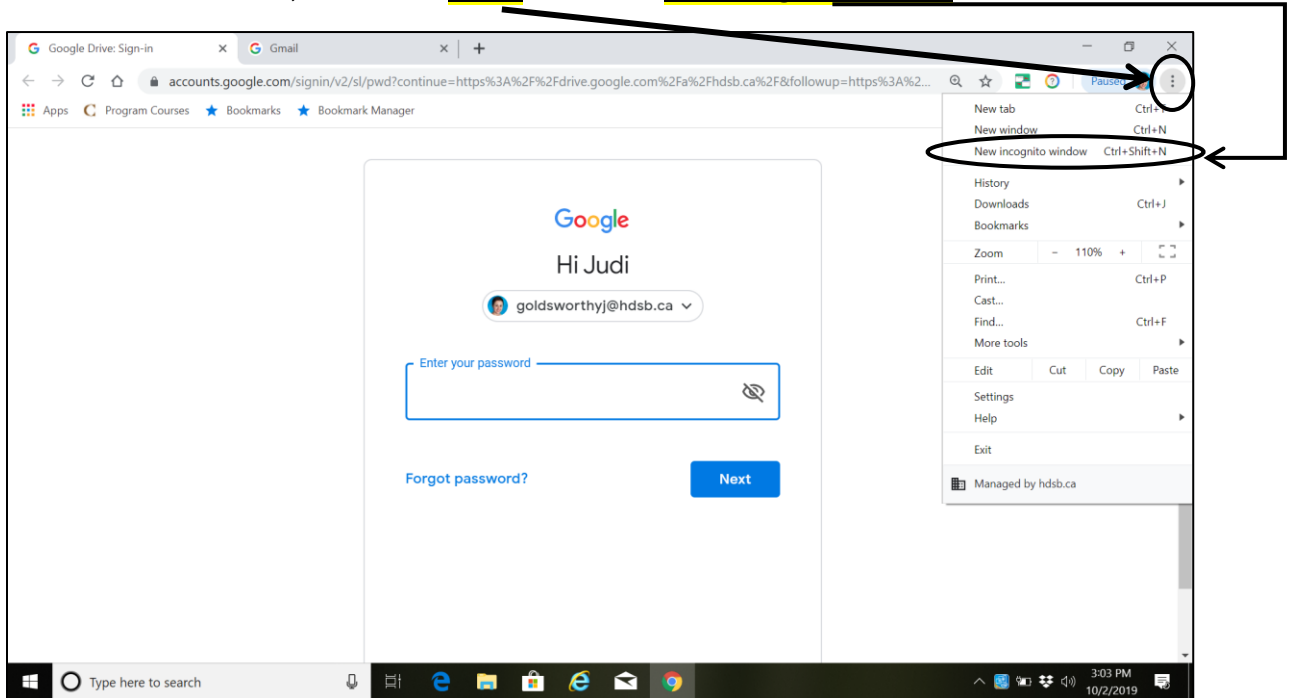


HSDB EMPLOYEE INCIDENT REPORTING (EIR) AND GREEN SHEETS (SSIR) (ACCESSING FORM LOGIC)

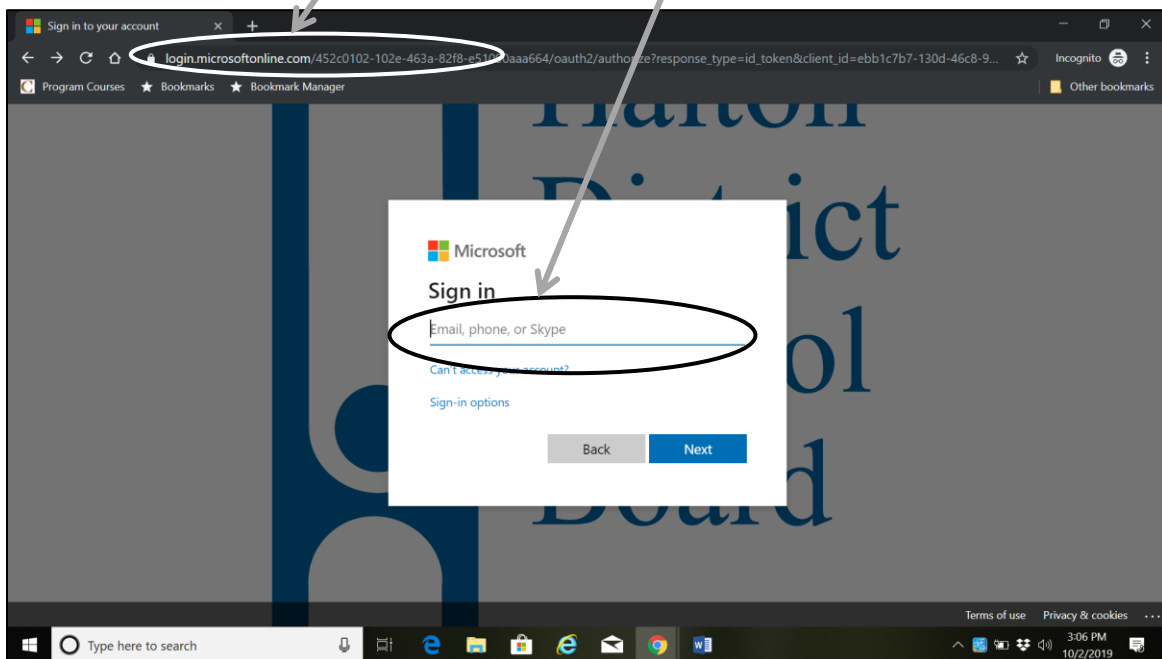
Logging in on a Computer With Multiple Users

