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# **Incident Reporting / WCB Claims Management Module**

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User Guide – V 12.0

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August 12, 2024

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# Introduction

Incident Reporting will record all incidents such as No Injury, First Aid, Health Care, Lost Time and Recurrences. Before specific information related to an incident can be captured, several tables require completion.

## Options

### Action Emails

The **Action Emails** option allows the setup of email notifications to be sent to various personnel when a user performs one of the actions shown. Ensure that the email protocol has been set up under the Maintenance panel by clicking **Email Technical Setup**. This may require consultation with your I.T. Support Team.

**Note:** Before using this feature, all users and recipients must be setup in **Security**.

CF81 SMTP Email Server Information TN0219 OCX Version: 1.0.7.0 Y HS

SMTP Server Name:

Set the SMTP-server to the name or IP address of the SMTP server you will be using to send an email.

SMTP Port Number:  025 - SMTP, 465 - SSL, 587 - TLS

Set the SMTP-PORT to the port number the SMTP server listens on. Most use the default port of 25.

SMTP Authentication:  0 - No Authentication (default)  
1 - CRAM-MD5 2 - Auth 3 - Plain 4 - NLM Auth 5 - Automatic

Set the SMTP-AUTHENTICATION to the authentication method desired. There are 4 different authentication protocols supported by SMTPSimple, in addition to allowing no authentication. CRAM-MD5 uses an MD5 hash key for password authentication. Auth and Plain are two other methods of password negotiation and authentication. Set the value as appropriate to your situation.

SMTP User Id:  Complete only if the authentication method chosen requires it.

SMTP Password (enter TWICE):   Complete only if the authentication method chosen requires it.

SMTP From Email:  Complete only if SMTP server must use internal domain name.

Default: noreply@parklanesys.com or noreply@yourdomain.com

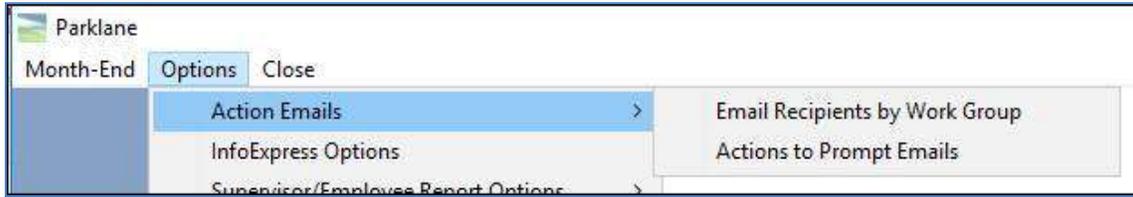
Do not use Display Name (recommended for Office 365 only)

Use Default F9 HTML5

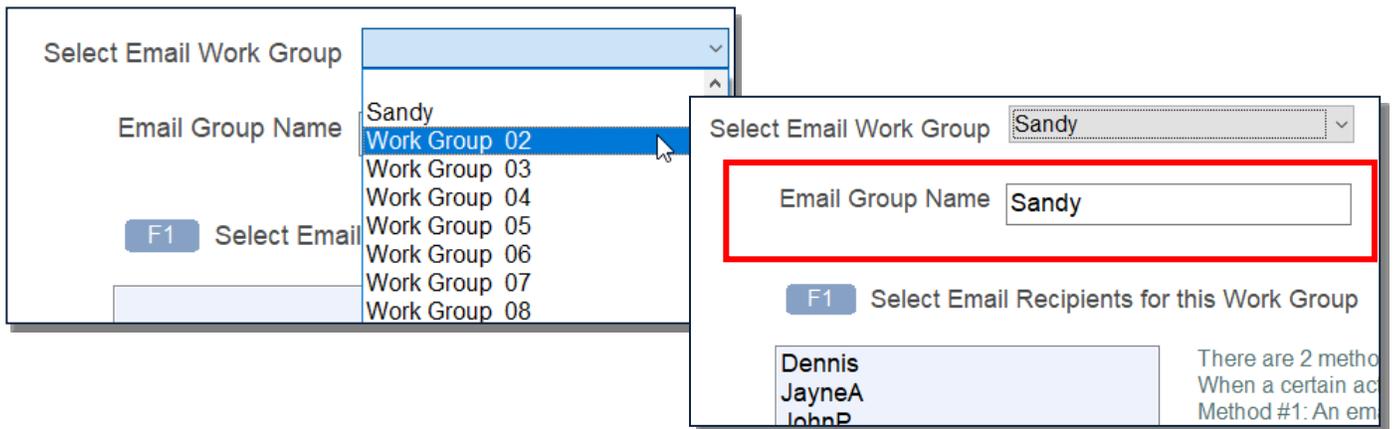
Send Test Email F5 Exit F12

There are two options for sending Action Emails. An email will be sent to everyone that is in the email list for the specific **Action**, or an email will be sent to those who are in the same **Work Group** as the User.

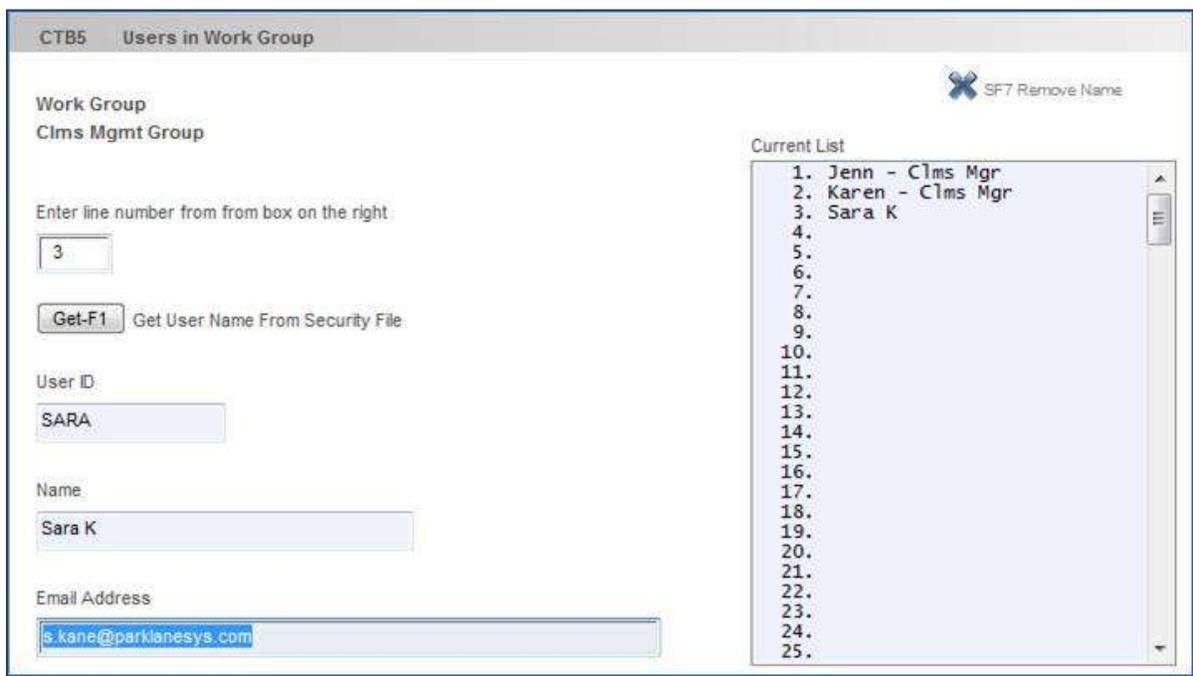
**Work Groups** must be pre-defined when choosing the second option. Click on **More**, then, **Options/Action Emails/Email Recipients by Work Group**.



Click on the drop down for **Select Email Work Group** and click on a work group heading to rename.



Click on **F1>** and begin to select the email recipients for this Work Group. Enter the next available line number and click **Get-F1** to select the email recipient from the list provided. Up to 200 email recipients may be selected per Work Group.



When an **Action** occurs, the system will determine what **Work Group(s)** the User is located in and will send an email to all other recipients within the Work Group(s).

To setup the **Action Emails** click on **Options/Action Emails/Action to Prompt Emails** and select the action(s) that should prompt an email notification.

For each Action shown, you can indicate which users will prompt an automatic email and which person(s) or workgroups will receive the email. Check the Action that should prompt an email.

Check Actions that should prompt an email	Action By	Email To
<input checked="" type="checkbox"/> Added hazard or near miss incident	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Added a first aid incident	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Added a health care incident	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Added a lost time incident	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Added a recurrence	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Entered critical incident	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Entered death related incident	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Entered return to work date	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Changed incident classification	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Entered new comment	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Submission/printing of Form 7 or Form 9	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Submission/printing of other legislative forms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Submission of Risk Record	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reserved. Parklane Internal use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Added Document Link	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from HZ to FA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from HZ to HC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from HZ to LT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from FA to HC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from FA to LT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed incident classification from HC to LT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Response given for corrective action request	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Click the **Action By** box which will activate a pop-up window. On this window indicate the users that will prompt an email to be sent. Up to 120 users can be identified.

Action: Added a lost time incident

Enter line number from from box on the right: 1

Get-F1 Get User Name From Security File

User ID: JENN

Name: Jenn - Clms Mgr

Current List:

1. Jenn - Clms Mgr
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.

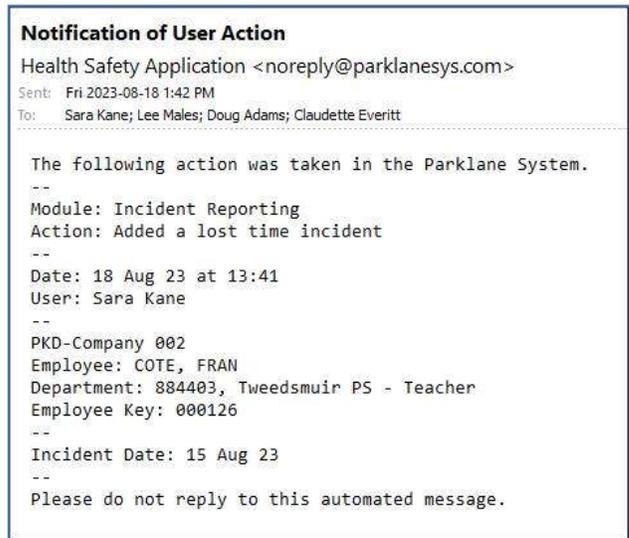
Next, click the **Email To** box which will activate another pop-up window. On this window indicate the people who will be the recipients of the email. Up to 20 recipients can be identified.

The screenshot shows a window titled "CTB2 Email Recipients resulting from an action". The action is "Added a lost time incident". There is a "Send emails using Work Groups" checkbox which is unchecked. Below it is a text input field for "Enter line number from from box on the right" containing the number "1". A "Get F1" button is labeled "Get User Name From Security File". The "User ID and Name" section has "SARA" in the "User ID" field and "Sara K" in the "Name" field. The "Email Address" field contains "s.kane@parklanesys.com". At the bottom, there is a checkbox for "Send an email to the Managing Staff, in addition to any users selected above." which is unchecked. On the right side, there is a "Current List" with a list of 20 numbered items. Item 1 is "Sara K", item 2 is "Karen - Clms Mgr", and item 3 is "Doug Adams". A "Remove Name" button is located at the top right of the list area.

Alternatively, click on the check box to **Send emails using Work Groups**. Once checked, all other fields will be grayed out. As previously described, when an **Action** occurs, the system will determine what **Work Group(s)** the User is located in and will send an email to all other recipients within the Work Group(s).

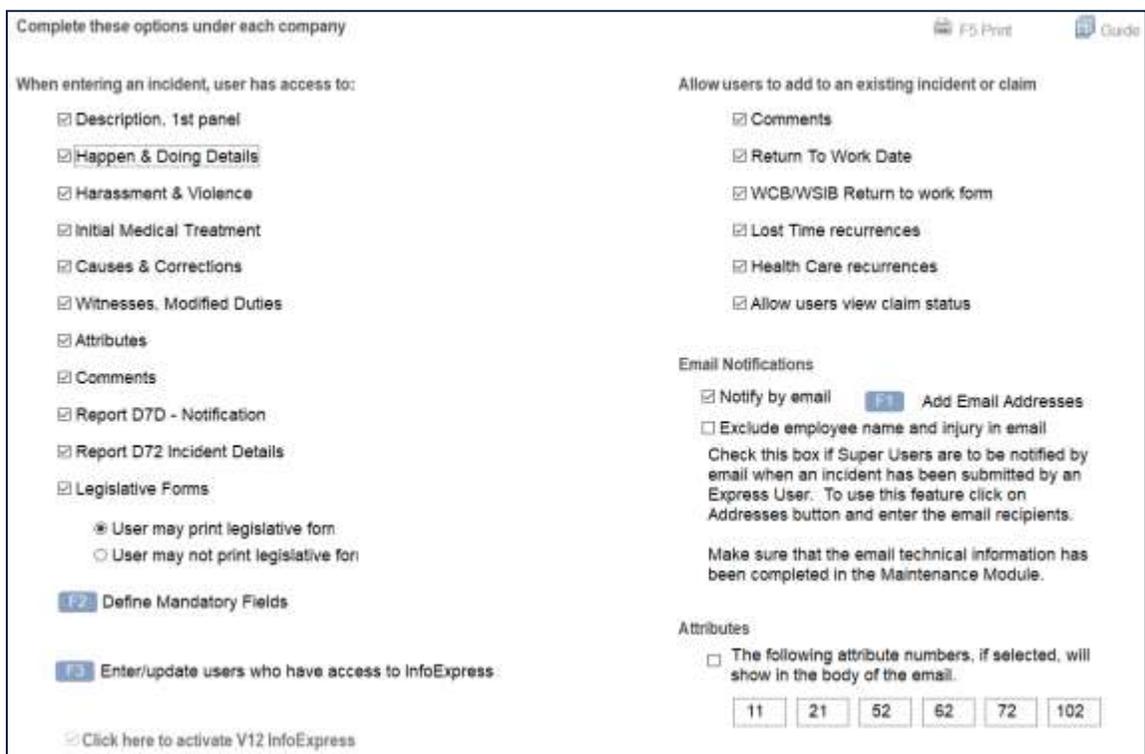
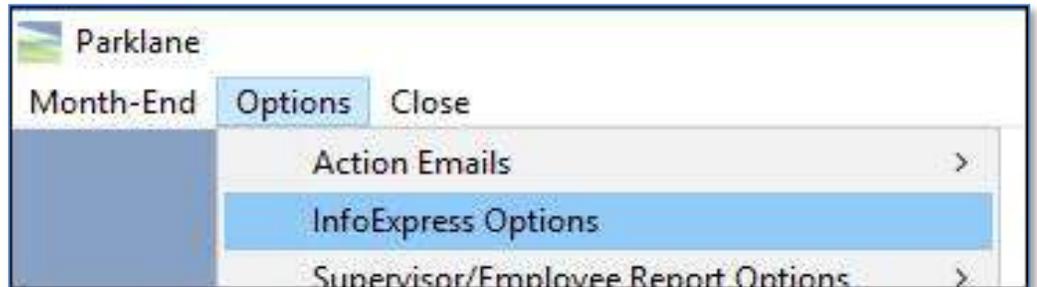
The screenshot shows a window titled "CTB2 Email recipients resulting from an action". The action is "Changed incident classification". The "Send emails using Work Groups" checkbox is checked. The "Enter line number from from box on the right" field is empty. The "Get-F1" button is labeled "Get User Name From Security File". The "User ID" field is empty. The "Name" field is empty. The "Email Address" field is empty. On the right side, there is a "Current List" with a list of 20 numbered items, all of which are currently empty. A "Remove Name" button is located at the top right of the list area.

Each time an Action is executed by a listed User, the Recipient will receive an email advising that the Action occurred.

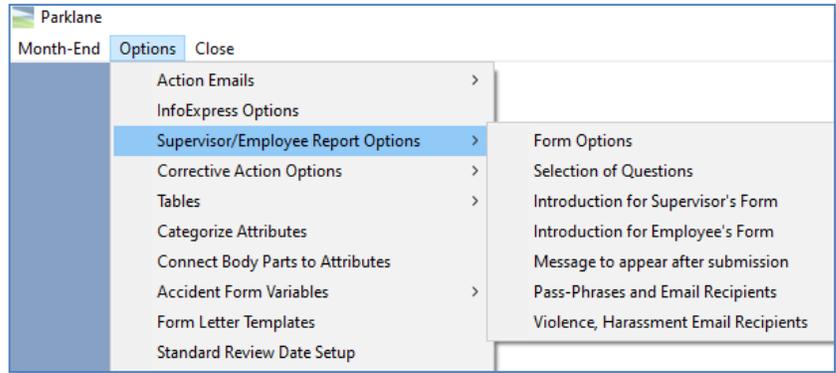


## InfoExpress Options

For those customers who are using Info Express, there is a panel outlining the options available. Complete these options for each company in the system. Click **More**, then **Options/InfoExpress Options**.



## Supervisors/Employee Report Options



For those using the On Line Incident Reporting (OLIR) product, it may be setup to either exclude various options or to make other options mandatory. Complete these options for each company in the system.

### Forms Options

The online incident report can send automatic corrective action emails on submission. To activate this feature, check Auto Send Corrective Action Email. Next, select the Email Template you wish to system to use when sending this email (for more information on email templates, see Email Template section of this guide).

CD3X Options for Report of Supervisor, Employee and Violence & Harassment

**Supervisor/Employer's Incident Report**

- Supervisor can search by name
- Supervisor can search by date
- Exclude D7V attachment from email sent to PassPhrase recipients?

**Employee's Report and Violence & Harassment**

- Enable Employee Report
- Employee can search by First name, last name, birth date
- Employee can search by Employee ID, birth date
- Email will be sent to Employee's Supervisor and OHS.
- Email will be sent to OHS only.
- Email will be sent to Supervisor, otherwise send to OHS (not both\*).

Add Incident on Employee submission: Date, Time, Happened. Update Incident on Supervisor submission.  
Note: Supervisor submission replaces all data on incident with the exception of Comments, Doc Links & Doc Folders.

Exclude D7V attachment (details of incident in report format) from email to OHS?

OHS Email address

\* If no Supervisor assigned, email will be sent to OHS.  
Supervisor - refers to Supervisor defined in Personal Data.

Last Modified 06/08/2024 JJ Exit F12

Automatic Email Reminders

Incident Action Response

- Auto Send Corrective Action Email – checking this will prompt the system to automatically email corrective actions to those responsible from incidents submitted online.
- Default Action Email Template – select the email template you wish the system to use when emailing corrective actions. Email Templates can be defined under Options.

Automatic Email Reminders

- Email – CC Notifications – the system will CC this email address on all automatic email reminders.
- Activate Overdue Notifications – checking this will activate overdue corrective action email notifications.
- From Date Limit – if left blank the system will search for overdue corrective actions as far back as they exist. Entering a date will indicate to the system how far back you wish the system to look for overdue notifications.

## Selection of Questions

Next, select the information from the data base that will be hidden or mandatory on the screen of the person completing the Incident Report. All questions default to be shown. Deselect any questions that are not to appear on the report form. If opting to use the Employee Report, the specifications selected here will be the same on the Employee Report where applicable.

Indicate which questions will be mandatory by selecting Mandatory F2.

**CD3V Question Options**

<p><b>Employment / Shift Details</b></p> <input checked="" type="checkbox"/> Supervisor / Contractor <input checked="" type="checkbox"/> Shift Started (date) <input checked="" type="checkbox"/> Shift Started (time) <input checked="" type="checkbox"/> On Shift Rotation? <input checked="" type="checkbox"/> Shift Length <input checked="" type="checkbox"/> Average Work Week <p><b>Incident Classification (one of)</b></p> <input checked="" type="checkbox"/> Hazardous Situation <input checked="" type="checkbox"/> First Aid given <input checked="" type="checkbox"/> Health Care was provided <input checked="" type="checkbox"/> Employee Injured <input checked="" type="checkbox"/> Employee Critically Injured <input checked="" type="checkbox"/> Has Occupational Illness <input checked="" type="checkbox"/> Fatality <p><b>Incident Description</b></p> <input checked="" type="checkbox"/> Date of Incident (Required) <input checked="" type="checkbox"/> Time of Incident <input checked="" type="checkbox"/> Date Reported <input checked="" type="checkbox"/> Time Reported <p><b>When incident is Lost Time:</b></p> <input checked="" type="checkbox"/> Last Date Worked <input checked="" type="checkbox"/> Last Time Worked <input checked="" type="checkbox"/> First Day Off <input checked="" type="checkbox"/> RTW Date Regular Duties <input checked="" type="checkbox"/> RTW Time Regular Duties <input checked="" type="checkbox"/> Not Reg. Duties, Exp RTW <input checked="" type="checkbox"/> Had Similar Injury? <input checked="" type="checkbox"/> 3rd Party responsible? <input checked="" type="checkbox"/> Doubt Work Related <input checked="" type="checkbox"/> Been on Mod. Duties? <input checked="" type="checkbox"/> Returned to Mod. Duties? <input checked="" type="checkbox"/> Mod. Duties Offered?	<p><b>Incident Details</b></p> <input checked="" type="checkbox"/> Type of Incident <input checked="" type="checkbox"/> Cause of Incident <input checked="" type="checkbox"/> Include Witnesses? <input checked="" type="checkbox"/> Witness Name <input checked="" type="checkbox"/> Witness Address <input checked="" type="checkbox"/> Witness Telephone <input checked="" type="checkbox"/> Location of Incident <input checked="" type="checkbox"/> Equipment, etc. details <input checked="" type="checkbox"/> What worker was doing <input checked="" type="checkbox"/> What happened <input checked="" type="checkbox"/> Additional details <p><b>Injury Details (where applicable)</b></p> <input checked="" type="checkbox"/> Injury Description <input checked="" type="checkbox"/> Body Parts Affected <p><b>Violence or Harassment</b></p> <input checked="" type="checkbox"/> Include Violence, Harassment? <input checked="" type="checkbox"/> Physical violence? & type <input checked="" type="checkbox"/> Harassment? & type <input checked="" type="checkbox"/> Weapons involved? & type <input checked="" type="checkbox"/> Third Party Aggressor? <input checked="" type="checkbox"/> Employee Aggressor? <input checked="" type="checkbox"/> Domestic Violence factor? <input checked="" type="checkbox"/> Aggressor not first time? <input checked="" type="checkbox"/> Aggressor Identification <input checked="" type="checkbox"/> Police Summoned? <input checked="" type="checkbox"/> Government advised? <p><b>Medical (where applicable)</b></p> <input checked="" type="checkbox"/> Seek treatment? <input checked="" type="checkbox"/> Where treated <input checked="" type="checkbox"/> Treatment Date <input checked="" type="checkbox"/> Date Employer learned <input checked="" type="checkbox"/> Health Professional Name <input checked="" type="checkbox"/> Health Professional Address <input checked="" type="checkbox"/> Additional Comments	<p><b>Medical, cont'd</b></p> <input checked="" type="checkbox"/> First Aider/Medical Attendant <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Treatment Date <p><b>Accident Investigation</b></p> <input checked="" type="checkbox"/> Was investigation completed? <input checked="" type="checkbox"/> Who completed investigation? <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <p><b>Corrective Actions</b></p> <input checked="" type="checkbox"/> Include Corrective Action? <input checked="" type="checkbox"/> Corrective Action <input checked="" type="checkbox"/> Target Date <input checked="" type="checkbox"/> Completion Date <input checked="" type="checkbox"/> Person Responsible <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Recommendation <input checked="" type="checkbox"/> Action Taken <input type="checkbox"/> Comments <p><b>Person who completed report</b></p> <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Position / Title <input checked="" type="checkbox"/> Normal Working Hours <p><b>Person who reported incident</b></p> <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Position / Title <input checked="" type="checkbox"/> Normal Working Hours	<p><b>Employee Details (view only)</b></p> <input checked="" type="checkbox"/> Employee ID <input checked="" type="checkbox"/> Position <input checked="" type="checkbox"/> Employee Union <input checked="" type="checkbox"/> City <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Department <input checked="" type="checkbox"/> Birth Date <input checked="" type="checkbox"/> Hire Date <p><small>If you use the Employee Report: The specs you provide here will apply to the same questions on the Employee Report where applicable.</small></p> <p>Last Updated: SARAH 04/11/2022</p> <p style="text-align: center;"><b>Mandatory F2</b></p> <p><small>Indicate which questions are mandatory</small></p> <p style="text-align: center;"><b>Exit F12</b></p>
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**Note:** It is recommended that Completion Date and Action Taken remain NOT mandatory. The Recommendation Field (or Recommendation/Plan field on the online form) will allow the supervisor to detail their plans for action, should they not have had time yet to investigate between the incident time and the time of submitting the incident report. As they often have not had a chance to perform an action, it is important this is left NOT mandatory. They will have an opportunity to reply with their actions at a later time if the Automatic Corrective Action Email Notification feature is enabled.

