 Comox Valley Schools		Comox Valley Schools Prismatic Safety Management System – How to	
Date Developed: September 2023		Revision Date:	Last Reviewed By:
Document Owner: SD71 Health and Safety Department			Review Cycle:

Scope

The following document defines how to access the Comox Valley Schools (CVS) Safety System, and how all staff can report incidents through the software system. Following the steps below will ensure all information is entered accurately and the prompt investigation of all incidents.

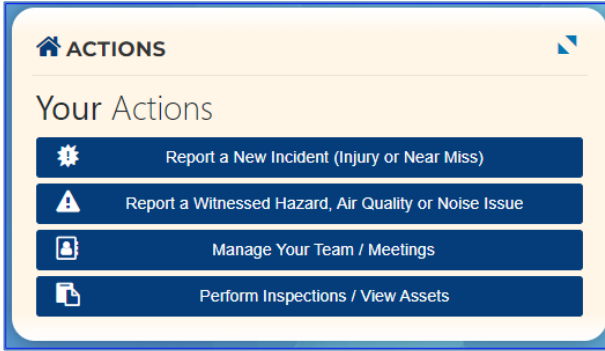
How to log in to Prismatic Safety Management System (Prismatic SMS)

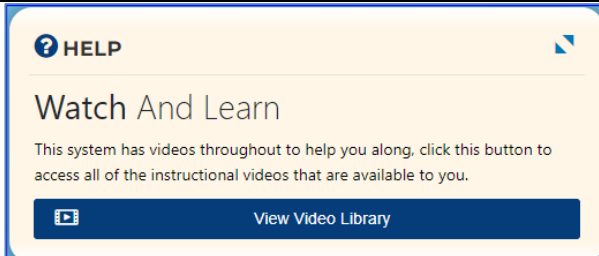
Prismatic SMS can be accessed at <https://safety.comoxvalleyschools.ca/> or by going to the Comox Valley School staff portal pages.



Once the link is accessed, you will be automatically logged in to your dashboard using your Comox Valley School login (single sign-on).

Dashboard Overview

 <p>The screenshot shows the 'ACTIONS' panel with the following options:</p> <ul style="list-style-type: none"> Report a New Incident (Injury or Near Miss) Report a Witnessed Hazard, Air Quality or Noise Issue Manage Your Team / Meetings Perform Inspections / View Assets 	<p>The ACTIONS panel (top left of the dashboard) gives you a selection of options:</p> <ul style="list-style-type: none"> • Report a New Incident (Injury or Near Miss) • Report a Witnessed Hazard, Air Quality or Noise Issue • Manage your Team / Meetings, and • Perform Inspections / View Assets <p>These selections include near misses, injuries, environmental incidents, property damage, and violent interactions.</p>
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HELP

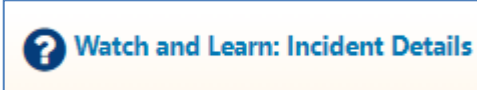
Watch And Learn

This system has videos throughout to help you along, click this button to access all of the instructional videos that are available to you.

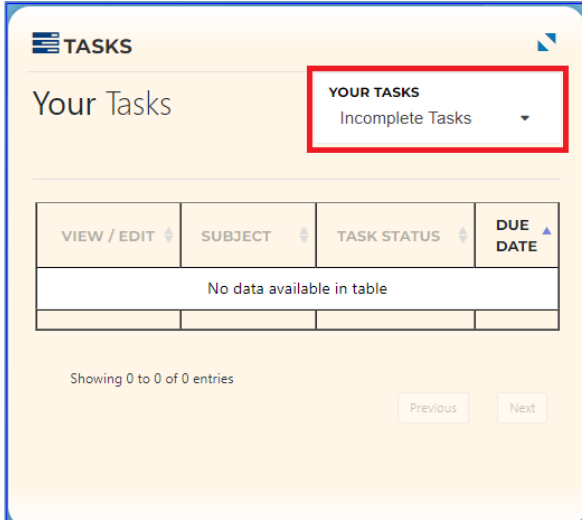
[View Video Library](#)

The **HELP** panel (top middle) provides a selection of instructional videos to watch.