If you are on a computer that is being used by more than one person, please access the Online Employee Reporting Program by following steps 1 to 3. If you are the only user of the computer, please access the program by following step 3.

1. From the Chrome browser, click on the **3 dots** and select '**New incognito window**'

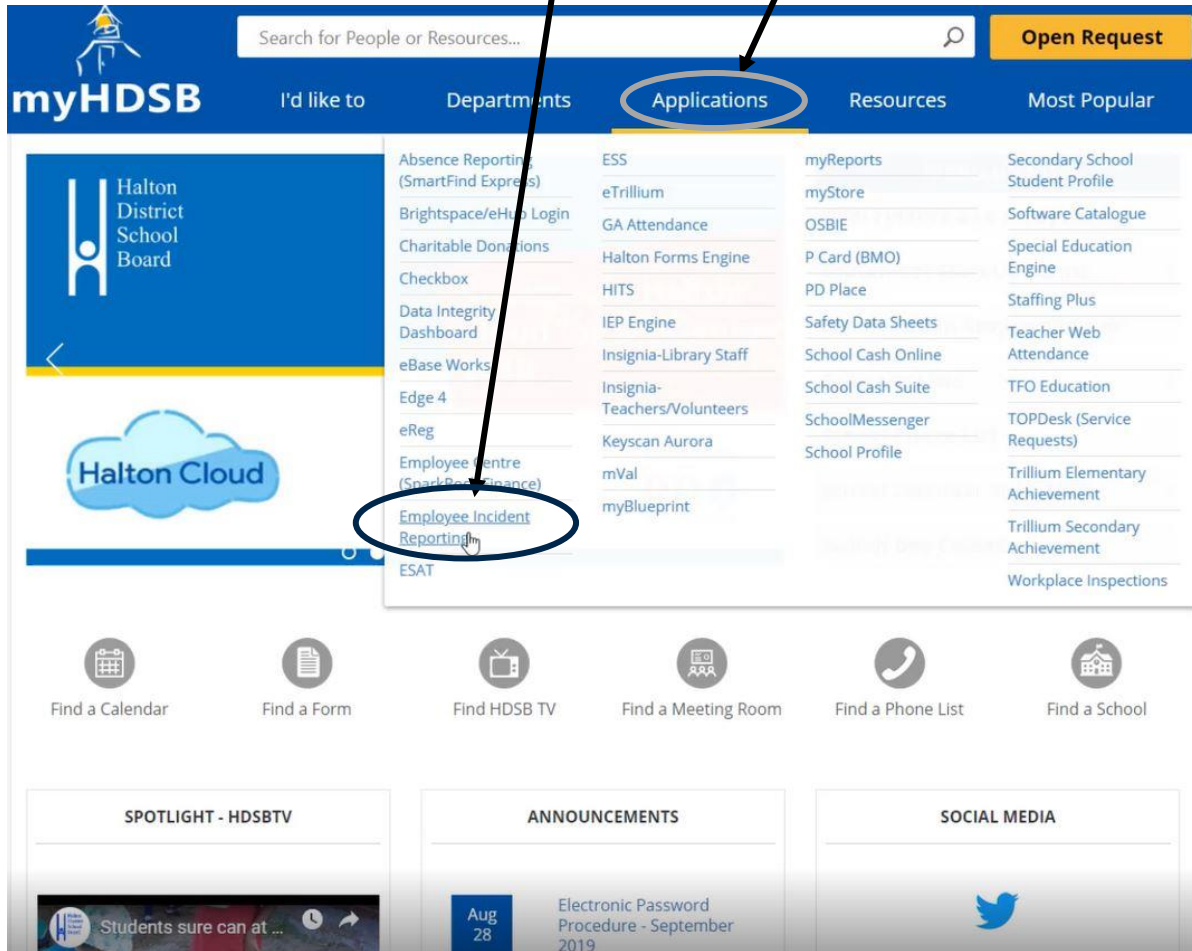


2. On the address line type in **myhdsb.ca**, then proceed to **log in** using your myhdsb username and password.