CD3W Mandatory Question		
<p><b>Employment / Shift Details</b></p> <input type="checkbox"/> Supervisor / Contractor <input type="checkbox"/> Shift Started (date) <input type="checkbox"/> Shift Started (time) <input type="checkbox"/> On Shift Rotation? <input type="checkbox"/> Shift Length <input type="checkbox"/> Average Work Week <p><b>Incident Classification (one of)</b></p> <input checked="" type="checkbox"/> Hazardous Situation <input checked="" type="checkbox"/> First Aid given <input checked="" type="checkbox"/> Health Care was provided <input checked="" type="checkbox"/> Employee Injured <input checked="" type="checkbox"/> Employee Critically Injured <input checked="" type="checkbox"/> Has Occupational Illness <input checked="" type="checkbox"/> Fatality <p><b>Incident Description</b></p> <input checked="" type="checkbox"/> Date of Incident <input type="checkbox"/> Time of Incident <input checked="" type="checkbox"/> Date Reported <input type="checkbox"/> Time Reported <p><b>When incident is Lost Time:</b></p> <input type="checkbox"/> Last Date Worked <input type="checkbox"/> Last Time Worked <input type="checkbox"/> First Day Off <input type="checkbox"/> RTW Date Regular Duties <input type="checkbox"/> RTW Time Regular Duties <input type="checkbox"/> Not Reg. Duties, Exp RTW <input type="checkbox"/> Had Similar Injury? <input type="checkbox"/> 3rd Party responsible? <input type="checkbox"/> Doubt Work Related <input type="checkbox"/> Been on Mod. Duties? <input type="checkbox"/> Returned to Mod. Duties? <input type="checkbox"/> Mod. Duties Offered?	<p><b>Incident Details</b></p> <input checked="" type="checkbox"/> Type of Incident <input type="checkbox"/> Cause of Incident <input type="checkbox"/> Include Witnesses? <input checked="" type="checkbox"/> Witness Name <input type="checkbox"/> Witness Address <input type="checkbox"/> Witness Telephone <input type="checkbox"/> Location of Incident <input type="checkbox"/> Equipment, etc. details <input checked="" type="checkbox"/> What worker was doing <input type="checkbox"/> What happened <input type="checkbox"/> Additional details <p><b>Injury Details (where applicable)</b></p> <input checked="" type="checkbox"/> Injury Description <input type="checkbox"/> Body Parts Affected <p><b>Violence or Harassment</b></p> <input checked="" type="checkbox"/> Include Violence, Harassment? <input type="checkbox"/> Physical violence? & type <input type="checkbox"/> Harassment? & type <input type="checkbox"/> Weapons involved? & type <input type="checkbox"/> Third Party Aggressor? <input type="checkbox"/> Employee Aggressor? <input type="checkbox"/> Domestic Violence factor? <input type="checkbox"/> Aggressor not first time? <input type="checkbox"/> Aggressor Identification <input type="checkbox"/> Police Summoned? <input type="checkbox"/> Government advised? <p><b>Medical (where applicable)</b></p> <input checked="" type="checkbox"/> Seek treatment? <input type="checkbox"/> Where treated <input type="checkbox"/> Treatment Date <input type="checkbox"/> Date Employer learned <input type="checkbox"/> Health Professional Name <input type="checkbox"/> Health Professional Address <input type="checkbox"/> Additional Comments	<p><b>Medical, cont'd</b></p> <input type="checkbox"/> First Aider/Medical Attendant <input type="checkbox"/> Telephone Number <input type="checkbox"/> Treatment Date <p><b>Accident Investigation</b></p> <input type="checkbox"/> Was investigation completed? <input type="checkbox"/> Who completed investigation? <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address <p><b>Corrective Actions</b></p> <input checked="" type="checkbox"/> Include Corrective Action? <input checked="" type="checkbox"/> Corrective Action <input checked="" type="checkbox"/> Target Date <input type="checkbox"/> Completion Date <input checked="" type="checkbox"/> Person Responsible <input type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Recommendation <input type="checkbox"/> Action Taken <p><b>Person who completed report</b></p> <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Position / Title <input type="checkbox"/> Normal Working Hours <p><b>Person who reported incident</b></p> <input checked="" type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Position / Title <input type="checkbox"/> Normal Working Hours

Exit F12

## Message to Appear After Submission

This panel contains two parts. Part one is the text that will appear following the Supervisor Form submission. Part two is the text that will appear following submission of the Employee Form.

**CD3I Supervisor/Employee Submission Message**

The text below will be the same for all companies:

**Supervisor Report: Message to appear after Supervisor submits the form.**

Your incident report has been submitted.

If assessed by a physician you should receive a completed copy of the last page of the WSIB Health Professional's Report (Form 8) or the WSIB Program of Care Form (POC) to share with Abilities & Wellness Services to advise of your Return to Work status. Please ensure this report is faxed to our confidential fax number (519-452-2606) or scanned as a .pdf file and sent to [medicalnote@tvdsb.ca](mailto:medicalnote@tvdsb.ca).

Note: For Worker's Compensation purposes, your lost time from work must be supported by medical. <https://www.parklanesys.com/>

Failure to notify Abilities & Wellness Services promptly can result in a fine (\$250.00) to your school/department by WSIB.

Did the employee give consent to have his/her name shared?

(2500 characters) Last Modified 24/02/2021 GE

**Employee Report: Message to appear after Employee submits the form.**

Your incident has been submitted.

If you have not done so already, please ensure you notify your supervisor or contact Occupational Health and Safety at extension 2227. Should you have any questions about the incident reporting process, contact Joe Safety at [j.safety@company.ca](mailto:j.safety@company.ca)

Thank you,  
Occupational Health and Safety Services

(2500 characters) Last Modified 02/03/2020 SARAH Exit F12

If taking advantage of the Automatic Corrective Action Email Feature, this area can be used to detail instructions to the supervisors on how to use this form. Alternatively, you can paste the hyperlink (found on the tutorial section of the Resource Page) that will take the supervisor to instructions on replying to a corrective action email.

## Introduction for Supervisor's Form

The introduction below will appear on the first page of the Online Supervisor's Incident Report and this panel should be used to make/update any changes. The text will be the same for each company.

*The text below will be the same for each company.*

Below is the introduction that will appear on the first page of the Online Supervisor's Incident Report. Make any changes.

Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by [your company name] to the provincial worker compensation board.

The Passphrase that was provided to you must be used to report an incident.  
To reduce subsequent follow-up, we encouraged that all information be completed accurately and in detail.  
Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.

If you need assistance please call [222-333-4444].

Last Modified 28/08/2013 SP

Below is the text that will appear with the signature line on the printed report. You may make the modifications that apply to your organization.

I confirm the information on this form was provided in good faith, to be true and correct, and, represents the facts as I have stated. I agree to promptly amend this incident report if I learn that the facts I have alleged are incorrect. I understand that deliberately misstating the truth of any material fact could subject me to various sanctions including, but not limited to, dismissal of this incident report.

I expressly authorize the staff of, or any authorized agency representing, [your company name] to investigate my incident and take any action to verify THIS REPORT.

## Introduction for Employee's Form

The introduction below will appear on the first page of the Online Employee's Incident Report and this panel should be used to make/update any changes. The text will be the same for each company.

*The text below will be the same for each company.*

Below is the introduction that will appear on the first page of the Online Employee's Incident Report. Make any changes.

Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by [your company name] to the provincial worker compensation board.

To reduce subsequent follow-up, we encouraged that all information be completed accurately and in detail.  
Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.

If you need assistance please call [555-555-555].

## Pass-Phrases and Email Recipients

Pass-codes must be entered for each company. A person with a pass-code may access the employees in this company only.

CD3A Supervisor's Report Pass-phrases

Pass-phrases must be entered for each company. A person with a Pass-phrase may access the employees in this company only.

1 Enter the Table number from the box on the right or click on Table entry

010 Pass-phrase (up to 20 characters)

Location(s) using this Pass-phrase  
Karen/Claudette

User ID that is to appear in "Entered By" on the incident: (in this module) when an incident is added under this Pass-phrase:  
SUPPORT

Check here, if no emails are to be sent when this Pass-phrase is used

Or enter the recipients that will receive an email when a record has been recorded under the above Pass-phrase:

User ID	Check if recipient is not a User	Email Address
KF	<input type="checkbox"/>	k.ferrell@parklanesys.com
CE	<input type="checkbox"/>	c.everitt@parklanesys.com
JJ	<input type="checkbox"/>	j.aukema@parklanesys.com
SK	<input type="checkbox"/>	s.kane@parklanesys.com
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Enter Next Pass-phrase Esc

Move cursor to User ID above and click blue button to call up table of Parklane Users. Or, if email recipient is not a Parklane user, check box then enter email address.

Locations currently enabled

- 1 Karen/Claudette
- 2 TEST
- 3 Durham Sec School
- 4 Pioneer
- 5 sarah
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22

Pass-phrases give supervisors/managers access to a Web Form. There is no User ID. A Pass-phrase may be assigned to one or more individuals or locations. For each Pass-phrase, you need the code, a commentary of the individual(s) or location(s) and a list of those who should receive an email when an incident is recorded.

CD3J Violence & Harassment Email Recipients

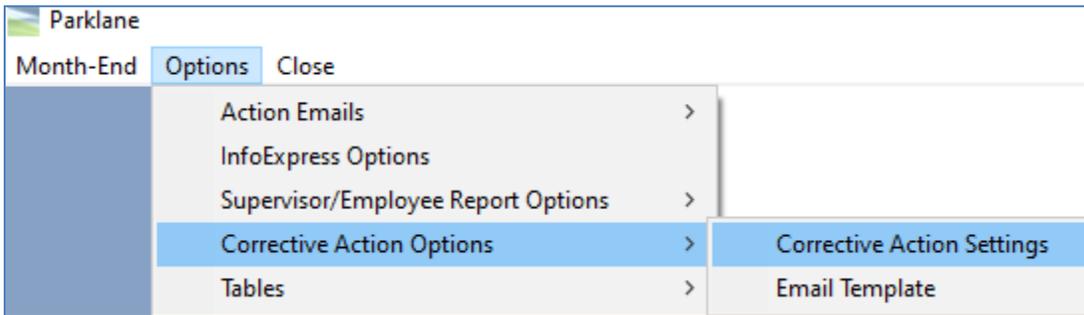
Email Recipients must be entered for each company.

User ID	Check if recipient is not a User	Email Address
SARA	<input type="checkbox"/>	s.kane@parklanesys.com
KARENF	<input type="checkbox"/>	k.ferrell@parklanesys.com
NotAUser	<input checked="" type="checkbox"/>	support@parklanesys.com
CE	<input type="checkbox"/>	c.everitt@parklanesys.com
	<input type="checkbox"/>	

Last Modified By SARA 15/11/2018

Exit F12

## Corrective Action Options – Corrective Action Settings



CD3Y Corrective Action Emails

### Corrective Action Settings i

Auto Send Corrective Action Emails

**Auto Send Email**

Corrective Action Email Template

Default Email
v

Automatically sends Corrective Action Emails for newly added incidents. Optionally, select the Action Email Template to be used.

Overdue Corrective Action Emails

**Send Overdue Emails**

CC Email Address

support@parklanesys.com

01/01/2024

📅 From Date Limit

Automatic Overdue Emails Reminders are sent once a week on Monday morning. Emails can optionally be sent to the CC email address above. Includes only Corrective Actions due after the "From Date Limit".

Exit F12

**CD3Yh - Corrective Action Settings** [Close]

**Incident Action Response**

- Auto Send Corrective Action Email
  - checking this will prompt the system to automatically email corrective actions to those, responsible from incidents submitted online.
- Default Action Email Template
  - select the email template you wish the system to use when emailing corrective actions. Email Templates can be defined under Options.

**Automatic Email Reminders**

- Email – CC Notifications
  - the system will CC this email address on all automatic email reminders.
- Activate Overdue Notifications
  - checking this will activate overdue corrective action email notifications.
- From Date Limit
  - if left blank the system will search for overdue corrective actions as far back as they exist. Entering a date will indicate to the system how far back, you wish the system to look for overdue notifications.

**SL94 Select one from the list**

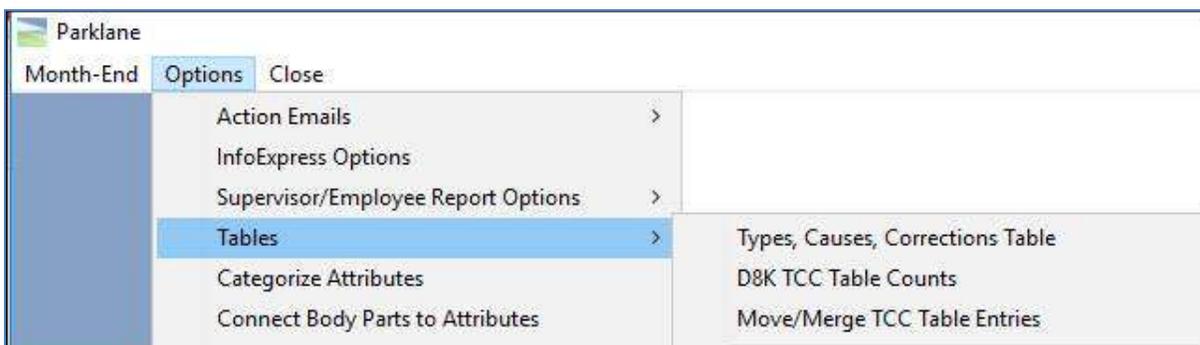
Email Template

- 1. Default Email
- 2. Reminder Template
- 3. Overdue
- 4. Not Defined
- 5. Not Defined
- 6. Not Defined
- 7. Not Defined

## Tables

### Types, Causes, Corrections

### Types, Causes, Corrections Table



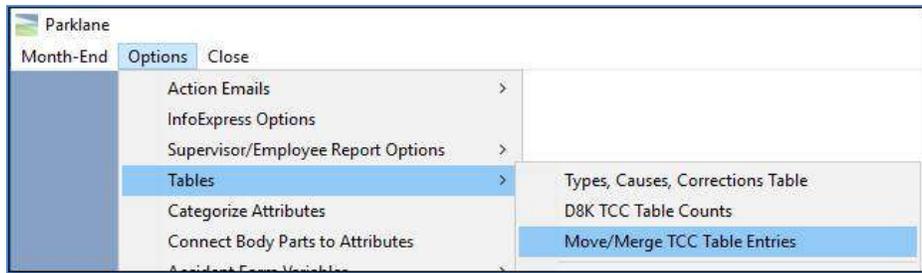
The user must define incident types, causes, and corrective actions. From the menu, click **More**, then **Options/Tables/Types, Causes, Corrections Tables**. The screen will default to the Types descriptions of which you may have 20. To move to Causes or Corrections, click the push buttons or press the function keys. Up to 50 descriptions can be entered in both. To enter a new description or alter an existing description, simply type the corresponding Number and press tab and type or correct the Description. Do not leave any blank numbers between descriptions. These description tables may be printed by pressing the Printer icon and following the screen instructions.

 A screenshot of a software screen titled 'Types, Causes, Corrections'. On the left, under the heading 'Types', there is a 'Number' input field and a 'Description' input field. Below these are three function key buttons: 'F1 Types', 'F2 Causes', and 'F3 Corrective Actions'. At the bottom left, there is a checked checkbox labeled 'List tables in the same sequence as entered above' and a note: 'Never change the description of a table entry once it has been used. The results will be irrecoverable.' On the right side, there is a 'Current Descriptions' list with a printer icon and 'F5 Print' text. The list contains 20 numbered items: 1. Slip, Trip, or Fall; 2. Rep Strain; 3. Caught In, Under, Between; 4. Over Exertion; 5. Struck By; 6. Struck Against or Contact With; 7. Exposure; 8. No Injury; 9. No Form 7; 10.; 11.; 12.; 13.; 14.; 15.; 16.; 17.; 18.; 19.; 20.

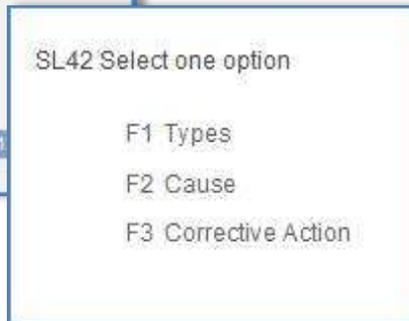
## Move/Merge Table Entries

**Note:** Changes cannot be reverted back once the revised table has been used.

Tagged entries may be moved or merged within a table. Run the D8K Table Counts. Determine which Table No. the entries are from and the Table No. the entries are to be move to. All users must be out of Incident Reporting/WSIB Claims Management module and a Password must be obtained from Parklane Support before continuing with this procedure.



Enter the Password obtained from Parklane Support and press **Continue F5**. Select the Table in which the move or merge is required.

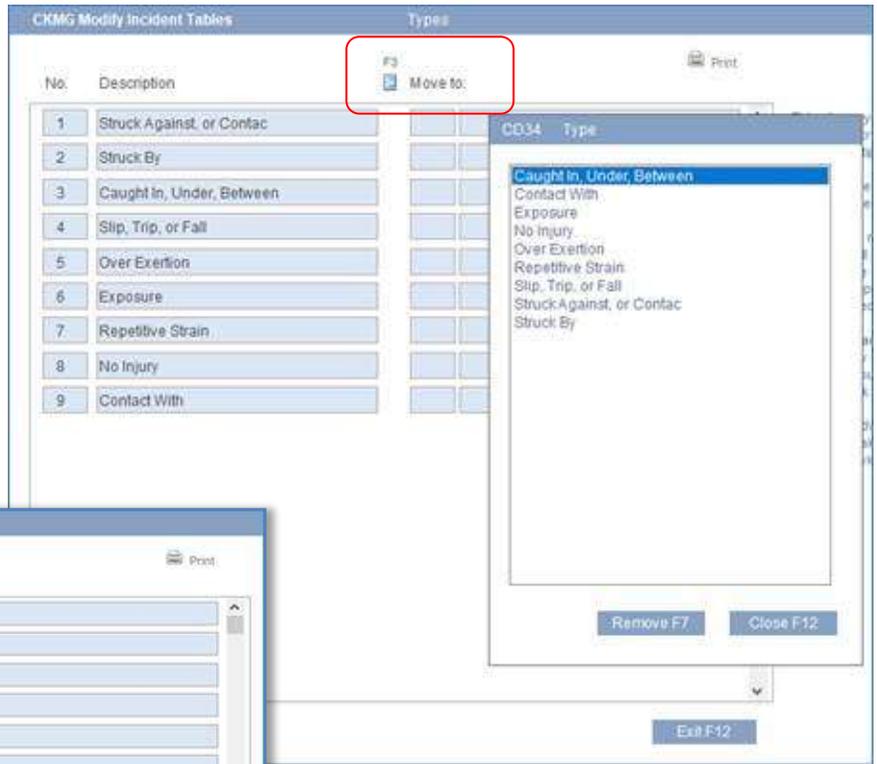


Move cursor to the desired table entry. In this example, entry number 10.

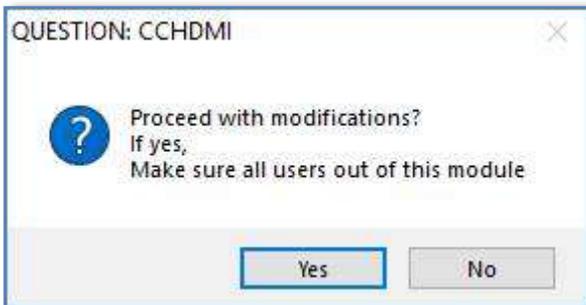


Select **F3 Move to** and indicate the new table entry.

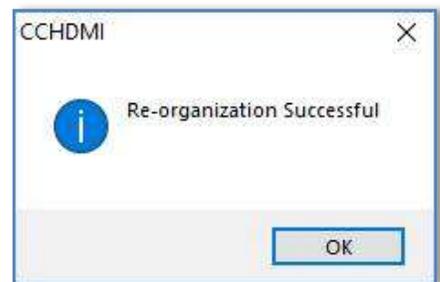
Once selected, the panel will reflect the move/merge request. Note that all historical records will reflect the changes and all changes will be recorded in the Audit. The old table entries/descriptions will be automatically removed once this process is complete. Prior to the system processing the changes, it will make a copy of pertinent files. These files will be located in the HS folder as HT0028.bck, HT0004.bck and HT00MA.bck



Press **Start SF1** to continue. Confirmation will be required to proceed by selecting **Yes**.



The system will acknowledge the move/merge is complete. Press **OK**.



Run the D8K Table Counts following the move/merge and confirm the record counts against the original D8K report.

## Root Cause

The system also provides the ability to capture the level for analyzing the cause of incidents. The Immediate Cause only may be chosen or the basic/root causes including the contributing factor. The hierarchy for identifying the root cause is as follows including an example for each:

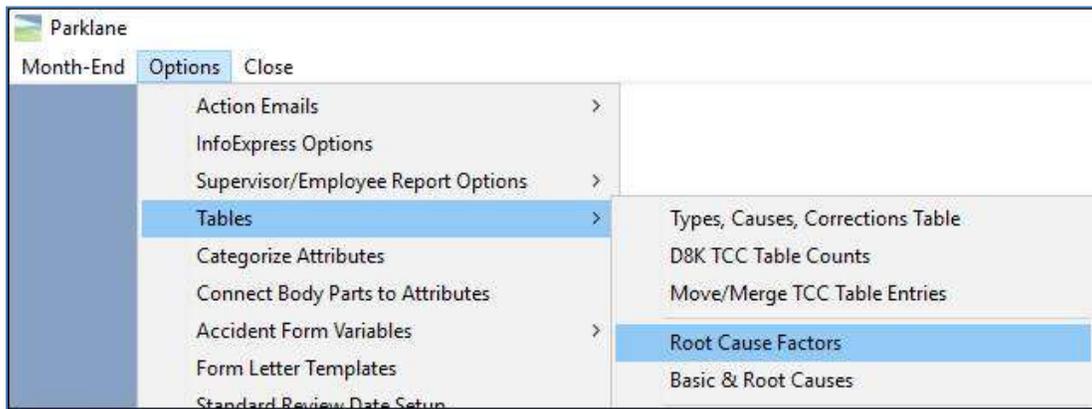
**Immediate Cause** = Failure to Secure

**Factor** = Job Factor

**Basic Cause** = Inadequate Leadership

**Root Cause** = Inadequate Instructions

The user must define **Factors, Basic and Root Causes** that apply to each Basic Cause. Complete the Factors first. Defaults have been predefined. Any or all of these Factors may initially be changed. From the menu, click **More**, then click **Options/Tables/Root Cause/Factors**. Parklane allows for a maximum of 6 Factors.



Factor	Entered	Changed		
Personal	30/08/2013	Default		
Physical	30/08/2013	Default		
Job	30/08/2013	Default		
Environment	30/08/2013	Default		

Do not change the definition of any description that has been used. The results will be destructive and irrecoverable.

**Exit F12**

Next, define the Basic and Root Causes. From the menu, click **More**, then click **Options/Tables/Root Cause/Basic & Root Causes**. Parklane has allocated 20 Basic Causes. They are identified as "1. Basic Cause 1", "2. Basic Cause 2", etc. In the **Basic Cause** field change "1. Basic Cause 1" to its appropriate description then chose the appropriate Factor from the **Factor** field drop down menu. Enter the Root Causes. If you have chosen to use a decimal prefix, enter that prefix into the description. The numbers in the first column are for reference purposes only. To enter the next Basic Cause, select the "2. Basic Cause 2" from the **Basic Cause** list and repeat the above process.

	Description of Root Cause	Entered	Changed
11	1.1 Defective Raw Material	06/05/2011 SARA	11/05/2011 SARA
12	1.2 Wrong Type For Job	06/05/2011 SARA	11/05/2011 SARA
13	1.3 Lack of Raw Material	06/05/2011 SARA	11/05/2011 SARA

## Injury, Equipment, Appointments

To setup the user-defined tables for injuries and equipment, from the main menu of Incident Reporting, click on **More**, then **Options/Tables/Injury, Equipment, Appointments**. Select either the **Injuries F1**, **Equipment F2** or **Appointment Types F3** and proceed by entering the next available **No.** and then the **Description**. If users must select from the tables only, and are not allowed to enter free format text in either the Injuries or Equipment fields of an incident, check the box(es) provided.

*These tables will apply to all companies*

No.  Enter number from below and then enter description

Description

**Injuries**

- 1.LOW BACK STRAIN
- 2.MID BACK STRAIN
- 3.LACERATION LT HAND
- 4.LACERATION RT HAND
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

**Go To:**

- Injuries
- Equipment
- Appointment Type

*Maximum number of table entries is 400*

*Check the box below, if user must select from table and is not allowed to enter free format text*

Injury Description

*These tables will apply to all companies*

No.  Enter number from below and then enter description

Description

**Equipment**

1.	HAND TOOL
2.	POWER TOOL
3.	MACHINERY
4.	HOYER LIFT
5.	HILL ROM SPECIAL
6.	FOOD TRUCK
7.	DELI SLICER
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	

**Go To:**

Injuries

Equipment

Appointment Type

*Maximum number of table entries is 400.*

*Check the box below, if user must select from table and is not allowed to enter free format text*

Equipment

*These tables will apply to all companies*

No.  Enter number from below and then enter description

Description

**Appointment Types**

1.	Family Dr. Appt.
2.	Specialist Appt.
3.	Physio Appt.
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	

**Go To:**

Injuries

Equipment

Appointment Type

*Maximum number of table entries is 400.*

 SF8 Print

## Location, Contractor

To setup the user-defined table for locations and contractors, from the main menu of Incident Reporting, click on **More, then Options/Tables/Location, Contractors Tables**. Select the specific table. Select the next available **No.** and then the **Description**. If users must select from the table only, and are not allowed to enter free format text in the Location field of an incident, check the box provided.

SL42 Select one option

F1 Locations

F2 Contractors

CD30 Location Table

No.  Enter number from below and then enter description SP5 Print

Description

Locations

- 1 Dock 1
- 2 Dock 2
- 3 Dock 3
- 4 Dock 4
- 5 Mail Rm 1 Out
- 6 Mail Rm 2 In
- 7 Patient Room
- 8 Cafeteria
- 9 Office
- 10 Playground
- 11 A - Hallway
- 12 T - Hallway
- 13 J - Hallway
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22

Location from table only  
Check if user must select from table & is not allowed to enter free format text.

Maximum Number of table entries is 700.  
Field length is 70 characters, however, table does not display entire description.

Exit F12

## Appeals, Hearing Type

To setup the user-defined tables for Appeals, Hearing Type, from the main menu of Incident Reporting, click on **More than Options/Tables/Appeals, Hearing Type**. Select the next available **Table no.** and then the **Description** field.

CD33 Table for Appeals, Hearing Types

These tables will apply to all companies SP5 Print

No.  Enter number from below and then enter description

Description  (25 characters)

Hearing Types

- 1.Int F7 Obj-Inj Ent
- 2.Int F7 Obj-LOE
- 3.Rec Wr Obj-Inj Ent
- 4.Rec Wr Obj-LOE
- 5.Wr Req for SIEF
- 6.Wr Req for ClmAmalg
- 7.Ref to SEGA
- 8.Ref to RMS
- 9.Wr Appeal-WSIB
- 10.Wr Appeal-WSIAT
- 11.App Readiness Sent-EE
- 12.App Readiness Sent-ER
- 13.Req for ClmAccess
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Table will be listed as entered.  
Descriptions may be changed after they have been used. System stores description in record once it has been selected.

## Appeals, Issue

To setup the user-defined tables for Appeals, Issue, from the main menu of Incident Reporting, click on **More than Options/Tables/Appeals, Issue**. Select the next available **Table no.** and then the **Description** field.

CD39 Table for Appeals, Issue

These tables will apply to all companies

No.  Enter number from below and then enter description

Description  (25 characters)

Issues:

- 1. Entmt to Inj Condition
- 2. Entmt to LOE TimeFrames
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Table will be listed as entered.  
Descriptions may be changed after they have been used. System stores description in record once it has been selected.

