

## QUICK REFERENCE GUIDE

This guide is for submitting events related to vehicle collisions where an accident occurred while staff were driving a vehicle for work-related purposes.

1. From the Icon wall, select the **Security/Safety** icon



*Note: If you type the keywords **Collision** or **Accident** into the **Find a Form** text box, it will show the **Security/Safety** icon.*

2. Complete all the applicable sections of the form, including mandatory fields.
3. Under **Safety/Security General Info** in the **Specific Event Type**, select **Collision**.



▲ Safety/Security General Info

Specific Event Type \* Collision

Type of Person Affected \*

Severity Level \*

4. Select the **Type of Person Affected**. If the collision occurred with a patient/client in the vehicle, select **Client**. If the collision occurred with only staff in the vehicle, select **Employee**.
5. Select **Severity Level**
  - Indicate **No harm** if there was no injury to a person as a result of the event.
  - If a person was injured, use the definitions to determine the most appropriate **Severity Level** of harm.
6. Under **Contributing Factors**, if the event involved a collision with another vehicle, animal or unsafe road conditions, select **Other – Physical Environment Condition/Design** as well as any other relevant factors.

**QUESTIONS?** Contact [RL\\_Support@sharedhealthmb.ca](mailto:RL_Support@sharedhealthmb.ca)