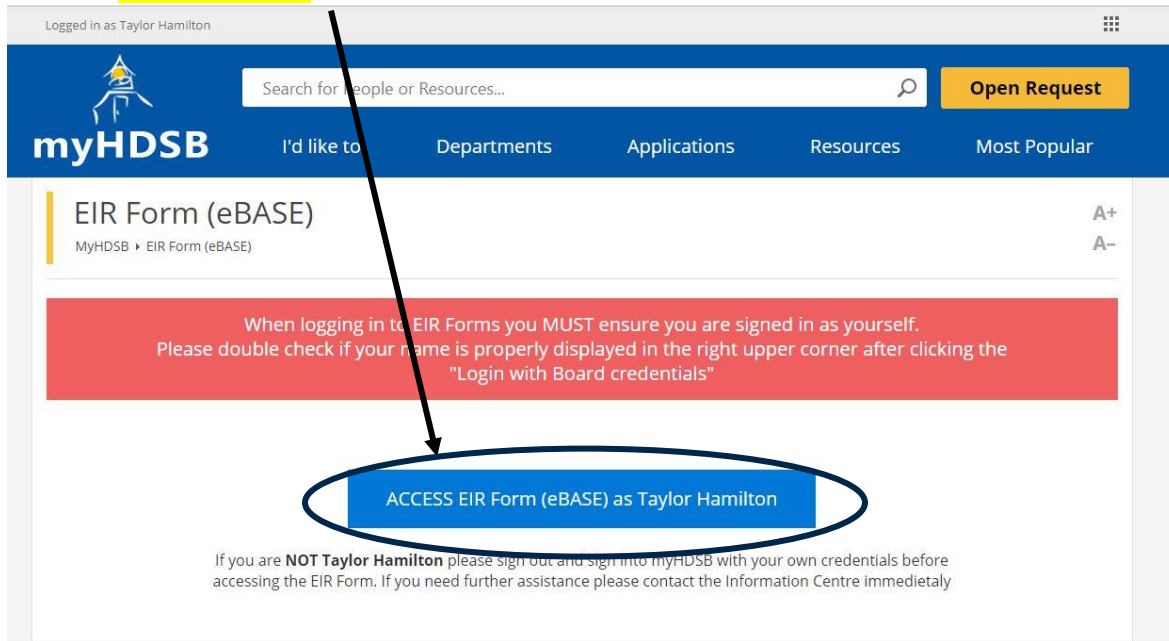


- Once you log in to myhdsb, you will be taken to the myhdsb homepage where you can continue on with the instructions below.

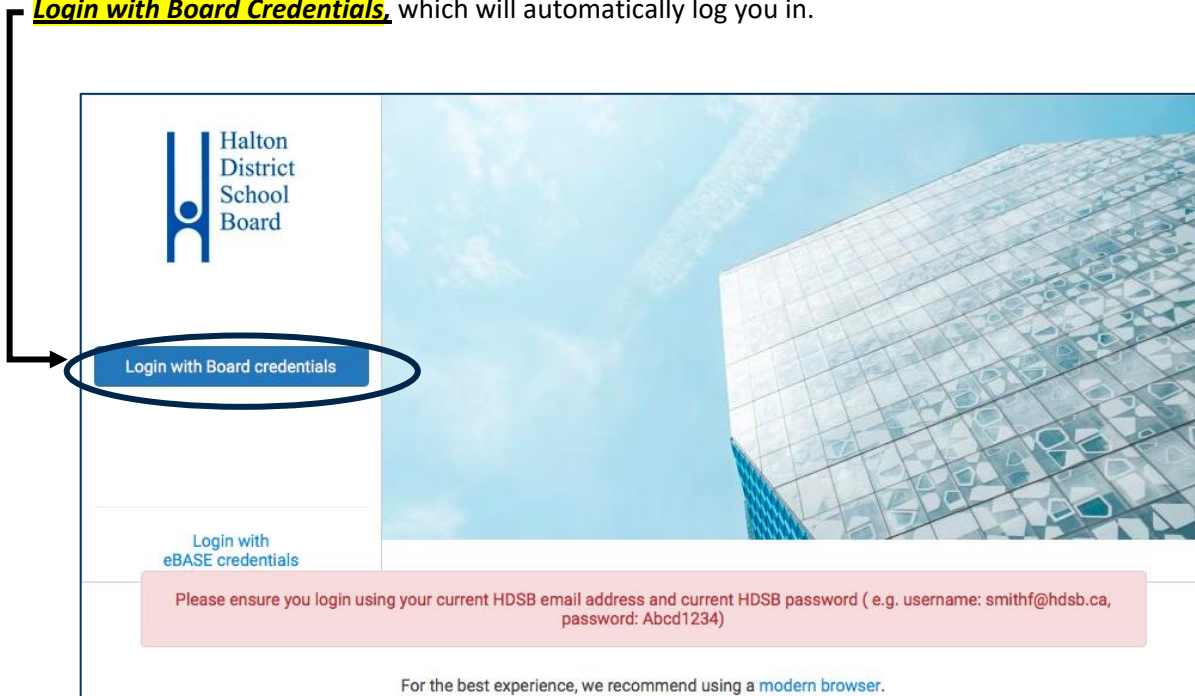
Use your Halton District School Board **network login** to access Incident Reporting on MYHDSB.CA. When logged into MYHDSB click **Applications** and in the dropdown menu, click **Employee Incident Reporting**.