The videos are also available when entering information (links are in the top, right corner). For example:



[? Watch and Learn: Incident Details](#)



TASKS

Your Tasks

YOUR TASKS
Incomplete Tasks

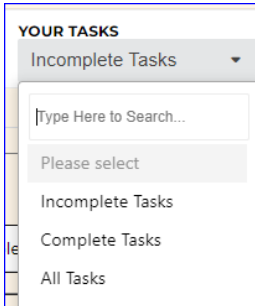
VIEW / EDIT	SUBJECT	TASK STATUS	DUE DATE
No data available in table			

Showing 0 to 0 of 0 entries

Previous Next

The **TASKS** panel (top right) shows you all tasks available to you.

You can select your **Incomplete Tasks**, **Complete Tasks**, or **All Tasks** by using the dropdown in the top right corner of this panel.

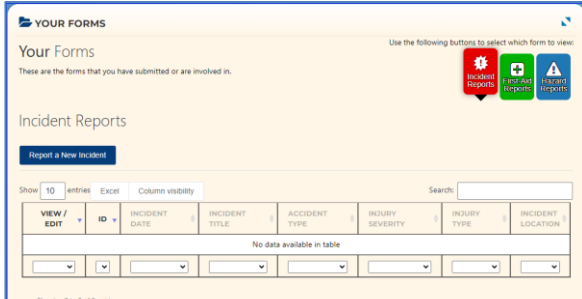


YOUR TASKS
Incomplete Tasks

Type Here to Search...

Please select

- Incomplete Tasks
- Complete Tasks
- All Tasks



YOUR FORMS

Your Forms

Use the following buttons to select which form to view:

Incident Reports First-Aid Reports Hazard Reports

Report a New Incident

Incident Reports

Show 10 entries Excel Column visibility Search


VIEW / EDIT	ID	INCIDENT DATE	INCIDENT TITLE	ACCIDENT TYPE	INJURY SEVERITY	INJURY TYPE	INCIDENT LOCATION
No data available in table							

Showing 0 to 0 of 0 entries

The **YOUR FORMS** panel (bottom) shows you all the forms that you have submitted or are involved in.

You can toggle between **Incident Reports**, **First-Aid Reports**, and **Hazard Reports** using the buttons at the top right.

Incidents can also be reported in this section using the **Report a New Incident** button. Clicking this button displays a popup where you select to start an **Incident** report, a **First-Aid** report, or a **Hazard** report.




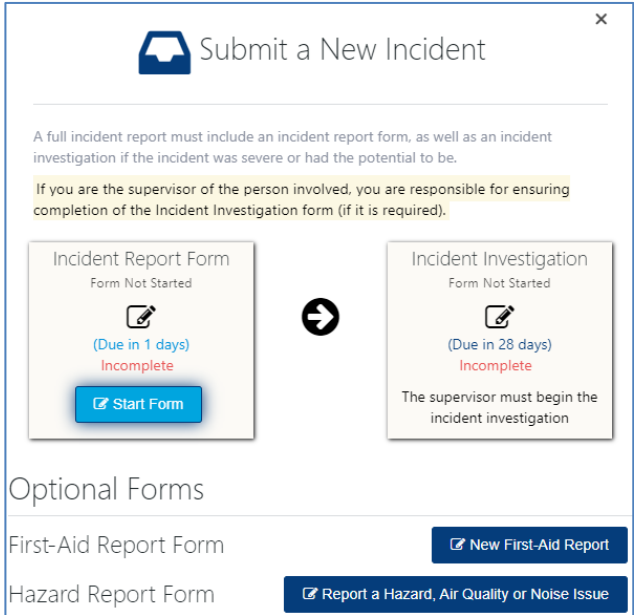

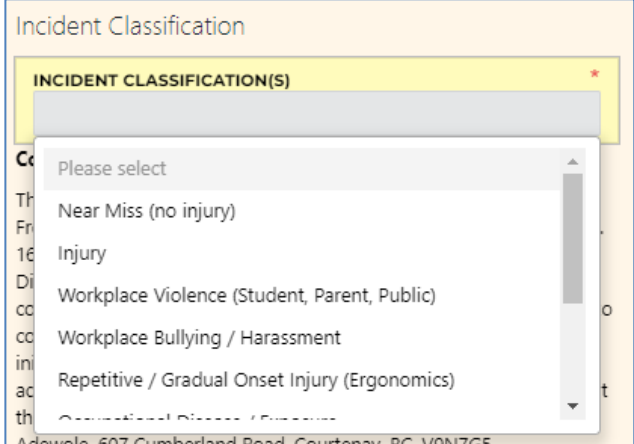
[Report a New Incident](#)

