GUIDE FOR REPORTING IN CAIRS

CAIRS Landing Page

Go to www.CAIRS.ubc.ca

UBC Centralized Accident / Incident Reporting System (CAIRS)

Instructions

- If this is a serious/life-threatening injury, major structural failure, major hazardous release, fire or explosion with the potential for serious/life-threatening injury, or otherwise required immediately reportable incident, you must contact Safety & Risk Services.
- The questions below will determine the questions that show up on the Incident/Accident form.
- You may need employment and salary information to complete the form, make sure you can obtain this information from your department's administrator.
- If you close the form you will lose what you entered.
- Your CAIRS Session may timeout after 60 minutes. It is recommended to gather information first, and save your progress prior to expiration time. You may return to your report via the CWL Login below or emailed link if submitted.
- Please do not login into CAIRS in a different browser tab or window while you are filling in the Incident/Accident form. It may cause an error upon submission of the form.
- Given the nature of information collected and stored in CAIRS, it is strongly recommended that before requesting access to CAIRS, that you complete the Privacy & Information Security Fundamentals training to better understand the measures needed to protect personal information and to comply with UBC privacy and security requirements.
- UBC collects information about you under the authority of sub-section 26(c) of the Freedom of Information and Protection of Privacy Act and as legally required by the Workers Compensation Act; this information is collected for the sole purpose of complying with WorkSafeBC and investigating your incident/accident report. Questions about the collection and use of this information can be directed to Safety & Risk Services.
- All information collected remains confidential and will only be disclosed on a 'need to know' basis or as otherwise authorized by law.

Resources To Assist With Your Investigations

- UBC Incident Site Investigation Guide (download) - Bring to the incident site for guidance on conducting and recording your incident investigation for CAIRS reporting.
- UBC Lifting Incidents- Background Information - Use this tool for lifting injuries, and attach it to your CAIRS report.
- Accident/Incident Investigation and Reporting Program
- Accidents in the Workplace

Person Injured / Affected Type:	○ Staff ○ Faculty ○ Paid Student (Student Worker) ○ Practicum/Clinical Placement Student ○ Other Student ○ Visitor/Volunteer/Visiting Student ○ Contractor
User Filling in Form (You):	○ Supervisor ○ Person Injured/Affected (WorksafeBC 6A form) ○ Witness/Person Reported To (Other Students, Visitors, Contractors only)
Employee Campus Affiliation:	○ Vancouver ○ Okanagan ○ Other UBC Location
Severity:	○ Incident Only (near-miss, minor injury, or property damage) ○ Medical Treatment (visit doctor, no days off) ○ Time Loss (days off work, excluding incident day)
Type of Claim:	○ No injury ○ An injury ○ An occupational disease ○ A repetitive/gradual onset injury

Continue To Report

Coming back to finish your incomplete submission?
Login with your CWL here to resume:

CWL Login

Are you an Administrator on CAIRS?

Administrator Login

Resources for Privacy Information, Site Investigations, and Ergonomics are available.

There are 3 options to enter a form:

1. Continue To Report (to submit an incident form)
2. CWL Login (for those returning to a saved form)
3. Administrator Login (for those with registered access to review incidents and print reports)

Instructions for selection buttons:

1. **Person Injured/Affected**
   - Indicate the person injured or affect by the incident.
   - This will determine what User types are available.
2. **User Filling in Form**
   - Indicate where you (the one filling in the form) are a supervisor or the person injured/affected in incident.
   - The Witness/Person Reported To is <u>only applicable to visitors, other students, and contractors</u>.
   - If you are a supervisor and the person injured/affected in the incident, select the "person injured/affected in the incident".
3. **Severity**
   - Indicate if the incident required the person injured/affected to seek Medical Treatment from a doctor/hospital, or lost time after the day of the incident.
   - If not Medical Treatment or Time Loss, select Incident-Only (minor or near-misses that could have been serious in consequence).

***Note**: Person Injured/ Affected, Severity, and Type of Claim settings can be changed later. Choose based on facts at the present time.

***Incidents:** Accidents which resulted (or almost) in an injury, occupational disease, or property damage.

***Near-miss:** An incident that had the potential for causing an injury, occupational disease, or property damage.

Reporting

Two reports will typically be required for employees of UBC:

1. A Supervisor Report.
2. A Person Injured/Affected Report.

Supervisors:

- Supervisors (Manager, Supervisor, PI, Lab Manager, Dept. Head, etc.) are required to complete a report in order to ensure actions are taken to prevent reoccurrence and/or correct hazards.
- Supervisor Reports serve as both an Incident Investigation and a Form 7 (WCB Claim).
  - The form includes 6 Steps.
- Supervisors can click the email link from a person injured/affected report, or start a report on the CAIRS website.
- **Note:** If you are the supervisor of the individual, a "Supervisor" Report must be filled, and not the "Witness/Person Reported To" Report.

Person Injured/Affected:

- The person injured/affected will only see Steps 1-4.
- The Person Injured/Affected Report serves as a hazard/incident notification and a WCB Form 6A (Notice of Injury to the Employer).
- When a person injured/affected submits a CAIRS report and inputs their supervisor's name and email, that supervisor will receive an email notification to complete their report.
  - The Person Injured/Affected form and Supervisor form should link after.
- **Note:** The injured person is still required to phone the WSBC TeleClaim to file a claim.
  - A pop-up box appears after submitting a Medical Treatment or Time Loss Report with the required TeleClaim information.