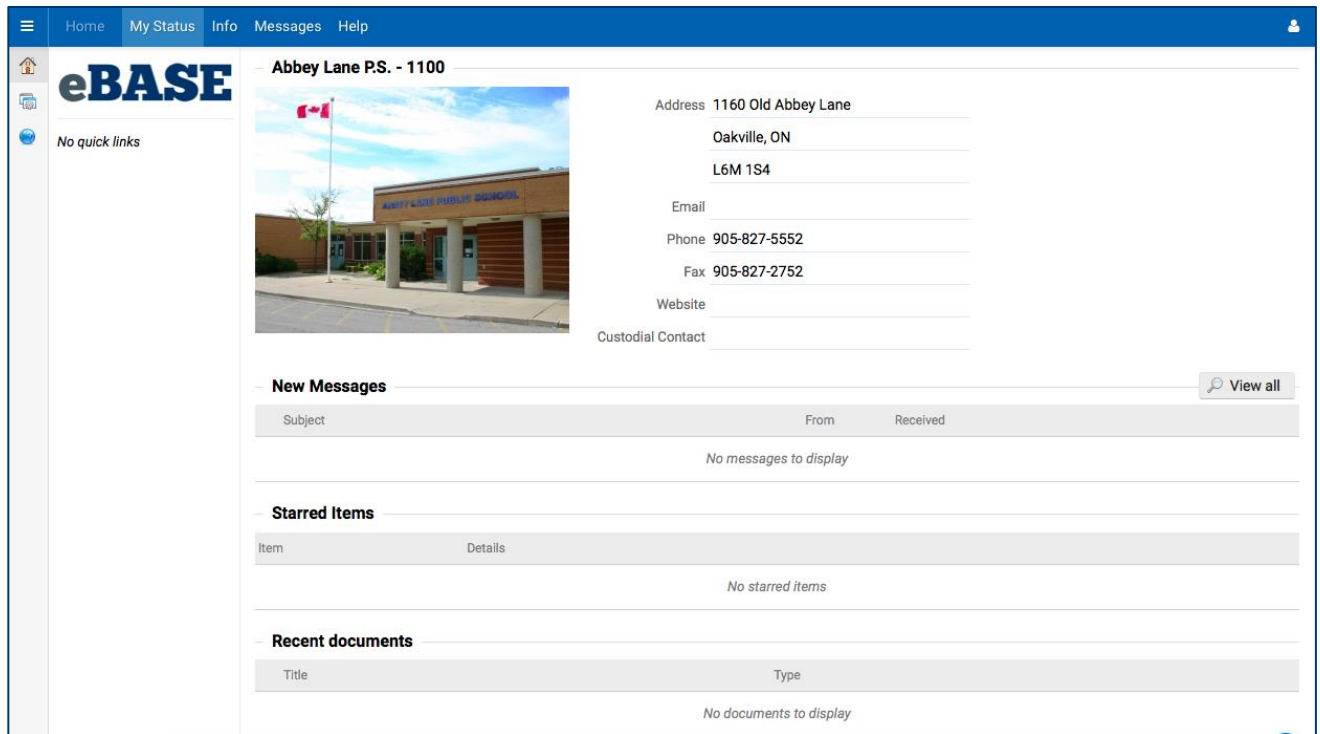
4. Click on "Access EIR Form"



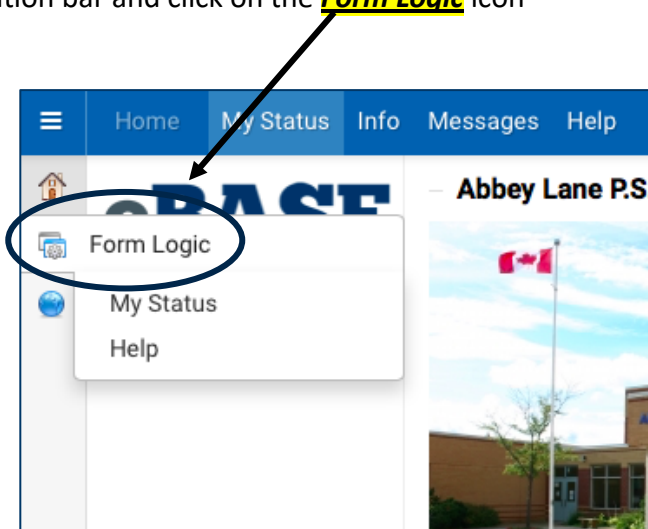
5. After clicking on *Employee Incident Reporting*, you will be brought to the login screen. Click on **Login with Board Credentials**, which will automatically log you in.



