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THE UNIVERSITY OF BRITISH COLUMBIA

A Successful Laboratory Safety Incident Inventory

Centralized Accident/Incident Reporting System

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Risk Management Services
University of British Columbia



Centralized Accident Incident Reporting System (CAIRS)

The primary goals of the CAIRS are:

1. To provide an efficient institution wide reporting process for the reporting, investigation and follow-up of I/As
2. To provide automated quality control checks that assist the user in properly completing the CAIRS reports
3. To provide a centralized repository of the I/A reporting data to optimize trend analysis and reporting capability with a view to reducing the number of injuries to UBC Faculty, Staff and Students.



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UBC

Year	# of Faculty and Staff	# of Students	# of Safety Committees	# of Time Loss / Health Care incidents/accidents
2012	22,026	39,155/10,071	103	137/122
2013	22,901	39,935/9,949	103	115/82
2014	24,034	41,287/10,039	105	139/117
2015 Total # of Incidents Reported				
815 YTD				



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CAIRS

The screenshot displays the CAIRS website interface. At the top, a banner for "Risk Management Services" features a large image of an AED (Automated External Defibrillator) with the text "Automated External Defibrillators (AEDs)" and "Automatic External Defibrillators or AEDs are now available". A "Read More" button is visible below the banner. Below the banner is a navigation menu with several categories: "HEALTH & SAFETY", "ENVIRONMENT", "ENTERPRISE RISK MANAGEMENT", "PERSONAL INFORMATION SECURITY & GOVERNANCE", and "REPORT AN ACCIDENT OR INCIDENT". A "NEW" badge is present next to the "REPORT AN ACCIDENT OR INCIDENT" link. The page also includes a "3 / 3" indicator and a "Personal Information Security & Governance Program" link.



Accidents/Incidents at UBC

Reporting Accidents/Incidents

- » Accident Investigations
- » WorkSafeBC coverage for UBC employees

Reporting Accidents/Incidents using the Centralized Accident Incident Reporting System (UBC CAIRS)

Involved in safety administration in your area? Need the incident reports for your area?

Any event involving injury to a

1. UBC Vancouver Workers (staff, faculty, or paid students)

The new centralized system will allow UBC Vancouver workers, staff, faculty, and paid students to report accidents and incidents using the centralized system. This system will be used to report accidents and incidents involving UBC Vancouver workers, staff, faculty, and paid students.

Accidents and incidents must be reported to your supervisor or safety officer as soon as possible following the event. The reporting process is as follows:

If you are involved in a report of a work-related incident, the following steps should be taken:

- 1. Notify your supervisor immediately.
- 2. Notify the UBC Vancouver Safety Office at 604-822-2222.
- 3. If the incident is a report of a work-related incident, the following steps should be taken:
 - Notify your supervisor immediately.
 - Notify the UBC Vancouver Safety Office at 604-822-2222.
 - If the incident is a report of a work-related incident, the following steps should be taken:
 - Notify your supervisor immediately.
 - Notify the UBC Vancouver Safety Office at 604-822-2222.

Any event involving injury to a



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2. UBC practicum/clinical placement students:

Students completing the practicum portion of their studies are eligible for workers' compensation if they



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CAIRS



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RISK MANAGEMENT SERVICES

UBC Centralized Accident / Incident Reporting System (CAIRS)

Instructions

- Please answer the below questions to start your submission
- These questions will determine the questions that show up on the Incident/Accident form
- The incident form does not time-out, so you may take as long as required to fill in the information
- If you close the form you will lose what you entered
- You may need employment and salary information to complete the form, make sure you can obtain this information from your department's administrator
- Your information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act for the sole purpose of investigating your incident/accident report. It will be kept confidential and will only be disclosed within UBC on a 'need to know' basis or as otherwise authorized by law.

User Filling in Form (You): Supervisor, Safety Committee Representative, or Departmental Administrator Person Involved in Incident (WorksafeBC 6A form) Witness/Person Reported To

Employee Campus: Vancouver Okanagan Other UBC Location

Person Involved Type: Faculty Paid Student Practicum/Clinical Placement Student Other Student Visitor/Volunteer/Visiting Student No person

Severity: Only (near-miss, minor injury, or property damage) Medical Treatment (visit doctor, no days off) Time Loss (days off work, incident day)

Type of Claim: An injury An occupational disease A repetitive/gradual onset injury

Person Involved Type: Staff Contract

Severity: Incident excluding

Type of Claim: No injury

View



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Incident/Accident Form

- Step 1** Incident Information
- Step 2 Additional Incident Information
- Step 3 Personal Information
- Step 4 Employment Information
- Step 5 Accident Investigation

Save incomplete form by logging in with your CWL



Incident Information

Next >

Report Filled in By

Your name*:

Your phone*:

Your email*:

Your supervisory relationship to the involved person:



Date and Time of Incident/Accident

Date*:

2015-10-19



Oct



2015



Su Mo Tu We Th Fr Sa

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Location of Accident

Description of Incident Location*:



Date and Time of Incident/Accident

Date*:

2015-10-19

Time*:

5:5

Type a keyword

Location of Accident

Building:

- BRF - Bioenergy Research and Demonstration Facility
- BRK - Brock Hall
- BRM - The Brimacombe Building
- BRN - Barn
- BRR - Djavad Mowafaghian Centre for Brain Health
- BSC - ICORD - Blusson Spinal Cord Centre
- BUA - Buchanan Building Block A
- BUB - Buchanan Building Block B

ude names or

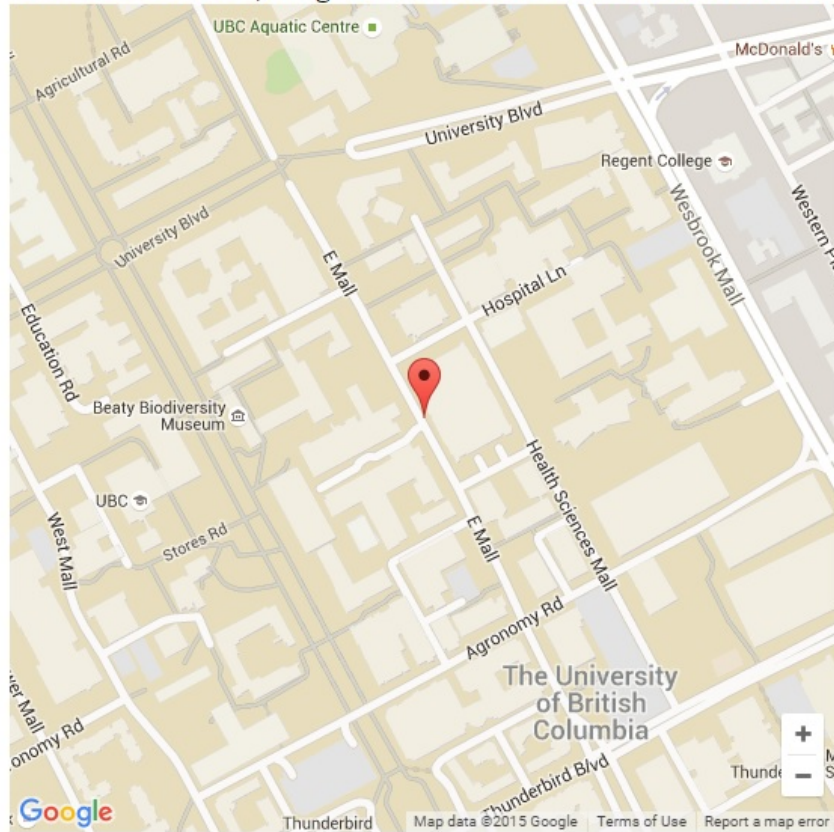
Incident Details

Main Body Part Injured*:



Select Incident Location

To select a location, drag the marker or double click where the incident occurred:



To select a location, drag the marker or double click where the incident occurred

Save Coordinates

Cancel - Don't Save



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5:55 pm

Location of Accident

Building:

GPS Coordinates:

Select Location on Map

49.263256604425045,-123.24836254120225

Description of Incident Location*:



Save incomplete form by logging in with your CWL



Incident Details

Describe fully what happened (please do not include names or personal information)*:

Main Body Part Injured*:

Secondary Body Part Injured:

Side of body injured*:

Left Right Middle

Accident Type*:

Supporting Documentation (maximum 2 MB per file, JPEG, GIF, PNG, PDF, DOC, or DOCx ONLY)

File 1:

No file chosen ✘

File 2:

No file chosen ✘

File 3:

No file chosen ✘

Name of Person First Reported To

Name:

Phone:

Email:

Date and Time Reported

Date*:

Time*:



Incident Details

Describe fully what happened (please do not include names or personal information)*:

What body part is injured*:

Make a selection

Make a Selection

Toe(s)

Ball of foot

Ankle

Arm

Back

Head

Face

Wrist



Supporting Documentation
(maximum 2 MB per file, JPEG, GIF, PNG, PDF, DOC, or DOCX ONLY)

Name of Person First

Accident Type*:

Make a Selection

Make a Selection

- Animal Bites or Scratches
- Assaults and Violent Acts
- Bodily Reaction (e.g. Allergy)
- Broken Skin (Cuts and Tears)
- Burn
- Caught In, Under or Between
- Contact with Chemicals
- Contact with Electric Current
- Contact with Potentially Infectious Materials
- Contact with Radiation



Save incomplete form by logging in with your CWL



Report Filled in By

Your name*:

* This field is required

Your phone*:

* This field is required
* Invalid phone number

Your email*:

* This field is required
* Invalid email address

Your supervisory relationship to the involved person:

Make a Selection

If 'other' selected, your supervisory relationship:

Date and Time of Incident/Accident

Date*:

* This field is required
* Invalid date, must be in YYYY-MM-DD format

Time*:

* This field is required
* Invalid time, must be in h:mm format with AM/PM

Location of Accident

Building:

Select Location

GPS Coordinates:

Select Location on Map

Description of Incident Location*:

* This field is required

Incident Details

Describe fully what happened (please do not include personal information)*:

* This field is required

Main Body Part Injured*:

* This field is required



Step 2

Incident/Accident Form

- Step 1 Incident Information
- Step 2 Additional Incident Information**
- Step 3 Personal Information
- Step 4 Employment Information
- Step 5 Accident Investigation

Save incomplete form by logging in with your CWL



Additional Incident Information

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Witness 1 (OPTIONAL)

Name of witness 1:

Email:

Phone Number:

Comment:

Witness 2 (OPTIONAL)

Name of witness 2:

Email:

Phone Number:

Comment:

Witnesses confirms employee's statement (OPTIONAL)

Witnesses confirms employee's statement:
 Yes No

University business

Were the employee's actions at the time of injury for the purpose of university business?*:
 Yes No



University business	Were the employee's actions at the time of injury for the purpose of university business?*: <input type="radio"/> Yes <input type="radio"/> No
Employee's regular work	Were the activities part of the employee's regular work?*: <input type="radio"/> Yes <input type="radio"/> No
Injury statement accurate	Is there any reason to feel that the injury did not occur as stated?*: <input type="radio"/> Yes <input type="radio"/> No
Previous pain or disability	Are you aware of any previous pain or disability in the area of the present injury?*: <input type="radio"/> Yes <input type="radio"/> No
Injury responsibility	Was any person not employed by UBC responsible for the injury?*: <input type="radio"/> Yes <input type="radio"/> No
Last worked	Date last worked after injury*: <input type="text"/> Time last worked after injury*: <input type="text"/>

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Step 3

Incident/Accident Form

- Step 1 Incident Information
- Step 2 Additional Incident Information
- Step 3 Personal Information**
- Step 4 Employment Information
- Step 5 Accident Investigation

Save incomplete form by logging in with your CWL



Personal Information

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Next >

Employee's Name	First Name*: <input type="text"/>
	Middle Name / Initial: <input type="text"/>
	Last Name*: <input type="text"/>
Physical Information	Gender Identity*: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Personal Identifying Information (either birth date or ID are required)	Employee ID: <input type="text"/>
	Birthdate*: <input type="text"/>
	Age: <input type="text"/>
Employee's Contact Info	Employee's Phone Number*: <input type="text"/>
	Employee's home address*: <input type="text"/>
	Employee's City*: <input type="text"/>
	Employee's Postal Code*: <input type="text"/>
	Employee's Email: <input type="text"/>

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Step 4

https://www2.2014.tu... my.UBC.ca-My Place

The page at https://www.hse2.ubc.ca says:

Note: On this page, you may leave the employment and salary information blank if you do not know it, but please fill in as much information as you can.

You will be given a link after you submit the incident that will allow the employment information to be added later. You can send this link to your department administrator or someone in Payroll to fill in the missing information.

OK

UBC Directories + UBC QuickLinks +

RISK MANAGEMENT SERVICES

5
stigation

Incident/Accident Form

Step 1 Incident Information Step 2 Additional Incident Information

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CWL Login

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Employee's Job Title	Job Title*: <input type="text"/> Job Type: Make a Selection ▼
Employee's Department	Department*: <input type="text"/> ▼
Union/Association	Union/Association*: Make a Selection ▼ Other union: <input type="text"/>
Building Ops Crew # / SHHS Unit (OPTIONAL)	Building Ops Crew #: <input type="text"/> ▼ SHHS Unit: <input type="text"/> ▼
Date Joined UBC	Date Joine <input type="text"/>



Login

2015-10-01

Date Started Current Position

Date Started Current Position:

Employment Status

Employment Status*:
 Full-time on-going Temporary Part Time
 Seasonal Casual Other

Employee's gross wage

Employee's gross wage*:

Wage units (hourly, monthly)*:
 Hourly Monthly

Additions to wages (provide details)

Additions to base salary (provide details):

Work Schedule Type

Does the employee work a **fixed work schedule**?*:
 Yes No
Enter the employee's normal work hours:
From:

To:

Fixed Work Schedule Information

Rotating Shift

Number of days in sick bank

Number of days in sick bank*:

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Step 5

The screenshot shows a web browser window displaying an "Incident/Accident Form". The browser's address bar shows a URL starting with "https://ww2.2014.tu...". The page header includes the UBC logo and the text "a place of mind". A yellow box highlights a "CWL Login" button with the text "Save incomplete form by logging in with your CWL". A dialog box is open over the form, titled "The page at https://www.hse2.ubc.ca says:". The dialog box contains the following text: "Note: You have 72 hours to complete the accident investigation section. You may submit what you have completed by clicking the submit button at the bottom. You will be given a link to complete this later if you choose to submit it now." Below the text is a checkbox labeled "Prevent this page from creating additional dialogs." The background of the form is partially obscured by a grey grid pattern.



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Equipment Related Causes:

- No "Equipment" causes
- High force equipment
- Signage / labeling inadequate
- Equipment vibration
- Other (specify below)
- Defective equipment
- Preventative maintenance inadequate
- Material / equipment failure
- Incorrect equipment

Other equipment causes:

Incorporating the above factors, describe the cause of the accident:

Root cause and corrective actions

Organizational Root Causes:

- No "Organizational" root causes
- Excessive workload
- Planning inadequate
- Poor job design
- Other (specify below)
- Poor Communication
- Job / skill training inadequate
- Staffing inadequate
- No Standard Operating Procedures available

Other organizational root causes:

Human Root Causes:

- No "Human" root causes
- Knowledge / skill / experience lacking
- Personal distraction
- Pre-existing condition
- Other (specify below)
- Illness
- Language difficulties
- Physical limitations
- Fatigue

Other human root causes:

Incorporating the above factors, determine and describe the **root cause** of the incident or accident:



Save incomplete form by logging in with your CWL



	<p>Describe the recommended corrective actions to be implemented to prevent recurrence. These actions should encompass all workers facing similar risks.:</p> <div data-bbox="871 365 1312 483" style="border: 1px solid black; height: 70px;"></div>
Ambulance Response Time	<p>Ambulance response time (minutes):</p> <div data-bbox="871 532 1312 573" style="border: 1px solid black; width: 200px;"></div> Minutes
Returned to work	<p>Has employee returned to work?*</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
Person(s) responsible for planned corrective actions	<p>Person(s) responsible for planned corrective actions:</p> <div data-bbox="871 716 1312 751" style="border: 1px solid black; width: 200px;"></div>
Date to complete corrective actions	<p>Date to complete corrective actions:</p> <div data-bbox="871 821 1312 857" style="border: 1px solid black; width: 200px;"></div>
Date report completed	<p>Date report completed:</p> <div data-bbox="871 911 1312 946" style="border: 1px solid black; width: 200px;"></div>
Report reviewed by	<p>Safety Committee Rep Name (Optional):</p> <div data-bbox="871 1003 1312 1039" style="border: 1px solid black; width: 200px;"></div> <p>Safety Committee Rep Phone (Required if Committee Rep Name Entered):</p> <div data-bbox="871 1092 1312 1128" style="border: 1px solid black; width: 200px;"></div> <p>Safety Committee Rep Email:</p> <div data-bbox="871 1182 1312 1218" style="border: 1px solid black; width: 200px;"></div> <p>Worker Safety Rep Name (Optional):</p> <div data-bbox="871 1271 1312 1307" style="border: 1px solid black; width: 200px;"></div> <p>Worker Safety Rep Phone (Required if Safety Rep Name Entered):</p> <div data-bbox="871 1360 1312 1396" style="border: 1px solid black; width: 200px;"></div> <p>Worker Safety Rep Email:</p> <div data-bbox="871 1450 1312 1485" style="border: 1px solid black; width: 200px;"></div>
WorkSafeBC 6A Form	<p>The WorkSafeBC 6A form is only required if the employee cannot submit their incident report online:</p>



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Example of email notification to the person completing the report on-line

From: incidents@ubc.ca
To: Tranter, Jessica
Cc:
Subject: UBC Incident Accident Submission

Sent: Wed 10/21/2015 9:35 AM

The incident/accident form has been successfully submitted.