WorkSafeBC Teleclaim

If you have seen a doctor or have missed time from work as a result of a work-related injury/illness, it is important that you start a WCB claim by calling the WorkSafeBC Teleclaim Contact Centre at 1.888.WORKERS (1.888.967.5377).

Witness/Person Reported To:

- This short form is applicable to those injured or affected and without Supervisors, such as visitors, select students, and contractors.
- The form will not allow worker classes to be selected.
- This form will not be included in Incident Statistics, due to the risk of duplication.
- This form will not be capable of linking to an injured person form.

Report Submissions Process Flow

CAIRS reports are typically submitted by two categories of persons that may be linked together after submission:

1) The supervisor
2) The injured/affected person

Starting the Process

It does not matter who submits the CAIRS report first, but **the supervisor must submit their preliminary report in CAIRS within 2 days of the incident.**
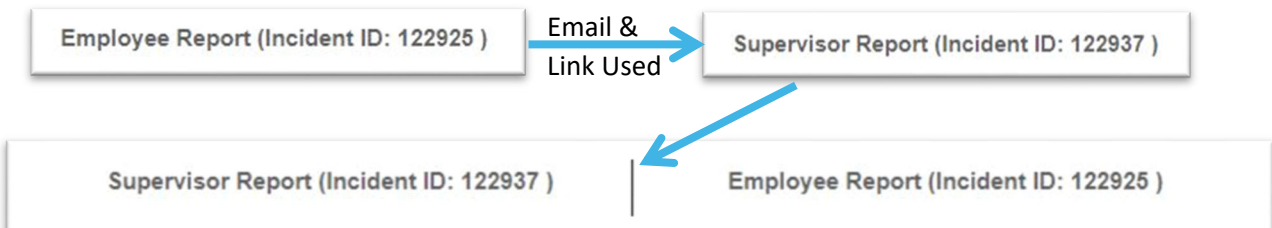
Supervisor Form

- When a Supervisor enters the email address of the injured/affected person on the Personal Information step, that email will receive a request to submit a CAIRS report.
- The email received will contain an html link to review incident information. Personal and employment information is not visible per privacy security.

- ❖ **Note:** Only registered administrators of CAIRS will see the linked report.

Injured/Affected Person Form

- When the injured/affected person enters the email address of the supervisor on the Incident Information step, that email will receive a request to submit a CAIRS report.
- The email received will contain an html link to review incident information. Personal and employment information is not visible per privacy security.

- ❖ **Note:** Only registered administrators of CAIRS will see the linked report.
- ❖ **Note:** If the indicated Supervisor is unable to complete the CAIRS report, they should forward the email to a designated alternate. If that is unable to be done, the alternate can create a new "Supervisor" report on the CAIRS main page: https://www.cairs.ubc.ca/public_page.php

Step 1- Incident Information

Incident Information

Next

Incident Title	Preliminary incident investigation information must be submitted within 48 hours (2 days) of the incident. Please be sure to click "Submit" at the end of the form. After the initial submission, you will be emailed a link to return and update/complete your report over the next 25 days with any additional findings and action plans. Please give this incident a short title (please do not include names or personal information) Incident Title*:
Report Writer	Your name*: Your phone*: Your email (This address will receive a copy of the report)*: Your job title*: Reported by user type: Supervisor Your supervisory relationship to the involved person: Direct Supervisor ▼ If 'other' selected, your supervisory relationship:
Date and Time of Incident/Accident	Date*: Time*:

Reported by user type is only visible to SRS/HR

Supervisor relationship drop down allows for options for the writer, as a supervisor section is further down.

Location of Accident

Building:

GPS Coordinates:

Select Location on Map

Description of Incident Location*:

> Building will notify CAIRS Administrators based on their filter settings.
>
> GPS coordinates are required and help indicate where the incident occurred. **Note** that you can zoom in to street level.

Incident Details, Description and Sequence of Events

Describe fully what happened before, during, and after the incident (please do not include names or personal information)*:

Main Body Part Injured*:
Make a Selection ▼

Secondary Body Part Injured:
Make a Selection ▼

Side of body injured*:
○ Left ○ Right ● Middle

Accident Type*:
Make a Selection ▼

Injury Type*:
Make a Selection ▼

Is this a serious injury?*:
○ Yes ● No

Supporting Documentation (maximum 5 MB per file, JPEG, GIF, PNG, PDF, DOC, or DOCx ONLY)

Please do not include attachments with personal information (first aid, medical, names, faces, credit cards, etc.)

File 1:

Choose File   No file chosen   ✗

> Attachments containing personal information (including in the file name), **will be relocated** to a secure section for RMS only, and deleted from the report.

Note: The save button hovers over the left hand side during each step. To save, click the button, and **make sure to enter your CWL**.

Note: A saved report does not constitute an official submitted report. Saving is meant to be returned to within asap, and must not delay preliminary incident reporting.

> Save incomplete form by logging in with your CWL
>
> [CWL Login]
>
> **Please note:**
> - Make sure to enter your CWL information before closing the browser.
>
> - Time outs may occur. Do not leave CAIRS open when not in use or information may not save.
>
> - Saving does not constitute Submitting. Be sure to Submit the report in 2 days.