## Appeals, Initiating Party

To setup the user-defined tables for Appeals, Initiating Party, from the main menu of Incident Reporting, click on **More than Options/Tables/Appeals, Initiating Party**. Select the next available **Table no.** and then the **Description** field.

CD37 Table for Appeals, Initiating Party

These tables will apply to all companies

No.  Enter number from below and then enter description

Description  (25 characters)

Initiating Parties:

- 1. Health Centre
- 2. Human Resources
- 3. Employee
- 4. Department Manager
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Table will be listed as entered.  
Descriptions may be changed after they have been used. System stores description in record once it has been selected.

## Appeals, Decision

To setup the user-defined tables for Appeals, Decision, from the main menu of Incident Reporting, click on **More** than **Options/Tables/Appeals, Decision**. Select the next available **Table no.** and then the **Description** field.

CD35: Table for Appeals, Decision

These tables will apply to all companies

No.  Enter number from below and then enter description

Description  (20 characters)

Decisions:

- 1.Cim Ent Approved
- 2.Cim Ent Denied
- 3.Cim Ent Den Partial
- 4.LOE Denied
- 5.LOE Den Partial
- 6.Amalg Approved
- 7.Amalg Denied
- 8.LOE Denied
- 9.LOE Denied Partial
- 10.SIEF Approved
- 11.SIEF Denied
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Table will be listed as entered.  
 Descriptions may be changed after they have been used. System stores description in record once it has been selected.

## Time Markers

To setup the user-defined tables for Time Markers, from the main menu of Incident Reporting, click on **More** then **Options/Tables/Time Markers**. The panel will default to the **Wait Times** table. Select the next available **Table no.** and then the **Description** field.

Wait Times

Table no.

Description

Go to  Wait Times  
 Notable Activities

Never change the description of a table entry once it has been used. The results could be irrecoverable.

1. Medical Documentation

2. Initial Cim Decision

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

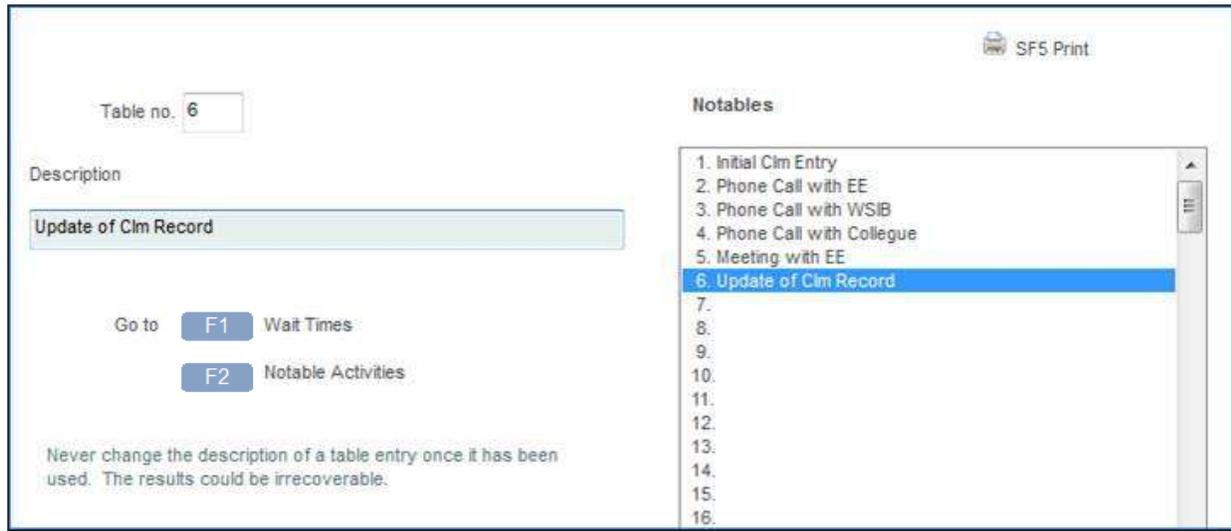
13.

14.

15.

16.

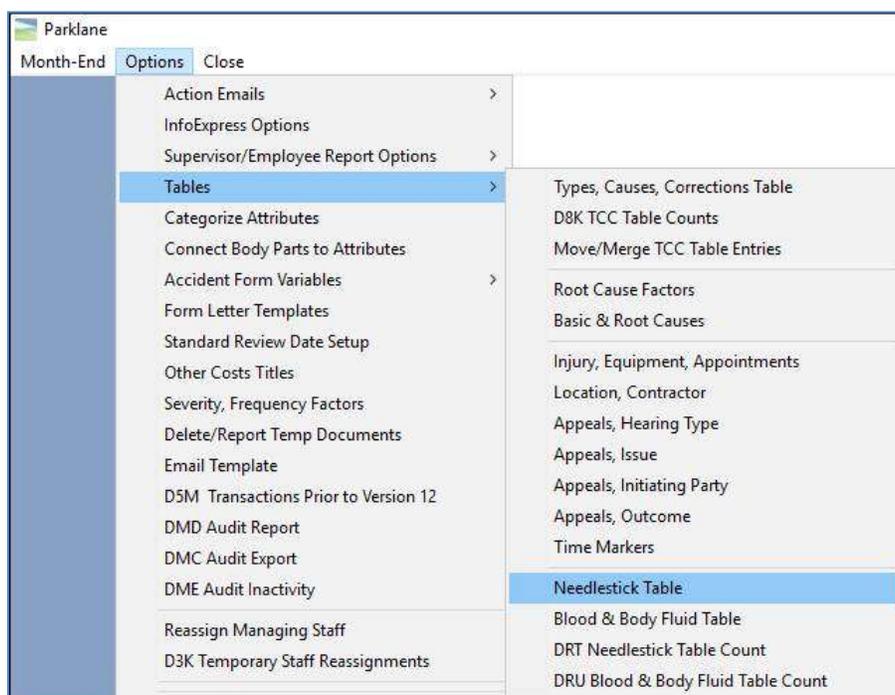
Once complete, click **F2 Notable Activities**. Select the next available **Table no.** and then the **Description** field.



## Needlestick, Blood, Body Fluid

In order to simplify the population of these tables, Parklane can electronically provide pre-defined descriptions at your request. Contact Parklane Support for details.

To manually setup the user-defined tables for Needlestick & Sharp Object and Blood & Body Fluid Exposure, from the main menu of Incident Reporting, click on **More**, then **Options/Tables/Needlestick, Blood, Body Fluid**. Click on the first flyout to proceed to **Needlestick Table**:



## Needlestick Table

Maximum characters for Category is 55

Table no.

Description

Go to:

- F2 Job Category of the Injured Worker
- F3 Where did injury occur
- F4 Sharp Item
- F6 Sharp Item Originally Used
- F7 Did the Injury Occur?
- F8 Type of Device Caused the Injury - Needle
- F9 Type of Device Caused the Injury - Surgical
- SF1 Type of Device Caused the Injury - Glass
- SF2 Type of Device Caused the Injury - Other
- SF3 Protective Mechanism Activated
- SF4 Exposure Incident
- SF5 Was the Injury
- SF6 Sharp Item Penetrate

Job Category of the Injured Worker:

1. Doctor (attending/staff), specify specialty
2. Doctor (intern/resident/fellow) specify specialty
3. Medical Student
4. Nurse : RN
5. Nurse: LPN/CNA/HHA
6. Nurse: NP
7. Nurse: CRNA
8. Nursing Student
9. Midwife
10. Respiratory Therapist
11. Surgery Attendant
12. Other Attendant
13. Phlebotomist/Venipuncture /IV Team
14. Clinical Laboratory Worker
15. Technologist (non-lab)
16. Dentist
17. Dental Hygienist
18. Housekeeper
19. Laundry Worker
20. Security
21. Paramedic
22. Other Student
23. Other, describe:
- 24.

Never change the description of a table entry once it has been used. The results will be irrecoverable. I.e. changing "white" to "blue" will also change all previously recorded data to "blue"

These tables serve both Incident Reporting and Chart modules. Warning: Should you make a change to this table, the change will affect all historical data located in BOTH modules. Contact support for more information.

Exit F12

Select the table which you wish to update/modify by clicking on the appropriate button. The tables in this grouping allow for a maximum of 50 entries each.

Click on the second flyout to proceed to the **Blood & Body Fluid Tables**:

## Blood & Body Fluid Table

Maximum characters for Job Category 55

Table no.

Description

Go to:

- F2 Job Category of the Injured Worker
- F3 Where Did Exposure Occur
- F4 Was the Exposure the result of
- F6 How Long Contact with Your Skin
- F7 How Much Contact with Your Skin
- F8 Body Fluids Involved in the Exposure
- F9 Was the Exposed Part
- SF1 Did the Blood or Body Fluid
- SF2 Barrier Garments Worn at the Time of Exposure

Job Category of the Injured Worker:

1. Doctor (attending/staff); Specify Specialty
2. Doctor (intern/resident/fellow) Specify Specialty
3. Medical Student
4. Nurse RN
5. Nurse LPN
6. Nurse NP
7. Nurse CRNA
8. Nurse Midwife
9. Nursing Student
10. Respiratory Therapist
11. Surgery Attendant
12. Other Attendant
13. Phlebotomist/Venipuncture/IV Team
14. Clinical Laboratory Worker
15. Technologist (non-lab)
16. Dentist
17. Dental Hygienist
18. Housekeeper
19. Laundry Worker
20. Security
21. Paramedic
22. Other Student
23. CNA/HHA
24. Other Describe

Never change the description of a table entry once it has been used. The results will be irrecoverable. I.e. changing "white" to "blue" will also change all previously recorded data to "blue"

These tables serve both Incident Reporting and Chart modules. Warning: Should you make a change to this table, the change will affect all historical data located in BOTH modules. Contact support for more information.

Exit F12

Proceed in the same manor as described above. The tables in this grouping allow for a maximum of 50 entries each.

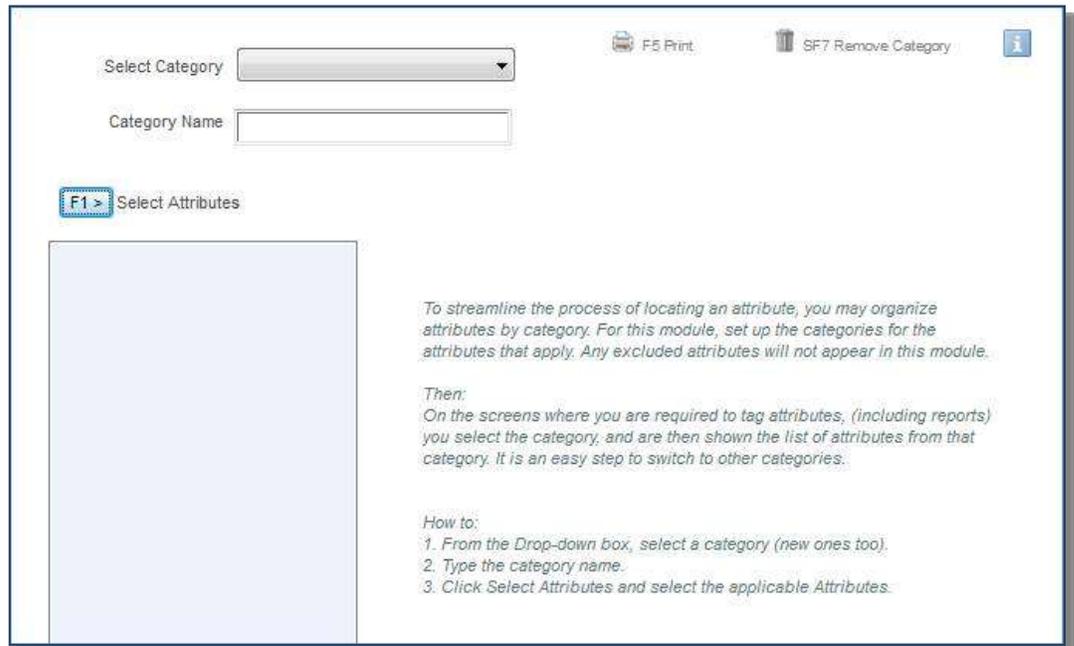
## Categorize Attributes

To streamline the process of selecting attributes from a large table, they can be organized by category. For this module, setup the categories for the attributes which apply. Any excluded attributes will no longer appear in this module. On any of the panels where attributes are available to you for selection, including reports, you can select the category and then select the required attribute from the list associated with that category. It is an easy step to switch to other categories.

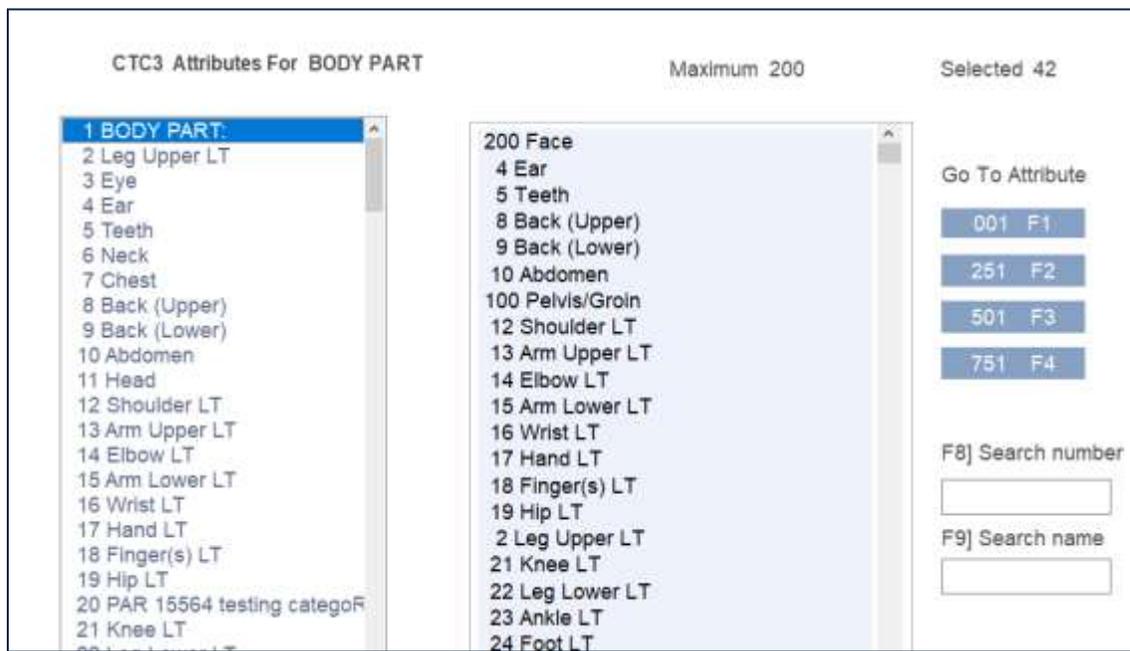
To categorize attributes, from the main menu of Incident Reporting, click on **More**, then **Options/Categorize Attributes**.

Using the arrow, select the next available

category (initially the drop down list will show Category1, Category 2, etc.) and then type in the **Category Name** which you wish to use for your selection of attributes.



Click on the **F1>Select Attributes** button and you will be presented with the **Attributes for Category** panel:



Double click on those attributes which you wish to assign to this category. As you select the attributes they will appear in the box on the right. When finished, click on the Close-F12 button to return to the Categorize Attributes panel.

## Connect Body Parts to Attributes

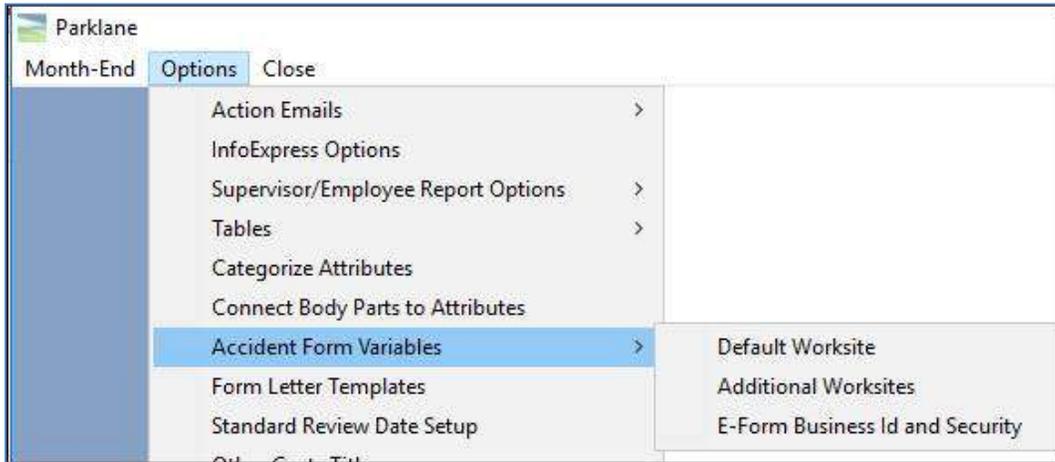
The **Initial Medical Treatment** includes body parts that can be checked as applicable. Associating body parts to Attributes eliminates the need to retag on the Attribute screen and the Form 7 (ON).

Body Part	Attribute Number & Description
Head	1 Head
Face	2 Face
Eye(s)	3 Eye
Ear(s)	4 Ear
Teeth	5 Teeth
Neck	6 Neck
Chest	7 Chest
Upper-Back	8 Back (Upper)
Lower-Back	9 Back (Lower)
Abdomen	10 Abdomen
Pelvis	11 Pelvis/Groin

Get F1

## Accident Form Variables

Accident Form **Variables** allows the user to enter company demographic information. This eliminates the need for entering standard company data in each claim form. Click on **Options/Accident Form Variables/ Default Worksite** and complete the fields.



## Default Worksite

The screenshot shows a form titled 'CD40 Additional Employer Identification'. The form is divided into several sections. The 'Firm Name' is 'Parklane Systems'. The 'Firm Address' is '522 Nottinghill Road, Unit 10'. The 'City' is 'London'. The 'Prov./State' is 'ON'. The 'Postal/Zip' is 'N6K 4L5'. The 'Phone No.' is '519 657-3380'. The 'Fax' is '519 657-3381'. The 'Email' is 'Support@parklanesys.com'. The 'Business Activity' is 'Occ. Health & Safety Software'. The 'Work Site' is empty. The 'RTW Program?' checkbox is checked 'Yes'. The 'RTW Person' is 'Brenda Smith'. The 'RTW Phone No.' is '519 657-3382'. The 'Name' is 'Sara Taylor'. The 'Title' is 'WSIB Claims Specialist'. The 'Phone No.' is '519 657-3383'. The 'Ext.' is 'x383'. The 'Fax No.' is '519 657-3384'. The 'Schedule 1' section is filled out with 'Ontario' as the province. The 'Firm No.' is '123456'. The 'Rate No.' is '853'. The 'Class. Unit' is '110-002'. The 'WSIB ON' section is filled out with 'NAICS Code' '622111' and 'Class/SubClass' 'D3'. The 'WorkSafeBC' section is empty. The 'WorkSafeNS' section is empty. The 'Accident Prevention Report' section is filled out with 'LIFETIME EXPERIENCE'. There is an 'E-Form' field with the value 'TEST'. An 'Exit F12' button is located at the bottom right of the form.

## Additional Worksites

Under some circumstances the user may have multi-sites, or produce forms for multiple locations. These locations may each have individual information. To enter more than one location click **Options/Accident Form Variables/ Additional Worksites**. An available field will be identified as Not Defined. Click on an available field and complete the additional **Accident Form Variables** panel presented.



## E-Form Business Id and Security

Submission of various forms to provincial boards require information obtained from those jurisdictions to be entered either in individual user security or here on the E-Form Business Id and Security panel. The system will initially check individual user security credentials. If none exist, the system will refer to this panel.

The image shows a software interface titled "CD49 E-Form Business Id and Security". At the top, there are tabs for "Parklane Systems", "Schedule 1", and "Ontario". The main content area is divided into several sections:

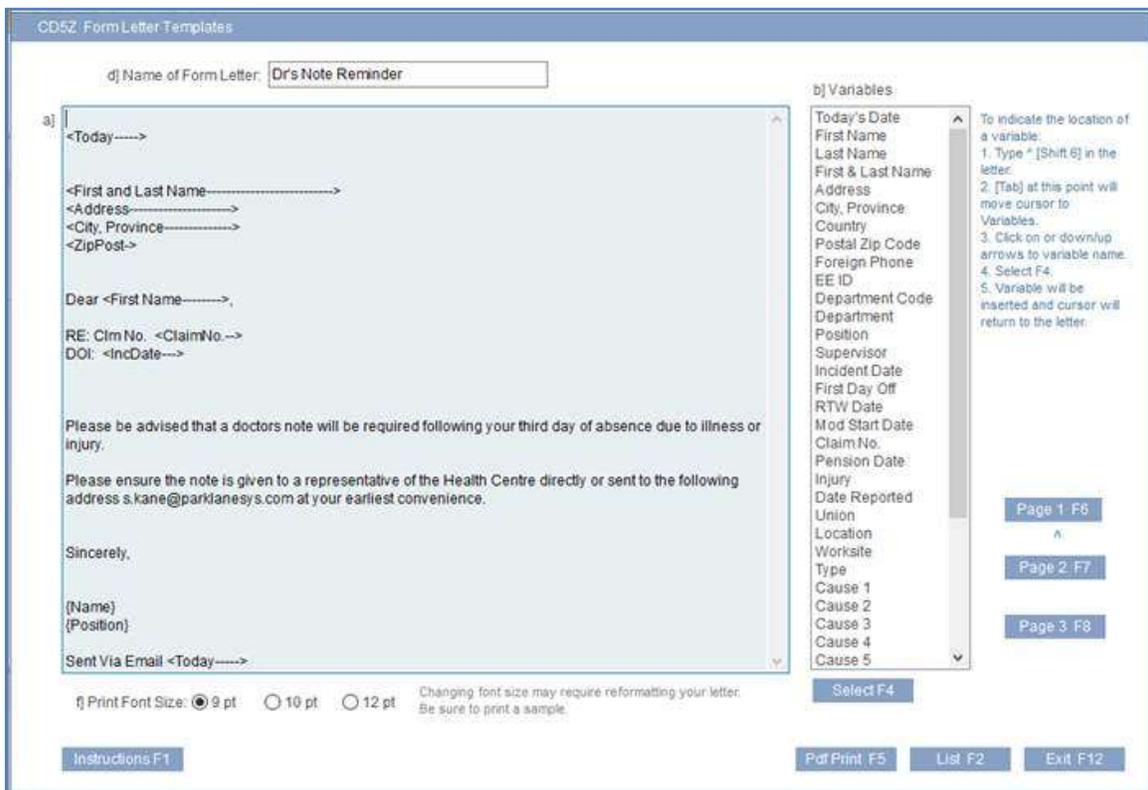
- E-Form7 Security:** Contains a "Username" field with a cursor, and a "Password (enter twice)" section with two empty input fields.
- WorkSafeBC:** Contains two input fields labeled "Employer ID" and "Location Code".
- WorkSafeNS:** Contains one input field labeled "Business Number".
- E-Form:** A field containing the text "TEST".
- Buttons:** A blue "Show F8" button is located below the E-Form field, and a blue "Exit F12" button is located at the bottom right of the panel.

## Form Letter Templates

Form Letters can be used to send notices or letters to your employees. To create up to 50 letters, click on **Options/Form Letter Templates**. Click on an undefined number.



Name your letter and then begin to compose the letter using text and variables



Click the **Instruction F1** button to see detailed instructions and additional features in **Form Letters**.



## Form Letter Templates

### Introduction

Form Letters give you the means to set up letters that you repeatedly use. You set up the template of your letter once and from that point on, you can continually produce personalized letters with the appropriate information (variables) inserted. The personalized letter can be printed or emailed. With the click of the mouse a copy can be put into Documents Links.

Each template may be one to three pages in length.

### How to Use

Select a template from the list.

For a new template, select the first "Not Defined".

On the blank screen, provide a name or description of the form letter template. Indicate if you will require a response when the actual letter is sent.

Under the title Variables is a list of the personalized information that can be inserted into the template,

In the Template on the left of the screen, type the text as it is to appear in the letter.

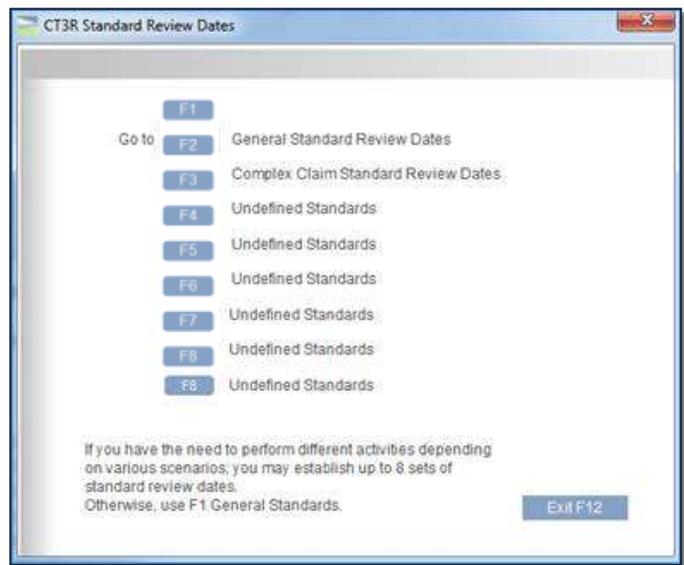
To print a **Form Letter** for an individual you must access a specific incident and select **Form Letters** from the **Incident** Sidebar. Select the letter for printing and follow the screen instructions to complete your selection.



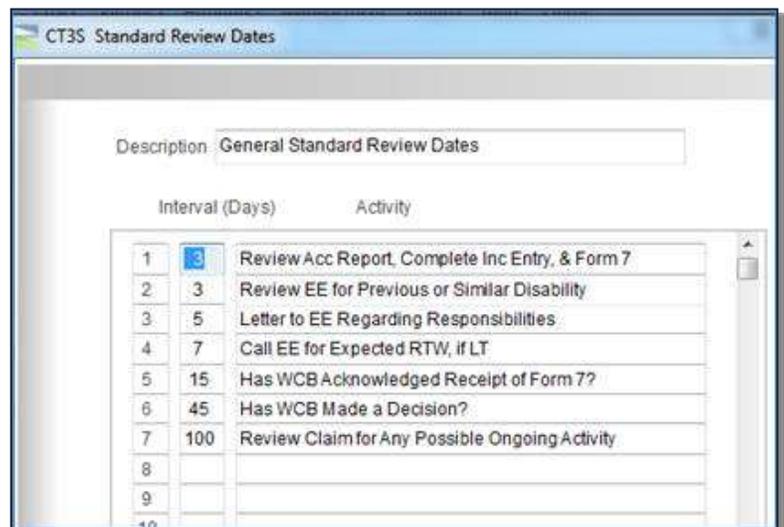
## Standard Review Date Setup

Standard Review Dates allow the setup of multiple sets of routine activities that are normally done when tracking or following up on a record.

