RiskWare Quick Guide
Report an Incident
WHS-GUI – 002a
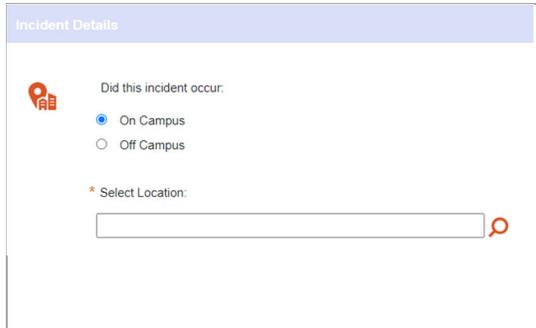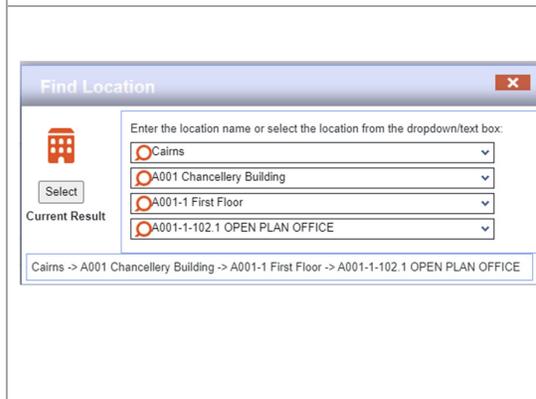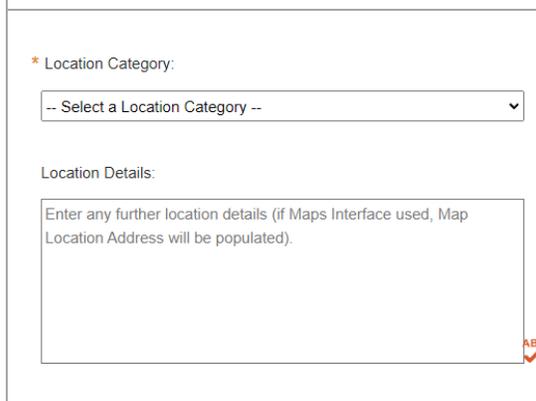
This guide is designed to assist staff and students to report an incident using the RiskWare system.

On screen	Information to enter
Quick Links • Campus Indigenous Names • COGNOS • Concur - Travel Expense Management System • eAcademic • Employee Assistance Program (EAP) • Enterprise Agreement • My HR Online • Organisational Change • FinanceOne CiAnywhere • Policy Library • Professional Services Change (PSC) • Reporting a Cheating Service • Request Maintenance (requires access to the JCU network) • Riskware • Service Now • Staff Email • Staff Learning Hub • Staff Online • Timetable and Room Booking	Open an Internet Explorer Browser to the JCU Homepage and click on 'Staff'. Select RiskWare under Quick Links. To access and use RiskWare, staff and students must first authenticate using their JC number and password. JCU Users will used their JCU log in details to access RiskWare. ➢ First you will need to register for Multi-Factor Authentication (MFA). ➢ Once you have registered for MFA, you can access RiskWare ➢ Anyone who has a JC number can access RiskWare
Incident/Hazard Reporting Incident/Hazard Reporting	Once you are logged into RiskWare, click the Incident/Hazard Reporting icon then click on **Incident.**
Who sustained this incident? *◉ Me ○ Another Person	If you are reporting on behalf of another person please select 'another person'.
When did the incident occur? *Date: 14/08/2023 Time: 10 AM : 04 *Time Category: -- Select a Time Category --	Enter the date, time and time category that the incident occurred.

Incident Details	Ensure you advise whether the hazard is located 'On Campus' or 'Off Campus'. 'On Campus' is all buildings, roads, paths, sporting facilities, etc. within the campus. 'Off Campus' is all other areas outside the campus grounds.
Did this incident occur: ● On Campus ○ Off Campus	
* Select Location:	You will need to complete each question within this section in as much details as possible.
Find Location	If 'on Campus' enter the specific location details of where the incident occurred.
Enter the location name or select the location from the dropdown/text box: ○ Cairns ○ A001 Chancellery Building ○ A001-1 First Floor ○ A001-1-102.1 OPEN PLAN OFFICE	Click the 🔍 icon to perform a search of the relevant location. The *Find Location* pop up box will appear.
Select Current Result Cairns -> A001 Chancellery Building -> A001-1 First Floor -> A001-1-102.1 OPEN PLAN OFFICE	Use the drop-down box to select a primary campus or location. E.g., *Cairns.* Use the second drop down box to select a secondary location. E.g., *Building A1.* Use the next section to select floor and then room number if known. Then click '*Select'* to select the location and close the pop-up box.
* Location Category: -- Select a Location Category -- Location Details: Enter any further location details (if Maps Interface used, Map Location Address will be populated).	Select a location category from the drop down box and use the text box to enter specific location information. Enter specific detail in these fields to identify exactly where the incident occurred.