Incident Details, Description and Sequence of Events

☐ **Does not include any names or personal information.**

☐ Include information obtained from your site investigation leading up to the accident and what happened (pre-incident, during, and post-incident).
   - Ex: (Bad): Worker got poked by needle
   - Ex: (Good): Worker was removing needle from packaging which resulted in worker accidently poking themselves with a needle. Worker has performed this process several times in the past, after receiving training on the procedure. Needle was still clean at the time, and was discarded.

☐ Overexertion and Repetitive Motion incidents should include weight of item lifted and clear description of activity (postures, frequency, distance traveled, etc.).
   - Ex: (Bad): Worker hurt their shoulder.
   - Ex: (Good): Worker was removing lifting several boxes weighing approximately 50 pounds each over 4 hours. Worker did not notice pain until the next day. Lifting was done from the ground and then moved to another room and placed at a height around waist level. A dolly was available, but not used. Worker received training on safe lifting procedures at last crew talk last month.

Incident Response

Name of Person First Reported To

Name:

Job title:

Phone:

Email:

Note: "Reported To" is when it is reported to a representative of the Employer (Supervisor, Administrator, etc.)

Date and Time Reported

Date*:

Time*:

Supervisor of employee involved

Name of Supervisor*:

Phone*:

Email (This address will receive a copy of the report)*:

Supervisory relationship to the involved person:

Direct Supervisor ▼

Job title:

If 'other' selected, their supervisory relationship:

This may be different than the writer, and can be specified by supervisory relationship.

Medical Response

Was first aid offered/called?*:
◉ Yes ○ No

Date first aid offered*:

Was first aid given?*:
◉ Yes ○ Declined ○ Not known

Date received first aid*:

Name of First Aid Attendant/Institution First Aid System*:
UBC First Aid

Level of First Aid Training:
Make a Selection ▾

Additional fields appear if "Yes" is selected.

First Aid should be a qualified OFA Attendant other than self for employees.

Modified Duties

Have modified duties been offered?:
○ Yes ○ No ◉ N/A

Step 2- Additional Incident Information

Witness or Other Required Personnel (OPTIONAL)

Name:

Email:

Job title:

Phone Number:

Person Type:
○ Person's presence may be necessary for a proper investigation ○ Witness

Comment:

Note: Do not enter personal information into the "Comment" box.

☐ Complete this area to indicate Work-Relatedness for WCB Claims.
  o If uncertain of work-relatedness, click "Uncertain" and indicate why in the box that appears.

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 ○ Uncertain

Employee's regular work

Were the activities part of the employee's regular work?*:
◉ Yes ○ No ○ Uncertain

Injury statement accurate

Is there any reason to feel that the injury did not occur as stated?*:
○ Yes ◉ No

Previous pain or disability

Are you aware of any previous pain or disability in the area of the present injury?*:
○ Yes ◉ No

Injury responsibility

Was any person not employed by UBC responsible for the injury?*:
○ Yes ◉ No

Last worked

Date last worked after injury*:

Time last worked after injury*:

Note: This field only appears for Time Loss Accidents

Step 3- Personal Information

☐ Complete this area for WCB Claims.
☐ Personal Information should not be made public.

Employee's Name (Injured/Affected)	First Name*:
	Middle Name / Initial:
	Last Name*:
Physical Information	Gender Identity*: ◉ Male ○ Female ○ Non-binary Weight (lbs): Height (ft, in):
Personal Identifying Information (either birth date or ID is required)	Provide information as available. After report submission, please have fields completed as soon as possible. Employee ID: Birthdate: Age:
Employee's Contact Info	Provide information as available. After report submission, please have fields completed as soon as p... Employee's Phone Number*: Employee's home address: Employee's City: Employee's Postal Code: Employee's Email (This address will receive a copy of the report):

Note: "Personal Id. Information" and "Contact Info" can be left empty and filled later.

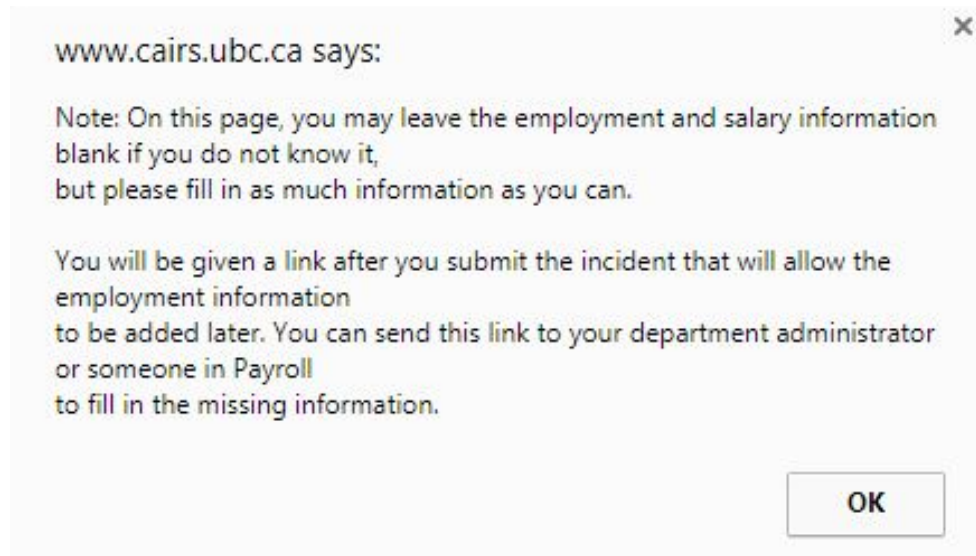If Time Loss: the fields can be filled through the Payroll link.

