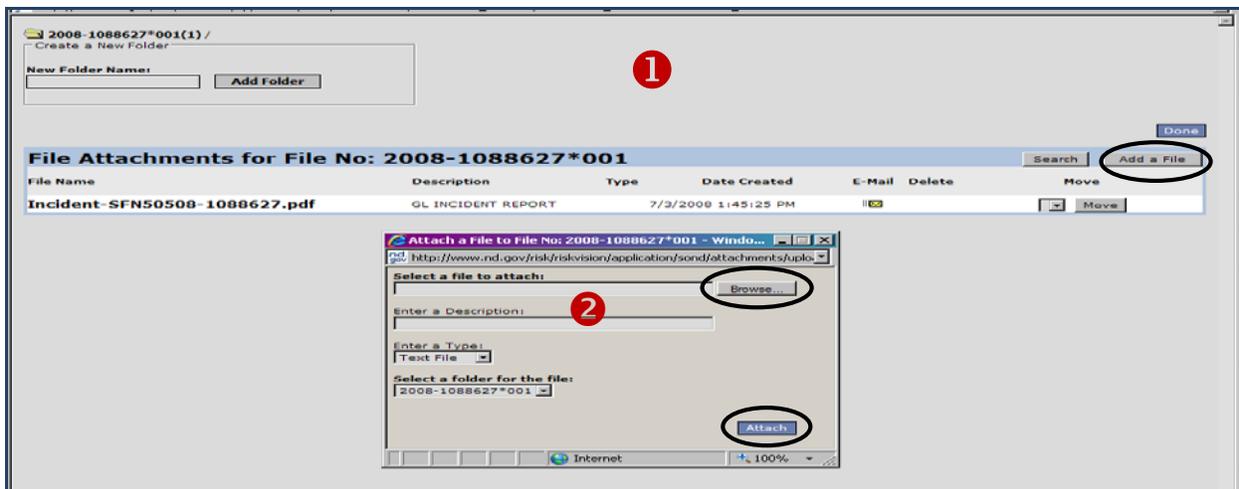
- When you are finished entering in the information, click **SUBMIT**. If any of the required fields are missing, they will be **highlighted in yellow** and must be filled in before you will be able to submit the incident report.
- **NOTE:** this name **MUST** be the employee entering and submitting the on-line report. This becomes an official record and it is important that the employee generating the document is reflected accurately.
- If you receive the following message all the data you have entered *could possibly be lost*. If you press "OK" all the data you have entered **WILL** be lost. If you press "Cancel" it will take you back to the current page.



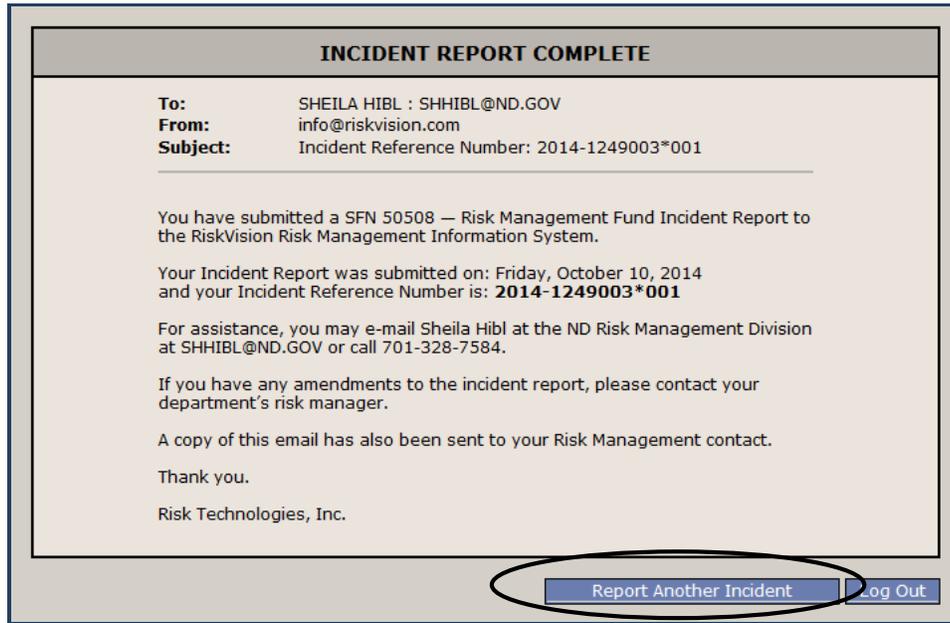
- The next screen allows you to attach documents/pictures and submit them with the incident report.



