

## Reporting and Incident or Injury in Donesafe

After an incident, injury or illness occurs on your site, you need to report it in the Donesafe database. If you do not have any log in details, the incident can still be reported directly via:

[https://ccesi.donesafe.com/module\\_records/public\\_new?module\\_name\\_id=14](https://ccesi.donesafe.com/module_records/public_new?module_name_id=14).

### New Incident Register

**Report Type \***

Something did occur and harm was caused  Something did occur but there was no harm caused

**Incident Type \***

Select...

**Incident Title. \***

ie. Slipped in kitchen

**Incident Date & Time \***

Select Date and Time

**Report Date & Time**

10/01/2025 10:48 AM

**Workplace \***

Type here to search for locations

**Specific Location**

**What Happened \***

**Reported By**

Type here to search for people + Add New

**Were there any witnesses?**

Yes  No

**Attachments**

Drop files here or click to upload

**Complete**

### 1. Report Type

**Report Type**

Something did occur and harm was caused  Something did occur but there was no harm caused

Select from the two options. Is the incident that you are reporting one that caused harm or not?

If you select the first option (harm was caused) you will need to record the injury/illness details at the bottom of the incident report form.

## 2. Incident Type



The screenshot shows a dropdown menu titled "Incident Type". The menu is open, displaying four options: "Injury/Illness - Worker" (highlighted in blue), "Property Damage", "Environment", and "Injury/Illness - Other". The dropdown is set against a light gray background.

There are four options to select from the drop down to identify the type of incident that occurred.

- Injury/Illness – Worker: Where a worker was injured or contracted an illness due to the incident.
- Property Damage: Where property was damaged as a result of the incident.
- Environment: Where the environment itself is the incident such as pollution.
- Injury/Illness – Other: Where someone other than a worker was injured due to the incident. This can include a student, client, contractor and visitor.

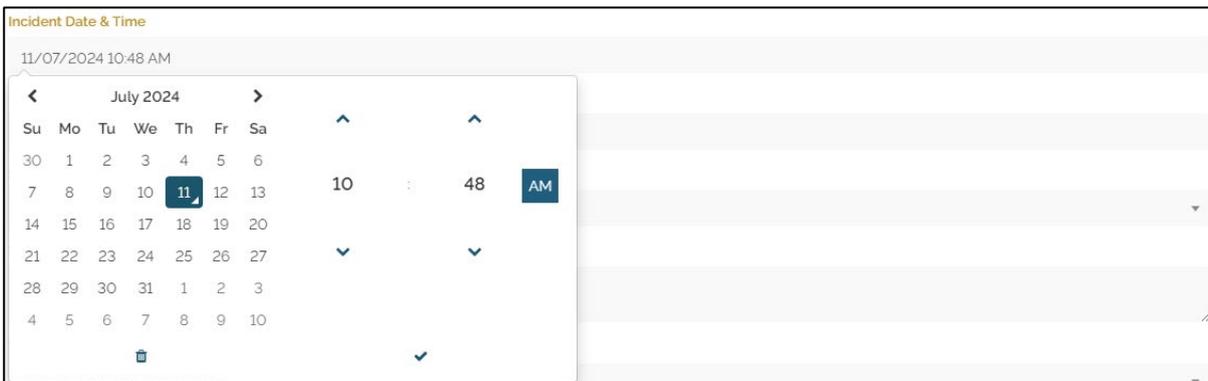
## 3. Incident Title



The screenshot shows a text input field titled "Incident Title." with a red asterisk indicating it is required. Below the title, there is a small example text: "ie. Slipped in kitchen". The input field is currently empty.

Type in a short title for the incident. Do not put the full incident description in this section.