Note: For "No Injury" reports, only the Employee ID and Email display.

Important! This will send an email to the address.

Be advised for sensitive matters. It is optional.

Note: Upon advancing to Step 4, the disclaimer will appear for Time Loss Incidents:

Note: The email sent to the writer, supervisor, and CAIRS administrators for a Supervisor Report will include:

"Due Immediately:
 - Please submit employment and payroll information immediately, so that Workplace Health Services can submit this Time Loss claim as required by WorkSafeBC. If you do not have access to payroll information, you must forward the following link to your department administrator for payroll data entry:https://payroll_string
Note: This link will not provide any information about the incident other than the name of the person injured/affected, it is used only for data entry."

Step 4- Employment Information

☐ Complete this area for WCB Claims.
☐ Personal Information should not be made public.

Employment Information

Note: Selecting a Department, Union, Building Ops Crew, or SHHS Unit, will automatically trigger certain safety administrators and department personnel to be notified of the incident.

Note: Upon advancing to Step 5, the disclaimer will appear:

> Note:
> - You have 48 hours (2 days) to submit Preliminary Investigation information (what happened; what unsafe factors immediately contributed; and what corrective actions were undertaken that assisted the person and ensured the area was safe and/or restricted).
> - You have 25 days to enter your findings and action plan in the Accident Investigation and Corrective Actions sections.
> - Submit what you have completed by clicking the submit button at the end of the form (Saving does not constitute Submitting).
> - You will be emailed a link to return and complete your report later.

☐ Within 48 hours, the Supervisor Report must be submitted with all information from **Steps 1 – 4** for a WorkSafeBC Claim, and **Steps 5 and 6** for a Preliminary Incident Investigation.
☐ The Supervisor will have 25 calendar days to add any additional information for a Full Incident Investigation. The writer can access the report via the link emailed.
  o The link will allow whomever to complete details for Step 3 "Personal Information" and Step 4 "Employment Information."

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*: _____

☐ Hover over "fixed work schedule" for an example.

Step 5- Accident Investigation

Note: This Step is only visible for"Supervisor" reports and CAIRS Registered Administrators.

☐ The area of the incident should have been investigated prior to completing this step.

☐ At least one box from each section must be checked for completion.

Equipment Related Causes
- ☐ No "Equipment" causes
- ☐ High force equipment
- ☐ Defective equipment
- ☑ Preventative maintenance / inspections inadequate
- ☑ Signage / labeling inadequate
- ☐ Material / equipment failure
- ☐ Equipment vibration
- ☐ Incorrect equipment
- ☐ Proper Equipment Unavailable/Inadequate
- ☐ Guarding Inadequate
- ☐ Other (specify below)

Other equipment causes:

[   ]

Human Related Causes
- ☐ No "Human" related causes
- ☐ Illness
- ☑ Knowledge / skill / experience lacking
- ☐ Language difficulties
- ☐ Personal distraction
- ☐ Physical limitations (reach, height, etc.)
- ☐ Pre-existing condition
- ☐ Fatigue
- ☐ Other (specify below)

Other human related causes:

[   ]

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

[Root Cause. No Personal Information.]

Root Causes
- ☐ Root Cause indicated cannot be challenged by asking "Why?"
- ☐ Root Cause does not blame the individual; it is at a higher level determination.
- ☐ The Root Cause box should summarize all the above factors to assist in determining the real Root Cause(s).
- ☐ By hovering over the "**root cause**", a pop-up will display with further guidance.

Persons Who Carried Out, Participated In, or Reviewed the Investigation

☐ Accident/Incident Investigations are required to have involvement by the JOHSC or LST.

☐ A worker safety representative on the JOHSC or LST, that is knowledgeable in the work/area and investigations, must be involved.

☐ An Employer Representative is the Manager/Supervisor/PI/Faculty responsible for the area.

☐ Involvement is participation or review, and the ability to provide recommendations.

☐ Upon inputting an email and saving the form, the JOHSC or LST member receives notification to review the form.

Note: This section is required, but is skippable upon initial entry, allowing you to work with the specific persons required. But is required upon follow up, otherwise the Accident Investigation (AI) portion is considered incomplete.

Return To Work Update

Important: For Time Loss Accidents, return to the report to update return to work date.

Step 6- Corrective Actions

Note: This Step is only visible for "Supervisor" reports and CAIRS Registered Administrators.

Corrective Action(s) to prevent recurrence of similar incidents	List the appropriate corrective actions that address the immediate hazard to ensure that the scene is safe for work to continue or to prevent unsafe work from continuing. Examples can be: Locked and restricted access; called 911 and describe subsequent actions; removed equipment from service; locked out a power source; etc.