Select a set identifier and enter a **Description** name for the set. You may enter routine follow-ups and identify the interval (number of days) in relations to the start date of the record. You may enter up to 50 pre-defined activities or procedures per set. The interval days will be used to determine the target date of the activity.



Once the Standard Review Dates are defined you may access the **Review Dates** panel of a new or current record and click on **Standards** and the system will provide the list of sets. Once a set is selected, the system will auto-fill those standard activities and determine the target date for each.



## Other Costs Table

To track additional costs related to an incident the user may define Other Costs. Click on **Options/Other Costs Table**, click the check box next to **Use Other Costs**, then enter a **Title** and an **Abbreviation** up to 5 additional cost categories. These will become the column headers on the **Other Costs** panel of an incident.

	Title	Abbreviation	Exclude from totals on reports
1	102 Advances	102ADV	<input type="checkbox"/> Yes
2	Medical	MEDIC	<input type="checkbox"/> Yes
3	Prop Damage	PROP	<input type="checkbox"/> Yes
4	Work Accom	WKACOM	<input type="checkbox"/> Yes
5	WSIB Fines	FINES	<input type="checkbox"/> Yes

Note to Ontario Schedule 2 clients – the first position must contain a title and abbreviation referencing 102 Advances.

## Severity, Frequency Factors

Several reports will provide frequency or severity rates based on your entered data. The system requires factors to execute the appropriate calculations. These factors are entered by clicking **Options/Severity, Frequency Factors** and entering the factor in the appropriate field.

Factor to be used for computing Frequency Rates:

Factor to be used for computing Severity Rates:

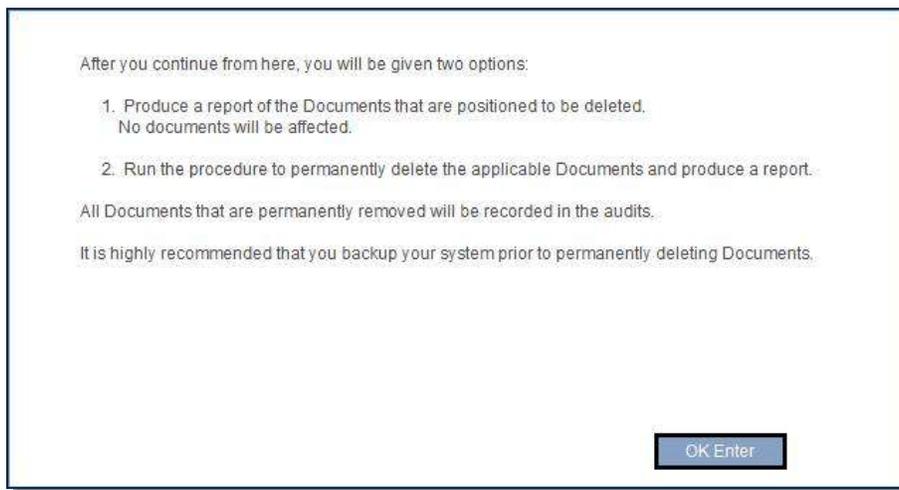
Enter the Frequency Factor to be used on reports

In addition to these factors, **Hours Worked** must also be entered in the **Personal Data** module.

## Delete/Report Temp Documents

This feature, when activated under Rules, provides the ability to tag document links as temporary. Periodically, the user may delete all temporary document links for incidents that are closed with a close date. The frequency to mass-delete is at the discretion of the user; be it once a month or once a year. All documents that are permanently deleted will be recorded in the audits.

When the rule is activated, a new column appears (only for that user) on the Document Links panel where the user can check any document link as temporary.

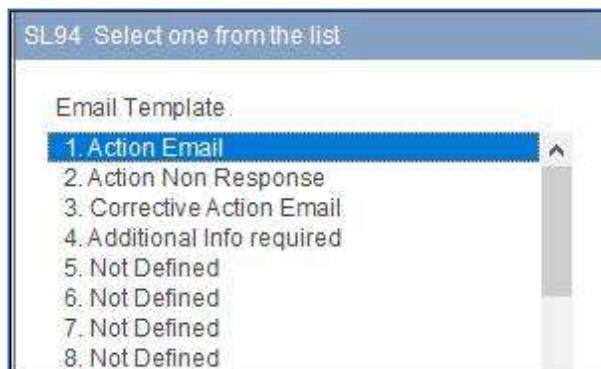


## Email Templates

The Email Template allows you to customize the text of emails sent from the Corrective Actions panel of the system. Each template may be customized by identifying who the email is from, the subject, the text to appear in the body of the email and the text that will appear in the attached PDF. Multiple templates, to a maximum of 100, may be created to fit various situations such as alerts, reminders, overdue notices, etc.

Access **More > Options > Email Templates** and select the first available template.

If using the Automatic Corrective Action Email Feature, an email giving the supervisor a chance to submit their corrective actions at a later time will be sent to them. Be sure to include instructions in the email template you wish to use for that feature.



1. In the **Name of Email Template**, provide a name for the template
2. In the **From line** – Enter desired text of where the email is from, i.e. H&S Department
3. **Subject line** – Enter subject of email, i.e. Corrective Action Required
4. **Email body** – Enter custom text the recipient will view in the body of the email. (eg. instructions, contact persons, tutorial video)
5. **PDF** – Enter custom text the recipient will view in the attached PDF (eg. instructions, contact numbers)
6. To create another template, click **Next** and select the next undefined template.

The screenshot shows a web-based form titled "CDFA Email Templates". It contains several input fields and text areas for configuring an email template. The "Name of e-mail Template" field contains "ALERT Corrective Action Require". The "To appear in the from line" field contains "OH&S Department". The "To appear in the subject line" field contains "Corrective Action Requiring Attention". The "Text to appear in the body of email regarding this Corrective Action" field contains a message from Joe Safety, Manager, OH&S. The "Text to appear in the PDF regarding this Corrective Action" field contains a list of four instructions for the recipient. At the bottom of the form are three buttons: "Next", "Delete", and "Exit F12".

CDFA Email Templates

Name of e-mail Template  
ALERT Corrective Action Require

To appear in the from line  
OH&S Department

To appear in the subject line  
Corrective Action Requiring Attention

Text to appear in the body of email regarding this Corrective Action  
The attached incident report has corrective actions that require attention.  
Please access the attached document and use the link to respond at your earliest convenience.  
  
Joe Safety  
Manager, OH&S

Text to appear in the PDF regarding this Corrective Action  
1. Review the recommended action associated with the incident described above.  
2. Once you have completed the action, click on the hyperlink to reply.  
3. Reply with your name, the date of the corrective action and what action you took.  
4. Should you have any questions, call Joe Safety at 2227.

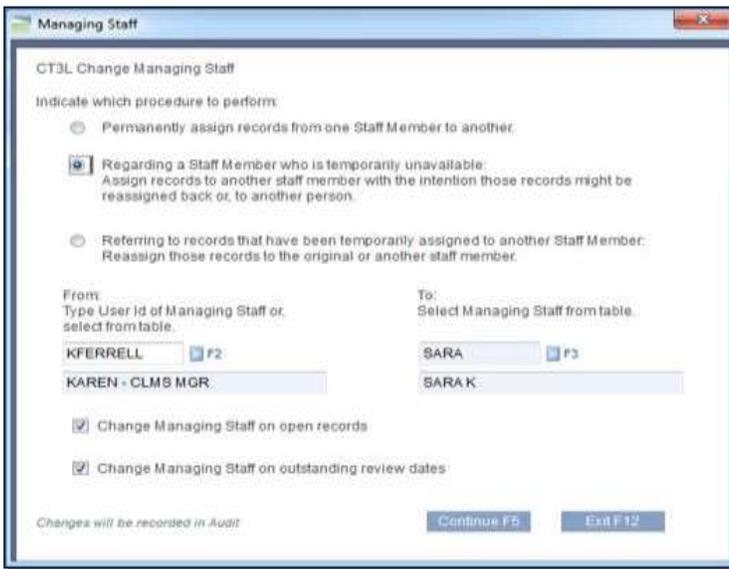
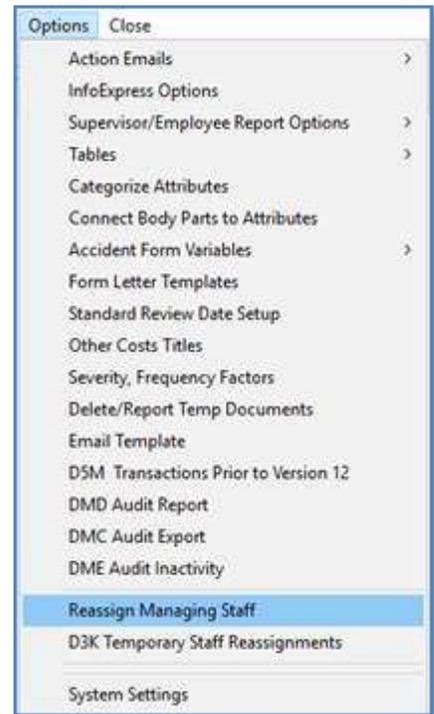
Next Delete Exit F12

**Note:** The PDF attached to the email contains information regarding the incident, the corrective action recommendation and a hyperlink to the web-based Response Page that points to that incident.

## Reassign Managing Staff

As staff depart, vacation, take leave, or changes in user caseload are necessary, this utility provides the ability to permanently or temporarily change the Managing Staff field on all open records and/or outstanding Review Dates from one User ID to another. In the case of a temporary reassignment, the records can be reassigned back to the original user or another user.

Under **Options** select **Reassign Managing Staff**. Select the intended procedure by clicking on the radio button. Type or select the User ID of the Managing Staff the records will come from, then type or select the User ID of the Managing Staff the records will be reassigned to. Ensure the appropriate check boxes are tagged for the changes and press **Continue F5**.



A question box will appear asking for confirmation of the reassignment.



Once the utility is complete, reports will be generated which provide the details of the reassignment.

PKD-Company 1			Page 0001 D3L
Incident Reporting			Date 30 Mar 17
Records Reassigned from KFERRELL to SARA			Time 12:07
Temporarily Assign			
Employee	Incident Date		Key
<b>Managing Staff</b>			
BROOK, SHARO 166 F/t	12 Jul 07		66
WARDEN, ANGEL 282 pF/t	04 Jan 10		82
ARNETT, CLAIR 1123 F/t	21 Dec 10		123
LANGMUIR, SCOTT 114 F/t	17 Oct 11		14
CORBOTT, PAULE 260 F/t	04 Jun 12		60
TURNER, PAULE 156 F/t	04 Jun 12		59
NORTH, HELEN 1110 F/t	13 Aug 12		110
LAIDLEY, CONNI 2143 F/t	25 Mar 13		143
SMITH, SARA 9876 pF/t	02 Jan 15		84
MONTMORE, DONAL 2147 F/t	06 Jan 15		147
KANE, DOUGL 2153 pF/t	08 Jun 15		153

## System Settings

System Settings provides for the selection of system setup preferences. Select the appropriate check box to activate the option.

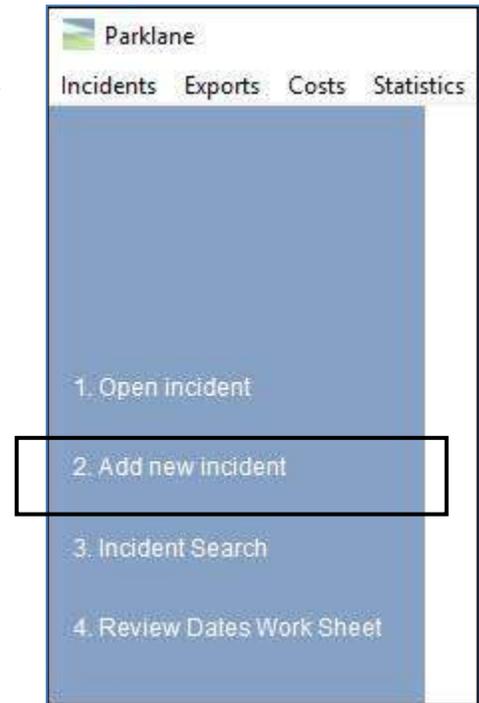
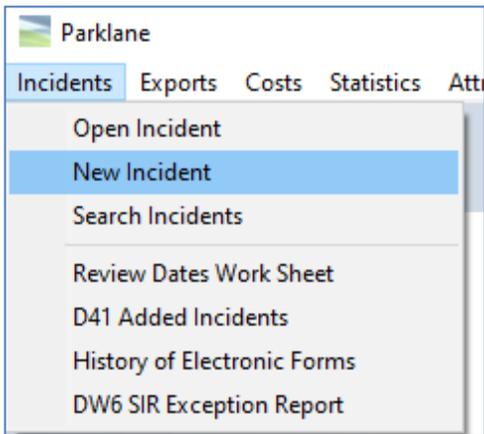
**CDC7 System Options**

- System to auto-enter user's ID into Managing Staff
- Managing Staff is mandatory
- Date Reported is mandatory
- If claim is closed, make Date Closed mandatory
- Incident Type is mandatory (excluding Reo's)
- Reported By is mandatory
- If claim is closed, make RTW Date mandatory

# Entering a New Incident

As each new incident occurs, enter it into the system.

To enter an incident click on **Incidents/New Incident**, or from the Sidebar Menu select **2. Add an incident**



Select the employee who had the incident.

A screenshot of the 'Search for Employee' form in the Parklane application. The form is titled 'CT30 Search for Employee' and 'Open Incident'. It includes several input fields and buttons: 'First Name' (input field), 'Search keyword' (input field) with a 'Go F7' button, 'F1] Last Name' (input field) with a 'Go F4' button, 'System Assigned Key' (input field) with a 'Go F3' button, 'Department Code' (input field) with a 'FB' button, 'Employee no. or ID' (input field) with a 'Go F2' button, and 'Claim No.' (input field) with a 'Go SF5' button. There are also two buttons on the right: 'F6 Show last 25 employees you accessed, by last time accessed' and 'SF6 Show last 25 employees you accessed, by last name'. The top right corner shows 'PKD-Company 002'.

CD5L Add Incident      FRAN COTE Full-time 884403 ASSOCIATE 1126 Key 126

- 01 Description
- 02 Equipment, Happen
- 03 Initial Treatment
- 04 Type Cause Correct
- 05 Witness, Mod. Duties
- 06 Attributes
- 07 Claim, Pension Info
- 08 General Comments
- 09 Confidential Comms
- 10 Violence Harassment
- 11 Government Forms
- 12 Review Dates
- 13 Form Letters
- 14 Appointments
- 15 Days Lost & Costs
- 16 Other Costs
- 17 Appeals
- 18 Key Notes
- 19 Document Folder
- 20 Document Links
- 21 Needlestick&Objects
- 22 B.B.F. Exposure
- 23 Guideline Worksheet
- 24 Incident Reports
- 25 User Notes & Email
- 26 Demographics
- 27 In a Nutshell
- 28 Time Markers
- 29 TMB Audit

Hazard/Near Miss       First Aid  
 Health Care                       Lost Time  
 Health Care Recurrence       Lost Time Recurrence

Check one of above and then Continue to complete the incident information. Continue F5

If you are adding a recurrence:  
On the next screen, select the original claim related to this recurrence.

- Initially you would indicate the classification of the incident. Is it a **hazardous situation, a first aid only, a health care/medical aid**, or, is it a **lost time incident**? Press **Continue F5**.

## Description

Continue by completing all appropriate fields on the **Description**. When fields are not applicable to the selected classification, access is denied.

CD5A Description  Express user cannot access this record

a)  Hazard / Near Miss  First Aid  
 Health Care  Lost Time  
 HC Recurrence  LT Recurrence

b)  Injury  Critical  Illness  
 Was non-occupational

d) Incident Date    
 Date Reported    
 Last Day Worked    
 First Day Off    
 Expected Return    
 n) Date Return    
 Death, Date

f) Managing Staff    
 Closed  Inactive  
 Date Closed    
 Status Date

g) Claim No.     
 CommCase#     
 Adjudicator & Phone

h) Reported by

i) Injury    
 Location    
 Department     
 Worksite    
 Supervisor, Contractor

j) Miscellaneous   Account No.

k) User Notes. Internal use & D8F export option only.  
 Copy details from another incident

Status Full-time  
 Update Position ASSOCIATE  
 Union UNION A

Entered SARA 18/08/2023 13:39

[Ctrl Return] To go to any panel;  
 [Ctrl a, etc] Move cursor to field with a) etc.

<<Panel CtrlQ Panel>> CtrlW Next Person Esc Home Menu F11 Menu F12

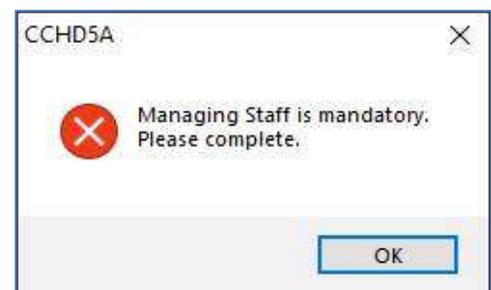
An arrow to the right of a field indicates a dropdown is available from which to select a description.

The Sidebar menu on the left provides access to panels required for entry.

The **F1 Copy details from another incident** option is provided in cases where the same incident information must be reported for multiple individuals.

Situations may arise in which a claim originally reported as non-occupational changes to occupational. In such cases, the user has the option to prompt the system to copy information from that claim into an incident record. When adding the incident, click on the check box for **Was non-occupational**. Click on the **Copy Info F5** button to select and copy the information from the claim.

If the Managing Staff field is not entered before exiting the description panel of the record, a warning will appear.



## Equipment Happened Doing

The Equipment Happened Doing panel, selected from the Sidebar menu, provides text fields for the description of equipment involved, what happened and what the employee was doing at the time of the incident. The user is also provided fields to enter lengthy details regarding what happened to cause the incident and what the employee was doing, if necessary.

CD59 Equipment Happen & Doing

a) Equipment or material Involved  

b) What happened

Summary

Details

d) What the worker was doing

Summary

Details

f) Additional information

If the client has defined the Equipment table under **Options**, the arrow to the right of the **Equipment or Material Involved** field will provide that dropdown.



## Type, Cause, Corrections

Access the Sidebar to select the next screen, **Type, Cause, Corrections**. Make the appropriate selection(s) from the tables provided by the drop down menus. One selection for **Type**, up to 5 selections for **Causes**, and up to 5 selections for **Corrective Actions**.

The screenshot shows the 'CD5B Type, Cause, Corrective Actions' form. It includes several sections: 'a) Type' with a dropdown menu (F2), 'b) Cause' with five dropdown menus (F3) and 'Has Root'/'Go to Root' buttons (F4), 'd) Corrective Actions' with five dropdown menus (F6) and 'Has Details'/'Go to Details' buttons (F7), and 'n) Date Completed' with a date field. On the right, there are checkboxes for 'Has Risk Assessment', 'Add Risk Assessment' (F8), 'Accident investigation was completed', 'Preventive', and 'Other'. Three callout boxes are shown: 'CD34 Type' (listing options like 'Caught In, Under, Between Exposure', 'No Form 7', 'No Injury', 'Over Exertion', 'Rep Strain', 'Slip, Trip, or Fall', 'Struck Against or Contact With', 'Struck By'), 'CD34 Cause' (listing options like 'Distracting, Teasing, Wilful Misconduct', 'Employee Action', 'Employer Decision/Action', 'Failure To Follow Procedure', 'Failure To Use Personal Protective Devices', 'Fire, Explosion, Atmospheric Hazard', 'Hazardous Method or Procedure', 'Hazardous Personal Attire', 'Inadequate Illumination', 'Internal Hazardous Condition', 'No Causes Reported'), and 'CD34 Corrective Action' (listing options like 'Action Not Required', 'Action to Improve Inspection', 'Actions to Improve Design/Procedure', 'Barrier Erected', 'Behav & Safe Plan Review w Staff', 'Check with Manufacturer', 'Correction of Congested Area', 'Corrective Actions Complete', 'Corrective Actions Outstanding', 'Discipline of Persons Involved').

Click the **Go to Root** buttons on the above panel in the Causes section to record Root Causes of each immediate Cause highlighted. Identify up to 4 Basic Causes. Select one from the Basic Cause list. Once the Basic Cause is identified, you may identify up to 3 Root Causes.

The screenshot shows a dialog box titled "CD81 Basic/Root Cause". At the top, it says "Immediate Cause: Outside Hazardous Condition". Below this, there are two columns: "Basic Cause" and "Root Cause". In the "Basic Cause" column, a dropdown menu is open showing "4. Environment". Below this, it says "Factor: Environment". In the "Root Cause" column, a dropdown menu is open showing "Surfaces Poorly Maintained". Below this, there are two more empty dropdown menus. At the bottom right of the dialog, there is a button labeled "Close F12".

Once the above panel is closed the system returns to the **Type, Cause, Corrections** panel. A check box indicates that the Root Cause has been identified for that immediate Cause.

For reporting purposes, an export may be created using the **D3H Export Root Cause** from the **Incidents** drop down menu at the main menu. The export creates a file of all incidents regardless of whether Root Causes have been selected or not. In the case where more than one Root Cause has been selected, multiple incident records will be created.

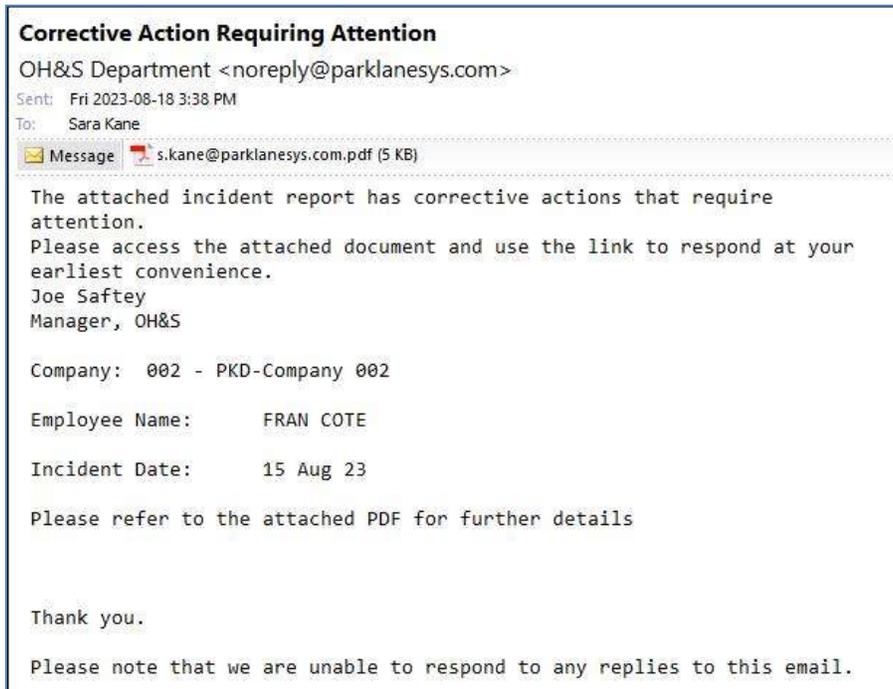
Click the **Go to Details** buttons on the panel to enter, track, and email recommendations of the immediate Corrective Action highlighted. Enter the Date Assigned and Target Date. Enter the Person, Position or Company, Telephone and Email or select **F4** to select an employee from Personal Data. Enter the Corrective Action Recommendation.

Add a reminder by selecting **F2 Add to Review Dates**, which automatically enters the Target Date and Corrective Action onto the Review Dates panel of the incident.

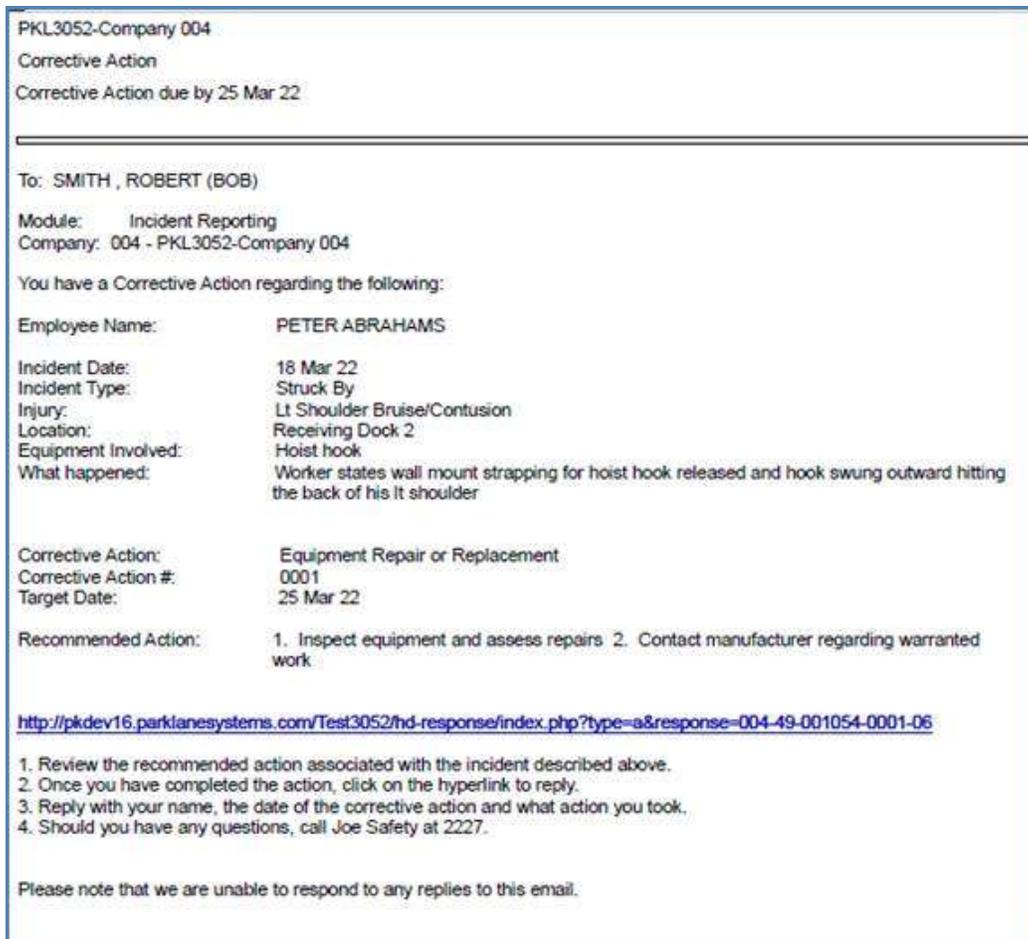
The Corrective Action Recommendation may be emailed to the person responsible and they may respond with the Completion Date and Corrective Action Taken by opening the email attachment and clicking on the hyperlink and completing the form provided. In order to utilize this feature some setup is required. Contact Parklane Support to activate the Corrective Action Response Page and access the Options dropdown to **customize** your Email Templates.

