VERITAS Event Reporting System

Entering a VERITAS event

You must now use Google Chrome instead of Internet Explorer

This is the preferred web browser to use with VERITAS.

Veritas URL: https://veritas.mc.vanderbilt.edu

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VANDERBILI	VERIAGI		ر solutions رواند المراجع
		This report will be reviewed by Risk and Insurance Management, and by individual(s) responsible for the location or event type. Medical Center events entered into VERITAS are considered confidential and are not to be used for disciplinary purposes or external research. On August 2nd, Veritas will be down to <u>upgrade</u> Please report all work-related injuries using VERITAS. If you wish to report an incident anonymously, please click the "Anonymous" button below; otherwise click "Login" and enter your VunetID and ePassword on the next screen To access training for the new VERITAS click here After logging in enter "VERITAS" in the "Find a Course" search area. <u>Anonymous</u> Login using vunetID and password	

- To login to VERITAS you must click on "Login using your vunetID and password" icon
- If you are at not on a Vanderbilt network, you will need to VPN through the Vanderbilt firewall.

R Login ×		
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R software for safer healthcare		ST a
	Vanderbilt Vanderbilt Vanderbilt Vanderbilt Username: LOGIN	
	Submit Anonymously	

- To login to VERITAS you must use your VUNETID and E-password
- Anonymous reporting is allowed

RL File	Info Center - My Inco 🗙 📃				the test depending of	n. hana			<u> </u>
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RL	software for safer healthcare							Dashboards	Bookmarks Logged in as RL Entry
<u> </u>	File Info Center VIEW: MY INCOMPLETE FILES								
	C	Search		Q					1 - 1 of 1 < > 50 • per page
	PERSONAL VIEWS		Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
	My Incomplete files	D O ô	566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	
		• To File	begin e"	a new VERITAS	6 entry click or	n the paper ico	n called "New		



First Report of Work Injury



Complaint



Environment







Injury / Illness (Visitor/Student)



Nutrition / Dietary





Incident



VUSN INCIDENTS



Other

Property Damage

Safety / Security / Restraint



- Click on the type of event you wish to enter •



- Begin by including specific event information
- Scroll down for additional information fields
- Fields with an asterisk (*) are required

General Submission Form			
Table of Contents General Event Information	General Event Information		
Person Affected Event Details Specific Event Details	General Incident Type	* WORK-RELATED INJURY OR ILLNESS *	
···	Classification of Person Affected	* EMPLOYEE *	
Elapsed time: 00:45	Is This Event EStar Related	*	
2 of 26 mandatory fields completed.	Berson Affected	*	
	First Name	*	
	Employee ID#		
	DOB	*	
	Zip Code of Home Residence	*	
	Valid Vanderbilt Email Address	*	
	Work Phone Number	*	
	Attending Physician		

• Enter in information about the person affected

General Submission Form		
Table of Contents	Attending Physician	
General Event Information		
Person Affected	 Event Details 	
Event Details		
Specific Event Details	Incident Date	*
File Status Elapsed time: 02:41	Incident Time (military time)	*
3 of 37 total fields completed.	Organization	Vanderbilt University +
2 of 26 mandatory fields completed.	Site Where Incident Occurred	*
	Department Where Incident Occurred	*
	Location	*
	Closest Building Location	*
	Location of Accident (ex. sidewalk on 21st Ave.)	*
	Entered Date	07-26-2018
	Entered Time	13:22

- Enter the Event Details for when and where the event occurred
- **ALWAYS** select Vanderbilt University as the organization!! (You can then use the Site, Department, and Location boxes to select/narrow down where the event occurred—including VUMC or off campus.)

Specific Event Details

Who was notified following the incident?	Not Specified Add/Modify
Supervisor Name	*
What type of injury have you sustained?	*
Body Part Affected	*
Body Part Affected 2	•
Body Part Affected 3	•
Body Part Affected 4	•
Body Part Affected 5	-
What was the cause of the accident?	*
Where are you seeking medical attention?	*
Significant concern that requires an intensive review	•
	Be like Joe Friday and only state the facts of the event
Brief Factual Description	*

• Enter the Specific Event Details for this event including the Brief Factual Description