Show 10 entries [Excel](#) [Column visibility](#)


In the **YOUR FORMS** panel, you can also

1. Download your reports to Excel, and
2. Modify what columns are visible in the **Incident Reports** table.

How to report an Incident

	<p>Select the Report a New Incident button.</p>
 <p>Optional Forms</p> <p>First-Aid Report Form <input type="checkbox"/> New First-Aid Report</p> <p>Hazard Report Form <input type="checkbox"/> Report a Hazard, Air Quality or Noise Issue</p>	<p>From this popup, you can report your incident, create a first-aid report, or report a hazard, air quality, or noise issue.</p> <p>Select Start Form under Incident Report Form.</p>
	<p>The Incident Report Form will automatically display your name, email, role, and home location. If home location is not auto filled, it must be entered as it is a required field.</p> <p>The How-to videos are available throughout the system.</p>
	<p>Under INCIDENT CLASSIFICATION, there is a dropdown where multiple classifications can be selected.</p> <p>Select Next to bring you to Incident Details.</p>

Incident Details



Incident Details

What happened before and during the incident. When and where the incident occurred.

<p>Incident Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> INCIDENT TITLE * <small>A short description of the inc</small> </td> <td style="width: 50%; padding: 5px;"> ACCIDENT / INCIDENT TYPE * <small>Make Multiple Selections</small> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> DESCRIBE THE INCIDENT * <small>Please do not include names or personal information</small> </td> </tr> </table> <p>Potential For Serious Injury</p> <p>WorkSafeBC defines a serious injury as any injury that results in a loss of consciousness or can reasonably be expected at the time of the incident to endanger life or cause permanent injury.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> DID THIS INCIDENT INVOLVE A SERIOUS INJURY, OR WAS THERE POTENTIAL FOR A SERIOUS INJURY? * <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table> <p>Date and Time of Incident</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> DID THE INCIDENT OR INJURY OCCUR DURING ONE EVENT OR OVER THE COURSE OF MORE THAN ONE DAY? * <input type="radio"/> One Event <input type="radio"/> During Multiple Same Day Events <input type="radio"/> Over a Time Period </td> </tr> </table>	INCIDENT TITLE * <small>A short description of the inc</small>	ACCIDENT / INCIDENT TYPE * <small>Make Multiple Selections</small>	DESCRIBE THE INCIDENT * <small>Please do not include names or personal information</small>		DID THIS INCIDENT INVOLVE A SERIOUS INJURY, OR WAS THERE POTENTIAL FOR A SERIOUS INJURY? * <input type="radio"/> Yes <input type="radio"/> No	DID THE INCIDENT OR INJURY OCCUR DURING ONE EVENT OR OVER THE COURSE OF MORE THAN ONE DAY? * <input type="radio"/> One Event <input type="radio"/> During Multiple Same Day Events <input type="radio"/> Over a Time Period	<p>Location of Incident</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> WHERE DID THE INCIDENT OCCUR? * <small>▼</small> </td> </tr> <tr> <td style="padding: 5px;"> LOCATION TYPE * <small>▼</small> </td> </tr> <tr> <td style="padding: 5px;"> DESCRIPTION OF INCIDENT LOCATION * <small>eg. The stairway on the east-side of the building</small> </td> </tr> </table> <p>Emergency Services Notification</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> SELECT ALL EMERGENCY SERVICES NOTIFIED <small>Make Multiple Selections</small> </td> </tr> </table> <p>Supporting Documentation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> DO YOU HAVE PICTURES OR DOCUMENTS THAT RELATE TO THIS INCIDENT? * <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	WHERE DID THE INCIDENT OCCUR? * <small>▼</small>	LOCATION TYPE * <small>▼</small>	DESCRIPTION OF INCIDENT LOCATION * <small>eg. The stairway on the east-side of the building</small>	SELECT ALL EMERGENCY SERVICES NOTIFIED <small>Make Multiple Selections</small>	DO YOU HAVE PICTURES OR DOCUMENTS THAT RELATE TO THIS INCIDENT? * <input type="radio"/> Yes <input type="radio"/> No
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DO YOU HAVE PICTURES OR DOCUMENTS THAT RELATE TO THIS INCIDENT? * <input type="radio"/> Yes <input type="radio"/> No												