Once the setup is complete, on the Corrective Action Details panel select an **Email Template** from the dropdown and then select **Send Email F3**. Should multiple corrective actions be identified, all emails may be sent at one time by selecting **Send All Emails F6**. The email may be resent if necessary. The person responsible will receive an email that includes an attachment.

Note: Corrective actions can be recorded via the Online Incident Report as well, which also automatically launches an email for a corrective action response.



The attachment to the email contains information regarding the incident, the recommendation and a hyperlink to a web-based Response Page that points to that incident record.



When the email recipient clicks on the hyperlink, the Corrective Action Response page opens. Here they can enter their name, the action they took and the date it was completed. They can also upload accompanying documents or images with the submission.

The screenshot shows a web form titled "Corrective Action Response" within the "parklane SYSTEMS" interface. The form is for an "Incident Response". It includes the following fields and elements:

- Corrective Action ID:** 004-49-001054-0001-06
- Submitted By:** Bob Smith
- Describe the Action Taken:** A text area containing the text: "Hoist hook and chain were inspected by the manufacturers service team - all equipment was in good working order. Documented Hoist Safety Guidelines, which include procedures on correctly securing equipment after use, have been provided by the manufacturer and are included with this response." Below the text area, it indicates "You have 705 characters left".
- Date Completed:** 2022/03/22, with a "Today" button and a calendar icon.
- File Upload:** A section showing a file named "hoist\_safety\_guidelines.docx" with a "Delete File" button. Below this are "Choose File" and "Upload" buttons.
- Submit Response:** A green button at the bottom left of the form.

Once submitted, Parklane enters the Action Taken and Completion Dates in the appropriate fields, attaches the any accompanying documents in Document Links and notifies the Managing Staff of the submitted action.

Once submitted, Parklane enters the Action Taken and Completion Dates in the appropriate fields, attaches the any accompanying documents in Document Links and notifies the Managing Staff of the submitted action. Should the email recipient need to make a correction to their already submitted action, they can click on the hyperlink again and resubmit. Their resubmission will overwrite the previous one.

## Witnesses, Modified Duties

Access the Sidebar menu to select the next panel, **Witnesses, Modified Duties**. Make the appropriate selection(s) from the choices provided.

**CD5C Witness, Modified Duties**

a) Employee had a similar disability?  Yes  No  Unk

Do you doubt the injury?  Yes  No  Unk

Was any individual who does not work for your organization responsible for the injury?  Yes  No  Unk

Working Hours on Last Day

n) Start Date

Start Time  hhmm

Length of Scheduled Shift  hhmm

Was on shift rotation

**MDut = Modified Duties**

b) Returned to regular duties?  Yes  No  Unk

Returned to MDut  Yes  No  Unk

d) Limitation Period

Was offered MDut?  Yes  No  Unk

Was on MDut prior  Yes  No  Unk

MDut Start Date

Accepted MDut?  Yes  No  Unk

Was on MDut more than 7 days  Yes  No  Unk

MDut Stop Date

f) Witnesses 1.  2.

Phone   Ext.  Phone   Ext.

Address  Address

g) Person who took report

First Name

Last Name

Phone   Ext.

Email

Work Hours

Title

k) Person who reported incident  Same as person who took report

First Name

Last Name

Phone   Ext.

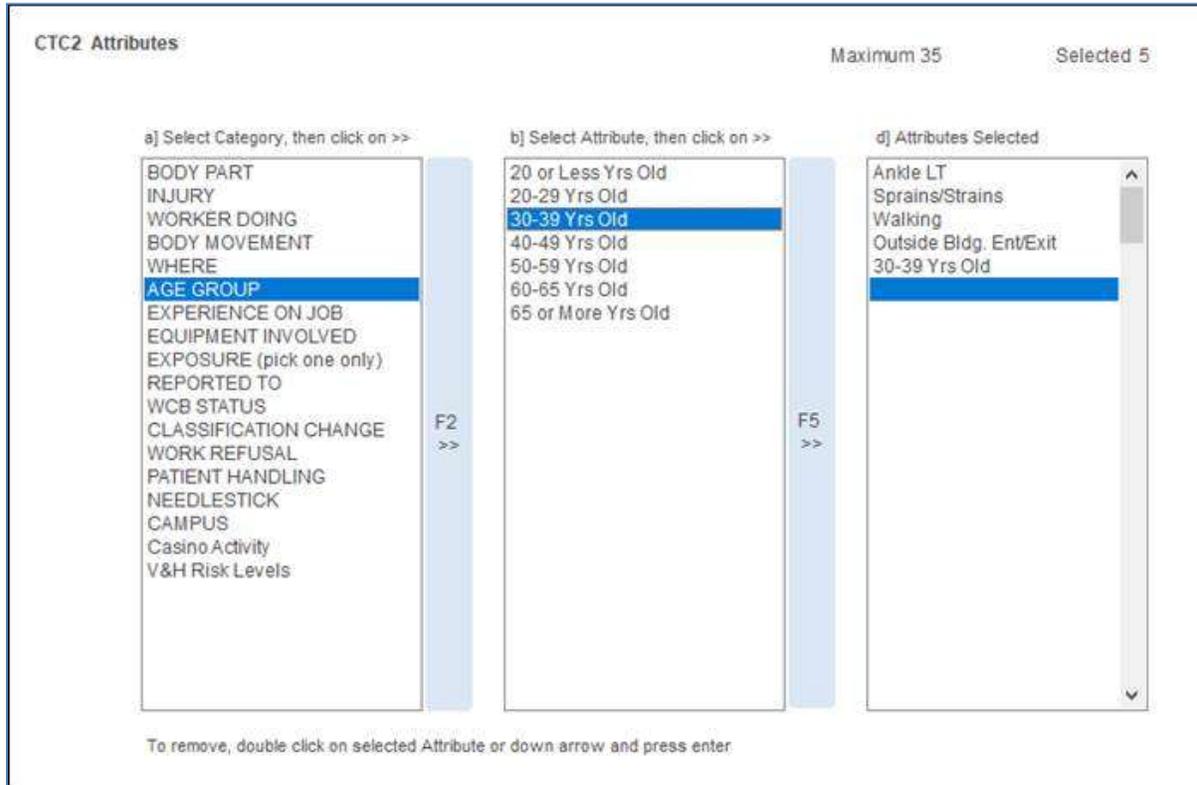
Email

Work Hours

Title

## Attributes

Access the Sidebar menu to select the next screen, **Attributes**. Make the appropriate selection(s) of Category from the choices in the left column and select an attribute(s) from the Category. The selected attributes will appear in the right hand column.



If an **Attribute** is selected in error, double click on the selected error. The system will ask if the **Attribute** should be deleted. Indicate **Yes** and that **Attribute** will disappear from the list of tagged attributes.



## Claim & Pension Summary

Various aspects of a claim will auto-fill or can be captured on the **Claim & Pension Summary** panel. The Firm number and, if applicable, the rate number auto-fill the moment the employer report of incident (Form 7) panel is accessed. When specific forms are generated, the date printed will auto-fill. For Ontario clients, fields are available to track Second Injury and Enhancement Fund (SIEF) awards. The percentage field is critical in tracking whether SIEF credits are applied correctly. Completion of the weekly benefit field with the employee's gross weekly pay will impact reporting of compensation overpayments. Additional fields allow for the general or detailed entry of ongoing claim pension information received from WCB/WSIB.

**CD52 Claim & Pension Summary**

k) This claim has a recurrence

**Pension**

a) Pension Amount

Pension Date

Comments

Non-Economic Loss

Future Economic Loss

Capital Amount

Date

Comments

**F1** Go to Pension Information

**Business Classification**

d) Firm/Account No.  WCB Form Printed

Rate No.

Effective Jan. 2020 NAICS Code  RTW Form Printed

Class/Sub Class

**Compensation Paid To Date**

f) Start Date  Dates are auto-filled when Compensation Costs are entered.

Stop Date

**S.I.E.F.**

g) Date Requested

Date Received

Percentage  %

Excludes  Voc. Rehab.  Pension

Compensation  Health Care

Comments

**Miscellaneous**

b) Industrial Disease  Yes Exclude from NEER

Weekly Benefits

Average Weekly Hours  (hours and minutes)

Costs after de-election date are not appropriate

Press the **F1 Go to Pension Information** button and complete any appropriated fields to record additional Pension information.

CD4G Pension Information

F9 Delete Entry

a) Recipient	b)	d)	f)
Pension Type			
Percent			
Effective Date			
Duration			
End Date			
Cancelled			
LTD? <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Retirement Amt			
165 Supplement			
Capital Value			
Arrears Amount			
Amount			
Effective Date			
Frequency			
<input type="checkbox"/> Supplement Attached			

Buttons apply to the column where the cursor is positioned.

F4 Supplement Info
F2 Recipient Info
F3 Comments
Close F12

Additional information may be captured on the Supplement Info, Recipient Info and Comments panels by pressing the corresponding button along the bottom of the above panel.

CD4J Pension Supplements

Delete Entry F9

Pension Type	Effective Date	End Date	Cancelled Date	Amount Effective Date	Amount	Percent	Arrears Amount	Retirement Amount

CD40 Recipient Information

Last Name

First Name

Address 1

Address 2

Address 3

Birth Date

Sex

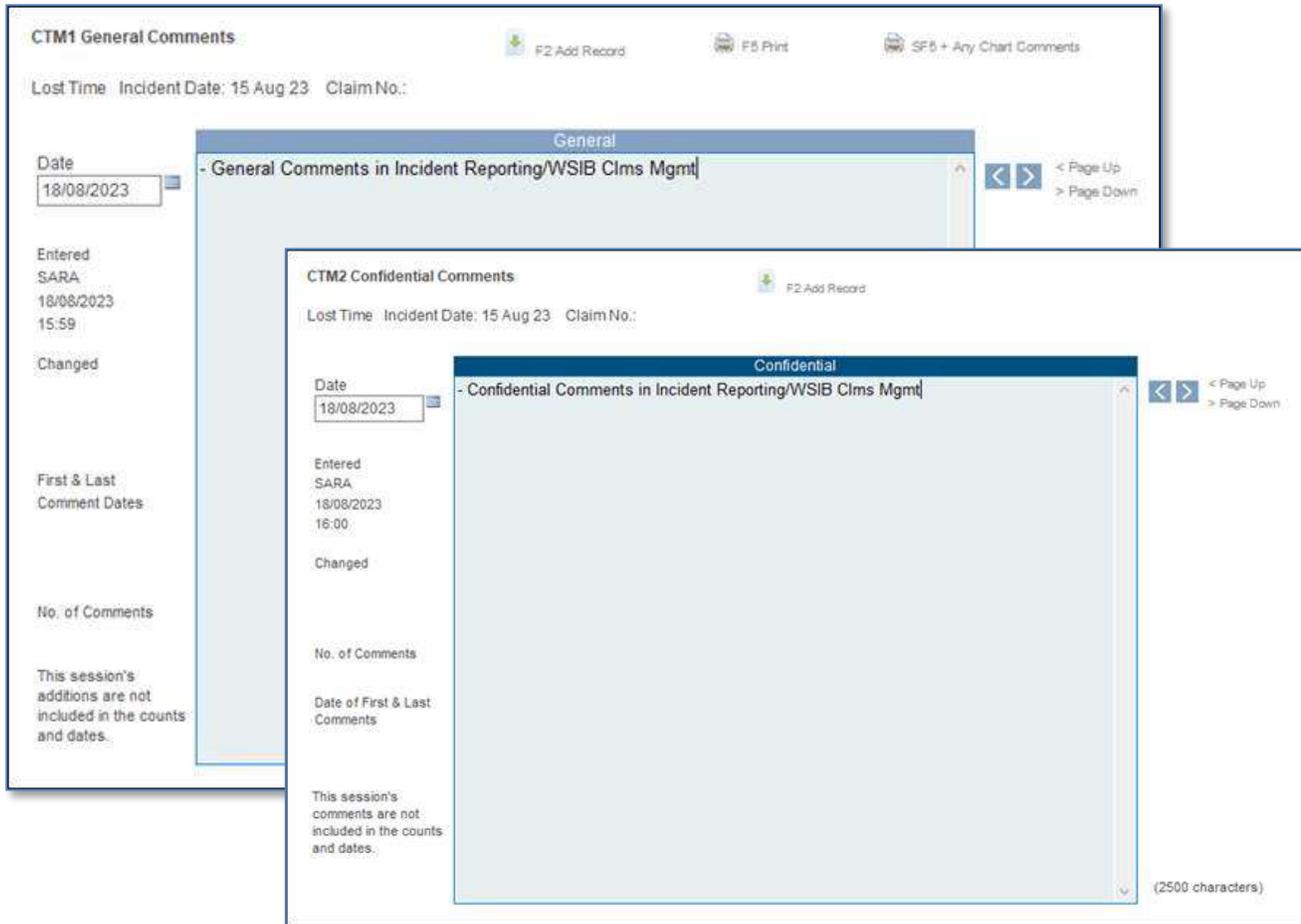
CD30 Comments

Close F12

## Comments

The **Comments** screen allows the user to document unlimited **General** or **Confidential** comments regarding this claim. The date field will default to the current date but can be changed if necessary. Select General or Confidential Comments at the right of this panel. To see comments press Page Up, Page Down, First Page or Last Page also at the right of this panel.

08 General Comments  
09 Confidential Comms



If the client actively uses the **Add Inc/Link Inc** in the Chart module, the +Any Chart Comments will print any General Comments from the linked Chart along with incident comments entered here, when clicking **Print**.

**Security**, a user can be denied access to either or both General and Confidential Comments panels. An option is also available to secure the comment text from any changes. Contact Parklane support for further instructions.

## Violence & Harassment

Should the incident involve Violence or Harassment, make the appropriate selection(s) from the choices provided on the panel below.

**CD4V Violence and Harassment** F5 Print

**Classification**      **Nature of Violence or Harassment against worker**

a) Physical Violence

Exercised       Punching       Striking       Spitting       Scratching       Pulling  
 Attempted       Biting       Pushing       Kicking       Sexual  
 Threatened       Other:

b) Harassment

Comments made       Verbal       Written/Email       Stalking       Telephone / Texting  
 Conduct       Destruction, personal property       Bullying       Malicious rumour  
 Other:

**d) Weapons involved? If yes, what?**

Yes       Gun / Firearm       Brick / Stone       Stick/Bat/Bar       Glass / Bottle       Explosive Device / Bomb  
 Unknown       Needle / Sharps       Knife       Other:

**f) Aggressor information**       A third party? (Explain relationship to worker)      **Aggressor Identification (e.g. Name, Address, Age, Role)**

Another worker?  F2

Domestic violence is a factor in this incident

Has aggressor been involved in a previous violent incident with staff?

**g) Police Involvement**

Police were summoned      **Police Incident Number, (if known)**  
 If yes...  A statement/report was taken        
 Charges have been laid/pending

k) Government/Regulatory Body has been advised

If yes, did they ...  Visit the Workplace?  
 Advise by Telephone/Fax/Email/Letter?  
 Write/Issue an order?

**Please explain**

## Government Forms

The system allows you to print a form, make changes/corrections and print the form again. **Parklane cannot prevent changes from being made to the original form.** Therefore, an information message will appear prior to printing a **WCB/WSIB form**. The user will be given a warning on any attempt to re-print a form.

When printing a form, a suggestion box will appear recommending that a **PDF** version of the form be created, saved, and attached to the **Document Links**.



There is a system audit. Every time a form is printed, the name of the user, the form name and, the date and time is put into an audit file. On the **Legislative Forms** directory you can click **Audit** and request **report D5J – Audit of Forms Printed** that will list all forms that have been printed for the claim, including all subsequent printings.

CD5K Government Forms			Claim Number:
Form 7 eff. Dec 2019	Form 6 Jun/07 (Curr.)	Form 9	Once you have created a new Legislative Form or updated an existing one, before you exit the form click on the Link Document icon located at the top right corner of the first screen. Using the Document Links provides you with a historical record of all forms associated with this incident including a printable copy (.pdf) of each.
Functional Abilities	Treatment Memorandum	WRE07-E/RE07-E 03/08	
Health Professional -8	Employer's Form 42	Needlestick Report	
Mental Stress - CMS8	Exposure Form	Hearing Loss Form 137A	
Electronic Form - XML	Intent to Object (E/F)	Form 7 prior Jun/07	
Formulaire 7 - (Curr.)	Formulaire 6 - (Curr.)	Formulaire 9	
Formulaire 7 preJan/11	Canada LAB1070 2020	Canada LAB1070 2016	

Samples of the Form 7, Form 9, and Functional Abilities are provided on the following pages.



Mail To: 200 Front Street West Toronto ON M5V 3J1  
 OR Fax To: 416-344-4684 OR 1-888-313-7374  
 Toll free: 1-800-387-0750 TTY: 1-800-387-0050 wsib.ca

Please PRINT in black ink

# 7 Employer's Report of Injury/Disease (Form 7)

Claim Number  
40010601

**A. Worker Information**

Job Title/Occupation (at the time of accident/illness - do not use abbreviations)  
**CUSTODIAN**

Length of time in this position while working for you \_\_\_\_\_

Social Insurance Number  
112 345 678

Please check if this worker is a:  executive  elected official  owner  spouse or relative of the employer

Last Name: **ABRAHAMS** First Name: **PETER**

Address (number, street, apt., suite, unit)  
**210 ANGELA STREET**

City/Town: **LONDON, ON** Province: **ON** Postal Code: **N4K 1R9**

Is the worker covered by a Union/Collective Agreement?  
 yes  no

Worker's preferred language  
 English  French  Other

Worker Reference Number: **125**

Date of Birth: dd mm yy  
**31 10 80**

Telephone: **519 432 0087**

Sex:  M  F

Date of Hire: dd mm yy  
**01 01 03**

**B. Employer Information**

Trade and Legal Name (if different provide both)  
**Parklane Demo System**

Check one:  Firm Number OR  Account Number Provide Number: **123456**

Mailing Address: **521 Nottinghill Road, Unit 10**

Class/Subclass: **D3** NAICS Code: **6 2 2 1 1 1**

City/Town: **London** Province: **ON** Postal Code: **N6K 4L4** Telephone: **519 657 3386**

Description of Business Activity: **Development & Marketing**

Does your firm have 20 or more workers?  yes  no FAX Number: **519 657 3375**

Branch Address where worker is based (if different from mailing address - no abbreviations)  
**London**

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

**C. Accident/Illness Dates and Details**

1. Date and hour of accident/Awareness of illness: dd mm yy AM/PM  
**06 01 20 7:30 AM**

2. Who was the accident/illness reported to? (Name & Position)  
**Grant Smith, Supervisor**

Date and hour reported to employer: dd mm yy AM/PM  
**06 01 20 7:45 AM**

Telephone: **519 657 3385** Ext.: **2244**

3. Was the accident/illness:  
 Sudden Specific Event/Occurrence  
 Gradually Occurring Over Time  
 Occupational Disease  
 Fatality

4. Type of accident/illness: (Please check all that apply)  
 Struck/Caught  Fall  Slip/Trip  
 Overexertion  Harmful Substances/Environmental  
 Repetition  Assault  Motor Vehicle Incident  
 Fire/Explosion  Other \_\_\_\_\_

5. Area of Injury (Body Part) - (Please check all that apply)

<input checked="" type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	Left	Right	Left	Right	Left	Right	Left	Right
<input checked="" type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	Shoulder	Arm	Wrist	Hand	Hip	Thigh	Ankle	Foot
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	Elbow	Forearm	Finger(s)		Knee		Toe(s)	
<input type="checkbox"/> Ear(s)		<input type="checkbox"/> Pelvis					Lower Leg			
<input type="checkbox"/> Other _____										

6. Describe what happened to cause the accident/illness and what the worker was doing at the time (lifting a 50 lb. box, slipped on wet floor, repetitive movements, etc. . .). Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.

**Broken Nose**  
**Worker was struck by a soccer ball**  
**Worker was supervising outdoor play time**  
**Ball**



# 7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Claim Number 40010601
Social Insurance Number 112 345 678

Worker Name ABRAHAMS, PETER
--------------------------------

**C. Accident/Illness Dates and Details (Continued)**

7. Did the accident/illness happen on the employer's premises (owned, leased or maintained)?  yes  no Specify where (shop floor, warehouse, client/customer site, parking lot, etc.).  
**Playground**

8. Did the accident/illness happen outside the Province of Ontario?  yes  no If **yes**, where (city, province/state, country).

9. Are you aware of any witnesses or other employees involved in this accident/illness?  yes  no If **yes**, provide name(s), position(s), and work phone number(s).  
1. Sara Kane, Co-Worker  
2.

10. Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness?  yes  no If **yes**, please provide name and work phone number

11. Are you aware of any prior similar or related problem, injury or condition?  yes  no If **yes**, please explain

12. If you have concerns about this claim, attach a written submission to this form.  submission attached

**D. Health Care**

1. Did the worker receive health care for this injury?  yes  no If **yes**, when: dd mm yy 06 01 20

2. When did the employer learn that the worker received health care? dd mm yy 06 01 20

3. Where was the worker treated for this injury? (Please check all that apply)  
 On-site health care  Ambulance  Emergency department  Admitted to hospital  Health professional office  Clinic  
 Other: \_\_\_\_\_  
 Name, address and phone number of health professional or facility who treated this worker (if known) **LHSC Emerg Dept**

**E. Lost Time - No Lost Time**

1. Please choose one of the following indicators. **After the day of accident/awareness of illness, this worker:**  
 Returned to his/her **regular job** and **has not** lost any time and/or earnings. (Complete sections G and J).  
 Returned to **modified work** and **has not** lost any time and/or earnings. (Complete sections F, G, and J).  
 **Has lost time and/or earnings. (Complete ALL remaining sections).**

Provide date worker first lost time dd mm yy 07 01 20 Date worker returned to work (if known) dd mm yy \_\_\_\_\_  
 regular work  
 modified work

2. This Lost Time - No Lost Time - Modified Work information was confirmed by:  
 Myself  Other Name: Karen Ferrell Telephone: ( 519 ) 657 3386 Ext. x2387

**F. Return To Work**

1. Have you been provided with work limitations for this worker's injury?  yes  no

2. Has modified work been discussed with this worker?  yes  no

3. Has modified work been offered to this worker?  yes  no If **yes**, was it  Accepted  Declined  
 If Declined please attach a copy of the written offer given to the worker.

4. Who is responsible for arranging worker's return to work?  
 Myself  Other Name: Karen Ferrell Telephone: ( 519 ) 657 3386 Ext. x2387



# 7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name <b>ABRAHAMS , PETER</b>	Claim Number <b>40010601</b>
	Social Insurance Number <b>112 345 678</b>

**G. Base Wage/Employment Information** - (Do not include overtime here)

**1. Is this worker (Please check all that apply)**

<input type="checkbox"/> Permanent Full Time	<input type="checkbox"/> Casual/Irregular	<input type="checkbox"/> Student	<input type="checkbox"/> Registered Apprentice	<input type="checkbox"/> Owner Operator or (Sub) Contractor
<input type="checkbox"/> Permanent Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Unpaid/Trainee	<input type="checkbox"/> Optional Insurance	
<input checked="" type="checkbox"/> Temporary Full Time	<input type="checkbox"/> Contract	<input type="checkbox"/> Other		
<input type="checkbox"/> Temporary Part Time				

**2. Regular rate of pay** \$ 31.00 per  hour  day  week  other

**H. Additional Wage Information**

**1. Net Claim Code or Amount** Federal 01 Provincial 0-1

**2. Vacation pay** - on each cheque?  yes  no Provide percentage      %

**3. Date and hour last worked** dd mm yy 06 01 20 07:30  AM  PM

**4. Normal working hours on last day worked** From      To       AM  PM

**5. Actual earnings for last day worked** \$     

**6. Normal earnings for last day worked** \$     

**7. Advances on wages:** Is the worker being paid while he/she recovers?  yes  no If yes, indicate:  Full/Regular  Other

**8. Other Earnings (Not Regular Wages):** Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.

\* For Rotational Shift workers - If the shift cycle exceeds 4 weeks, please attach the earnings information for the last complete shift cycle prior to the date of accident/illness.

Use these spaces for any other earnings (indicate Commission, Differentials, Premiums, Bonus, Tips, in Lieu %, etc.).

Period	From Date (dd/mm/yy)	To Date (dd/mm/yy)	Mandatory Overtime Pay	Voluntary Overtime Pay				
Week 1			\$	\$	\$	\$	\$	\$
Week 2			\$	\$	\$	\$	\$	\$
Week 3			\$	\$	\$	\$	\$	\$
Week 4			\$	\$	\$	\$	\$	\$

**I. Work Schedule** (Complete either A, B or C. Do not include overtime shifts)

**(A) Regular Schedule** - Indicate normal work days and hours. **Example:** Monday to Friday, 40 hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
							S M T W T F S
							8 8 8 8 8

or,

**(B) Repeating Rotational Shift Worker** - Provide

NUMBER OF DAYS ON	NUMBER OF DAYS OFF	HOURS PER SHIFT(S)	NUMBER OF WEEKS IN CYCLE

**Example:** 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle.

or,

**(C) Varied or Irregular Work Schedule** - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

	Week 1	Week 2	Week 3	Week 4
From/To Dates (dd/mm/yy)				
Total Hours Worked				
Total Shifts Worked				

**J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I declare that all of the information provided on pages 1, 2, and 3 is true.**

Name of person completing this report (please print) <b>Sara Kane</b>	Official title <b>Specialist</b>
Signature	Telephone <b>( 519 ) 657 3386 2230</b> Ext. <b>    </b> Date <b>dd mm yy</b> <b>08 01 20</b>



# 7 Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name ABRAHAMS , PETER	Claim Number 40010601
	Social Insurance Number 112   345   678

### K. Additional Information

ADDITIONAL PAGE PROVIDED TO SEND COMMENTS OR A LETTER TO WCB/WSIB

## Review Dates

Activities or follow-ups for an employee may be tracked under **Review Dates**. Pull pre-defined reviews by clicking **Standards F6** or click on **Add Activity**. Enter a date of the activity and tab to the User ID. The **User ID** will auto-fill based on the user currently logged into the system. The User responsible for completing the activity may be changed by clicking on the arrow at the top of the User ID column or by clicking the **Change User F9** button at the right of the panel. Tab to the **Activity** field and enter text instructions related to the activity. The **Done** checkbox will auto-fill a review date item, stamping it with today's date and the User ID of the user currently logged into the system.