List any additional actions to address the root causes or issues that led to the incident to prevent re-occurrence. Use the button to add as many as you need:

Corrective Action 1

Corrective Action Identified:

Assigned To (name):

Job title:

Estimated Completion Date:

☐ Remind the Report Writer about this corrective action on the estimated completion date
Final Actions Taken:

Date Completed:

Supporting Documentation: |

Preliminary Corrective Action Guidance

Full Corrective Action Guidance

Corrective Actions Step → Assigned To
- ☐ Each corrective action must have <u>a specific person</u> assigned to it with an estimated date of completion
- ☐ Entering "Facilities" or "Building Operations" is not sufficient. How will they know to fix the issue? That is why the supervisor must assign responsibility to contact and follow up.
- ☐ Date Completed indicates when the action was completed.

Corrective Actions Step→ Corrective Action Identified

- ☐ The first Corrective Action(s) should indicate the action(s) immediately taken to ensure that the scene is safe for work to continue or to prevent unsafe work from continuing.
- ☐ Corrective Actions identified follows the hierarchy of controls
     1.Elimination 2. Substitution 3. Engineering 4. Administrative 5. PPE
- ☐ SMART
     - o <u>S</u>pecific (Not vague, states exactly what needs to be done)
     - o <u>M</u>easureable (Can be objectively recognized that action has been achieved)
     - o <u>A</u>ctionable (Use of strong clear action verbs)
     - o <u>R</u>ealistic (Must be within reach and obstacles are considered)
     - o <u>T</u>imely (A completion date is assigned)
- ☐ Matches the root cause(s) and works to mitigate/prevent incident reoccurrence
- ☐ Ensuresthe Corrective Action itself does not create another hazard
- ☐ Corrective Actions do not read as Modified Duties assigned to the individual

Saving and Submitting the Report

The identification of Corrective Actions from Root Causes on CAIRS provides an important mechanism to ensure follow up and accountability by assigning specific persons to address the issues with date(s) for follow up and completion.

Note: Reports are considered incomplete until all Corrective Actions have been implemented and/or changed by completing the Final Actions Taken and Date Completed in Section 6.

Note: Section 5-6 do not have to be completed at the time report is first started. A reminder will go out to the reporter/manager and administrators asking for the initial investigation summary which must be submitted within 48 hours of the incident date.

Using the SAVE function:

- During the initial input process, if you need to close down the file or don't have the needed information for the investigation and corrective actions, click the CWL Login and **log in with your CWL BEFORE closing the window.**
- Any updates to the on-line report afterwards can be done by logging in with your CWL.

- **A saved report does not constitute an official submitted report.**
  Saving is meant to be returned to within asap, and must not delay preliminary incident reporting.
- **Note:** An email will not be sent upon saving. It is up to the writer to follow the instructions provided in the browser upon saving.
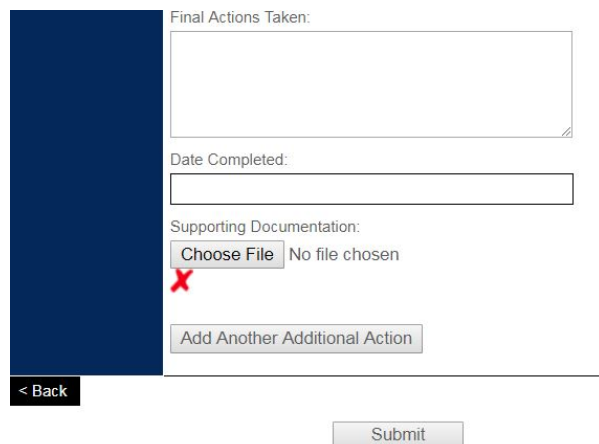
Click SUBMIT to enter the initial/completed report into the on-line system.

- The report can only be accessed again for updates by the link sent to the writer's email after submission, or with Registered Administrative Access to CAIRS.

Printing and Posting of a Completed Incident Report

Once the report is complete, a copy of the PDF can be printed for records.

Generate PDF Summary will generate a PDF with Personal Information.

Generate PDF for Posting in a Public Space in order to generate a redacted PDF without Personal Information

Important: As the pop-up box will state, ensure there are **no names or personal information in the PDF the report that goes to your JOHSC or LST or posted publicly**.

Note: This page can be accessed by registered administrators on the main incident list page by clicking "View" under "Report" column.
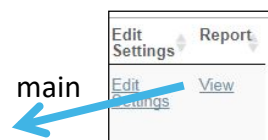
Submission Confirmation

Once the report is submitted, the report writer will receive an automated email from CAIRS with further instructions. CAIRS automated emails vary based on who wrote the report and the severity. The emails will include access to the report as indicated below, but is not limited to following information:

To the report writer:

"You can view your submission here: https://link_string

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

To the supervisor:

"Due within 25 days of the date of injury:
 - Complete the Incident Investigation and Corrective Action sections of the report (last two pages of the form), by following this link :https://link_string
 Note: Some information from this form has been hidden for personal information security."

To a registered administrator of CAIRS (if Time Loss):

"You can login here: https://link_string
 This is a time loss incident requiring employment information. You can forward the link below to your department payroll administrator: https://timeloss_link_string
Note: This link will not provide any information about the incident other than the name of the person injured/affected, it is used only for data entry."