The incident ID is: 117164.

Incident Severity: Incident only.

Claim Type: Injury.

Person Type: Staff.

Accident Type: Broken Skin (Cuts and Tears).

Building: CHB - Chemistry B Block, South Wing.

Department: CHEM - Chemistry.

Supervisor Name: Steve Holt.

Report Writer: Tim Faketon.

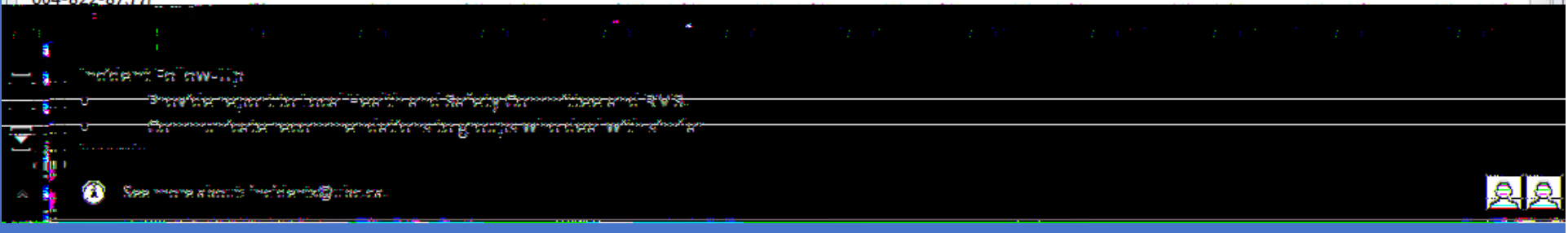
Date and Time Submitted: October 21, 2015, 9:35 am.

You can view (but not edit) your submission here:

https://142.103.77.225/consdata/incident_accident/load_form.php?form_type=Incident_Form&acc_invest_string=78d8tdnxwvl6ggn

Note: Some information from this form has been hidden for personal information security reasons.

If you need to edit any submitted information, please contact Dolly Hsiao with Workplace Health Services (dolly.hsiao@ubc.ca 604-822-8759)





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Example of email notification to the Supervisor of the person involved in the incident

Extra line breaks in this message were removed.

From: incidents@ubc.ca
To: Tranter, Jessica
Cc:
Subject: UBC Incident Accident Submission

Sent: Wed 10/21/2015 9:35 AM

An incident report form was recently submitted in which you are indicated as the supervisor of the person involved in the incident.

According to WorkSafeBC, incident reports must be completed by the supervisor of the employee involved. Please complete your report of this incident online here:
https://142.103.77.225/consdata/incident_accident/load_form.php?form_type=Incident_Form&form_link_string=qmpxv2tgax361at2

The incident ID is: 117164.

Incident Severity: Incident only.
Claim Type: Injury.
Person Type: Staff.
Accident Type: Broken Skin (Cuts and Tears).
Building: CHB - Chemistry B Block, South Wing.
Department: CHEM - Chemistry.
Supervisor Name: Steve Holt.
Report Writer: Tim Faketon.
Date and Time Submitted: October 21, 2015, 9:35 am.

You can view (but not edit) the submitted incident here:

https://142.103.77.225/consdata/incident_accident/load_form.php?form_type=Incident_Form&acc_invest_string=78d8tdnxwvl6gqn

Note: Some information from this form has been hidden for personal information security reasons.

See more about: incidents@ubc.ca.





CAIRS provides:

- Reporting by injured party and supervisor
- Immediate notification to supervisor and JHSC
- Email reminder to supervisor and JHSC for Accident/Incident investigation
- Statistical information for Incidents and Accidents within specific areas or departments
- University wide statistical information for high level administration such as the JHSC, Deans, and VPs
- “Step 6” review of the report by RMS and/or safety administrators for quality control
- Every “pick list” allows drill down to that level



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Campuses +

UBC Directories +

UBC QuickLinks +



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RISK MANAGEMENT SERVICES

HAZARD REPORTS | STATISTICS | PERSONAL SETTINGS | USER ADMINISTRATION | SUBMIT NEW INCIDENT | LOGOUT

Incident / Incident Reporting System (CAIRS)

left column to view the full form, if your account settings allow, you can edit the incident.

columns in this table, you can also rearrange the columns by dragging the column header to another place, it will even save your settings for

Please Wait, Loading....



SUBMITTED INCIDENTS

UBC Centralized Ac

Data Filters [Show/Hide](#)

Click the incident ID in the

New Features!
You can now show/hide c
your next visit, give it a try



UBC Incident / Accident Statistics

Data Filters

The charts and tables will only display incidents that match **all** of these filter criteria. IE. if you select a building and a department, you will only see incidents that took place in that building where the person belonged to that department, you won't see incidents in that building of someone belonging to another department.

***Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings**

Date Range: Start Date:
To End Date:

Select Building:
Select Department:

Accident Type:

Accident Investigation: Complete Incomplete Either

Order By:

[Load Incident List](#) [Incident List PDF](#) [Incident Map](#)

[Incident/Accident Data Summary](#) [Show/Hide](#)

[Generate Chart](#) [Show/Hide](#)



The charts and tables will only display incidents that match **all** of these filter criteria. IE. if you select a building and a department, you will only see incidents that took place in that building where the person belonged to that department, you won't see incidents in that building of someone belonging to another department.

***Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings**

Date Range: Start Date: To End Date:

Select Building: ▼

Select Department: ▼

Accident Type: ▼

Accident Investigation: Complete Incomplete Either

Order By: ▼

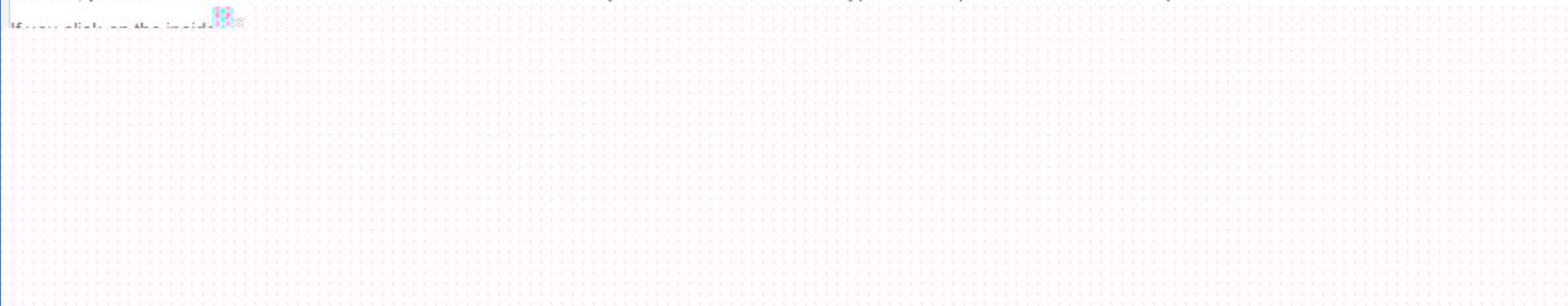
Incident/Accident Data Summary [Show/Hide](#)

Selected Field: ▼

Generate Chart [Show/Hide](#)

The statistics chart is an interactive chart that allows you to 'drill-down' to see more information. The primary variable is the data that first appears in the y-axis of the chart. For example, if you select department as the primary variable, you will see how many incidents happened in each department that matches your data filter settings above.