	Date	User Id	Activity	Done	Details
1	16/08/2023	SARA	If LT, look at staffing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	17/08/2023	SARA	contact payroll for sal info	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	18/08/2023	SARA	Review Acc Report, Complete Inc Entry, & Form 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	18/08/2023	SARA	Review EE for Previous or Similar Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	20/08/2023	SARA	Letter to EE Regarding Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
6	22/08/2023	SARA	Call EE for Expected RTW/ILT	<input type="checkbox"/>	<input type="checkbox"/>
7	30/08/2023	SARA	Has WCB Acknowledged Receipt of Form 7?	<input type="checkbox"/>	<input type="checkbox"/>
8	29/09/2023	SARA	Has WCB Made a Decision?	<input type="checkbox"/>	<input type="checkbox"/>
9	23/11/2023	SARA	Review Claim for Any Possible Ongoing Activity	<input type="checkbox"/>	<input type="checkbox"/>

T = User was temporary assigned to this activity

The **View** checkbox will open a subsequent panel which allows the user to enter text related to the **Action** taken related to the Activity, and enter a **Completion Date** for the Action. Do NOT click the Done checkbox, the system will auto-fill.

Archive SF4 will place completed review dates in an accessible spreadsheet.

Several reports are available related to Incident Reporting Review Dates.

CD4E Activity Details

Target Date: 18/08/2023

User: SARA (SF1)

Activity: Review Acc Report, Complete Inc Entry, & Form 7

Action: Completed on 18 Aug 23 by SARA  Done

Completion Date: 18/08/2023

Close F12

## Form Letters

To generate a form letter for an employee click on **Get Template** and select from the drop down list provided. The variables associated with the chosen template will auto-fill as the form letter is displayed. Text may be inserted or deleted throughout the letter is required. Doing so will not change the master form letter template content. Each letter may be a maximum of three pages in length.

Print the letter by clicking on **Print to PDF**. Once the PDF opens, all application features are available to the user. Clicking Print will send the letter to a default printer to create a paper copy.

Clicking **Link Doc** will store the letter for future reference on the Document Links panel of the record.

By entering a **Reply Due Date** and clicking on **Add Reminder**, the system will add an activity to the Review Date panel of the record.

When a form letter appears outdated, click **Reset Letter** to initialize the panel to the master form letter template content.

To send the letter, click **SF8 Email letter to**: This opens a panel in which the worker’s email address will auto-fill, allow for the additional recipients and provide editable text indicating the Form Letter is an attachment to the email. Ten additional attachments may be sent with the letter by clicking attach File F9 or Doc Link SF9 and selecting a file from the browser or from the list of document links. A copy of the letter, a copy of the email and a copy of each additional attachment will be automatically added to Document Links. The emailed Form Letter, the Letter Attachment and all additional attachments will be recorded in the TMB Audit.



## Appointments

As the incident progresses, you may have the need to document ongoing appointments related to the incident. Select **Appointments** and enter the appointment date and the time the employee departed. Then enter the same date and time the employee returned. If the employee did not return that day, enter the time the employee would normally have left for the day. The system will calculate the number of hours lost due to the appointment. Continue and enter the Appointment Type, Reason and Approval status.

CD5N Appointments <span style="float: right;">SF7 Remove Record</span>										
	Date	Time	Date Returned	Time	Hours Off	Days Off	Appointment Type	F3	Reason	Approved?
1	16/08/2023	9:30	16/08/2023	11:45	2:15		Specialist Appt.		Reassessment	Yes <input type="button" value="v"/>
2										<input type="button" value="v"/>
3										<input type="button" value="v"/>

## Days Lost & WCB Costs

Days lost related to an incident can be manually captured on this panel or entered via the Month End/Enter Days feature. Click on the appropriate month under the Days column and enter the number of days the employee was absent for that month.

WCB/WSIB costs may be viewed on this panel, however must be entered manually or electronically via the Month End/Enter Costs or Process E-Cost File feature. Click on Print to view and print the detailed entries.

2023	Days	Rehabilitation	Health Care	Compensation	Pension	UIEF
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total this year						
Claim total						

## Other Costs

Costs other than those on the WCB/WSIB monthly statements or weekly invoices can be defined in the Other Costs Table under Options. The abbreviations create the column headers on this panel. The costs must be entered via the Month End/Enter Other Costs and can be viewed on this panel. Click on Print to view and print the detailed entries.

2023	102	CHUBB	PROP	LEGAL	FINES
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total this year					
Claim total					

## Appeals Summary

In some cases the employee or employer may appeal a claim decision. The Appeals Summary and Hearing Details panels were developed specifically to document these occurrences. Up to twenty-five appeals may be entered. The Hearing Details panel is accessible by clicking on the arrow button to the right of each appeal entry.

**CD5R Appeals** F5 Print  Closed

a) WSIAT Number:

Initial Decision Date:

Final Decision Date:

Estimated Costs:

Final Decision Costs:

Estimated Savings:

b) Comments (2000 characters):

Details [F2]

dj Hearing Type	Issue	Initiating Party / Outcome	Form / Date Completed
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hearing Type, Issue, Initiating Party, Decision: You may select from the choices provided; type your own response; or create a table of selections under Options.

**CD5S Hearing Details**

a) Hearing date & time:   From Line 1

Location:

IW represented by:

Employer represented by:

Witnesses:

Decision Maker:

Cost Avoided:  Cost Recovered:

b) Panel members:

Third parties:

d) Hearing decision & date:

(1000 characters)

Close F12

## Key Notes

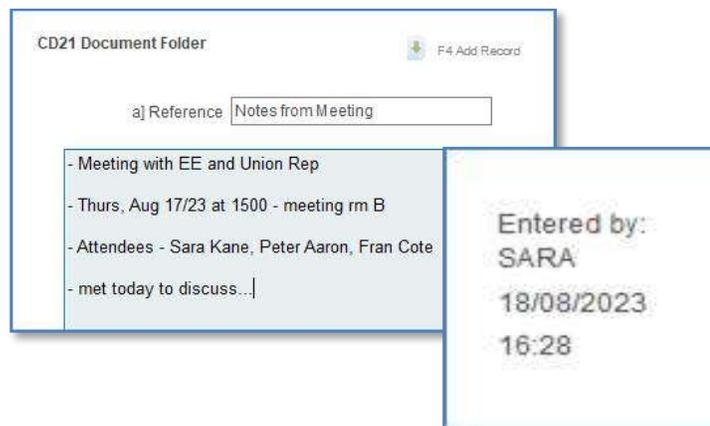
In circumstances where critical information for colleagues may be vital specific to this incident, the **Key Notes** panel provides two options. A pop-up comment that will appear every time the incident is accessed by a user or a report comment that will print on reports related to this incident.



## Document Folder

The **Document Folder** feature allows the user to paste text documents or type notes for future review. Text only, no pictures or images. The maximum number of characters is 8,000 (equivalent to approximately two pages of a Word document). The format of the document may vary slightly from the original document. You may also copy into the **Reference** or **Comment** fields. Once a document is entered, changes may be made until midnight and only by the original author. The **See List** feature lists all Document Folders.

Access to the **Remove** function is controlled by Security.



## Document Links

The **Documents Links** feature allows the user to link and view documents that are related to the employee.

Documents that can be linked include, but are not limited to:

- Printed version of forms (PDF)
- Diagrams or photographs (GIF, JPG)
- Letters (DOC, PDF)
- Reports (EXE)

In Incident Reporting, documents are linked directly to the incident. Move the cursor to the **Origin** column of the first blank line. Enter an **Origin** and **Description** of the document. The system will auto-fill the user and date entered. Click on **Link**. The Windows dialogue box will open and allow the selection of the document to be linked. A note will appear confirming the document was linked successfully.

To see a document, highlight the appropriate line and click **View**. The system will call up that image. Up to 800 documents may be linked to one employee.

Access to the **Remove** function is controlled by Security.

For details on Document Types, Scanning Documents, Location of Original Document, and other considerations, please refer to Parklane Support of the Special Features User Guide.

### Temporary Document Links (Incident Reporting only)

This feature, when activated under Rules, provides the ability to tag document links as temporary. Periodically, the user may delete all temporary document links for incidents that are closed with a close date. The frequency to mass-delete is at the discretion of the user; be it once a month or once a year. All documents that are permanently deleted will be recorded in the audits.

When the rule is activated, a new column appears (only for that user) on the Document Links panel where the user can check any document link as temporary.

CTL1 Document Links
No of Links: 2

No.	User	Date	Origin	Doc Date	Description
1	SARA	21/08/2023	EE	16/08/2023	Inc/Acc Report
2	SARA	21/08/2023	Safety	16/08/2023	Photos
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

\*Indicates no document was linked; x = Document may not be deleted.

Link: F4

View: F2

GoToBlank: F9

FileName: F3

Link: url: SF1

Go to Links:
 

001-100: F6

101-200: F7

201-300: SF3

301-400: SF4

401-500: SF5

501-600: SF6

601-700: SF8

701-800: SF9

SF7 Remove Link

## Needlestick & Sharp Object

The Needlestick & Sharp Object panel is an optional feature which is specifically activated for Health Care facilities in tandem with the Blood & Body Fluid Exposure panel. Pre-defined dropdowns as well as text fields combine for the completion of this panel if the incident circumstances require.

CHDR02 Needlestick & Sharp Object SF7 Remove Record 1 of 2 [>](#) [Print](#)

a) Job Category of the injured worker?  Where injury occur?

Other, Describe  Other

Department where injury occurred

b) Was the source patient identifiable?  Yes  No  Unk  N/A Was the injured worker the original user of the sharp item?  Yes  No  Unk  N/A

Was employee trained in proper use of device?  Yes  No  Unk  N/A

d) The sharp item was

For what purpose was the sharp item originally used?

Other, Describe

Did the injury occur?

Other, Describe

f) What type of device caused the injury?  Needle-Hollow Bore  Surgical  Glass  Other

Needle/Surgical/Glass  Other Describe

Brand Manufacturer Product  Model

If the Item Causing the Injury was a Needle or Sharp Medical Device, was it a "Safety Design" with a Shielded, Recessed, Retractable, or Blunted Needle or Blade?  Yes  No  Unk  N/A Was the Protective Mechanism Activated?

Did Exposure Incident Happen?

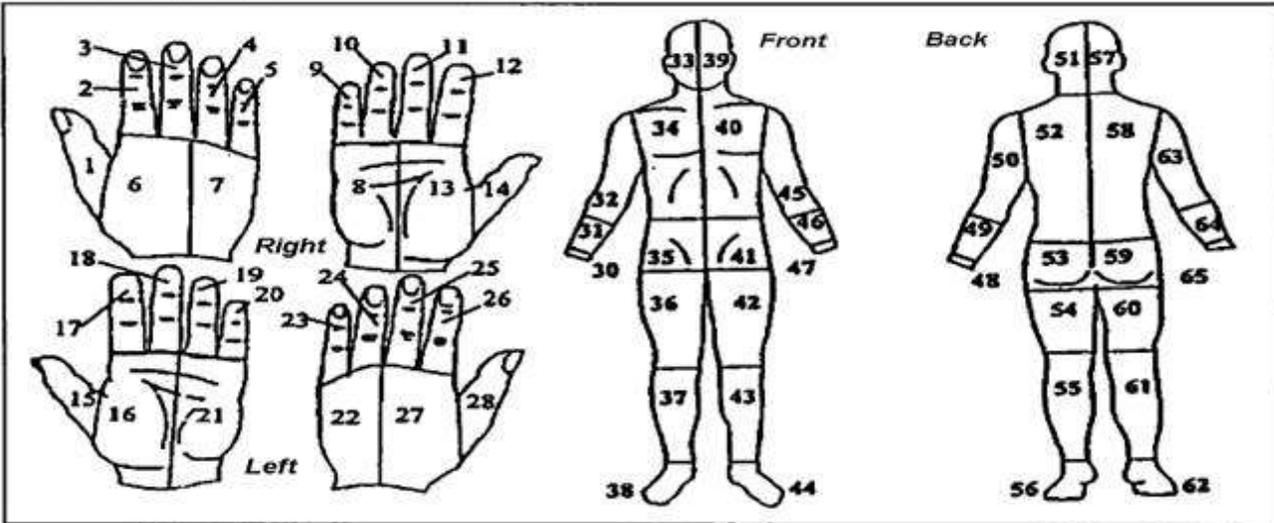
CHDR03 Needlestick & Sharp Object Injury Report

2 of 2



Mark the Location of the Injury:

Add  
  
 Delete



a) Was the injury?

If injury was to the hand, did the Sharp Item Penetrate?

Dominant Hand of the Injured Worker:  Right-handed  Left-handed  N/A

Describe:

For Injured Healthcare Worker: If the Sharp had no Integral Safety Feature, Do you have an Opinion that such a Feature could have prevented the Injury?  
 Yes  No  
 Unk  N/A

b) For Injury Healthcare Worker: Do you have an Opinion that any other Engineering Control, Administrative or Work Practice could have prevented the Injury?  
 Yes  No  
 Unk  N/A

## B.B.F. Exposure

The Blood & Body Fluid Exposure panel is an optional feature which is specifically activated for Health Care facilities in tandem with the Needlestick & Sharp Object panel. Pre-defined dropdowns as well as text fields combine for the completion of this panel if the incident circumstances require.

The image shows two overlapping screenshots of a web-based reporting interface. The top form, titled "CHDR05 B.B.F. Exposure", includes fields for "Date and time of exposure", "Department where incident occurred" (with values "884403" and "Tweedsmuir PS - Teacher"), "Job Category of the injured worker", and "Where did the exposure occur?". It also features radio buttons for "Was the Source Patient Identifiable?" and a multi-select dropdown for "Which Body Fluids were Involved in the exposure?". The bottom form, titled "CHDR06 Blood and Body Fluid Exposure Report", includes a multi-select dropdown for "Was the exposed part?", a text field for "Other, please describe", a multi-select dropdown for "Did the Blood or Body Fluid?", and a multi-select dropdown for "Which Barrier Garments were worn at the time of exposure?". Both forms include "Print" icons and page indicators.

**CHDR07 Blood and Body Fluid Exposure Report** 3 of 4

a) Was the Exposure the result of

Other, Describe

Specify Tubing

b) If Equipment failure, please specify

Equipment Type

Manufacturer

d) How long was the Blood or Body Fluid in contact with your skin or mucous membranes?

How much Blood/Body Fluid came in contact with your skin or mucous membranes?

**CHDR08 Blood and Body Fluid Exposure Report** 4 of 4

Mark the Location of the Injury:

Add/Delete

Largest area of exposure

Middle area of exposure

Smallest area of exposure

Describe the circumstances leading to this exposure (please note if a device malfunction was involved)

For Injured Worker:  
Do you have an opinion that any other Engineering Control, Administrative or Worker Practice could have prevented the injury?

Yes     No    Describe

Unk     N/A

## Guideline Worksheet

This worksheet allows for easy access to Disability Guidelines (DG) subscriptions and retrieval of pertinent information about injuries/illnesses, including expected days off.

The first time you visit this page, default websites are provided. While valid, it is assumed that your company will replace them with your preferences. Using your web browser, go to the home page of your preferred website. Copy the web address into the clipboard. Open this panel and click on the appropriate paste icon, ICD URL or Guide URL. The system will copy the address from the clipboard and store it for all future uses.

Click the button to access your website that will provide you with the correct ICD-9/10 code. For future reference, enter the code onto the worksheet. Click the button to access your Disability Guidelines website and find the appropriate ICD-9/10 information page. From that reference information, determine the expected number of days off and enter in the Expected Duration field. Prompt the system to determine the expected return to work date by clicking F9.

Reference material from the Disability Guideline may be keep for future access. Keep the entire web page or select specific excerpts. To keep the entire web page, print the page to a pdf and store in a temporary directory. Click on the Save button, point to the pdf and the system will store a copy of the pdf in its folder. Alternatively, you may copy the entire page into a word document and follow the same process as above. To retrieve the pdf, click on the View F3 button. To replace the material with another document, click the Replace button and repeat the process.

If you prefer not to use a pdf or word document, you may paste portions of the page into the Notes field provided. Keep in mind that the original format of the page may not remain intact and you are limited to 8,000 characters.

The screenshot shows the 'CD56 Guideline Worksheet' interface. At the top, there are two 'Paste' buttons: 'Paste ICD/CSA URL' (F7) and 'Paste Guide URL' (F8). Below these are two text input fields: 'ICD/CSA Web' containing 'http://en.wikipedia.org/wiki/List\_of\_ICD-9\_codes' and 'Guideline Web' containing 'https://www.mdguidelines.com/'. To the right, the 'Injury' field is populated with 'LTANKLE SPRAIN'. Below the web fields is a section for 'a) ICD/CSA Code' with a text input, a dropdown menu, and an 'Available' checkbox. A 'Save F2' button is positioned below this section. The 'Incident Date' is set to '15/08/2023'. The 'Expected Duration' field is empty, followed by 'Days' and a 'Calculate Expected Return' button (F9). The 'Guideline RTW' field is also empty. To the right of these fields is a large text area for 'b) Comments (1000 characters)'. At the bottom, there is a large text area for 'd) Notes (8000 characters)'.

## Incident Reports

If you require a report containing the information found on the Incident panels, the following are available from the Sidebar menu by clicking **Incident Reports**.

CD7E Select one of reports below

- D72 Incident Details
- F2 D7D Notification of Occurrence (text version)
- F3 D7S Notification of Occurrence (form version)
- F4 D7F Detailed Notification (text version)
- F5 D7A Detailed Notification (form version) (7-21 D7V renamed)
- F6 DH4 Detailed Notification (Excel version)

Reports D7A & D7F - Notification of Occurrence. Below you may add general comments to these reports. (2000 characters)  
Please note these comments are universal and not employee specific.

THIS IS WHERE YOU COULD PUT A SPECIAL NOTICE NOTE TO BE INCLUDED ON THE NOTICE OF OCCURRENCE PERHAPS YOUR CORPORATE MISSION STATEMENT RELATED TO PROVIDING A SAFE WORK ENVIRONMENT FOR OUR EMPLOYEES.

SARA  
21/08/2023

## User Notes & Email

The User Notes & Email panel provides three features:

- A Note area to enter text, which will globally pop-up in any module opened for the specific employee. The system will auto-fill the original user name and date entered, along with user name and date of most recent edit. A date field is also provided to automatically remove the note if time sensitive.
- **F2 Open mailto to send email to this employee** wherein an email will open applying the employee email address from Personal Data. If no email address exists in Personal Data for the employee, a completely blank email will open. Proceed by entering Subject and the email text.
- **F3 Open mailto to send email to another user** wherein the list of Parklane Users will appear at which point clicking on a name will open applying the users email address from Security. When using either email option, a copy of the email will be added to your Email Program's sent folder.

**CTL9 User Notes & Email**

These notes will be shown to a user when they access this employee anywhere in the system. They are available to only those who have access to this panel.

a) Notes

Pre-existing issues - please contact HC for further details

b) Enter date if these notes are to be removed automatically

Entered by: SARA  
 Date: 21/08/2023  
 Edited by:  
 Date:

Employee's Email:

F2 > Send email to this employee  
F3 > Send email to another user

Copy of email will be added to your Email Program's Sent folder

## Demographics

The **Demographics** panel provides a read-only pop-up of the employee's general demographic information. The Demographics panel is available in various module records for easy reference. **Security** controls which users will have access to the Demographics pop-up on module by module basis.

**CT35 Demographics**

Surname: COTE	Department: Tweedsmuir PS - Teacher
Given Name: FRAN	Employee Id: 1126
Address: 123 SMITH ST	Status: Full-time
City, Prov, State: WELLAND, ON	Position: ASSOCIATE
Country: CANADA	Hire Date: 15/02/2011
Postal/Zip Code: L3B2B9	Union: UNION A
Home Phone: 905 987-8543	Supervisor: KANE, MAE MANAGER
Business Phone: 416 755-4220 1500	
Foreign No.:	
Birth Date: 09/12/1984	Daily Hours: 7:30
Age: 38	Weekly Hours: 37.30
Sex: Female	Work Hours: 7:00 to 18:30
Marital Status: Married	Miscellaneous:
Language: ENGLISH	Key: 126
Email: f.cote@somewhereco.ca	

## In a Nutshell

The Employee Records **In a Nutshell** provides the user with a one-page overview of an employee's current records from various modules. The modules included are Incident Reporting, Disability Management, Work Accommodation, Attendance Management and Chart.

CTLA Employee Records in a Nutshell

Click check box under \*R to access actual record  
Click check box under \*C to view general comments

Incident Reporting 4 incidents have been recorded \*C \*R

Inc. Date	Class	Expect Rtw	Rtw Date	ModDuty Dt	Department	Injury	Status	Days	a)
15/08/2023	LT				884403	LT ANKLE SPRAIN	Per		<input type="checkbox"/>
14/01/2013	HC				PLANT	LOW BACK STRAIN	App		<input type="checkbox"/>

Disability Management 1 claim has been recorded

First Day Off	Type	Expect Rtw	Rtw Date	ModDuty&Dt	Department	Description	Days	b)
18/02/2013	Std	15/03/2013	15/03/2013		VOLUNTEER	LT ELBOW	19.00	<input type="checkbox"/>

Work Accommodation 2 programs have been recorded

Start Date	Occ?	Est. Stop	Est. Term	Completion	Act. Term	Department	Result	d)
07/12/2020	Yes	01/01/2021	4 Weeks	08/01/2021	5 Weeks	PLANT	RTW FULL DUTIES	<input type="checkbox"/>
25/05/2015		01/06/2015	1 Weeks	01/06/2015	1 Weeks	VOLUNTEER	RTW FULL DUTIES	<input type="checkbox"/>

K) Attendance 24 time records have been recorded

Date	Day	Department	Type	Hours	Cont.
27/09/2022	Tue	884403	Test 86	8:00	
26/09/2022	Mon	884403	Test 87	8:00	
23/09/2022	Fri	884403	Test 88	8:00	
22/09/2022	Thu	884403	Test 89	8:00	

f) Date of Last Health Center Visit 06/02/2012

g) Access Personal Data record

Depending on the user's **Security** access, checkboxes to the right provide access to more detailed record information. The "R" checkbox opens the actual record and the "C" checkbox opens the General Comments related to the record. In the case of Incident Reporting, Disability Management, Work Accommodation we can see the most current five records. Attendance Management will show the most current twenty-five records, as well as an indicator and date if the employee is in an Attendance Case Management Program. The date of the last Health Centre visit is provided from the Chart module.

## Time Markers

The **Time Markers** panel provides the user with the ability of track time related to various aspects of an incident. The **Wait Time** fields capture the number of days passed waiting for requested information of documents. The calculated days do not include weekends. The **Time Log** fields capture the number of hours spent on noteworthy activities and meeting related to the incident. The **System Time** is time spent in this record as recorded by the system. **Descriptions** may be manually typed or selected from a table. An export is available on the **Incident** dropdown on the main menu of Incident Reporting.

**CTM5 Time Markers**

	Staff	F2	From Date	To Date	Wait Days	Description	F3
a] Wait Time	1						
Total Days	2						
	3						
	4						
	5						
	6						

	Staff	F4	Date	Hours Spent	Description	F6
b] Time Log	1					
Total Hours	2					
.00	3					
	4					
	5					
	6					

	Date	Time Spent	User
d] System Time	18/08/2023	13:59	2:32 SARA
Total Hours	18/08/2023	13:42	0:16 SARA
2:50	18/08/2023	13:39	0:02 SARA

Wait Time: days passed waiting for pertinent information...Wait Days: calculated by the system, does not include weekends...Time Log: hours spent on noteworthy activities...System Time: time spent in this record as recorded by system... Descriptions may be typed or selected from a table...Please note that the same table is used by all modules...To remove a line: Clear all fields except staff. Next time, line will be removed...An export is available on the menu.

## TMB Audit

This audit report will show actions by users for the current incident.

SL42 Select one option

F1 Sort by Date

F2 Sort by Fields

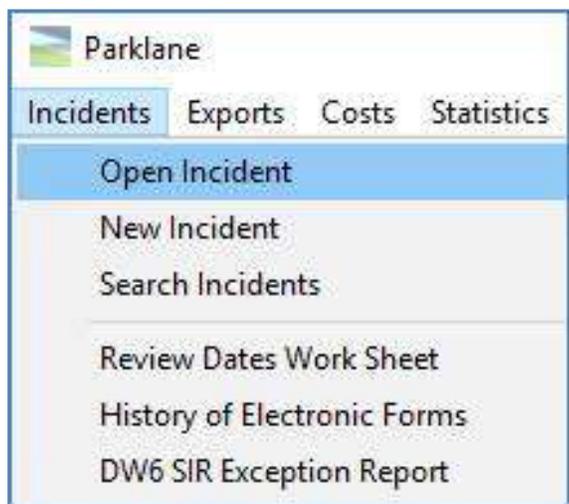
F3 Sort by User

PKD-Company 002						Page 0001 TMB
Audit						Date 21 Aug 23
Actions on or after 21 Aug 23						Time 09:43
Name: COTE, FRAN		ID: 1126		Status: Full-time		
Department: 884403, Tweedsmuir PS - Teacher		Position: ASSOCIATE		D.O.E.: 15 Feb 11 Key: 126		
Date	Time	User	Action	Field	Was-Comment1	Now-Comment2
21 Aug 23	9:25	SARA	Record access			
21 Aug 23	9:28	SARA	New Link	Doc Links	Doc Date: 16 Aug 23	Inc/Acc Report
21 Aug 23	9:29	SARA	New Link	Doc Links	Doc Date: 16 Aug 23	Photos

# Opening an Existing Incident

As each incident progresses, you must open the existing incident to make changes and enter any updated information into the system.

- To access an existing incident click on **Incidents/Open Incident**, or from the Sidebar Menu select **1. Open an incident**



Select the employee who had the incident.