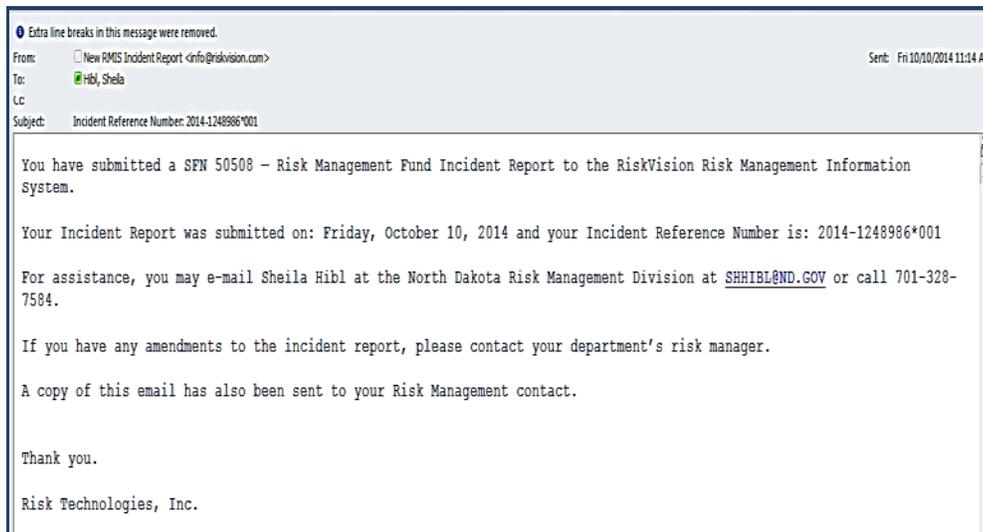
- To attach documents, emails, pictures, etc. you will need to select **Yes**.
- The next screens are identified by **1** and **2**, which will take you through the steps to **“Add a File”**, locate it (**“Browse”**), and **“Attach”** it.



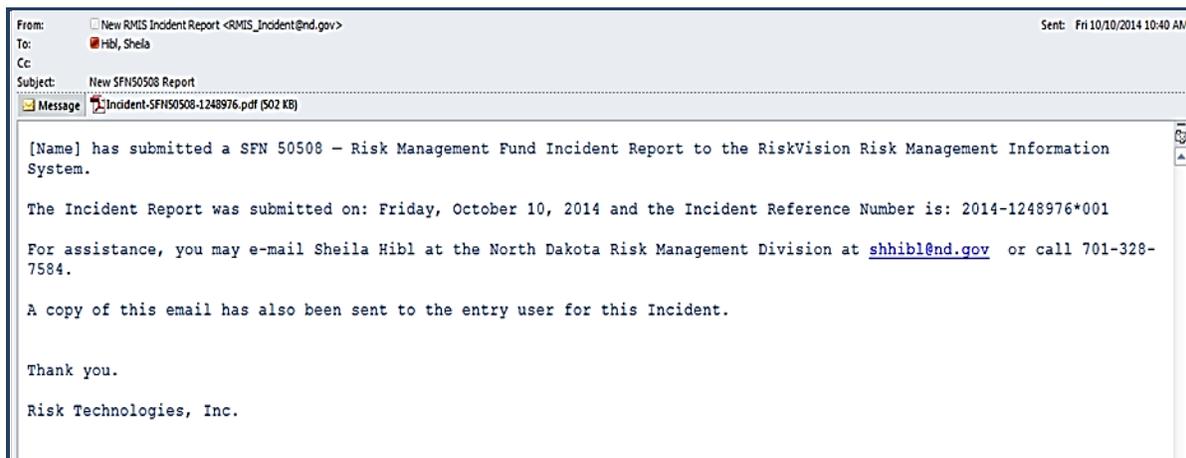
- After attaching files or choosing not to, the next screen will confirm that the report was submitted successfully. You also have the option to submit another report without entering the user's contact information again.



- The entry user will get an email confirming that he/she has submitted the incident report.



- After Risk Management has reviewed the incident report, the entity's Risk Management or Workers Compensation contact will also receive an email with a PDF attachment of the report.



- Incidents that are related to **“Employment Practices”** will only be sent via email to the employee that submitted the report and that person can distribute as they deem appropriate/necessary.
- If the incident is a **Motor Vehicle Report (SFN 51301)**, other contacts receive a PDF attachment of the report: State Fleet, as well as the shop foreman/DOT contact at the Vehicle Dispatch Office/DOT Repair Location that is selected when submitting the report. Therefore, it is important to include the information that all of these contacts will need to address matters with the State Fleet vehicle.
- The incident report can be reviewed and copied by opening the attached PDF file from the email. However, the copy should be shredded once it appears on the entity's loss run report.

Risk Management records, including incident reports, claims, investigative reports, and other records of a pending or reasonably predictable claim are **privileged and exempt** under N.D.C.C. § 32-12.2-12. These records may only be disclosed if the Director of the Risk Management Division determines that disclosure will not prejudice any pending or reasonably predictable claim.

Call the Risk Management Division if you have any questions: 701-328-7584.