The drill-down variable allows you to find out what incidents make up the primary variable. Continuing our previous example, if you were to select accident type as the drill-down variable, you can click on one of the incident columns and it will show you what different accident types make up the incidents in that department.





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RISK MANAGEMENT SERVICES

SUBMITTED INCIDENTS | HAZARD REPORTS | STATISTICS | PERSONAL SETTINGS | USER ADMINISTRATION | SUBMIT NEW INCIDENT | LOGOUT

UBC Incident / Accident Statistics

Data Filters

The charts and tables will only display incidents that match **all** of these filter criteria. IE. if you select a building and a department, you will only see incidents that took place in that building where the person belonged to that department, you won't see incidents in that building of someone belonging to another department.

***Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings**

Date Range: Start Date:

To End Date:

Select Building:

Select Department:

Accident Type:

Accident Investigation: Completed

Order By:

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Incident/Accident Data Summary [Show/Hide](#)

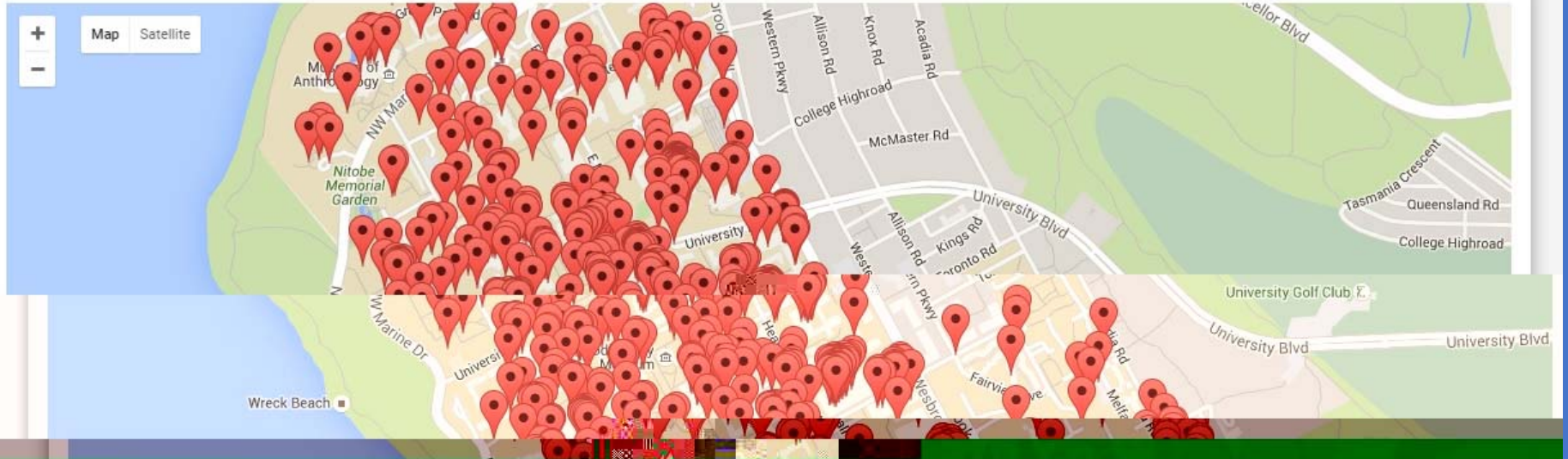
Selected Field:



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incident map

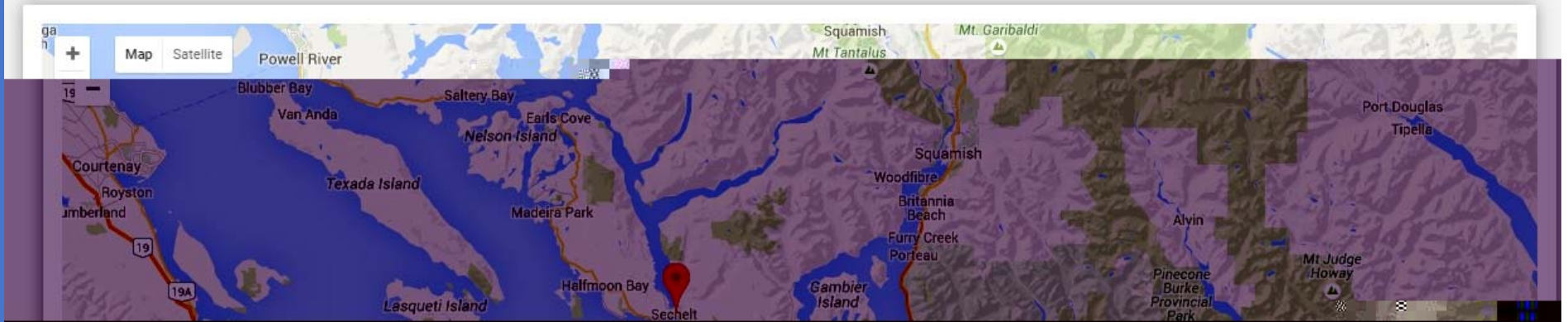




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incident map





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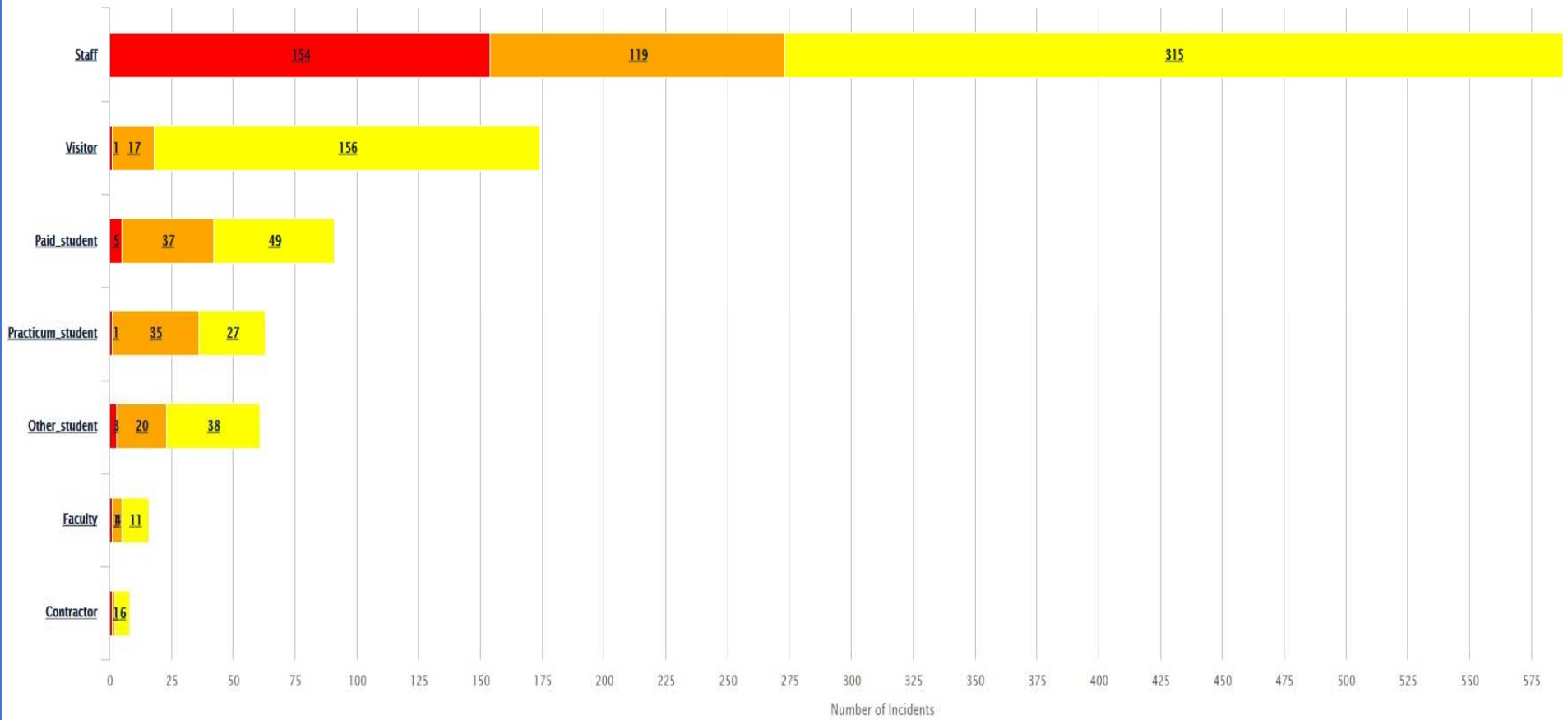
*Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings



Incidents from 2014-10-01 until 2015-10-01

Incident only Medical Treatment Time Loss

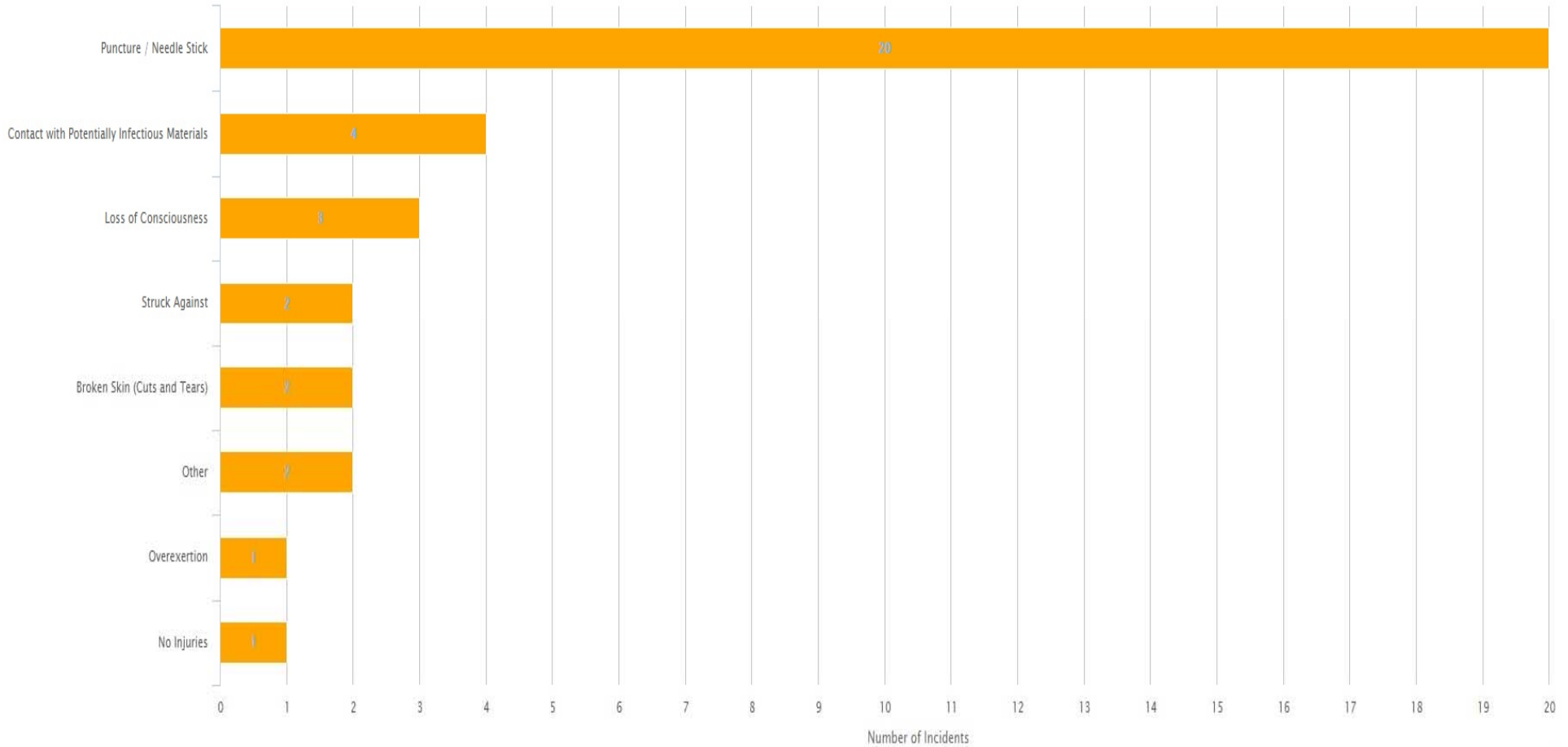
Click the columns to view details, select an area to zoom in.

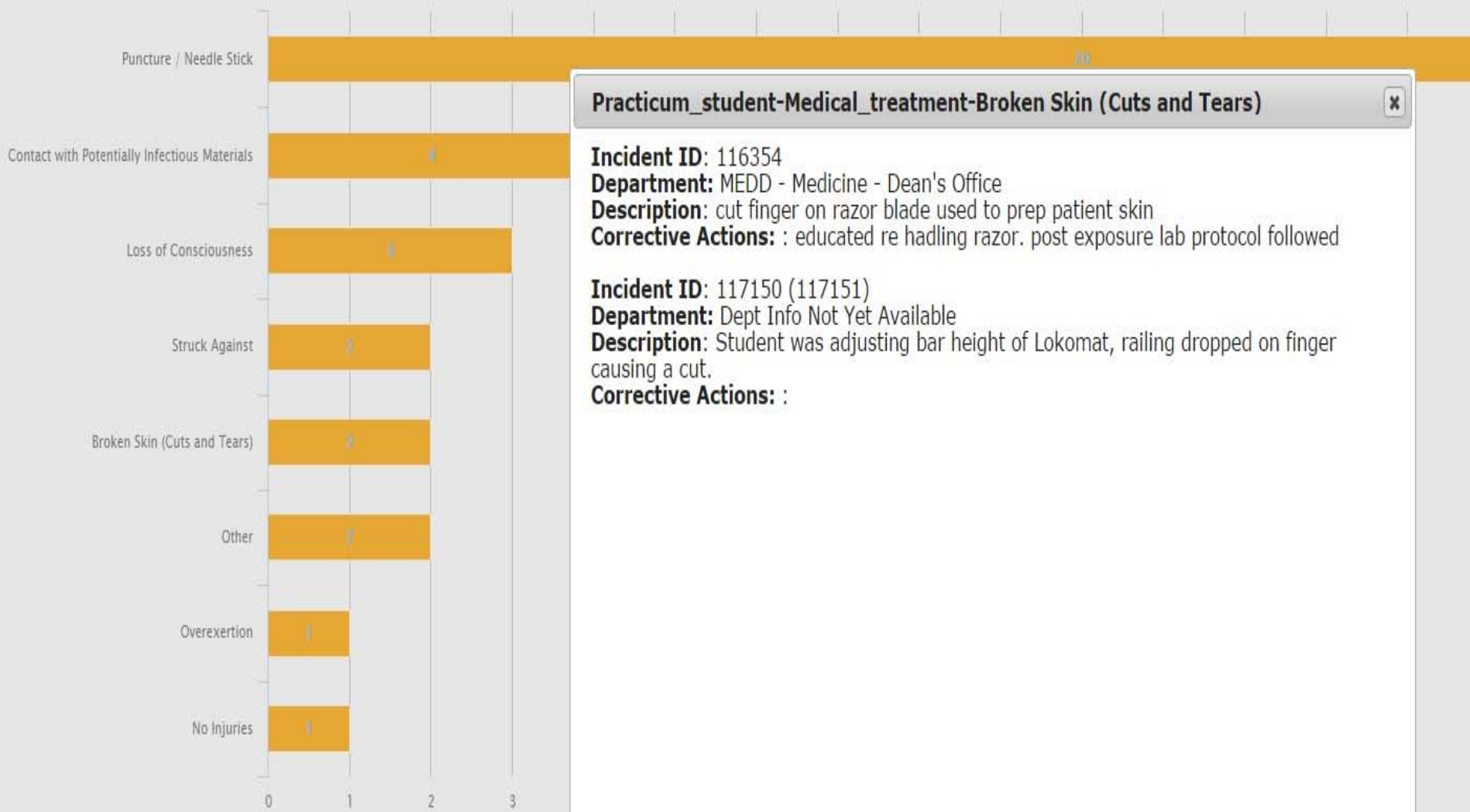




Practicum_student - Medical Treatment

Click the columns to view details, select an area to zoom in.