General Submission Form			
C Secure https://ritest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_S	SUBMIT&icon=1000008&file=0		🖈 🔍 m 🗄
software for safer healthcare	Your session was renewed succe	ssfully. This message will go away in a few seconds	Dashboards Bookmarks - Logged in as RL Entry -
General Submission Form	_		
Table of Contents	Specific Event Details		
General Event Information Person Affected Event Details	Specific Incident Type	* from bed •	
Specific Event Details	Fall Was	Alleged •	
File Status Elapsed time: 21:23	Safety Precautions at Time of Incident	Not Specified Add/Modify	
19 of 28 total fields completed. 13 of 13 mandatory fields completed.	Type of Restraint (if applicable)	· · ·	
	Who was notified following the incident?	Not Specified Not Specified	
	Contributing Factors	Add/Modify	
		Be like Joe Friday and only state the facts of the event	
	Brief Factual Description		
	 Who Was Involved/Witne 	ssed/Notified	
	Who Was Incloved/Witnessed This Even Add Modif) Delete Party Folved Name Not Specified	t Classification of Party Department	
Last Saved: 07-23-2018 10:04			Delete Exit More Actions * Submit

- Under "Who was Involved/Witnessed/Notified," Click on Add to list each person involved
- Ignore if there are no other individuals involved

	General Submission Form ×			≟ _ 0 <mark>×</mark>
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Table of Contents Densit Information Perior, Affected Perior, Affected Specific Event Details Specific Event Details Perior, Affected Perior, Perior, Affected Perior, Perio	General Submission Form			
	Table of Contents General Event Information Person Affected Event Details Specific Event Details Sec File Status Elapsed time: 23:43 19 of 28 total fields completed. 13 of 13 mandatory fields completed. Phone # Witness Relations	Specific Event Details Specific Event Details Specific Incident Tune * (room herd ? * Witness rry re Daffy Duck		
Who Was Involved/Witnessed/Notified Who Was Involved/Witnessed This Event Add Modify Delete Party Involved Name Classification of Party Department Not Specified		Who was involved/witnessed/notified Who was involved/witnessed This Event Add. Modify: Delete Party Involved Name Classification of Party Department Not Specified		

• Enter the involved individual's role and information and click OK

General Submission Form X					1 - 0 -×-
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software for safer healthcare			Dashboards	Bookmarks 👻	Logged in as RL Entry 👻
General Submission Form					
Table of Contents	Specific Event Details				•
General Event Information Person Affected	Specific Incident Type	* from bed -			
Event Details Specific Event Details	Fall Was	Alleged -			
File Status Elapsed time: 24:41	Safety Precautions at Time of Incident	Not Specified Add/Modify			
20 of 28 total fields completed.	Type of Restraint (if applicable)	•			
13 of 13 mandatory fields completed.	Who was notified following the incident?	Not Specified Add/Modify			
	Contributing Factors	Not Specified Add/Modify			
	Reported Incident Severity	Severity Level 1-No Known Harm Pa like los Erides and apply able the facts of the sumst			
		be line due Friday and only state the facts of the event			
	Brief Factual Description				
	Who Was Involved/Witne	essed/Notified			
	Who Was Involved/Witnessed This Even	ıt			
	Add Modify Delete Party Involved Name Daffy Duck	Classification of Party Department			
					-
Last Saved: 07-23-2018 10:04			Delete	Exit	More Actions * Submit

- Involved individual's information will be updated
- Click Add again to list additional individuals

General Submission Form ×					
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software for safer healthcare			Dashboards	Bookmarks 👻	Logged in as RL Entry 👻
General Submission Form	-				
Table of Contents	Specific Event Details				ŕ
General Event Information					
Person Affected	Specific Incident Type	* from bed	•		
Event Details					
Specific Event Details	Fall Was	Alleged	•		
File Status Elapsed time: 24:41	Safety Precautions at Time of Incident	Not Specified Add/Modify			
20 of 28 total fields completed.	Type of Restraint (if applicable)		•		
13 of 13 mandatory fields completed.	Who was notified following the incident	Not Specified			
	Contributing Factors	Not Specified Add/Modify			
	Reported Incident Severity	* Severity Level 1-No Known Harm	•		
	Brief Factual Description	Be like Joe Friday and only state the facts of the event			
	Who Was Involved/Witne	essed/Notified			
	Who Was Involved/Witnessed This Eve Add Modify Delete Party Involved Name Daffy Duck	nt Classification of Party Department			
Last Saved: 07-23-2018 10:04			Delete	Exit	More Actions * Submit

• Click on Submit when complete



• A message confirming your VERITAS was submitted successfully should appear. You will also receive an email confirmation.