Incident Details

Incident Title – Short description of the incident

Accident/Incident Type – Please select all that apply

Describe the Incident – A longer, more thorough description of the incident

Potential for serious injury

This is a **WorkSafeBC** definition and in most scenarios will not apply. Please talk to your supervisor if you believe it does. In most cases, select **No**.

Date and Time of Incident

If multiple incidents have occurred, you may select **During Multiple Same Day Events** on one submission if they occur *within the same day*.

Location of Incident

Select **Home Location** if at your school/facility. Some other selections (e.g. **Off School Premises**) will give you the ability to select the exact location using Google maps. Select **Location Type**, and then give an accurate **Description of Incident Location**.

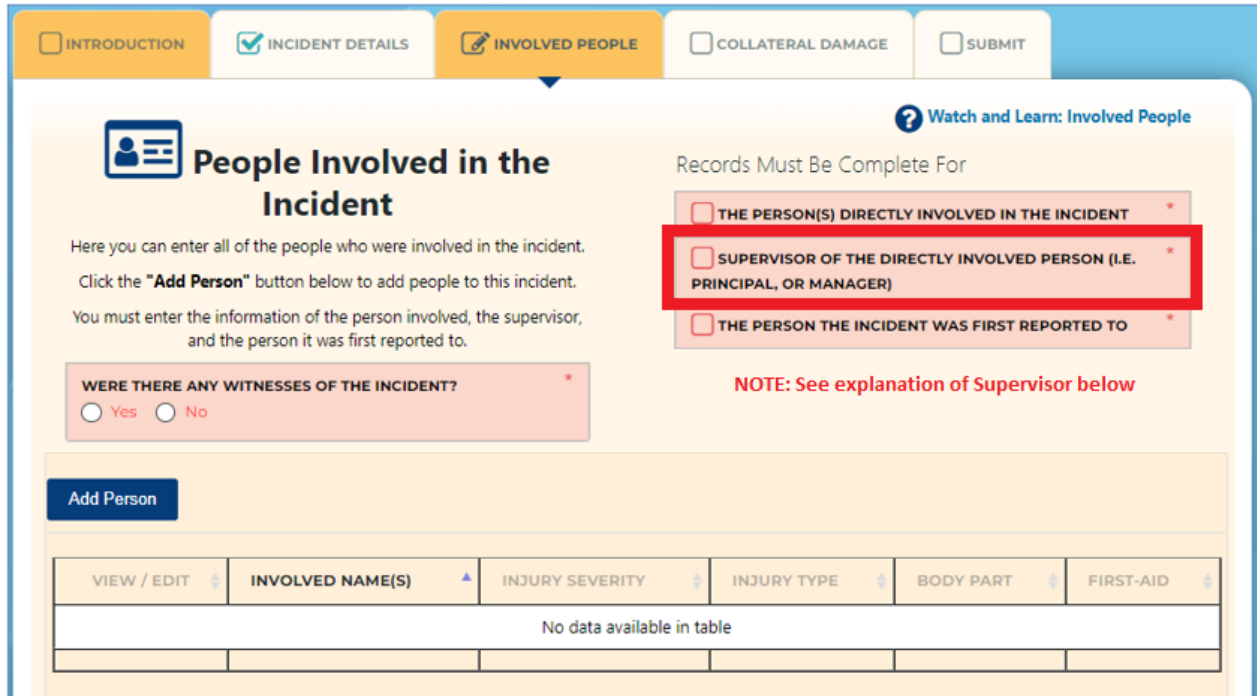
Emergency Services Notification

Select appropriate emergency services if any were notified. Secondary fields will be displayed if any are selected.