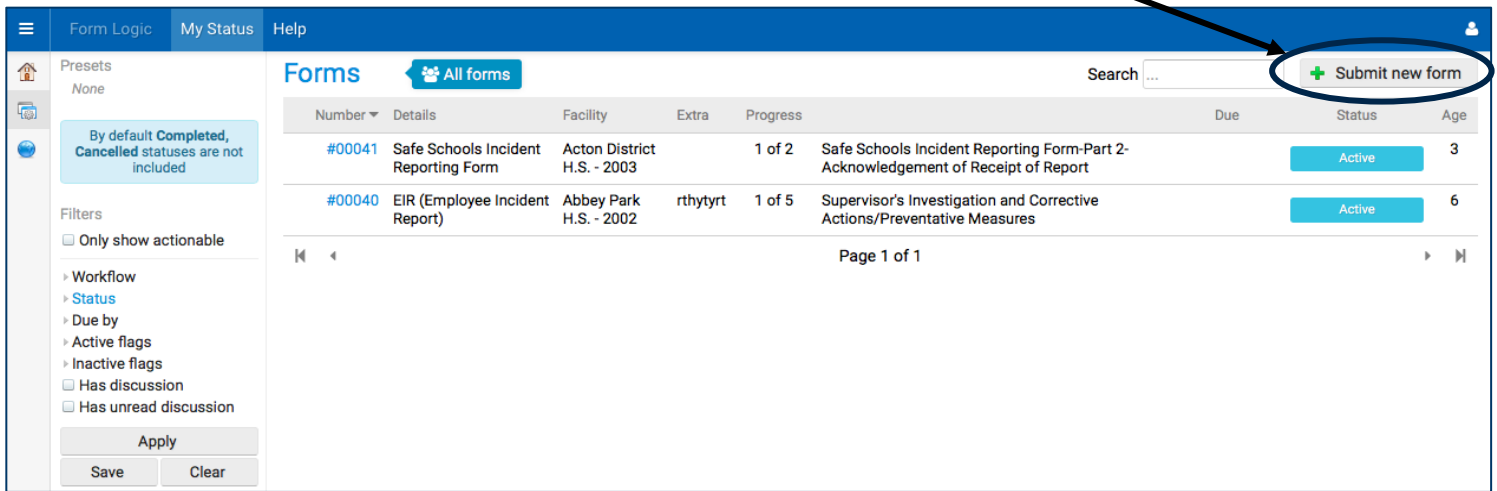
- Once logged into eBASE, you will be brought to your *eBASE Home*. The home page will display information regarding your facility, any new messages, starred items or any recent documents viewed.



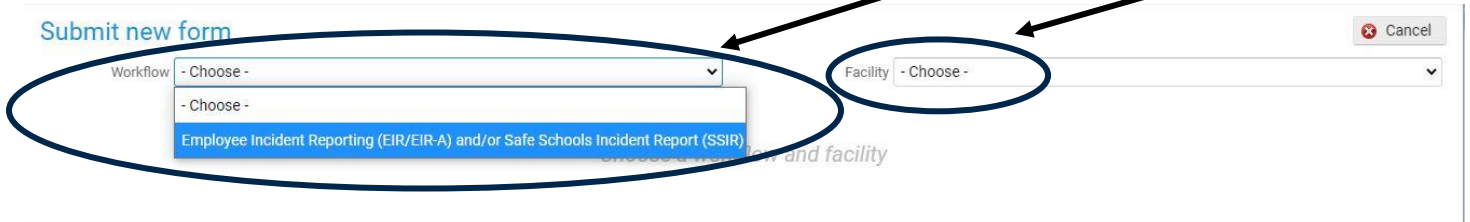
- To access the **Form Logic** module to submit an Employee Incident Report (EIR) or a Safe Schools Incident Report (SSIR) into the system, head to the left-hand side, in the grey navigation bar and click on the **Form Logic** icon



8. Once clicked, you will be brought to *MyStatus*. *MyStatus* displays all of your **active** reports in the system. To **submit** a new report into the system, click the **Submit new form** button.



9. After clicking “Submit new form” you will be prompted to select **Employee Incident Report (EIR/EIR-A) and/or Safe Schools Incident Report (SSIR)** as the **Workflow** and the **Facility** in which the incident occurred.



NOTE: The EIR and SSIR forms were previously two separate forms and have now been combined into one form. Based on the selections you have made throughout the form, you are able to submit a combined EIR(A) and SSIR or submit an EIR(A) or SSIR individually.