The image shows a search form titled 'CT30 Search for Employee' within an 'Open Incident' window for 'PKD-Company 002'. The form contains several input fields and buttons:
 

- First Name:
- Search keyword:  Go F7
- F6: Show last 25 employees you accessed, by last time accessed
- F1] Last Name:  Go F4
- System Assigned Key:  Go F3
- SF6: Show last 25 employees you accessed, by last name
- Department Code:  F8
- Employee no. or ID:  Go F2
- Claim No.:  Go SF5

- The system will display that employee's List of Incidents in chronological order. Click on the incident you wish to open.

CD06 List of Incidents		FRAN COTE Full-time 884403 ASSOCIATE 1126 Key 126				
	Date	Claim No.	Injury	Link	Folder	Risk
1.	15 Aug 23	LT	LT ANKLE SPRAIN	Link	Folder	
2.	14 Jan 13	HC	33011401 "Closed" LOW BACK STRAIN			
3.	22 May 12	LT	32052201 "Closed" RT HAND LACERATION	Link		
4.	23 Jan 12	LT	32012301 "Closed" LT THUMB CONTUSION			

The incident will open to the Record Description panel.

CD07 Incident
FRAN COTE Full-time 884403 ASSOCIATE 1126 Key 126
PKD-Company 002

- 01 Description
- 02 Equipment, Happen
- 03 Initial Treatment
- 04 Type Cause Correct
- 05 Witness, Mod. Duties
- 06 Attributes
- 07 Claim, Pension Info
- 08 General Comments
- 09 Confidential Comms
- 10 Violence Harassment
- 11 Government Forms
- 12 Review Dates
- 13 Form Letters
- 14 Appointments
- 15 Days Lost & Costs
- 16 Other Costs
- 17 Appeals
- 18 Key Notes
- 19 Document Folder
- 20 Document Links
- 21 Needstick&Objects
- 22 B.B.F. Exposure
- 23 Guideline Worksheet
- 24 Incident Reports
- 25 User Notes & Email
- 26 Demographics
- 27 In a Nutshell
- 28 Time Markers
- 29 TMB Audit

Express user cannot access this record

**CD5A Description**

a)  Hazard / Near Miss     First Aid  
 Health Care                 Lost Time  
 HC Recurrence                 LT Recurrence

b)  Injury     Critical     Illness  
 Was non-occupational

d) Incident Date: 15/08/2023 10:15  
Date Reported: 15/08/2023 10:20  
Last Day Worked: 15/08/2023 10:15  
First Day Off: 16/08/2023  
Expected Return: 21/08/2023  
n) Date Return:

Death, Date:

**SF1** Status Full-time  
Update Position ASSOCIATE  
Union UNION A

SIN/SSN 871-162-974

f) Managing Staff: SARA  F6  
 Closed    Date Closed:   
 Inactive    Status Date:

g) Claim No.:     ComyCase#:   
Adjudicator & PPhone:

r) Reported by:

Injury: LT ANKLE SPRAIN  F3  
Location: Playground  SF3  
Department: 884403  F6    Tweedsmuir PS - Teacher  
Worksite:  SF5  
Supervisor, Contractor: Mae Kane, Manager  F7  
Miscellaneous:  F2    Account No:

x) User Notes:  
Internal use & D&F export option only.

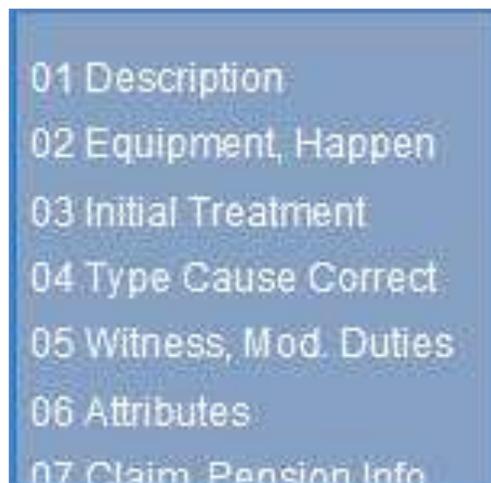
Entered SARA    18/08/2023    13:39   

[Ctrl Return] To go to any panel;  
[Ctrl a, etc] Move cursor to field with a) etc.

Use the Sidebar to choose the appropriate panel and make any necessary changes or additions.

When an employee returns to work from a lost time claim, enter the **Return To Work date** on the **Description** panel. Enter the number of days lost on the **Days Lost & WCB Costs** panel. Complete and print any applicable forms. This step is absolutely necessary – **Return to Work** date has a substantial impact on your system. If the employee is not returning to work, check the Inactive box on the **Description** panel.



## Entering a Recurrence

If an employee has a recurrence, click Add a new incident and click on **LT Recurrence** or **HC Recurrence**.

A blank incident will open. Select the appropriate radio button and press Continue-F5.

From the List of Incidents that appears, select the original claim related to the recurrence.

<input type="radio"/> Hazard/Near Miss	<input type="radio"/> First Aid
<input type="radio"/> Health Care	<input type="radio"/> Lost Time
<input type="radio"/> Health Care Recurrence	<input checked="" type="radio"/> Lost Time Recurrence

Check one of above and then Continue to complete the incident information. Continue F5

If you are adding a recurrence:  
On the next screen, select the original claim related to this recurrence.

CD09 List of Incidents		DOUG WILLIAMS Full-time PLANT ASSOCIATE 2155 Key 155			
	Date		Claim No.	Injury	
1.	18 Jul 22	LT	42071801	forehead abrasion	
2.	19 Feb 18	LT	38021901	WRIST RT STRAIN	

The system will create a **Recurrence Record** and include the original date of claim, claim number, injury, type, firm and NAICS code and classification. **Be sure to enter the date of the recurrence.**

Express

**CD5A Description**

a)  Hazard / Near Miss     First Aid  
 Health Care                     Lost Time  
 HC Recurrence                   LT Recurrence

b)  Injury     Critical     Illness  
 Was non-occupational   

dj Reo Date    
Date of Injury:

Enter any additional information. Complete and print any applicable forms.

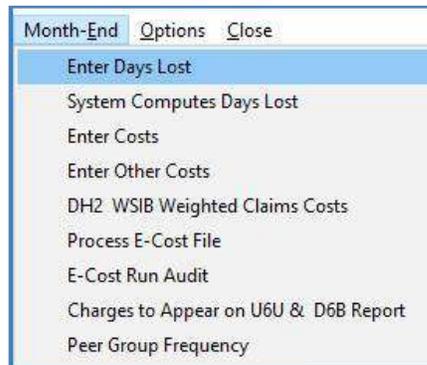
From this point on, changes to the recurrence would be done as you would with an original incident.

# Enter Days Lost

This function should be done on a monthly basis. We recommend that days lost be entered within the first few days of a month for the prior month in order to produce accurate Month-End reporting.

Days lost can be manually entered, automatically calculated by the system, or electronically downloaded via the Parklane Attendance Module.

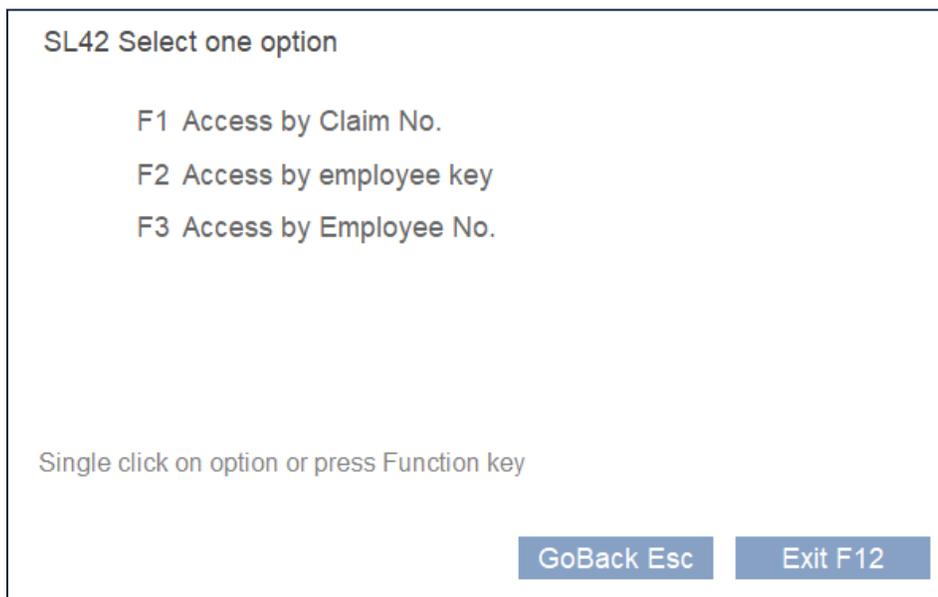
Before entering or having the system calculate last month's days lost, you must determine which employees are still off on lost time claims. Under Management run the D6F Who's Off report. From this report you can determine who is off and, from the dates provided, the number of days lost for the prior month.



From the main menu of the Incident/WCB module click on **More**. This will toggle you to the second menu screen. Click on **Enter Days Lost**. Enter the month and year and press **Continue F5**.



Choose how you would like to access the claim.



Indicate whether you would like the system to calculate the days lost or if you would prefer to manually enter the days lost.

SL42 Select one option

F1 System to calculate days based on a 5 day week  
F2 Days are to be entered manually  
F3 System to calculate days based on a 7 day week

Single click on option or press Function key

GoBack Esc      Exit F12

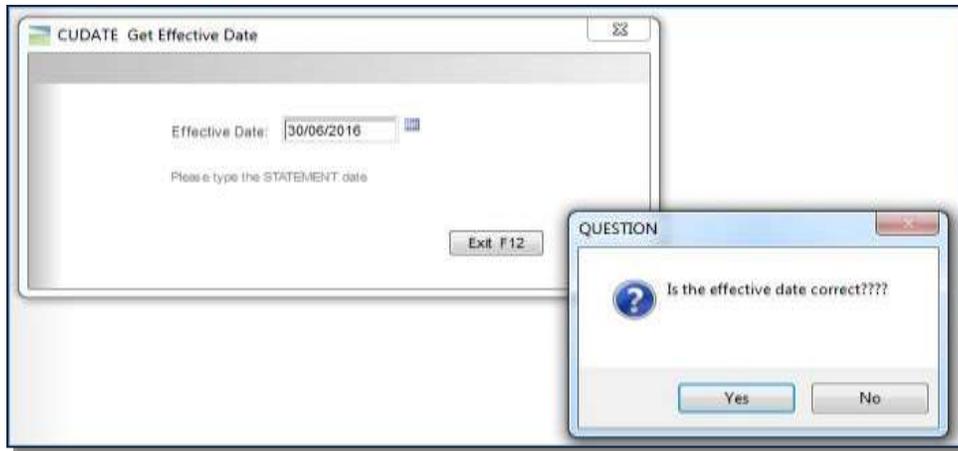
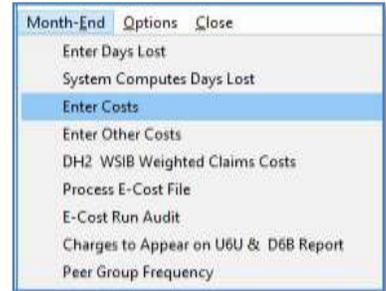
The **Enter Days Lost** screen will appear. Enter the **Claim Number** from your **D6F Who's Off** report and press **tab**. If you choose to have the system automatically calculate days lost, that field will be completed. If you choose to manually enter days lost your cursor will move to the next field where you can enter the days lost for this claim.

Surname	<input type="text"/>	Claim Number	<input type="text"/>
Given Name	<input type="text"/>	Date of Incident	<input type="text"/>
Department	<input type="text"/>	First Day Off	<input type="text"/>
Employee Id:	<input type="text"/>	Expected Return	<input type="text"/>
Employee Key:	<input type="text"/>	Date Returned	<input type="text"/>
		Claim Status	<input type="text"/>
		Claim Total (Days)	<input type="text"/>
Month:	<input type="text"/>		
Claim No.:	<input type="text"/>		
Total Days for Month	<input type="text"/>	Get Next Claim Esc	
			Exit F12

Click on **Get Next Claim-Esc** to enter days lost for the next claim.  
Once days lost are entered for all current lost time claims, click on **Exit-F12**.

# Manual WCB Cost Statement/Invoice Entry

From the main menu of the **Incident/WCB** module click on **More**. This will toggle you to the second menu screen. Click on **Month-End** then **Enter Costs**. With your WSIB Cost Statement or Invoice in hand, enter the date. The system will ask you to confirm the date you just entered.



Next, the system will ask you to enter the **Statement or Invoice number**. In the case of Ontario Cost Statements, leave blank and press Enter as they do not have a number. Invoices will have a number, which must be entered here.



The screen that appears next is the entry screen. Beginning at the top of your statement, start entering your claims. The system will ask you to enter a claim number then press **Tab**. The cursor will move to the **Transaction Type field**. Referring to the instructions at the bottom of your screen, select the appropriate type as noted on your statement and press **Tab**. As you move to each new field, enter the corresponding information from your statement. Press **Tab** after entering the **Paid to Date** to save the record.

If there is another entry for the same claim, press **Enter New Cost** and continue

If you are finished the entries for a claim, press **Enter Next Claim** and the system will present a blank entry screen for you to continue with the next claim on your statement.

20 Jun 2017 Statement:

Surname  Employee Id  Claim Number  Claim Status   
Given Name  Employee Key  Date of Incident  Date Returned   
Department  First Day Off

Claim No.:

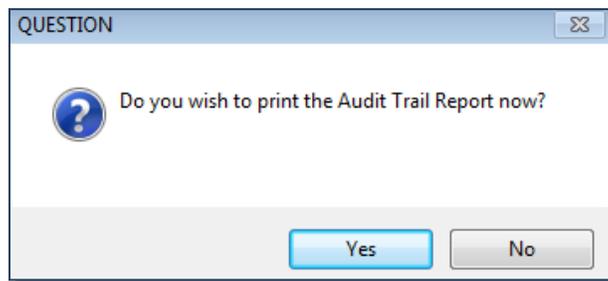
Transaction Type   SIEF/Adjust  Amount  Paid To Date

Enter Claim Number

Amounts entered will not be posted to the system until all costs for the claim have been

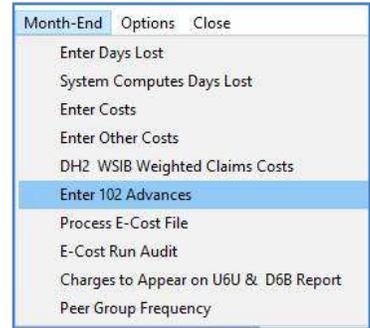
Totals	Compensation	Health Care	Rehabilitation	Pension	SIEF/Adjust
This Month	<input type="text"/>				
This Year	<input type="text"/>				
Claim Total	<input type="text"/>				

When you have entered all claims from the statement, press **Exit-F12**. The system will ask if you would like to print an **Audit Trail Report**. This report reflects all the entries since the last time this report was printed. Press **Yes** and print the report as your confirmation that the cost entries were made.



# Manual Entry of 102 Advances (Ontario Schedule 2 Only)

**102 Advances** for Ontario Schedule 2 Employers must be entered using the same procedure as WSIB Cost Statement via Month-End/Enter 102 Advances.



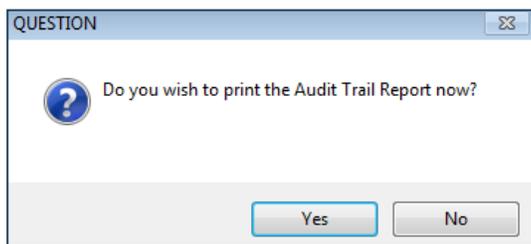
The screen that appears next is the entry screen. Enter a claim number from the notice and press Tab. The cursor will move to the Benefit Code field. Referring to the instructions at the bottom of your screen, select the appropriate code as noted on your notice and press Tab. As you Tab to each new field, enter the corresponding information from your notice. Press Tab after entering the Date Paid to save the record.

If there is another entry for the same claim, press Enter New Cost and continue.

If you are finished the entries for a claim, press Enter Next Claim and the system will present a blank entry screen for you to continue with the next claim for which you have a notice.

A screenshot of the 'Enter 102 Advances' entry screen. At the top, a small text box says: 'This task assumes 102 Advances are assigned to the first column of Other Costs and adds the amounts entered here accordingly.' Below this are several input fields: Surname, Employee Id, Claim Number, Claim Status, Given Name, Employee Key, Date of Incident, Date Returned, Department, and First Day Off. Below these fields is a 'Claim No.' field with a 'Get Next Claim Esc.' button. At the bottom, there are fields for 'Benefit Code', 'Award', 'Special', 'Paid To Date', 'Amount', and 'Date Paid', along with an 'Enter Next Cost F1' button. A label 'Enter Claim Number' is positioned below the 'Benefit Code' field.

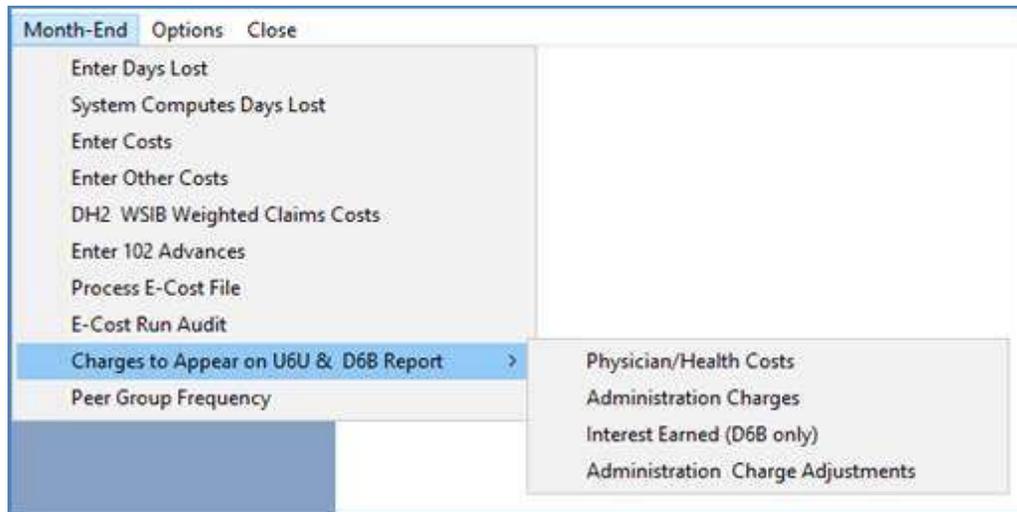
When you have entered all 102 Advance Notices, press **Exit-F12**. The system will ask if you would like to print an **Audit Trail Report**. This report reflects all the entries since the last time this report was printed. Press **Yes** and print the report as your confirmation that the 102 Advances entries were made.



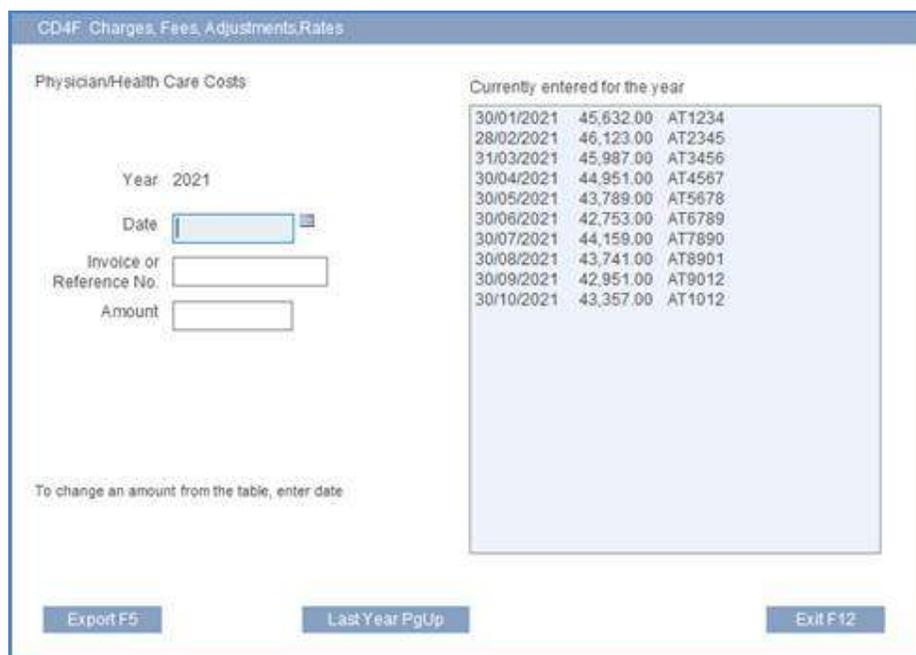
# Entry of Additional Charges (Ontario Schedule 2 Only)

In addition to 102 Advances, Ontario Schedule 2 Employers must enter **Physician/Health Costs, Administration Charges, Interest Earned, and Administration Charge Adjustments** via Month-End/Charges to Appear on U6U & D6B Reports. These charges are not included on an electronic download of cost from WSIB as they are not directly related to specific claim numbers. These charges must always be entered manually as shown below.

- Select the charge category.



- Enter the date of the notice, the invoice or reference number and the amount. Click Exit-F12 to complete the entry.

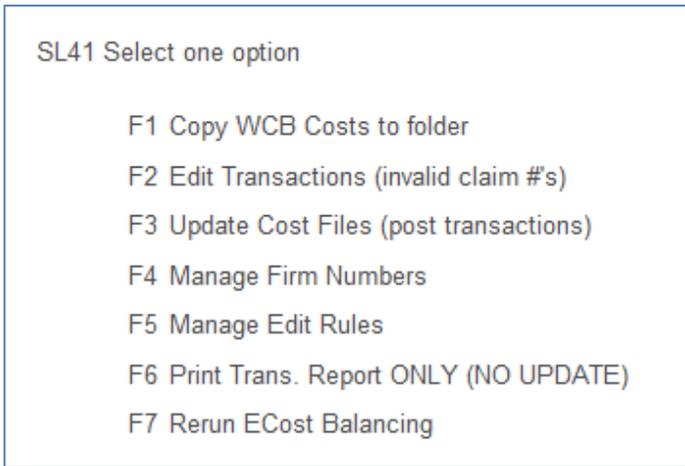
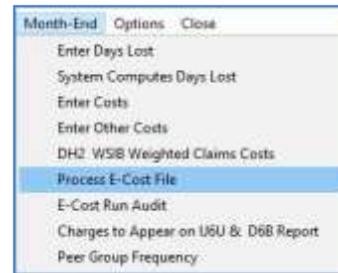


# Electronic WCB Cost Entry

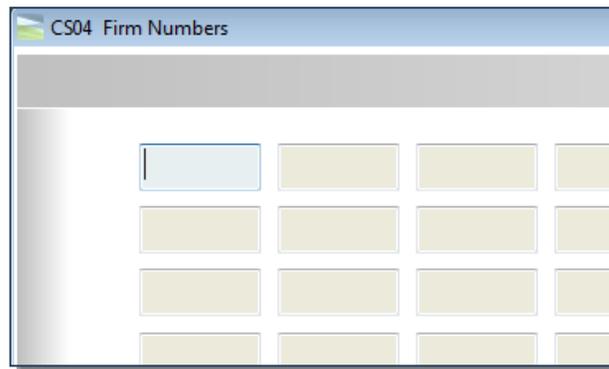
Contact Parklane Support for details regarding which provincial **Workers' Compensation** boards provide the cost download option and how to arrange for this service through Parklane.

## Setup

For the system to receive costs, you must enter your Firm Number(s) into the background. From the main menu of the Incident/WCB module click on More. This will toggle you to the second menu screen. Click on Month-End/Process E-Costs and select Maintain Firm Numbers.



Enter all Firm Numbers related to your organization's operations.



Click Exit to return to the option panel

Now select **Maintain Edit Rules** and review the settings. These edit rules will be applied when the system posts costs to your claim records. An audit report will be produced to notify you of any contravention of the rules.

Edit Rule	Awards	Comp.	Pension	Health Care
Claim NOT Approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claim Inactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invalid Date Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invalid Paid To Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Credit Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unclassified Employee	<input type="checkbox"/>	N/A	N/A	N/A
Classified Employee	N/A	<input type="checkbox"/>	N/A	N/A
Claim More Than 1 Yr	N/A	<input checked="" type="checkbox"/>	N/A	N/A
Payment Amt Gtr Than:	<input type="text" value="3000.00"/>	<input type="text" value="3000.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="900.00"/> (LT) <input type="text" value="200.00"/>

"Toggle" any of the edit rule settings by simply clicking on the appropriate check box.

To change the amount fields, click on the field in question & enter corresponding amount.

Exit F12

EDIT RULE	EXPLANATION
Claim NOT Approved	Claim is tagged as Denied in Parklane
Claim Inactive	A claim is tagged as Inactive in Parklane. It is checked if the employee will not be returning to work from a LT claim. This flag gets the incident off the D61 Register and D6F Who's Off reports.
Invalid Date Paid	Date is blank, zero, all 9's, not numeric or not in correct format or year, month and/or day are incorrect on the WSIB Cost file.
Invalid Paid To Date	Date is blank, zero, all 9's, not numeric or not in correct format or year, month and/or day are incorrect on the WSIB Cost file.
Credit Amount	The amount is a credit.
Name Missing	Name missing from WSIB Cost file
Unclassified Employee	Employee Personal Data status is Unclassified in Parklane.
Classified Employee	Employee Personal Data status is Classified in Parklane.
Claim More than 1 Yr	The claim is over a year old from Date of Incident.
Payment Amt Gtr Than:	As defined by Client on Parklane Cost Transaction Edit Rules

# Executing the Download of Costs

There are 3 steps to downloading costs to your system. Copy, Edit, and Update.

SL41 Select one option

- F1 Copy WCB Costs to folder
- F2 Edit Transactions (invalid claim #'s)
- F3 Update Cost Files (post transactions)
- F4 Manage Firm Numbers
- F5 Manage Edit Rules
- F6 Print Trans. Report ONLY (NO UPDATE)
- F7 Rerun ECost Balancing

Cost files are sent via e-mail. Save the cost file onto your computer. Document the file name and the directory in which you save the file.

If your system uses the Share option, the cost files must be saved in the HS folder. This is the same folder in which the Parklane system resides. Or, follow the directions provided at Step 1 of the cost download function to send the file to the server.

CT17 Your system uses Share

**F2 >>** Send File to Server

OR

Name of File  **Continue F5**

Share can only use files that are on the server in the HS folder.

If the file is not on the server, use the button Send File to Server which will copy the file from your computer to the server before using it.