RETURN TO UBC CAIRS TO COMPLETE THE REPORT

Methods

There are three (3) methods to enter a CAIRS Report:

1. Writer clicks the link sent via email to complete the Accident Investigation. The link is your way back into the report after submission, so be sure to keep that link. If it is lost, contact SRS for the link.
2. CWL Login if you saved your report, but did not submit it.
3. Registered CAIRS Administrators Login, and selecting the Incident Number.

UBC Centralized Accident / Incident Reporting System (CAIRS)

Instructions

- If this is a serious/life-threatening injury, major structural failure, major hazardous release, fire or explosion with the potential for serious/life-threatening injury, or otherwise required immediately reportable incident, you must contact Risk Management Services.
- The questions below will determine the questions that show up on the Incident/Accident form.
- You may need employment and salary information to complete the form, make sure you can obtain this information from your department's administrator.
- If you close the form you will lose what you entered.
- Your CAIRS Session may timeout after 60 minutes. It is recommended to gather information first, and save your progress prior to expiration time. You may return to your report via the CWL Login below or emailed link if submitted.
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- All information collected remains confidential and will only be disclosed on a 'need to know' basis or as otherwise authorized by law.

Resources To Assist With Your Investigations

- UBC Incident Site Investigation Guide (download PDF) - Bring to the incident site for guidance on conducting and recording your incident investigation for CAIRS reporting.
- UBC Lifting Incidents- Background Information (download PDF) - Use this tool for lifting injuries, and attach it to your CAIRS report.

Person Injured / Affected Type:	○ Staff ○ Faculty ○ Paid Student ○ Practicum/Clinical Placement Student ○ Other Student ○ Visitor/Volunteer/Visiting Student ○ Contractor
User Filling in Form (You):	○ Supervisor ○ Person Injured/Affected (WorksafeBC 6A form) ○ Witness/Person Reported To (Other Students, Visitors, Contractors only)
Employee Campus Affiliation:	○ Vancouver ○ Okanagan ○ Other UBC Location
Severity:	○ Incident Only (near-miss, minor injury, or property damage) ○ Medical Treatment (visit doctor, no days off) ○ Time Loss (days off work, excluding incident day)
Type of Claim:	○ No injury ○ An injury ○ An occupational disease ○ A repetitive/gradual onset injury

[Continue To Report]

Coming back to finish your incomplete submission?
Login with your CWL here to resume:

[cwl Login]

Are you an Administrator on CAIRS?

[Administrator Login]

Notes upon re-entering a Form:

☐ Personal Information may be hidden.
☐ "Greyed-out" boxes cannot be edited.
☐ You cannot click the Step Number to jump from step to step. You must press next to proceed.
☐ Some fields will no longer be skippable, and now mandatory required, including:
   o Error Producing Conditions/Acts/Practices.
   o Employer and Worker Representatives.

Corrective Action 1

Corrective Action Identified:

Assigned To (name):

Job title:

Estimated Completion Date:

☐ Remind the Report Writer about this corrective action on the estimated completion date

Final Actions Taken:

Date Completed:

Supporting Documentation:

Checking this <u>box</u> enables the report writer to receive an email on the estimated completion date which reminds them to ensure the corrective action is complete.

For multiple corrective actions with the same estimated completion date, only one email with the reminder for all those corrective actions is sent out

For multiple corrective actions with different estimated completion dates, email is sent out on each estimated completion date reminding the report writer about that particular corrective action

☐ **When you are finished** writing the report, make sure to click Submit at the bottom of Step 6; otherwise your form will not be submitted/saved and your changes will be lost.

REGISTERED CAIRS ADMINISTRATORS

Register for CAIRS Access

If you are a JOHSC or LST Chair, Supervisor, Manager, or Safety Advisor follow one of these instructions:

Note: To visit CAIRS, you may find it via the Safety &Risk Services website at: http://srs.ubc.ca/

1. Click the link: https://www.cairs.ubc.ca/public_page.php
   a. Select Administrator Login
   b. Select "If you require administrative access to CAIRS, click here"
   c. Complete the instructions on the page and follow up email.
   d. SRS will follow up with you, regarding granting access.
2. Click this link: https://www.cairs.ubc.ca/login.php
   a. Select "If you require administrative access to CAIRS, click here"
   b. Complete the instructions on the page and follow up email.
   c. SRS will follow up with you, regarding granting access.

Personal Settings

Administrative Access can be edited at any time by clicking the "Personal Settings" Tab in the tool bar while logged into CAIRS as an Administrator.

- Fields that have the checkboxes can only be changed by calling SRS
- Filter settings can be requested by adding them to your profile, however, they will not activate until approved by SRS.

Filters

- Filters can be requested by user, but SRS must grant permission. CAIRS Reports will be filtered according to these checked boxes.

Set Required Filters

Select the appropriate check boxes for the incidents that this user is required to be notified of. They will receive an email each time an incident is submitted that meets this criteria. When they log in to the database, the incidents they can see will be filtered to what you select here.

Employee Campus Affiliation:	☑ Vancouver ☐ Okanagan
Person Type:	☑ Staff ☐ Faculty ☐ Paid Student ☐ Practicum/Clinical Placement Student ☐ Other Student ☐ Visitor/Volunteer/Visiting Student ☐ Contractor
Severity:	☑ Incident Only (near-miss, minor injury, or property damage) ☑ Medical Treatment (visit doctor, no days off) ☑ Time Loss (days off work, excluding incident day)
Type of Claim:	☑ No injury ☑ An injury ☑ An occupational disease ☑ A repetitive/gradual onset injury
Real/Test Incident?	☑ Real Incident ☐ Test Incident
Department Filter:	BOPS - Building Operations (including sub depts)
Building Filter:	

☐ Notify user of new incident submissions and incident type changes that meet the above criteria
☐ Notify user of new anonymous hazard report submissions

[Save Filter Settings]

Department Filter

Select the departments whose incidents the user need to be notified of.