Practicum_student-Medical_treatment-Broken Skin (Cuts and Tears)

Incident ID: 116354
Department: MEDD - Medicine - Dean's Office
Description: cut finger on razor blade used to prep patient skin
Corrective Actions: : educated re handling razor. post exposure lab protocol followed

Incident ID: 117150 (117151)
Department: Dept Info Not Yet Available
Description: Student was adjusting bar height of Lokomat, railing dropped on finger causing a cut.
Corrective Actions: :



*Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings

Date Range: Start Date:
To End Date:

Select Building:
Select Department:

Accident Type:

Accident Investigation: Complete Incomplete Either

Order By:

Incident/Accident Data Summary [Show/Hide](#)

Selected Field:

Generate Chart [Show/Hide](#)

The statistics chart is an interactive chart that allows you to 'drill-down' to see more information. The primary variable is the data that first appears in the y-axis of the chart. For example, if you select department as the primary variable, you will see how many incidents happened in each department that matches your data filter settings above.

The drill-down variable allows you to find out what incidents make up the primary variable. Continuing our previous example, if you were to select accident type as the drill-down variable, you can click on one of the incident columns and it will show you what different accident types make up the incidents in that department.

If you click on the incident column after drilling down, it will show you a list of the incidents that make up that column.

Primary Variable:

Drill-down Variable:

Resolution: Monthly Yearly

[Reset Filters](#)

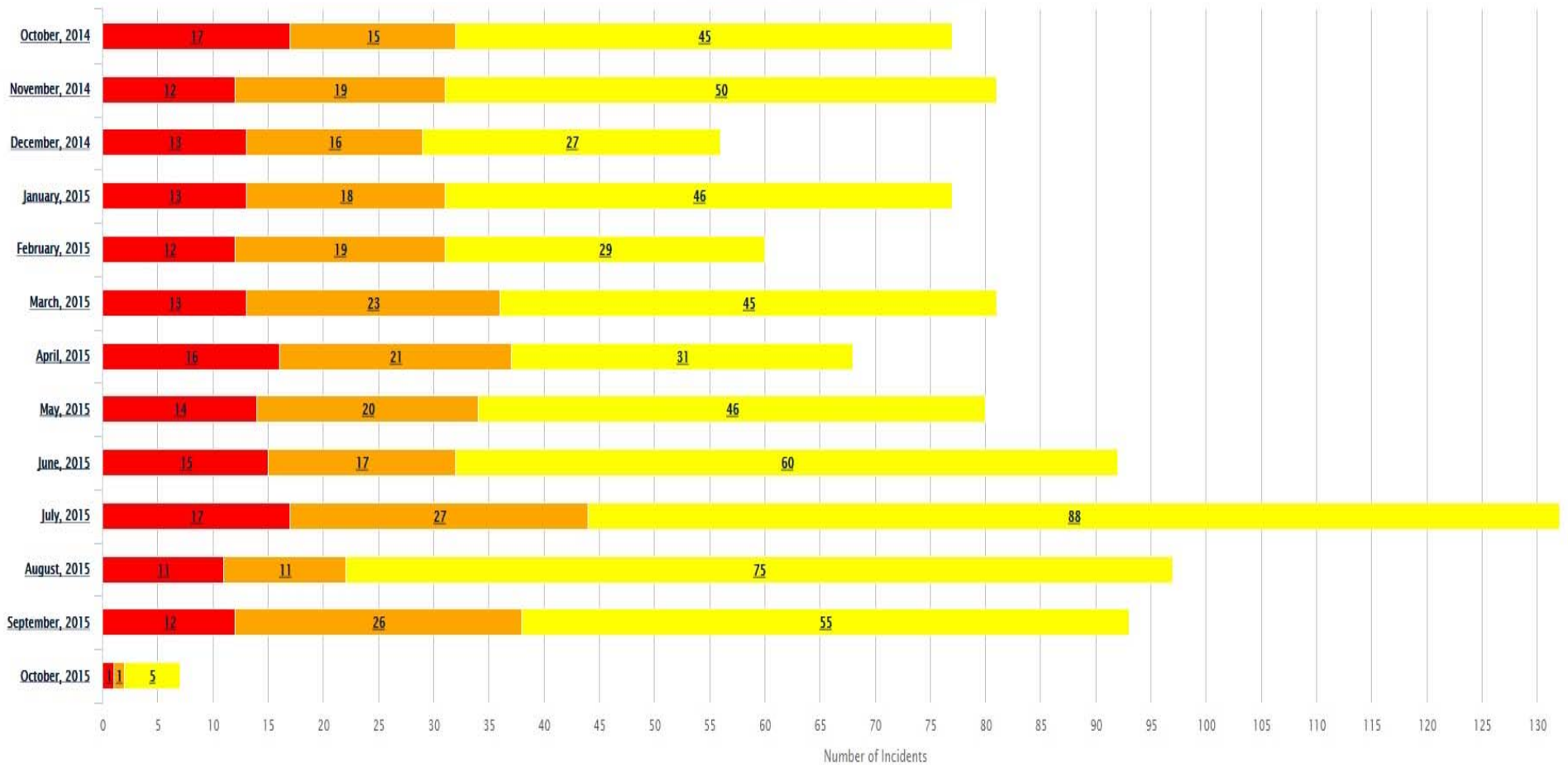
Incidents by Month / Drill down into Department



Incidents from 2014-10-01 until 2015-10-01

Incident only Medical Treatment Time Loss

Click the columns to view details, select an area to zoom in.



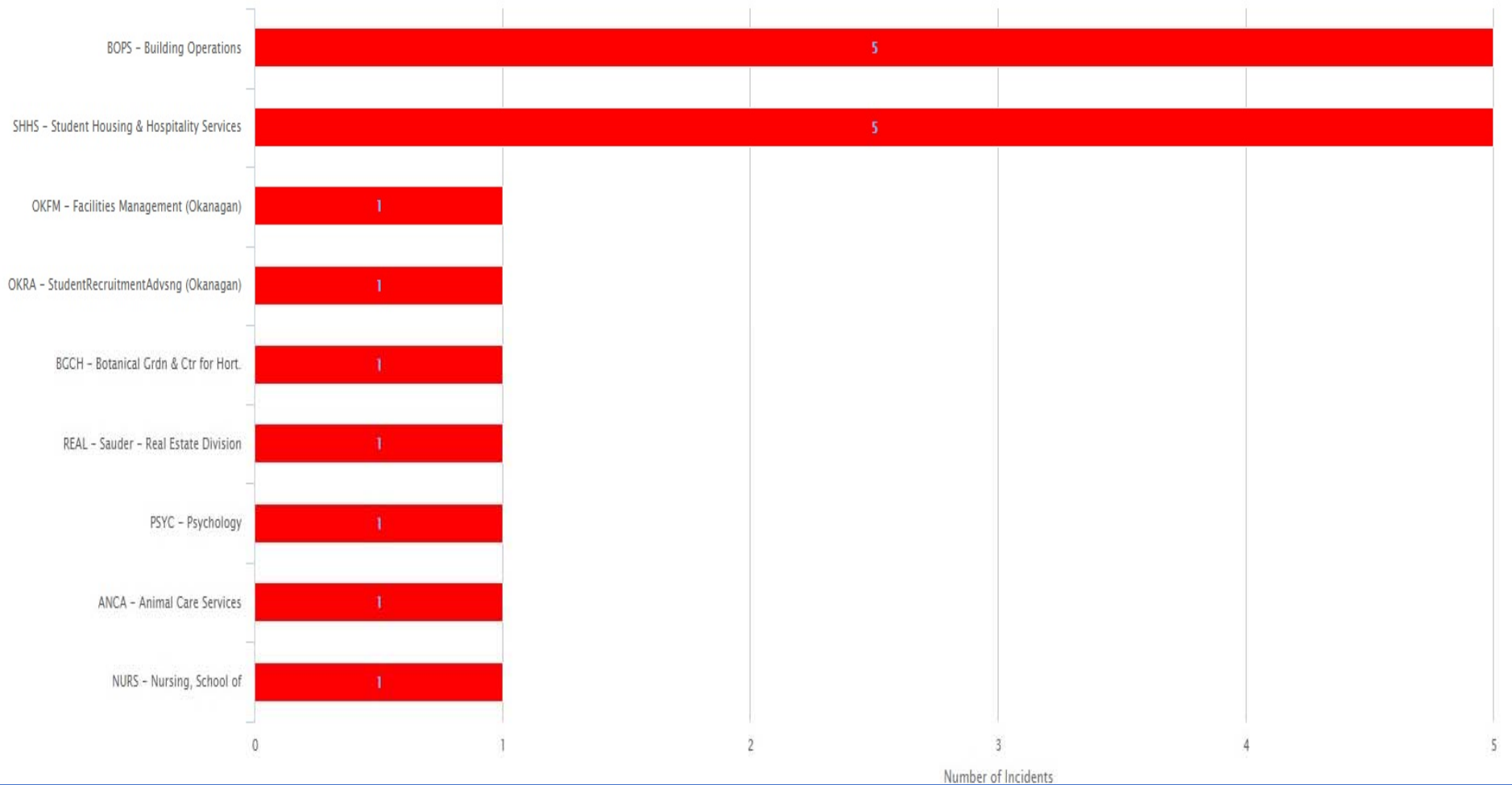


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July, 2015 - Time Loss

Click the columns to view details, select an area to zoom in.