Supporting Documentation

Selecting **Yes** allows you to upload supporting images or documentation.

People Involved in the Incident



People Involved in the Incident

Here you can enter all of the people who were involved in the incident. Click the **"Add Person"** button below to add people to this incident. You must enter the information of the person involved, the supervisor, and the person it was first reported to.

WERE THERE ANY WITNESSES OF THE INCIDENT?

Yes No

Records Must Be Complete For

- THE PERSON(S) DIRECTLY INVOLVED IN THE INCIDENT *
- SUPERVISOR OF THE DIRECTLY INVOLVED PERSON (I.E. PRINCIPAL, OR MANAGER) *
- THE PERSON THE INCIDENT WAS FIRST REPORTED TO *

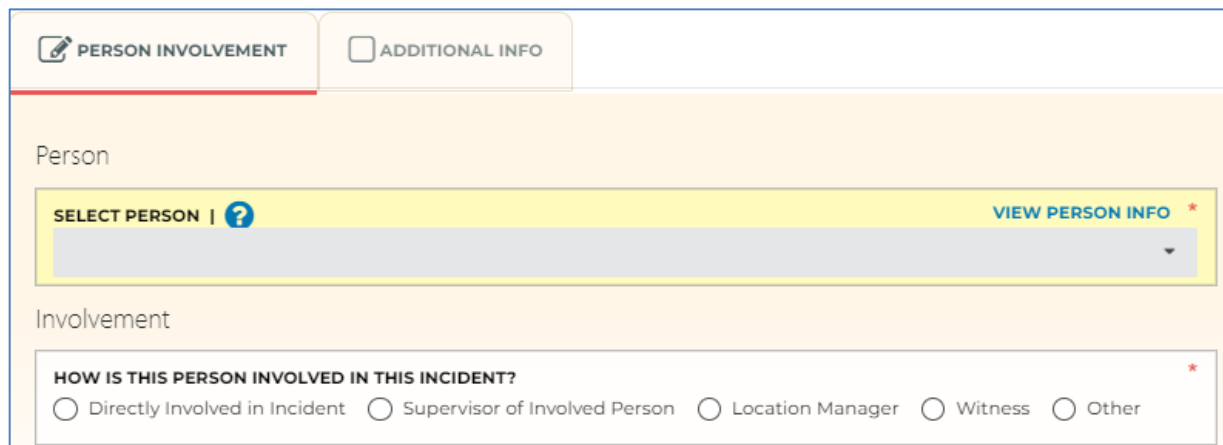
NOTE: See explanation of Supervisor below

Add Person

VIEW / EDIT	INVOLVED NAME(S)	INJURY SEVERITY	INJURY TYPE	BODY PART	FIRST-AID
No data available in table					

You must enter the person involved, the supervisor, and the person it was first reported to. If there are witnesses to the incident, they must also be entered. Click **Add Person** to begin adding people.

<input type="checkbox"/> SUPERVISOR OF THE DIRECTLY INVOLVED PERSON (I.E. PRINCIPAL, OR MANAGER) *	<p>For schools, the Vice Principal must be selected as the Supervisor of the Directly Involved Person. The exception is for schools without a VP, in which case, the Principal should be selected as the Supervisor of the Directly Involved Person. For staff with managers, chose the manager as the Supervisor of the Directly Involved Person.</p>
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PERSON INVOLVEMENT | **ADDITIONAL INFO**

Person

SELECT PERSON | ? **VIEW PERSON INFO** *

Involvement

HOW IS THIS PERSON INVOLVED IN THIS INCIDENT? *

Directly Involved in Incident Supervisor of Involved Person Location Manager Witness Other

Select Person

Select a person from the drop down. Clicking **View Person Info** displays the information for that person, which allows you to ensure you have the correct person.

Involvement

Select how the person was involved in the incident.