Select Department:

[Make a selection...]

☐ Include all sub-departments of the selected department(s)
[Add Department(s)]

Filtered Departments	Approved	Include Sub Departments	Notifications Enabled	Remove
BOPS - Building Operations	☑ Approved	☑ Include Sub Depts	☑ Notifications	[Remove]

Building Filter

Select the building whose incidents the user need to be notified of.

Select Building:

[Make a selection...]

[Add Building(s)]

Filtered Buildings	Approved
No Specific Buildings	

SHHS Unit Filter

Select the SHHS units whose incidents the user need to be notified of.

Select SHHS Unit:

[Make a selection...]

[Add SHHS Unit(s)]

BOPS Crew Filter

Select the BOPS Crews whose incidents the user need to be notified of.

Select BOPS Crew(s):

[Make a selection...]

[Add BOPS Crew(s)]

Accident Type Filters

Select which accident types the user needs to see or be notified of.
The user will see all occurrences of the selected accident types.

Select Accident Types:

[Make a selection...]

[Add Accident Type(s)]

User's results are not filtered by accident type.

Union Filters

Select which unions the user needs to see or be notified of.
The user will see all occurrences of the selected unions.

Select Unions:

[Make a selection...]

[Add Union(s)]

Filters Permissions

☐ Approved
  o SRS will receive an email notifying of the request. But the user will not receive an automated email.
☐ Include Sub-Depts
  o Check to include all departments that fall under the selected department.
☐ Notifications Enabled
  o Unchecking this will disable automated emails for that filter.
  o The filters will still be available for review.
☐ Remove
  o Remove filter.
☐ Specific filters below will filter your incident feed. However, these filters function by allowing access to any incident that meets your filter.
  o Therefore, it is important to limit your filter to the most specific required areas.

- Example: If you select Department "Building Operations (BOPS)" and Union "CUPE 116" you will see reports for all of BOPS AND all of CUPE 116. Not just the CUPE 116 member of BOPS.
- Example: If you are the Department Head in Applied Science, and wish to see all of the Faculty, you may select APSF and "Include Sub-Depts". If you select additional buildings, you will see the incidents in those buildings (such those from Arts, Science, Building Ops., etc.).

Using CAIRS as an Administrator

Access incidents

1. Log in as a CAIRS Administrator with your CWL at: https://www.cairs.ubc.ca/login.php
2. Select any filters and Incident ID to view details or "Report" to view the html report screen for printing.

- ❖ Click **Show/Hide** to hide your data filters.
- ❖ Note: Date filter is automatically set to 6 months prior to current date.

- ➢ Click "**Update Incident List**" to repopulate the incidents based on the new filters.

Edit Incidents

1. Click Column Visibility to adjust any columns you would like visible for quick review.
2. Fields in the report can be edited based on the Administrators level of access granted.
3. Initial settings (Claim type, Severity, Person Type) of the incident can be edited by clicking "Edit Settings"

Accident Investigation (AI) Checkbox

In the Incident List screen, Administrators will see a column "Accident Investigation" or "AI" with checkboxes. The checkboxes will not be checked and yellow if Step 5 (Accident Investigation) was not completed.

Completion of this step means:

☐ All Causes had at least one box checked.
☐ The root cause box was filled.
☐ The employer and worker representative information was entered.

Corrective (Corr.) Actions Checkbox

In the Incident List screen, Administrators will see a column "Corrective (Corr.) Actions" with checkboxes. The checkboxes will not be checked and yellow if Step 6 (Corrective Actions) was not completed.

Completion of this step means:

☐ At least one Corrective Action has been entered.
☐ The action has a Name and Job Title assigned.
☐ The action had an Estimated Completion Date.
☐ The action has a Date Completed.

Generate Reports

Registered CAIRS Administrators will be able to print out different versions of the report.

View this form in Standard Writer Format | WHS/Claims Format | Investigation Format.

Generate PDF Summary

Generate PDF Summary (Preliminary)

Generate PDF for Posting in a Public Space

Standard Writer Format

☐ Arranges order based on written layout of CAIRS.
☐ Standard order is what the Supervisor and Employee will see when they complete their reports.

WHS/Claims Format

☐ Arranges order based on WHS and claims requirements for WSBC.
☐ Employee Report is included.

Investigation Format

☐ Arranges order based on SRS incident investigation requirements for WSBC.

☐ Employee Report is not included.

Generate PDF Summary

☐ Generates a PDF copy of the Full Report based on order selected.

☐ Personal information fields are present, but information is redacted.

    ❖ Information is available if the Personal Information checkbox permission is granted.

Generate PDF Summary (Preliminary)

☐ Generates a PDF copy of the Preliminary Report based on order selected.

    ❖ May not be available to some users or incident reports.

☐ Personal information fields are present, but information is redacted.