What was the work or activity being undertaken at the time of the incident? * Work Activity Category: -- Select a Work Activity Category -- What work/activity was being done at the time of the incident? I.e. driving, lifting boxes, typing etc.	Select the work activity category from the drop down list which best describes the type of work being undertaken at the time of the incident. Enter any further information within the details box which may provide clarity on the work being undertaken at the time of the incident.
Using a few words briefly describe the incident: * Incident Title: * Describe the incident with as much detail as possible: Describe the incident with as much detail as possible. What exactly	Describe the incident in a few words within Incident Title. Provide a detailed description of the incident including, for example, the process, interactions with other people, products, chemicals, equipment and the environment. DO NOT include personal information.
Did an injury/illness occur? *◉ No ○ Yes	Select 'Yes' if an injury or illness occurred. Select 'No' if there was no injury or Illness. A No response denotes a near miss which is defined as any unplanned incident that occurred at the workplace which, although not resulting in an injury or disease, had the potential to do so.
Witness Details: *◉ No ○ Yes Witness Details (include name and phone number if known) 🔍 Check the tickbox and enter the names, addresses, phone numbers and any other relevant information for all witnesses. Eg. John Smith – 123 Apple Road, 1400 010 020	Select either 'Yes' or 'No'. If "Yes" is selected, click on the search icon and search for the person's name. If person's name cannot be found, document using free text.

Was there any asset/property involved/damaged? ⊙ No ○ Yes SISSADE number: _____ ☐ Company Asset/Property ☐ Contractor or Third Party Asset/Property Description of damage: If you have selected any of the above options for asset/property involved in the incident, please provide a detailed description of any damages incurred.	Select 'Yes' or 'No.. If "Yes" is selected choose whether the asset / property is Company, Contractor or Third Party owned and provide a specific description of the property.
Incident Classification: * Identify what occurred (Mechanism): -- Please select the most severe incident type -- * What was the most significant cause (Breakdown Agency): -- Please select the most severe possible cause --	Identify the Mechanism of the incident from the drop down list. The mechanism is the action, exposure or event which is the direct cause of the most serious injury or disease. Next, you will identify the breakdown agency from the drop down list. The breakdown agency refers to the object, substance or circumstance that directly caused the incident.
Injury/Illness Classification: * Identify the type of injury or illness sustained (Nature) (select the most severe): -- Please select the most severe injury -- * What part of the body was/is most affected (Bodily Location) (select the most severe): -- Please select the most severely injured bodil -- * If applicable what side of the body was affected? ○ Not applicable ○ Left ○ Right ○ Both	Identify the type of injury or illness sustained (Nature) from the drop down list. The nature is the most serious injury or disease sustained or suffered by the person. Identify what part of the body was/is most affected (Bodily Location) from the drop down list. The requirement is to choose the bodily location of the most serious original injury or part of the body affected by the injury or disease. Choose the applicable side of the body which was affected.

<table>
<tr><td>

Mental Stress

Does this incident relate to mental stress?

◉ No ○ Yes

</td><td>

Note: This question must only be answered following a conversation with the person affected.
The information provided when 'Yes' is selected is applicable to JCU Staff.

</td></tr>
<tr><td>

Injury Details:

* Describe the injury in detail:

Please provide a detailed description of the injury - i.e. Laceration on my left index finger. For multiple injuries list all injuries sustained.

ABC ✓

</td><td>

Describe the actual injury sustained or if multiple injuries, list all injuries sustained.

</td></tr>
<tr><td>

Assign to:

Do you require that this incident remains confidential from your supervisor/manager?

◉ No
○ Yes

* Manager/Supervisor:

Andrew Reddicliffe

</td><td>

Assign your Manager/Supervisor to manage the incident.

If the person who appears here automatically is not your Manager/Supervisor, please select the correct person by clicking on the magnifying glass icon.

Confidential incidents
If you DO NOT want your Manager/Supervisor to be notified please select Yes to lodge a confidential incident.

You will be prompted with a confidentially statement and the incident will be assigned to the Manager of Health and Safety or their delegate.

</td></tr>
<tr><td>

Attachment

Click to add an attachment

</td><td>

Use the attachment function to add images, documents or other media that may assist with the action plan for the incident.

All files have a size limit restriction of 4MB.

</td></tr>
</table>

Treatment for injury/illness: * Was First Aid Administered? ◉ No ○ Yes * Was Medical treatment provided? ◉ No ○ Yes ☐ Medical treatment (doctor, emergency/outpatient, physiotherapist or other practitioner) ☐ Hospital admission (admitted/inpatient)	Enter all the treatment for injury/illness questions and provide as much detail as possible in the free text box if applicable. Click 'Yes' if first aid was administered or 'No' if it was not. Note: First aid is the immediate treatment or care given to a person suffering from an injury/illness until more advanced care is provided or the person recovers. Note: If Yes is chosen, please provide details in the details box. Click 'Yes' if medical treatment was provided or "No" if it was not. Note: Medical treatment is a work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist. Note: If Yes is chosen, please tick Medical Treatment box and provide details in the details box
Injury/illness resulted in: ◉ No Lost Time From Work ○ Lost Time From Work	Click the relevant category as a result of the injury/illness Note: No Lost Time from Work is less than 1 day of work was lost or the person is not a JCU staff member Note: Lost Time from Work is when a complete day was lost from work – only applies to JCU staff members
What immediate action, if any, has been taken? Please describe, in detail, any actions you have taken since being informed of the incident. Please think of this in terms of What have you done? Who have you informed? Where did this occur? When did this occur?	Identify and describe any immediate actions taken since the incident occurred.

- Click the draft icon to save your incident as a draft.   🗄 **Draft**

- You can access your draft by clicking on the home button located on the top right hand side of the page. Then click on your draft incident link located in the information panel located on the left-hand side of the screen.

- Click the Next icon to go to the final page.   ➡ **Next**

- Click the submit icon to submit the Incident   ✔ **Submit**

Further Information

Work, Health and Safety Unit
Phone - 07 478 14429 Email – safety@jcu.edu.au