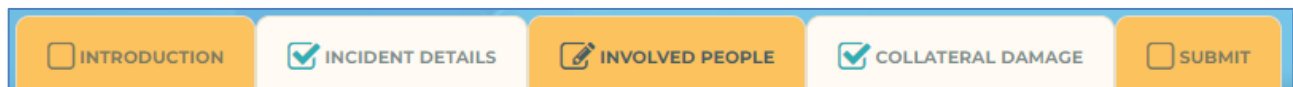
Collateral Damage

Fill out **Collateral Damage** if the incident involved environmental or property damage.

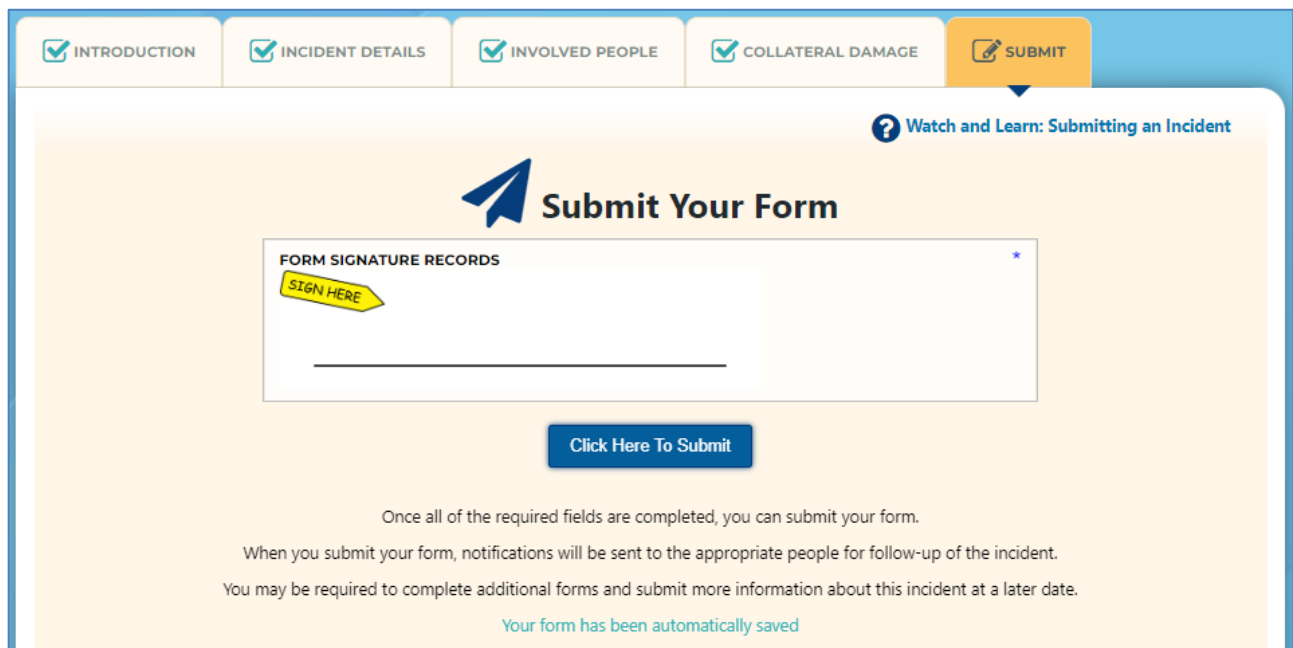


Completion of Form

Yellow top tabs are an indication that information is missing from that tab. Please return to each yellow tab and complete filling out.



Once all information has been entered – there are no yellow tabs – click on the **Submit** tab to submit the form. Here you will sign the form and click **Click Here to Submit**.





What happens next?

Upon submission of your incident, your direct supervisor will be notified of the incident by email. Please continue to report the incident in person prior to filling out the incident online, if possible.

If you are unable to enter an incident due to injury, your direct supervisor will enter the incident for you.

All reported incidents **must** be investigated, including near misses.

If the incident involves medical treatment, modified work, or lost time, an incident investigation must be completed within 48 hours for the claims process.

If you have any additional questions or concerns, please reach out to your supervisor for assistance.