July, 2015 - Time Loss

Click the columns to view details, select an area to zoom in.

BOPS - Building Operations	5
SHHS - Student Housing & Hospitality Services	
OKFM - Facilities Management (Okanagan)	1
OKRA - StudentRecruitmentAdvsng (Okanagan)	1
BCCH - Botanical Crdn & Ctr for Hort.	1
REAL - Sauder - Real Estate Division	1

July, 2015-near_miss_property-SHHS - Student Housing & Hospitality S...

Incident ID: 116860

Department: SHHS - Student Housing & Hospitality Services (Main Office and Admin Staff Only)

Description: After worker parked their car on the 3rd level at 8:04 a.m. they walked down the south facing stairwell exit to level 2. When they came out of the entrance they stepped onto the board covering the hose from the fire hydrant on Lower mall. Worker stumbled and felt a really sharp pain on left foot....they did not fall. They dont recall striking their foot on the edge of board before that step...they did not fall. Worker had to lean against the wall for a few minutes before the pain eased up. Had to limp across Lower Mall to get into the SHHS admin office at Marine Drive 6. Had to stop again by the bench next to the pond of MD 2 across from Point Grill for a few minutes before trying to walk the rest of the way to the office. Worker noticed foot was reddish and very sore by 9:00 a.m. Showed the foot to coworkers and Gontran, SHHS safety advisor, he asked if they wanted First Aid through fire de



*Note: These statistics are based on your account settings, you will be unable to view details of incidents that don't match your account's incident filter settings

Date Range: Start Date:
To End Date:

Select Building:
Select Department:

Accident Type:

Accident Investigation: Complete Incomplete Either

Order By:

Incidents by Department / Drill down into Accident Type



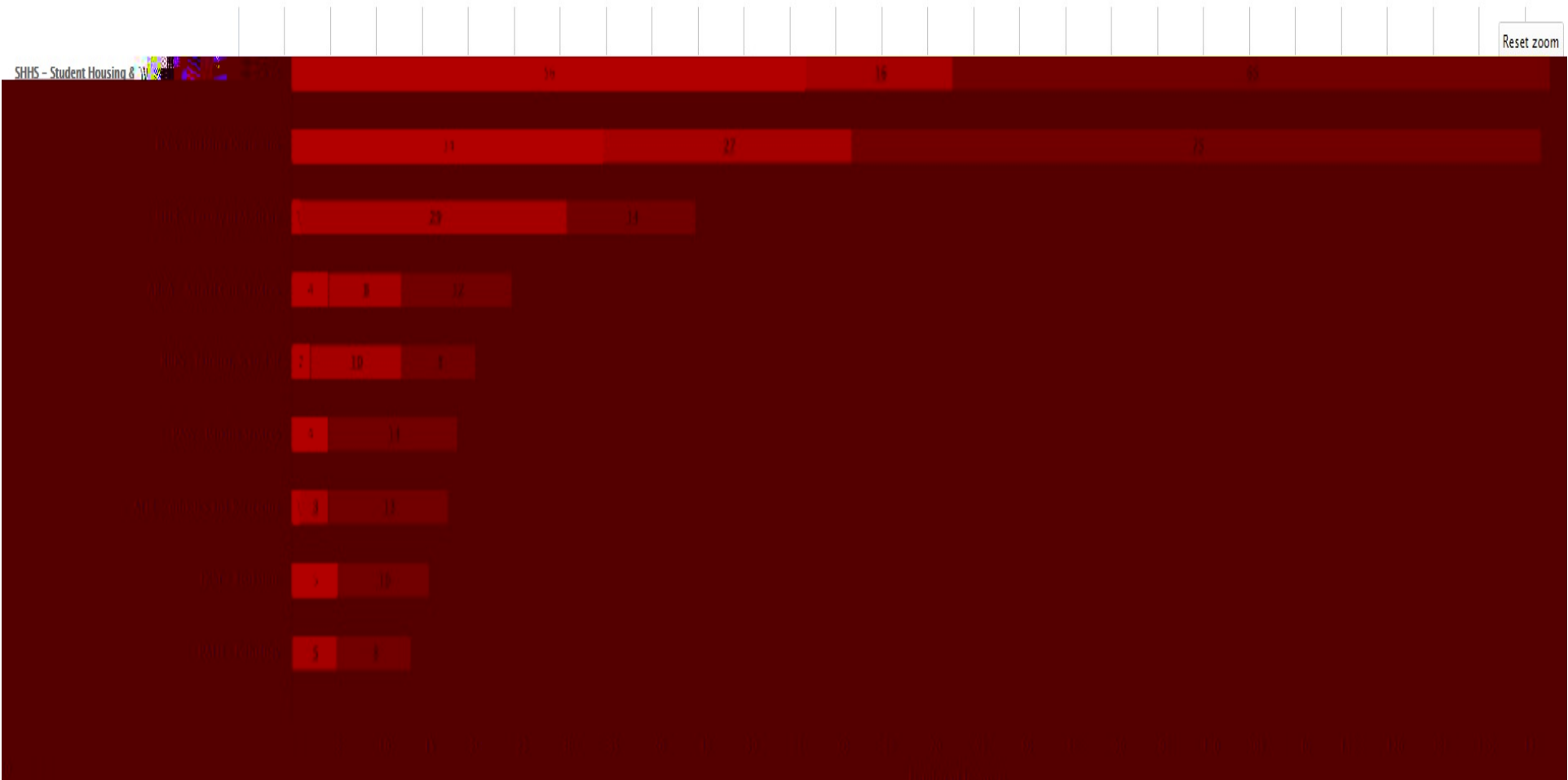
Incidents from 2014-10-01 until 2015-10-01



Incident only Medical Treatment Time Loss

Click the columns to view details, select an area to zoom in.

