Before you begin…

In order to access the Data Collection Tool, you <u>must</u> be a registered user who has logged into their account. For more information on how to register & log into the system, please see the *User Registration – Quick Reference Guide*.

1 Click on the magnifying glass. From the facility list, select the hospital facility where the incident occurred. The grayed-out fields below will auto-fill. Do NOT type in the text field.

2 Click on the calendar icon to select the date of the incident. Do NOT type in the text field.

* Hospital Facility

▶ More information

[🔍]

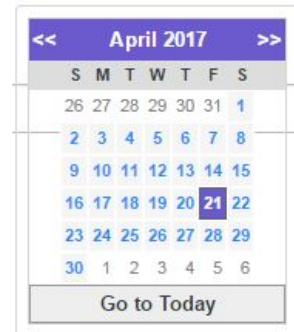Hospital Representative

▶ More information

Email

Phone Number

License Number

OSHPD Facility ID

* Date of incident

[📅]

<<	**April 2017**	>>
S M T W T F S		
26 27 28 29 30 31 1		
2 3 4 5 6 7 8		
9 10 11 12 13 14 15		
16 17 18 19 20 **21** 22		
23 24 25 26 27 28 29		
30 1 2 3 4 5 6		
Go to Today		

3 Click on the dropdown menu to select the time of incident.

* Time of incident

▶ More information

[12:00 am ▼]

4 Use the checkboxes, dropdown menus, or look up lists to answer questions 1 through 17.

Note whether you can only check one choice and when you should check all that apply.

‹ * 1. Who was the aggressor? (check one)
▶ More information

◯ Patient(s)

◯ Spouse/partner of patient (current or former)

* 3. What type of incident occurred? (check all that apply)
▶ More information

☐ Biting by aggressor

☐ Choking ›

5 **Hospitals are responsible for ensuring that the data entered is accurate & complete.** Once you have filled out all of the required information, click on the "Submit" button.

Submit

If any required questions have not been answered, you will receive an error message. The report will not be accepted until all required information has been provided.

6 Once you have successfully submitted a report, you will receive an email receipt which will include all information that you have provided for that particular incident. If you do not receive an email receipt, contact us at DOSHWPV@dir.ca.gov.

Notes:

dir **CA Department of Industrial Relations**
Submitted   WPV Form

At any time as you complete the online report, click the link at the top of page to see the FAQs for information on reportable incidents.

‹ Workplace Violence form

Workplace Violent Incident Online Report

Please see the FAQ's for discussion of reportable incidents and the definition of injury for report purposes. http://www.dir.ca.gov/dosh/Workplace-violence-reporting-for-hospitals.html

* Hospital Facility
▼ More information

Hospital facility – A hospital facility is an entity that has been: a) assigned a unique identification number by the Office of Statewide Health Planning and Development (OSHPD) and includes all services and service locations covered by that OSHPD ID and, b) is listed on a general acute care, acute psychiatric, or special hospital license.

Wherever you see "More information," click on the black arrow to get explanatory information about that question.

For more detailed information on how to submit a report, watch the tutorials on *Submitting Reports* here:
Part 1 - https://youtu.be/ou4o62DoTAc, Part 2 - https://youtu.be/bsYIzaISKR4, and Part 3 - https://youtu.be/9YQIHsHdOxc