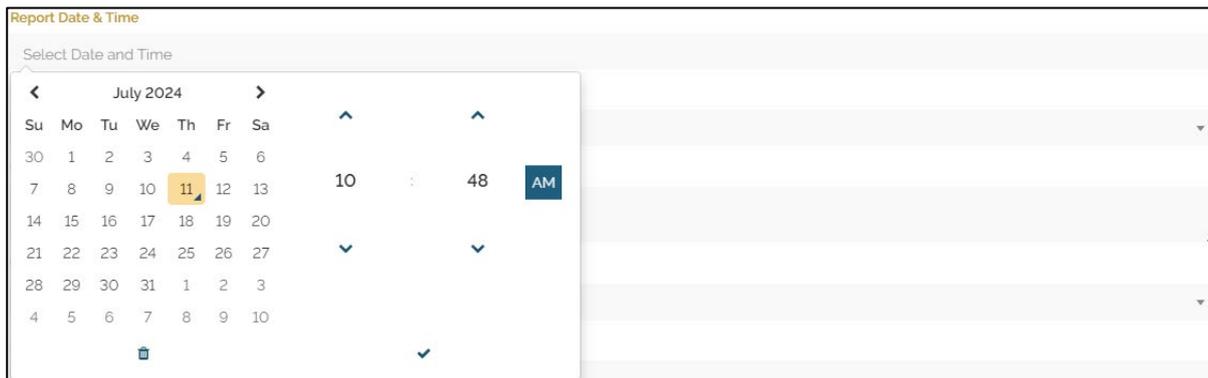
## 4. Incident Date & Time



The screenshot shows a date and time selection interface. At the top, it displays "11/07/2024 10:48 AM". Below this is a calendar for July 2024. The calendar shows days from Sunday to Saturday. The 11th is highlighted. To the right of the calendar is a time selection area with "10" and "48" in the hour and minute fields, and "AM" in a dropdown menu. There are up and down arrows for the hour and minute fields, and a checkmark at the bottom right of the time selection area.

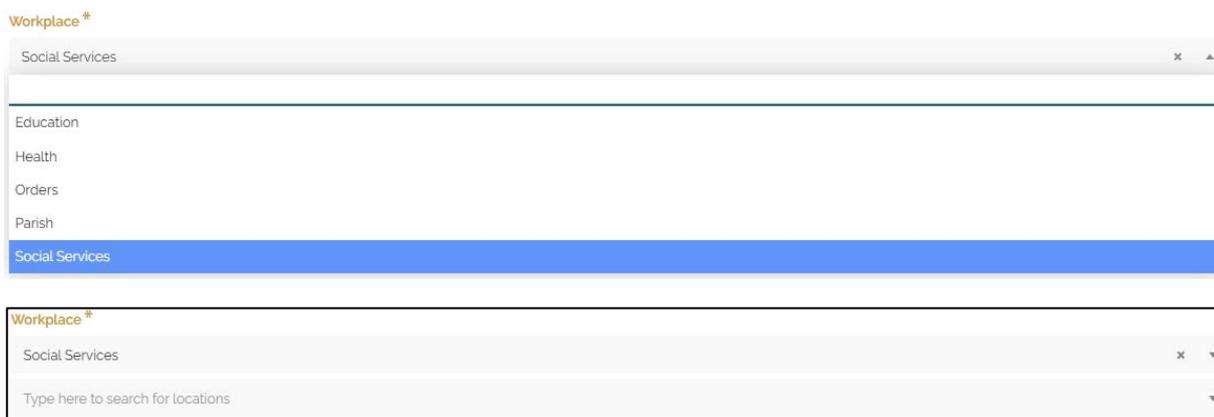
This will be empty by default. Click in the 'Select Date and Time' box to bring up the calendar. Navigate to the correct date and time that the incident occurred and click the tick to select.

## 5. Report Date & Time



This will default to the current date and time. Click on the date to bring up the calendar if you need to change the date or time.

## 6. Workplace



**\*\*Important\*\***

Make sure the place you work is selected in this section. Even if the incident happened off site, select the worksite you are based at.

Click in the box to show the drop down to select your worksite. The first box will always choose from the Sector (eg Education, Health, Parish, Social Services). Once selected, another drop down will appear which will allow you to select the organisation name (eg the school, health site, parish, etc) that you work for.

Additional drop downs may appear if there are multiple sites associated with your worksite.

You can start typing to search the list for the name you are looking for.

Notification of the incident is determined by this section. Entering the wrong details may result in the incident not notifying the appropriate people.

## 7. Specific Location

Type in the location, room, or address that the incident happened in. This is a free text field. If the incident happened off-site, the place can be identified here.

## 8. What happened

Describe the event that happened. This is the section where you can go into detail about the incident. Identify what happened leading up to the incident and any other relevant information.

## 9. Reported By

Reported By	
First name	Last name
<input type="text" value="First name"/>	<input type="text" value="Last name"/>
Email	Best Contact Number
<input type="text" value="Email"/>	<input type="text" value="Best Contact Number"/>

Identify who is reporting the incident. If you are logged in, this section will be a drop-down box and your name will be the first option to select. There will also be an 'Add New' option where you can add another person's name.