If you are only submitting an **EIR(A)** please follow steps: 10-13 & 21-26

If you are only submitting an **SSIR**, please follow steps: 14-15 & 21-26

If you are submitting **BOTH** an EIR(A) and an SSIR, please follow steps: 16-26

10. You will be asked what type of form you would like to fill out, to ONLY fill out an **EIR or EIR-A**, please select **“Employee Incident Report (EIR)”**

Submit new form Cancel

Workflow: Employee Incident Reporting (EIR/EIR-A) and/or Safe Schools Incident Report Facility: J.W Singleton Education Centre - 4500

Submit on behalf of []

I Want to Submit:

Select Form: - Choose -

- Choose -
- Employee Incident Report (EIR)**
- Safe Schools Incident Report (SSIR)
- BOTH- Employee Incident Report AND Safe Schools Incident Report

Only show actions

Workflow

Status

11. You will be asked to fill in all of the employee information, and then you will be asked to select whether or not the incident involved **aggression/violence**.

“Critical Injury” means an injury of a serious nature which places a life in jeopardy, produces unconsciousness, results in substantial loss of blood, causes the loss of sight in an eye, involves fracture or amputation of a leg, arm, hand or foot (not a finger or toe) or consists of burns to a major portion of the body. IMPORTANT: Call Health Safety (905-335-3663 X3221 or X3347) IMMEDIATELY to report a CRITICAL INJURY.

Section 1: Employee Identification Information

Union Group: MASS Employee Type: - Choose -

School Phone Number: [] Sex: - Choose -

Employee ID Number: 36773

Date of Birth: [] MM/DD/YY Home Phone Number: []

Employee Address: Street Address: [] City: [] Postal Code: [] Employee Job Title: []

Home School/Facility/Dept: - Choose -

Add

Does this incident involve aggression/violence?

SELECT: - Choose -

- Choose -
- YES - the incident involves aggression/violence**
- NO- the incident does not involve aggression/violence

Save if possible Submit

12. Once you have selected YES or NO to whether the incident involves aggression, your form will populate. The fields within the form are dynamic. When certain fields are selected addition fields may appear which you will be required to fill out. Below is an example of what your form will look like once it initially populates.

"Critical Injury" means an injury of a serious nature which places a life in jeopardy, produces unconsciousness, results in substantial loss of blood, causes the loss of sight in an eye, involves fracture or amputation of a leg, arm, hand or foot (not a finger or toe) or consists of burns to a major portion of the body. IMPORTANT: Call Health & Safety (905-335-3663 X3221 or X3347) IMMEDIATELY to report a CRITICAL INJURY.

Section 1: Employee Identification Information

Union Group: MASS Employee Type: - Choose -
 School Phone Number: _____ Sex: - Choose -
 Employee ID Number: 36773
 Date of Birth: MM/DD/YY Home Phone Number: _____
 Employee Address: Street Address: _____ City: _____ Postal Code: _____
 Empty Employee Job Title: _____
 Home School/Facility/Dept: - Choose -

Does this incident involve aggression/violence?
 SELECT: NO- the incident does not involve aggression/violence
Please indicate if this incident involves aggression/violence

Section 2: Details of Incident

Date of Incident: _____ Date Reported: _____
 Time of Incident: _____ Time Reported: _____

Classification of incident
Check one that applies

Classification of incident: First Aid - A minor injury was sustained that required attention by a Certified First Aider or was self administered/monitored
 Hazard Only - A hazardous situation, near miss or bodily contact that may or may not cause injury
 Health Care - Employee sought medical attention which includes an MD, Chiropractor, Physiotherapist, Dentist, Hospital Emergency
 Lost Time - Time lost following the day of injury

Type of injury: Allergic Reaction
 Bruise
 Burn

13. Below is an example of a **dynamic field**. If your incident is a First Aid, Health Care or Lost Time, another section will populate. In this example, *Health Care* has been chosen which activated the Health-Care Lost Time Information section and populated questions based on the health care you have received.

Health Care- Lost Time Information

Health Care

Employee sought medical attention which included MD, Chiropractor, Physiotherapist, Dentist, Hospital Emergency etc

Did the employee receive health care for this injury/illness? Date of Health Care treatment: _____

Date employer/supervisor learned worker received medical treatment: _____

Location of Health Care treatment: On-Site Health Care
 Clinic
 Emergency Department
 Ambulance
 Admitted to Hospital
 Health Professional Office (Doctor/Dentist/Chiropractor/Physiotherapist)

Check all that apply

Name of Health Care Professional: _____

Address: _____

Phone Number: _____

To your knowledge, did the employee speak with their Health Care Professional about returning to modified/regular work?

Employee returned to: Regular Job
 Modified Job
 Unknown At This Time

Save draft Submit

Please go to step 21 to complete the form.