If the file is currently on the server in the HS folder, type the name of the file in the field below and continue.

**Exit F12**

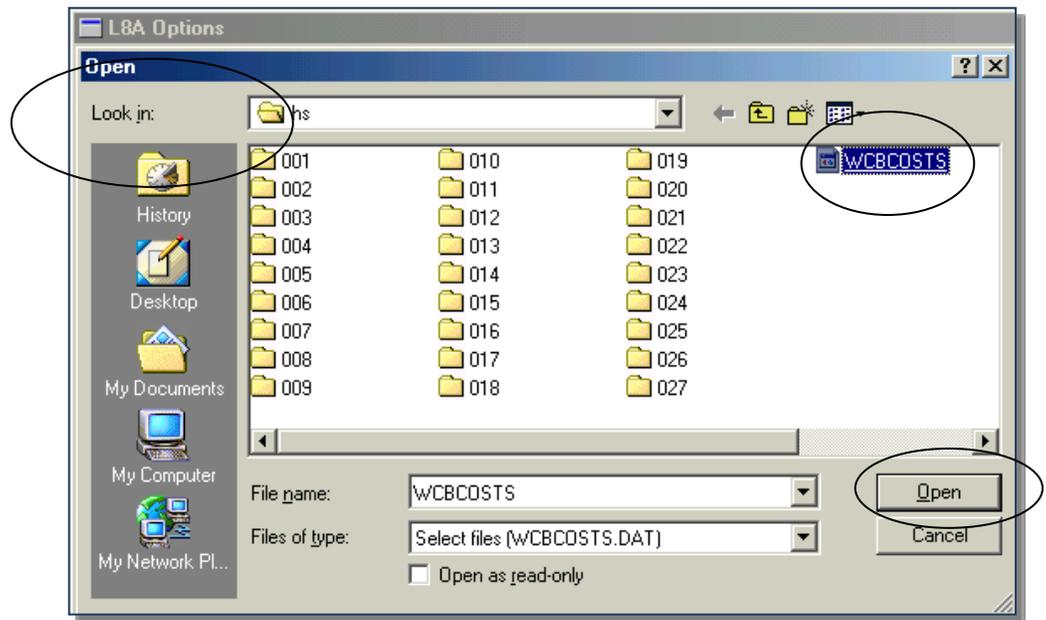
## STEP 1 – Copy WCB Costs to Hard Drive

From the main menu of the Incident/WCB module click on **More**. This will toggle you to the second menu screen. Click on **Month-End/Process E-Cost File** and select **F1-Copy WCB Costs to Hard Drive**. You will be prompted to open the appropriate file. This is why documenting the file name and directory is important.

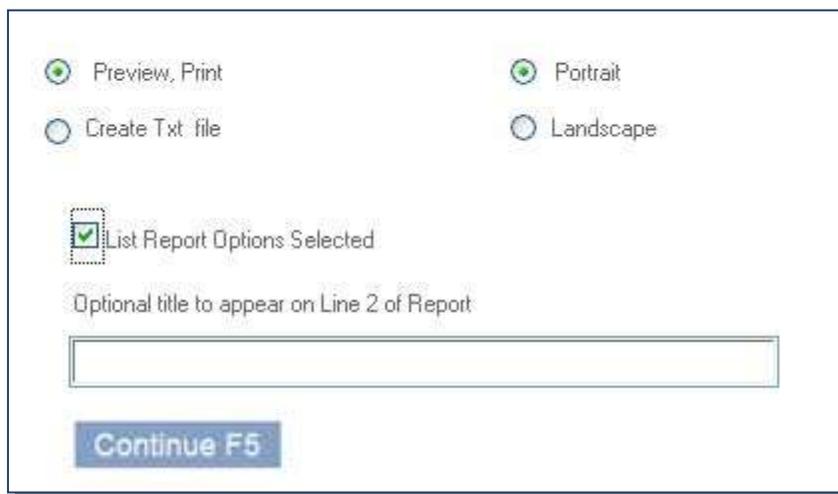
Locate the correct directory under Look In.

Click on the file name.

Press **Open**.

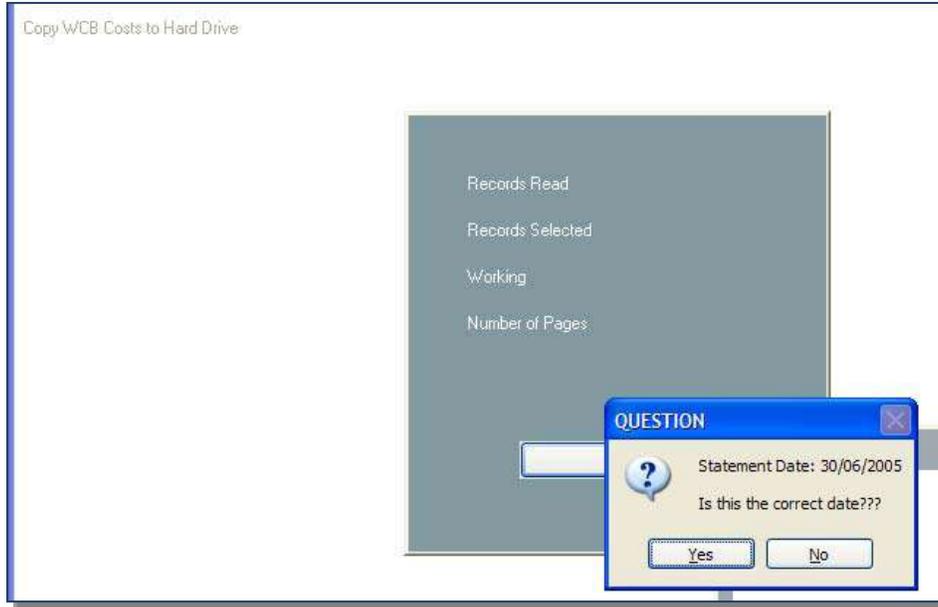


A Print Option panel will appear. Click **Continue** to proceed.

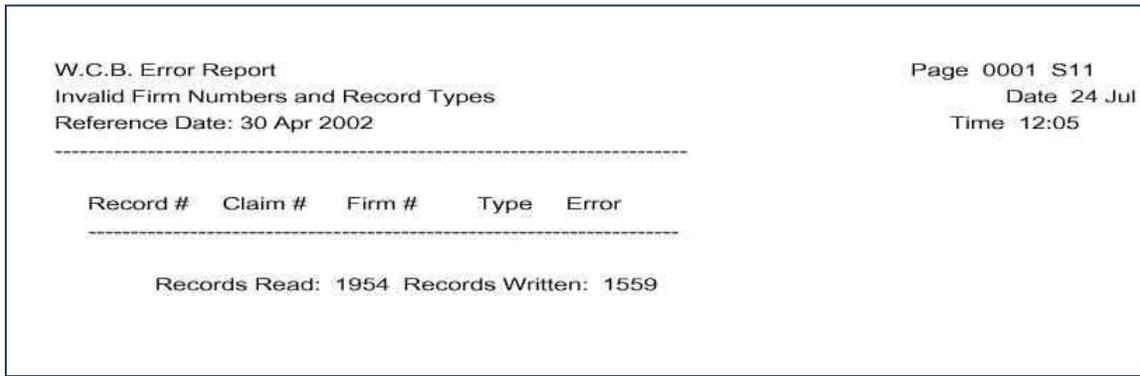


As the system copies the cost file, you will see a Creating Report panel.

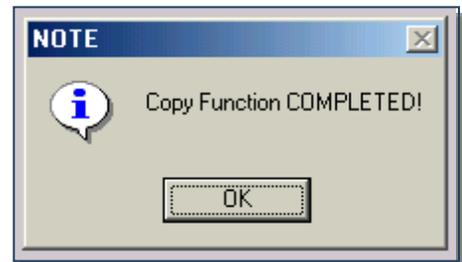
The system will ask whether the statement date being read is correct. Answer accordingly.



A report will appear indicating the number of records read and written to the hard drive. Printing the report is optional

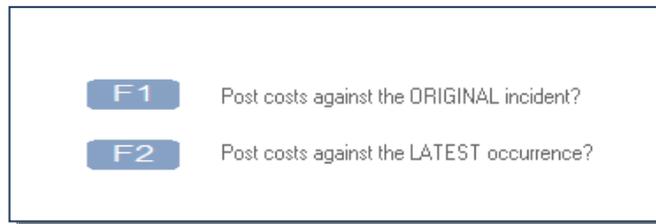


Click on **Exit-F12** to proceed. The system will indicate that the copy step is complete.



## STEP 2 – Edit Transactions

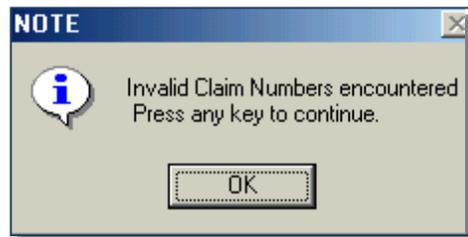
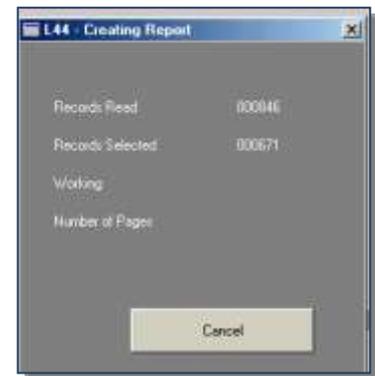
From the main menu of the Incident/WCB module click on **More**. This will toggle you to the second menu screen. Click on **Month-End** then **Process E-Cost File** and select **Edit Transactions**. You will be asked if costs should be posted to the original incident or to the latest recurrence. By selecting the original incident, all costs will be visible on one screen for all occurrences.



A **Print Option** panel will appear. Click **Continue** to proceed.

As the system processes the cost file, you will see a **Creating Report** panel.

One of two things will occur at this point. You may get a report that indicates there are **No Invalid Claim Numbers** at which point you can press **Exit-F12** and proceed to Step 3. Or you may get the message that **Invalid Claim Numbers Encountered**. Press **OK**



A report will appear indicating the claim numbers that are invalid. Print this report by pressing **Print-F5** and following the screen instructions.

Click on **Exit-F12**.

W.C.B. Error Report - Invalid Claim Numbers  
 Reference Date: 30 Apr 2002

Page 0001 S02  
 Date 24 Jul 02  
 Time 13:02

---

Rec #	Claim #	Firm #	Type	Name	Reference No:
546	2254403	60509A	2	CUMMINGS	
661	2257368	60509A	2	GUZZO	
662	2257368	60509A	2	GUZZO	

**DO NOT PROCEED** until you have accessed each incident noted on the report and confirmed that the claim number is entered and/or correct. If the claim and/or employee do not exist in your system, they must be entered at this time in order to proceed with the cost download.

**REPEAT STEP 2** until you see the report that indicates **No Invalid Claim Numbers** at which point you can press **Exit-F12** and proceed to Step 3.

### STEP 3 – Post Transactions to Cost Screen

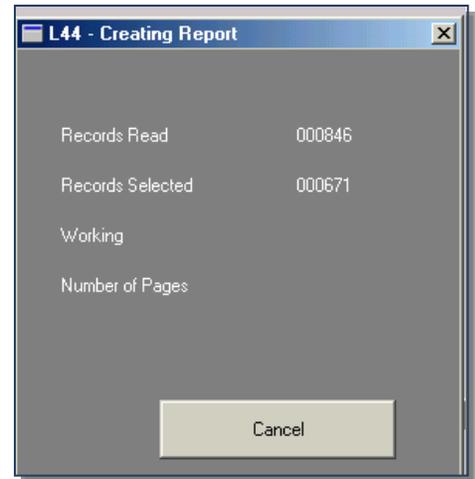
From the main menu of the Incident/WCB module click on **More**. This will toggle you to the second menu screen. Click on **Month-End/Process E-Cost File** and select **Update Cost Files**.

A warning message will appear if Step 2 was not re-run to validate claim numbers. Click **Cancel** and go back to Step 2 and re-run.

Otherwise, a Print Option panel will appear. Click **Continue** to proceed.



As the system processes the cost file, you will see a Creating Report panel.



An audit report will be produced to notify you of any Edit Rule contraventions. This report is for your information only. At this point your costs have been posted to their appropriate files and the process is complete.

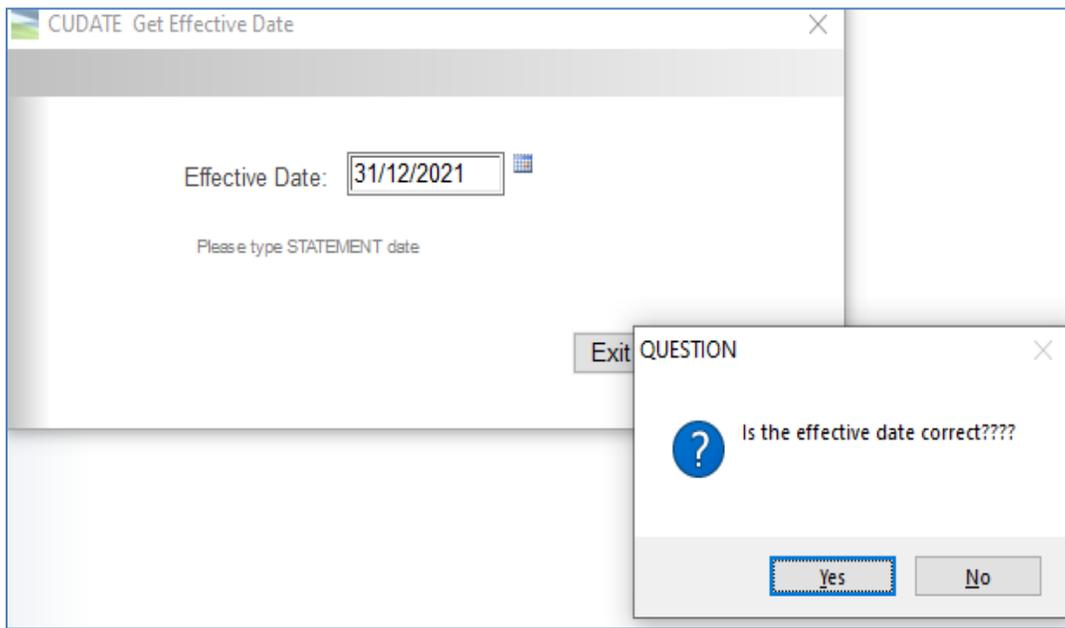
Claim No	Firm #	Claimant	Date Pd	Paid To	Typ	Spc	Awd	Award Amt	Rehab Amt	Comp. Amt	H.C. Amt	Pen. Amt	Activity
2137221	60509	LAVALLEE 009		138302	1		N			96.21			Compen.
													Paid-to date > than return date
2137221	60509	LAVALLEE 009		190402	1		L			1006.26			Compen.
													Paid-to date > than return date
2137221	60509	LAVALLEE		260202	2						36.82		Hith Car
2137221	60509	LAVALLEE 012		250202	2						1231.28		Hith Car
													Amount exceeds warning limit
2137221	60509	LAVALLEE 012		130202	2						1231.28		Hith Car
													Amount exceeds warning limit

# Enter Other Costs

If you defined Other Cost categories in the Options area of this module, the choice to enter Other Costs will be available under Month-End functions.

From the main menu of the Incident/WCB module click on **More**. This will toggle you to the second menu screen. Click on **Month-End** then **Enter Other Costs**.

Type the Effective Date of the costs to be entered and confirm the date.



The system will ask you to select an employee.

CT30 Search for Employee		ABBOTT	
First Name	<input type="text"/>	Search keyword	<input type="text"/> <a href="#">Go F7</a>
F1] Last Name	<input type="text"/> <a href="#">Go F4</a>	System Assigned Key	<input type="text"/> <a href="#">Go F3</a>
Department Code	<input type="text"/> <a href="#">F8</a>	Employee no. or ID	<input type="text"/> <a href="#">Go F2</a>

A list of that employee's incidents will appear. Select the incident to which the costs apply.

CD09 List of Incidents		PAULETTE ABBOTT Classed ADMIN CLERK Key 59		
	Date	Claim No.	Injury	
1.	05 May 14	LT		
2.	28 Oct 13	LT 30080910	Shoulder strain	
3.	09 Jan 12	HC	Concussion	
4.	08 Aug 11	HRe	Twisted right ankle	
5.	10 Jan 11	Reo 30020108	Sprained left finger	
6.	10 Aug 10	Reo 29042003	Rash left and right forearms	
7.	01 Feb 10	LT 29021601	BROKEN BACK	
8.	13 Nov 09	Reo 27091701	BURN PALM RT HAND	

The screen that appears next is the entry screen. The cursor will begin at the **Description** field. Referring to the instructions at the bottom of your screen, select the appropriate type and press **Tab**. As you move to each new field, enter the corresponding information from your documentation. Press **Tab** after entering **Paid to Date** to save the record.

If there is another entry for the same claim, press **Enter New Cost** and continue.

If you are finished the entries for a claim, press **Enter Next Claim** and the system will present a blank entry screen for you to continue with the next claim cost.

Surname	ABBOTT	Employee Id	156	Claim Number	29061001	Claim Status	Approved
Given Name	PAULETTE	Employee Key	59	Date of Incident	10 Jun 09	Date Returned	15 Jun 09
Department	ADMIN			First Day Off	11 Jun 09		

Claim No.: 29061001 Get Next Claim Esc

Description	Amount	Paid To Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<span>Enter Next Cost- F1</span>

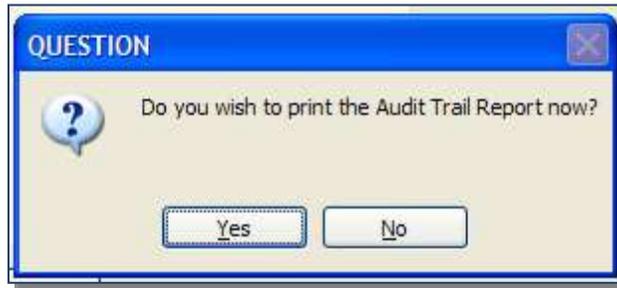
Select one of the following types: 1-102 Advances 2-Medical  
3-Prop Damage 4-Work Accom 5-WSIB Fines

Amounts entered will not be posted to the system until all costs for the claim have been entered.

<b>Totals</b>	102 Advances	Medical	Prop Damage	Work Accom	WSIB Fines
This Month	<input type="text"/>				
This Year	<input type="text"/>				

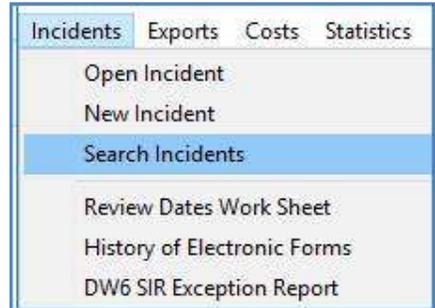
Exit F12

When you have entered all Other Costs, press **Exit-F12**. The system will ask if you would like to print an **Audit Trail Report**. This report reflects all the entries since the last time this report was printed. Press **Yes** and print the report as your confirmation that the Other Costs entries were made.



# Incident Search

A search for a particular incident can be made using a date range and a selection of specific criteria. The panel below is available from the dropdown menu as well as the Sidebar menu.



CD26 Search Incidents

Look at incidents between these two dates

In the first 3 rows, check all that apply. Where a row does not have a box checked, the search will assume "all" for that row.

---

Look at  Lost Time  Health Care  First Aid  Hazard

---

Injury  Critical  Illness  Harassment  Violence  
 Resulting in one of  Appeals  Fatality  Pension Costs  Rehab Costs

---

With a match in one of these tables  Attributes  Type  Cause  Corrective Action

---

With this key phrase in any of the areas checked below

Description screen (Excludes User Notes)  
 Happen, Doing Details  Comments  
 Corrective Action Details  Appeals

Enter Department or leave blank to search all departments  
 F3

---

Sort by  Name  Descending Incident Date  Ascending Incident Date

---

Find incident using Internal Record Number located on Key Notes screen of the incident

# Review Dates Work Sheet

The **Review Dates Worksheet** provides immediate access to the currently signed in user's review dates in this specific module.

Date	Overdue	Name	Activity	Done	View	Record	Re-Assign
21/12/2016	<input checked="" type="checkbox"/>	AARON, PETER	Letter, IncDt 11 Aug 16, Dr's Note Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Due:

- F1 Today
- F2 This week
- F3 Next week
- F4 In 2 weeks
- F5 In 3 weeks
- F6 Overdue

Due between

and

Go F6

Due on

Go F7

ReAssign F9

ReAssign All F14

The view from the module **Menu** panel are your review dates for all employees from this module which are overdue for up to three months prior. Alternative views are listed on the right side of the panel along with fields to enter specific date parameters or specific due dates.

The **Done** check box will auto-fill a review date, stamping it with today's date and the User ID of the user currently logged into the system.

The **View** check box will open a subsequent panel which allows the user to enter text related to the **Action** taken related to the activity, and enter a **Completion Date** for the Action. Do NOT click on the Done check box here, the system will auto-fill.

The **Get Record** check box will open the record associated with the review for the user to add, review or revise information on the panels specific to the record.

The **Reassign** check box, in conjunction with the **Assign F9** or the **Reassign All F14**, will allow the user to assign the review dates to another user one-by-one or on masse.

See the **D6Z Review Dates** report for an alternative method to access review dates for one or more users. The D6Z Review Date report may be accessed from the sidebar or from the **Management/Employee Reports** dropdown menu.

# Reports Available In Incident/WSIB

## Incidents

	Review Dates Work Sheet
D41	Added Incidents
	History of Electronic Forms
TOX	XML Document Log
DW6	SR/IMI Exception Report

## Exports

D8G	Incidents, Select /w Favourites
D8F	Incidents, Select Fields
D8L	Incidents, All Fields, Date Range
D16	Attributes, 1 per row
D8I	Attributes, 1 row per incident
D8W	Appointments
D17	Comments
D8V	Corrective Actions
D8X	Corrective Action List
DD1	Needlestick, BBF
D4U	Violence & Harassment
D3H	Root Cause
TM9	Time Markers
	C.O.H. YTD Costs
D8Y	Gov't Form - NSI
DFK	History of Electronic Forms

## Costs

D6S	Employee Details
D65	Dept/Group Details
D66	Dept/Group Total Costs
D6E	Costs By Department/Group
D6L	Dept/Group Summary
D67	Totals By Month
D6J	Cost Summary by Month
D6P	Cost of Claims
D6T	Costs By Claim
D6R	SIEF Analysis
D6V	SIEF Claims Pending Approval
D6N	Other Costs
U6U **	Financial Reports
U36	Cost Summary by Invoice
U37	Statement/Invoice Details
D6W	Check Compensation
U8Q **	Seven Year Costs
U90 **	Cost Exceeding Amount
D6K	Costs & Claim Details
D6G	Attribute Costs
D7J	No Cost Activity – Lost Time

## Statistics

D81 **	Selected Incidents
D82 **	All Incidents
D83 **	Days or Costs
D88 **	Incidents By Month
D89 **	Days/Costs By Month

D84 **	Incidents By Time
D8A	Days by Type/Month
D9M **	Totals by Type
D9N	Totals by Type, Dept/Group, Month
D87	The Calendar
D8D	Stats & Module Duties

\*\* Option to Create Export File in addition to report

## Attributes

D91 **	Attribute Statistics (11)
D92 **	Attribute By Month (1)
D93	By Employee w/name (15)
D94	By Employee, no name (20)
D9F **	Attribute Totals (100 or All)
D9K	By This Month, YTD (100)
D9G **	Totals By Inc. Type (100 or All)
D8M	Top 5 Types (10)

## Management

### Employee Reports

D6F	Who's Off
D78	Return to Work
D79	Mod. Duties & Off
D95	List of Incidents
D6Z	Review Dates
D8T	Claim Activity
D61	Claim Register
D8E	Who's Off Over 4 Weeks
D6M	Employee Analysis
D8J	Modified Work
D55	Analysis Report
D8S	Period Activity
D9A	Appointments (Time Off)
D9P	Violence & Harassment

### Summary Reports

D6B	Three Year Summary Report
D85	Totals of Incidents
D7K	Summary By Group or Department
D7B	Summary By Type or Cause
D9E	Claim Summary
D62	Lost Time Details for Month
D8B	Two Year Claim Summary

### Corrective Actions

D7P	Assignments By Person
D7N	Open Corrective Actions
D7M	Closed Incidents

## Administration

D6H	Claim Approval Delay
D80	Open & Closed claims
D6D	List of Claim Numbers
D6Q	Claims with Days In a Range
D73	Appeals status Summary
D74	Appeal Hearings History
D75	Appeals, Pending Hearings
U6W	Incidents Entered By User
D6C	Screen Comments

## Graphs

DHZ	Incident Dashboard 4yr Year to Date
DHA	YTD Incidents by Class
DHB	YTD Incidents by Type
DHC	YTD Incidents by Class & Type
DHP	YTD Injuries
Days and Costs	
DHD	Days Analysis
DHE	Costs Analysis
DHF	Monthly Days & Costs
DHN	Days & Costs Trends
DH1	Detailed Cost Report
DH2	WSIB Weighted Claims Cost (ON only)
DH6	SIEF Report
Claims Management	
DHT	Who's Off
DHU	Claims Report
DHW	Workplace Violence
DHY	Appeals Graph Report
DH7	Corrective Action Responses
Stats/Safety	
DHG	Incident Type & Attributes
DHH	Incident Totals
DHI	Incident Causes
DHJ	Incident Corrections
DHK	Incident Attributes
DHL	Time of Incident
DHM	Incident Trends
DHR	Incident Statistics
DHS	Frequency and Severity
DHX	Corrective Action Details

## Month-End

DH2	WSIB Weighted Claims Cost (ON only)
-----	-------------------------------------

## Options

TB9	Action Emails with Email Addresses
D4H	Types, Causes, Corrections
D8K	Type, Cause, Corrections Table Counts
CTC	Categorize Attributes
DRX	Needlestick Table
DRY	Blood & Body Fluid Table
DRT	Needlestick Table Count
DRU	Blood & Body Fluid Table Count
D28	Injury, Equipment Tables
D30	Location Table
D5Z	Form Letter Template
HK3	Task Groups/Details
HK5	Task Manager Staff
D5M	Transactions Prior to V12
DMD	Audit Report
DMC	Audit Export
DME	Audit Inactivity
DFG	Corrective Action Email Audit
D3K	Temporary Staff Reassignments System Settings

\*\* Option to Create Export File in Addition to Report.

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