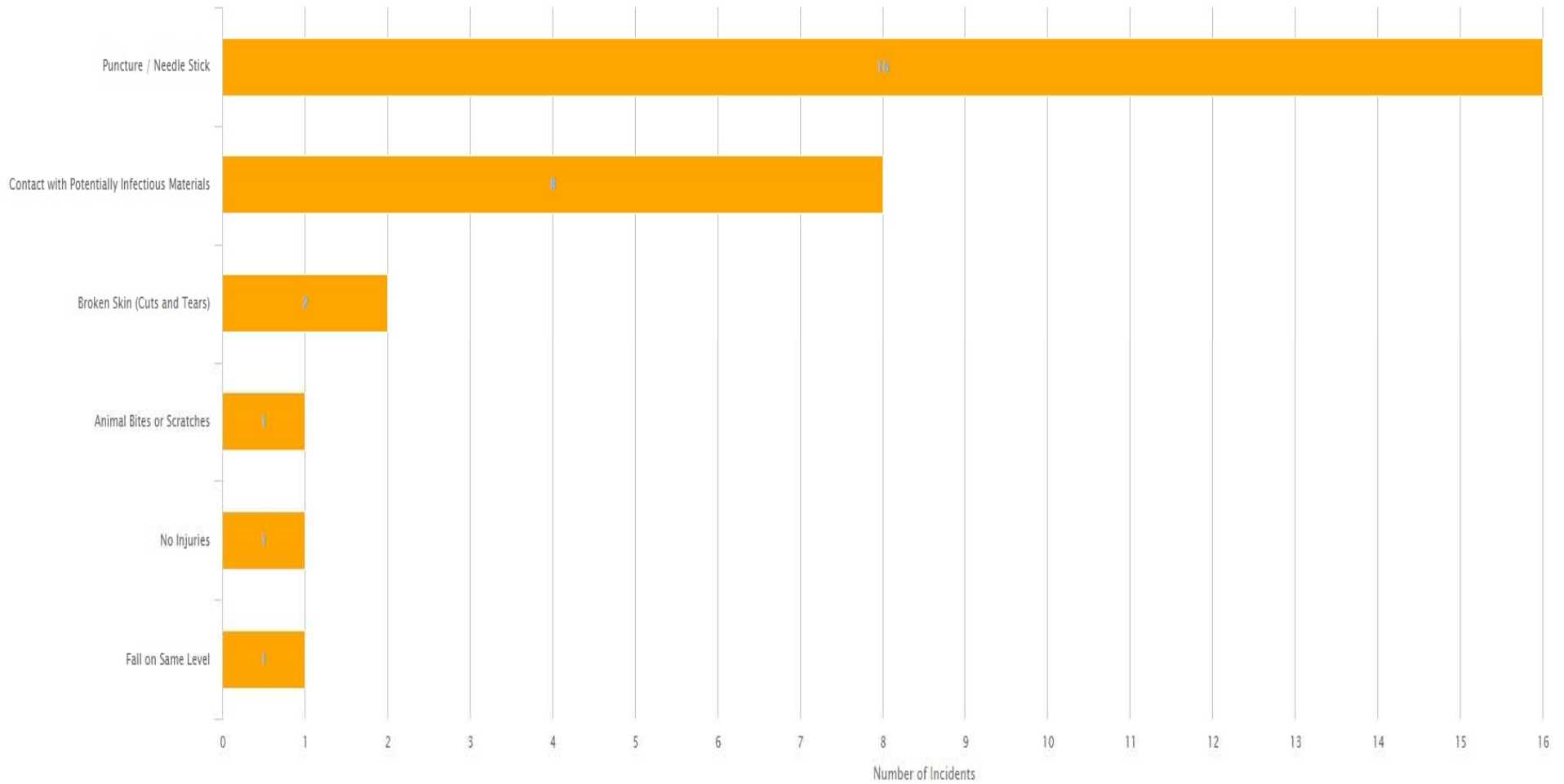
Reset zoom





MEDF - Faculty of Medicine - Medical Treatment

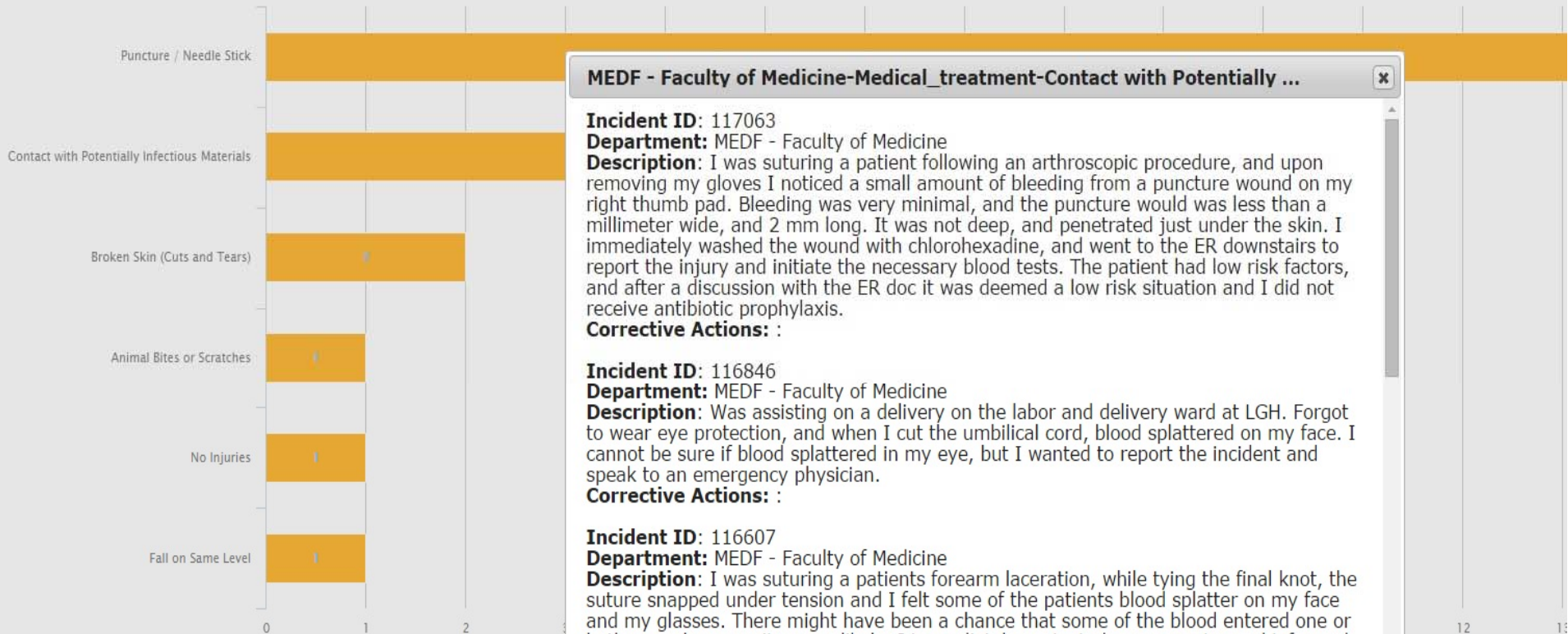
Click the columns to view details, select an area to zoom in.





MEDF - Faculty of Medicine - Medical Treatment

Click the columns to view details, select an area to zoom in.



MEDF - Faculty of Medicine-Medical_treatment-Contact with Potentially ...

Incident ID: 117063
Department: MEDF - Faculty of Medicine
Description: I was suturing a patient following an arthroscopic procedure, and upon removing my gloves I noticed a small amount of bleeding from a puncture wound on my right thumb pad. Bleeding was very minimal, and the puncture would be less than a millimeter wide, and 2 mm long. It was not deep, and penetrated just under the skin. I immediately washed the wound with chlorohexadine, and went to the ER downstairs to report the injury and initiate the necessary blood tests. The patient had low risk factors, and after a discussion with the ER doc it was deemed a low risk situation and I did not receive antibiotic prophylaxis.
Corrective Actions: :

Incident ID: 116846
Department: MEDF - Faculty of Medicine
Description: Was assisting on a delivery on the labor and delivery ward at LGH. Forgot to wear eye protection, and when I cut the umbilical cord, blood splattered on my face. I cannot be sure if blood splattered in my eye, but I wanted to report the incident and speak to an emergency physician.
Corrective Actions: :

Incident ID: 116607
Department: MEDF - Faculty of Medicine
Description: I was suturing a patient's forearm laceration, while tying the final knot, the suture snapped under tension and I felt some of the patient's blood splatter on my face and my glasses. There might have been a chance that some of the blood entered one or both eyes, however it was unlikely. I immediately contacted my preceptor and informed them of the incident, went to an eye washing station and washed both eyes for a full 5 minutes, then proceeded to ER triage to await testing for blood borne disease. The patient was also informed of the incident and agreed to undergo testing for blood borne disease as well. No PEP was given due to the low risk mechanism of the incident.
Corrective Actions: :



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Past and Current Functionalities	Enhancement/Replacement
I/A Reporting (Paper or fillable PDF)	Centralized Accident/Incident Reporting System (CAIRS)
Decentralized Reporting	
Decentralized Accident Investigation and Follow-up	
Statistics	Further development of existing statistical package for departments, faculties and safety committees to improve the quality of statistical summaries provided by CAIRS
Incident/Accident Investigation, Notification and follow	I/A Expert Review Function: Review accuracy of submissions and suitability of corrective actions proposed and provide SME resource support for follow-up (“Step 6”)
User Interface	Users will be able to customize the fields shown in the incident list, fields on the form will dynamically appear based on responses to other questions, etc.
HR Workplace Health Services manually copies data submitted from CAIRS to WorkSafeBC system to begin claim	Automate submission directly from CAIRS to WorkSafeBC
Localized, in-person training of system provided as requested	Development of training program that covers incident/accident reporting and investigations (online and in-person)
I/A worker and supervisor reports for the same incident are treated as two separate incidents	Link worker report of injury (6a) and supervisor report (7) together for quick reference and to avoid duplication in system
I/A's have a limited capability of being organized by severity. Currently Incident Only (Near miss), Health Care, and Time Loss are the only classifications for this.	Develop a more detailed, severity model using existing standardized field values to auto generate a ranking or score for I/A reports submitted
Incident/Accident Reporting (WorkSafeBC requirements)	Develop Property Damage/Loss , Anonymous Hazard reporting and Claims Management functions



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