14. You will be asked what type of form you would like to fill out, to ONLY fill out an **SSIR**, please select **“Safe Schools Incident Report”**

Submit new form Cancel

Workflow: Employee Incident Reporting (EIR/EIR-A) and/or Safe Schools Incident Report Facility: J.W Singleton Education Centre - 4500

Submit on behalf of: [Search]

I Want to Submit:

Select Form: - Choose -

- Choose -
- Employee Incident Report (EIR)
- Safe Schools Incident Report (SSIR)**
- BOTH- Employee Incident Report AND Safe Schools Incident Report

Only show available

15. Once you have selected “Safe Schools Incident Report (SSIR)” your form will populate. The fields within the form are dynamic. When certain fields are selected addition fields may appear which you will be required to fill out. Below is an example of what your form will look like once it initially populates.

I Want to Submit:

Select Form: Safe Schools Incident Report (SSIR)

Date, Time & Location of Incident

Date of Incident: [Text Box]

Time of Incident: [Text Box]

Please select the school where the incident occurred: - Choose -

Location of Incident: - Choose -

Safe Schools Incident Report (Only) Selected:

Safe Schools Incident Reporting Form- Part 1

Student's First and Last Name: [Text Box]

Student's Grade: - Choose -

Is the school where the student is registered the same as the facility the incident occurred? - [Dropdown]

Details of incident that occurred: [Text Area]

TO STUDENT

Please go to step 21 to complete the form.

16. You will be asked what type of form you would like to fill out, to fill out BOTH an **EIR(A)** and **SSIR**, please select **"BOTH- Employee Incident Report AND Safe Schools Incident Report"**

Submit new form Cancel

Workflow: Employee Incident Reporting (EIR/EIR-A) and/or Safe Schools Incident Report Facility: J.W Singleton Education Centre - 4500

Submit on behalf of: [Search]

I Want to Submit:

Select Form: - Choose -

- Choose -
- Employee Incident Report (EIR)
- Safe Schools Incident Report (SSIR)
- BOTH- Employee Incident Report AND Safe Schools Incident Report**

Only show actionable

17. You will be asked to fill in all of the employee information, and then you will be asked to select whether or not the incident involved **aggression/violence**.

Section 1: Employee Identification Information

Union Group: MASS Employee Type: - Choose -

School Phone Number: [] Sex: - Choose -

Employee ID Number: 36773

Date of Birth: [] Home Phone Number: []

Employee Address: Street Address: [] City: [] Postal Code: [] Employee Job Title: []

Home School/Facility/Dept: - Choose -

Add

Does this incident involve aggression/violence?

SELECT: - Choose -

- Choose -
- YES - the incident involves aggression/violence**
- NO- the incident does not involve aggression/violence

Save draft Submit

18. Once you have selected YES or NO to whether the incident involves aggression, your form will populate. The fields within the form are dynamic. When certain fields are selected addition fields may appear which you will be required to fill out. Below is an example of what your form may look like once it initially populates.

Does this incident involve aggression/violence?

SELECT: YES - the incident involves aggression/violence
Please indicate if this incident involves aggression/violence

Section 2: Details of Incident

Date, Time & Location of Incident

Date of Incident: Date Reported:
 Time of Incident: Time Reported:
 Please select the school where the incident occurred: - Choose -
 Location of Incident: - Choose -

Nature of Incident(s):
Choose all that apply

Category of Violence Physical Force Exercised
 Physical Force Attempted
 Threatening Statement or Behaviour
Choose all that apply

Aggressor: Student
 Student has special Education Needs
 Parent
 Visitor/Public
 Co-worker
 Other (specify)

19. When filling out the EIR portion of the form, we ask that you do not use student's full names and only use their initials. This portion of the form is to record what happened to **YOU** as the employee.

EIR Description of incident

(Do not indicate student's full name, identify with initials only)

What happened to employee, what was the employee doing?

Witness(es) or persons having knowledge:
 First Name Last Name Position Work Phone & Ext Number
 Empty

Add

Person that Incident was First Reported:

20. After completing the EIR portion of the form, you will see the SSIR information. This is the portion of the form that you record what happened to the **STUDENT** and are able to use their full name.

Safe Schools Incident Reporting Form- Part 1

Student's First and Last Name:
 Student's Grade: - Choose -
 Is the school where the student is registered the same as the facility the incident occurred? - Choose -

Details of incident that occurred:

 TO STUDENT

Type of Incident:

Activities for which suspension must be considered under section 306 (1) of the Education Act (click all that apply):

- Uttering a threat to inflict serious bodily harm on another person.
- Possessing alcohol, illegal drugs or, unless the pupil is a medical cannabis user, cannabis.
- Being under the influence of alcohol or, unless the pupil is a medical cannabis user, cannabis.
- Swearing at a teacher or at another person in a position of authority.
- Committing an act of vandalism that causes extensive damage to school property at the pupil's school or to property located on the premises of the pupil's school.
- Bullying
- Any other activity that is an activity for which a principal may suspend a pupil under board policy (i.e. equity policy, behaviour in the code of conduct, use of social media that negatively impacts others or the school climate, inappropriate behaviours including biting, spitting, kicking, etc., physical fighting and assault not resulting in medical treatment).