    ❖ Information is available if the Personal Information checkbox permission is granted.

Generate PDF for Posting in a Public Space

☐ Generates a PDF copy of the Full Report based on order selected.

☐ Personal information is redacted, with the exception of comment boxes.

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CAIRS STATISTICS

Access Statistics

To utilize the Statistics function of CAIRS, the user will require registered administrative access, and be logged in to CAIRS as an Administrator.

➢ Select the Statistics Tab in the toolbar.
  • Statistics will have default settings that match occupational categories.
  • Witness/Person Reported To Forms are not included in the occupational counts.

Step 1 – Select Date and Unit

1. Click and select the desired Date Range.
   a. Annual trend data will be included in some reports regardless of the date range selected.
   b. Annual trend data is pre-set to 12 months previous to the end date selected.
   c. Dates will retrieve records based on <u>Date Of Submission (inclusive)</u>.
2. Click UBC Organization Filter
   a. Select the VP Department/Faculty Level or Joint Occupational Health & Safety Committee.
   b. **Note:** Users will only be able to access the departments and committees they have registered access for.

Data Filters

Step 1 – Select Date and Unit

Date Range

Start Date: 2017-01-01
End Date: 2017-06-30

UBC Organization Filter

Results will be shown for the lowest selected organization

Select Organization Type ▼

Step 2 – Select Additional Fields

1. Click to select any other desired filters (Campus, Person Type, Severity, Claim Type, and Other Filters).
   a. Filter options will affect charts based on selections for a more in depth analysis.
      i. Example: By removing certain "Person Types", the charts displayed will be reflective of those categories selected.
      ii. Example: By selecting "Accident Types – Falls on Same Level," you will see all of the same charts (Injury Rate, Claims, etc.), but focused specifically to falls.
   b. Filters will be deactivated based on access privileges.

Step 2 – Select Additional Filters

Campus

Person Type

Staff	☑	Other Student	☐
Faculty	☑	Visitor	☐
Paid Student	☑	Contractor	☐
Practicum Student	☑		

Severity

Claim Type

Other Filters

Step 3 – Select Display Option

1. Select action:
   a. **JOHSC Statistics**- Creates a report based on filters of the UBC JOHSC Structure.
   b. **Unit Specific Statistics** – Creates a report based on filters of the UBC Organizational Structure provided by UBC Human Resources.
   c. **Incident Report** – Creates a redacted incident summary report.
   d. **Outstanding Corrective Actions** – Creates a redacted summary report of incidents with incomplete Corrective Actions.
   e. **Incident Map**– Generates a map based on filters.
   f. **Note:** Unit Specific Statistics and Incident Map are not available to JOHSC Administrators.
   g. **Note:** Any changes/additions you wish to make after the report is generated will require reloading a new report.
2. Select Print/Download action:
   a. **Print** – Found in the upper and lower right of the report, allows the report to be printed (paper or pdf).
   b. Menu – Allows individual charts to be downloaded.
   c. Sort – Allows the user to sort the "Incident Report" and "Outstanding Corrective Actions" Report.
   d. Column Visibility – Adjust what columns are visible in the Key Performance Indicator section.
      i. **Note:** This option is not available to JOHSC Administrators.
   e. Excel – Export the data of an Incident Report or KPI section to Excel.
   f. **Note:** Any modifications to the graphs (de-selecting axis labels, changing visible columns, adding graphs) will not be immediately printable. Due to the interface:
      i. Select Print
      ii. Cancel the print in the Pop-Up box
      iii. In the browser, make changes
      iv. Print via the web browser function.

Step 3 – Select Display Option

JOHSC Statistics

Unit Specific Statistics

Incident Report

Outstanding Corrective Actions

Incident Map

*For additional statistics reports, please contact Risk Management Services 604-822-2250

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Analyze Charts

☐ Chart axis labels can be adjusted on certain graphs.
  - o Example: The user can remove all but Time Loss incidents from a graph if desired, by clicking the labels on the X-Axis.
  - o The edits can be downloaded via Menu.
  - o **Note:** Any modifications to the graphs (de-selecting axis labels, changing visible columns, adding graphs) will not be immediately printable. Due to the interface:
    - i. Select Print
    - ii. Cancel the print in the Pop-Up box
    - iii. In the browser, make changes
    - iv. Print via the web browser function.

☐ If further analysis is required, please contact SRS for additional reports.

Other Key Performance Indicators (KPI)

☐ Allows users to review performances and compliance of the selected areas.

☐ Values in red indicate this field is non-compliant to the Workers Compensation Act.
  - o "Report Submitted in 48 Hours" KPI excludes weekends (includes Statutory Holidays)

☐ **Note:** Incident Investigations are submitted to WorkSafeBC 30 days from the date of incident. As a result, there may be a 30 day delay on some Incident Investigation stats in the KPI table.

☐ Column criteria can be clicked on/off as desired through the Column Visibility button.
  - o Due to limited space, certain criteria will not be visible by default.
  - o A maximum of 12 columns can be displayed.
  - o **Note:** Any modifications to the KPI Table (changing visible columns) will not be immediately printable. Due to the interface:
    - i. Select Print
    - ii. Cancel the print in the Pop-Up box
    - iii. In the browser, make changes
    - iv. Print via the web browser function.
  - o The KPI Table can be exported to Excel via Excel.