For users who are reporting incidents without logging in, you will need to enter your first name and last name. Email address and phone number can be included if desired

## 10. Were there any witnesses?

Were there any witnesses?	
<input type="button" value="Yes"/>	<input type="button" value="No"/>

Click the Yes or No button to record whether there were any witnesses to the incident.

## 11. Attachments

Attachments
 Drop files here or click to upload

If there are any photos, videos, or other files to accompany the incident, they can be saved in this section. Drag and drop them in this area, or click on the link in the section. This will open your computer folders, so you can navigate to the area that the file you need is in. Select it, then press Open to add the file to the incident report.

## Injury or Illness Details

If the incident being reported is an injury or an illness, further details about the injury/illness are required. This section only appears if 'Something did occur and harm was caused' is selected in the Report Type section.

### ➤ Name of affected person

Name of affected person *	
First name*	Last name*
<input type="text"/>	<input type="text"/>
Email	Best Contact Number
<input type="text"/>	<input type="text"/>

Enter the first name and last name of the person who was injured or ill because of the incident. An email address and phone number can also be recorded if desired.

### ➤ How severely was the person affected?

How severely was the person affected? *			
<input type="button" value="First Aid"/>	<input type="button" value="Medical Treatment"/>	<input type="button" value="Lost Time Injury"/>	<input type="button" value="Fatality"/>

Click the option that is most appropriate for the level of medical intervention that the person needed due to the incident.

- First Aid: the person only needed minor treatment such as an ice pack, rest, or a band aid. They were able to return to work.
- Medical Treatment: the person required support from a medical professional (eg GP) for the injury/illness, such as stitches or a medical diagnosis.
- Lost Time Injury: the person required time off work as a result of the incident.
- Fatality: the person passed away as a result of the incident.

### ➤ What treatment was provided?

What treatment was provided?
<input type="text"/>

Free text field to record any details for first aid treatment or response that was provided to the person due to the incident. You can also record the name of the person providing first aid.

### ➤ Description of the injury or illness

Description of the injury or illness #

Free text field to enter details about what the injury or illness is. This can also include some information about the specific part of the body that was affected (eg left index finger).

### ➤ Body area(s) affected

Body area(s) affected

Q  

Head and Neck

Respiratory

Right Arm

Left Arm

Torso/ Back

Right Wrist/ Hand

Left Wrist/ Hand

Drop down to select any of the areas of the body that are injured/ill due to the incident. Click on the row and scroll to view more options. Multiple areas can be selected by clicking on each row to select the relevant body area.

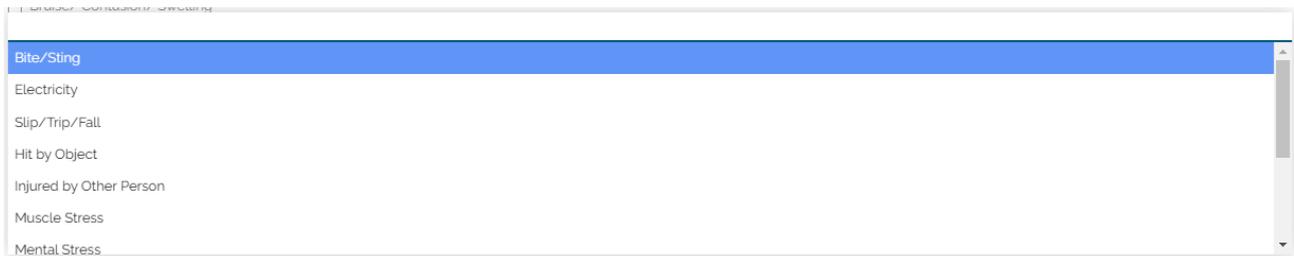
### ➤ Injury type

Injury type

- Allergic Reaction/ Rash
- Bruise/ Contusion/ Swelling
- Burn (electrical, chemical, UV)
- Cut/ Abrasion/ Laceration
- Foreign object
- Fracture/ Dislocated
- Sprain/ Strain
- Bites/ Infectious Disease
- Other

Select all relevant injury types by clicking in the box associated with it. You can select multiple injury types by clicking on each one. If Other is selected, then a text box appears where you can type in the injury type if it does not fall under any of the other categories.

## ➤ Mechanism of Injury



Click on the drop-down box to select the relevant mechanism that resulted in the injury. You can only select one option.

## 12. Complete



Click the button to complete the incident and send notifications to the relevant workers, based on the Workplace information selected above.

If you do not have log in details for the database, no further information is recorded by you.