Activities for which expulsion must be considered under section 310 (1) of the Education Act (click all that apply):

- Possessing a weapon, including possessing a firearm. (Your Principal is to report to MOE)
- Using a weapon to cause or to threaten bodily harm to another person. (Your Principal is to report to MOE)
- Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner. (Your Principal is to report to MOE)

21. Once you have filled in all the necessary fields, please click the **Submit** button at the bottom of the page. You will see there is also the option to **Save draft**. You are able to save your draft and complete it at a later date if required.



22. If you have clicked the submit button and see the error below, this means you have not filled out all of the necessary fields. The form will highlight in red any fields that require your attention. After you have filled these forms out, click the submit button again.

A screenshot of a web form titled "Section 2: Details of Incident". The form contains several input fields and checkboxes. At the top, there are fields for "Date of Incident" (Sep 17, 2019), "Time of Incident" (1:45 pm), "Date Reported" (Sep 18, 2019), and "Time Reported" (2:15 pm). Below these is a "Classification of Incident" section with a sub-header "Check one that applies". It lists four options: "First Aid - A minor injury was sustained that required attention by a Certified First Aider or was self administered/monitored", "Hazard Only - A hazardous situation, near miss or bodily contact that may or may not cause injury", "Health Care - Employee sought medical attention which includes an MD, Chiropractor, Physiotherapist, Dentist, Hospital Emergency", and "Lost Time - Time lost following the day of injury". The "Hazard Only" option is selected. Below this is a "Type of Injury" section with a list of options: "Bruise", "Burn", "Cut", "Pinch", "Puncture Wound", "Scratch", "Strain/Sprain", and "Other (specify)". The "Other (specify)" option is selected, and a red error message "The Type of Injury field is required." is displayed below it. Below that is a "Body Parts Injured" section with a list of options: "Head", "Face", "Eye", "Ear", "Teeth", "Neck", "Chest", and "Upper Back". The "Face" option is selected. At the bottom, there is a text area labeled "Provide details of injury sustained by employee:" which is empty and has a red error message "The Provide details of injury sustained by employee field is required." below it. A red error message box at the top center of the form reads "Some fields were not filled out properly. Please review and try again." and is circled in blue. An arrow points from the text "error below" in the paragraph above to this error message box.

23. After submitting, you will then be prompted to select the supervisor you wish to submit our form to. Click on the **search bar** under “Supervisors Investigation and Corrective Actions/Preventative Measures” to see your supervisor selection.

The screenshot shows a 'Submit' form with a title bar containing a green checkmark and 'Yes' button, and a red 'X' and 'No' button. Below the title, it says 'Please choose your direct supervisor from the list below'. There is a 'Next' button. The main instruction is 'Choose the users responsible for the following steps'. Below this is a search bar with the text 'Supervisor's Investigation and Corrective Actions/Preventative Measures' and a magnifying glass icon. A blue oval highlights the search bar, and an arrow points from the text in step 23 to this oval.

24. Below is an **EXAMPLE** of what the list of supervisors you will see. The option of supervisors you will have to choose from will be based on what Facility you have identified the incident occurring at. At this point, please **select the appropriate supervisor** and then click “**Accept**” to move on.

The screenshot shows a 'Choose User' form with a title bar containing a green checkmark and 'Accept' button, and a red 'X' and 'Cancel' button. Below the title, it says 'Please choose your direct supervisor from the list below'. There is a 'Next' button. The main instruction is 'Choose the users responsible for the following steps'. Below this is a list of users: 'IR Principal - DEMO' (selected with a blue radio button), 'Jonathan Shoss', and 'Judi Goldsworthy'. A blue oval highlights the 'IR Principal - DEMO' option, and an arrow points from the text in step 24 to this oval. Another blue oval highlights the 'Accept' button, and an arrow points from the text in step 24 to this oval.

25. You will be brought back to the submit pop-up screen. Click “**Yes**” to submit your form to the supervisor you have selected.

The screenshot shows the 'Submit' form from step 23, but now the search bar contains the text 'IR Principal - DEMO'. The 'Yes' button in the title bar is highlighted with a blue oval, and an arrow points from the text in step 25 to this oval.

26. Congratulations! You have now completed your portion of the form! You will be sent back to your home page in eBase and a confirmation email will be delivered to your HDSB email account stating that your form has been submitted. Below is an **EXAMPLE** of the email that you will receive.



If any changes or updates need to be made to a form, please contact Emily Oppong at opponge@hdsb.ca