

Nursing Home Reporting System

Louise Whitaker

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CIM 795

Product Description

The SafetyFirst is a system designed to make it easier for nursing home employees to report accidents and incidents as required by OSHA (Occupational Safety and Health Administration) for regulated industries. Safety is a major concern in the workplace and this system will provide a single place for all of the data to be analyzed and viewed.

SafetyFirst is a responsive web application, so it can be accessed on any device with internet access. There are two separate views: one for employees (Certified Nurse Aides, Certified Medical Aides, and Licensed Vocational Nurses) and one for the administration (Assistant Director of Nursing, Director of Nursing, and Business Administrators and Managers) .

The employee view is designed to be a simple reporting portal. Employees can log into an account and select a form they want to fill in from a set list of types of forms. They will be able to save forms to finish filling them in later, submit the form as well as view previously submitted forms.

The admin view is more complicated as they need to have access to many more functions. They will have all the functions from the reporting portal. Upon logging in they will have access to a dashboard that highlights reporting data. They will be able to view reports submitted by employees and have the ability to review those reports as well as append additional forms to the original form.

Project Description

This project was about finding a way to make it easier for administrators in nursing homes to keep track of incident reports. It is vital that these forms are easily accessible and kept track of because they must be reported to OSHA.

The process of creating this system began with sketches, breaking down all the information that would be gathered on forms, and creating flows of the important tasks to be completed using the system. Breaking down the forms was important because many of the forms ask for the same information, so the labels needed to be standardized. It was also important to gather the types of information being gathered in order to develop a useful dashboard.

Once the planning process was completed, it was time to move into sitemaps and developing the first round of wireframes. The first round of wireframes were completed to get an idea of what information needed to be on each page and to work through how a user would move through the system. The wireframes were created in Axure.

Product Overview

Objective:

Design and prototype an accident reporting system for nursing home settings. Provide user specific interface views: Report Submission and Analysis.

Requirements:

- Web Application
- Responsive Design
- Two views: One for non-administrative employees (reporting portal) and one for administrative employing (reporting dashboard)

Target Audience - Nursing Home Employees

Reporting Portal

- Certified Nurse Aides
- Certified Medical Aides
- Licensed Vocational Nurses

Reporting Dashboard

- Assistant Director of Nursing
- Director of Nursing
- Business Administrators and Managers

User Tasks

Reporting Portal

- Login and Logout
- Create Account
- Password Recovery
- Create and Edit Profile
- Select, View, Complete, Save and Submit Forms

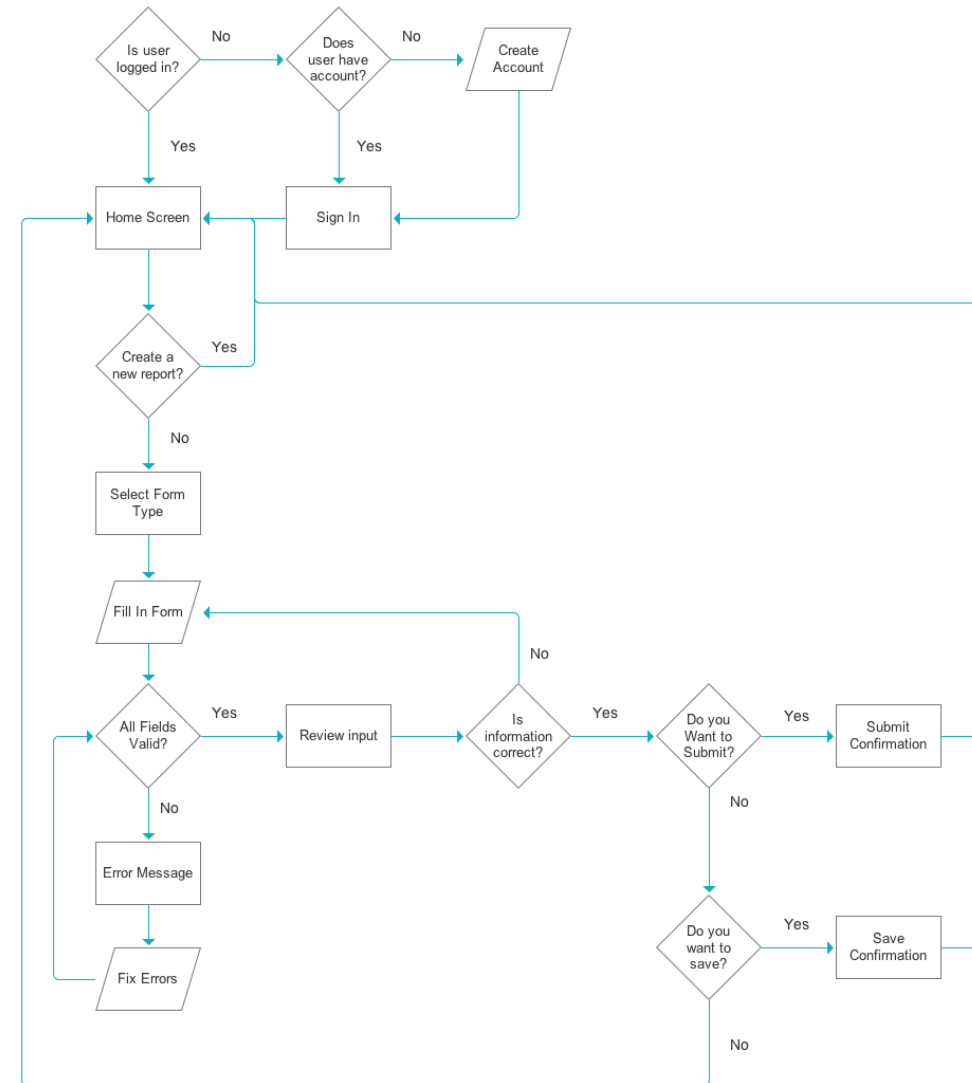
Reporting Dashboard

- Login and Logout
- Create Account
- Password Recovery
- Create and Edit Profile
- Select, View, Complete, Save and Submit Forms
- Review and Append Submitted Form
- View Report Analytics

Planning Process

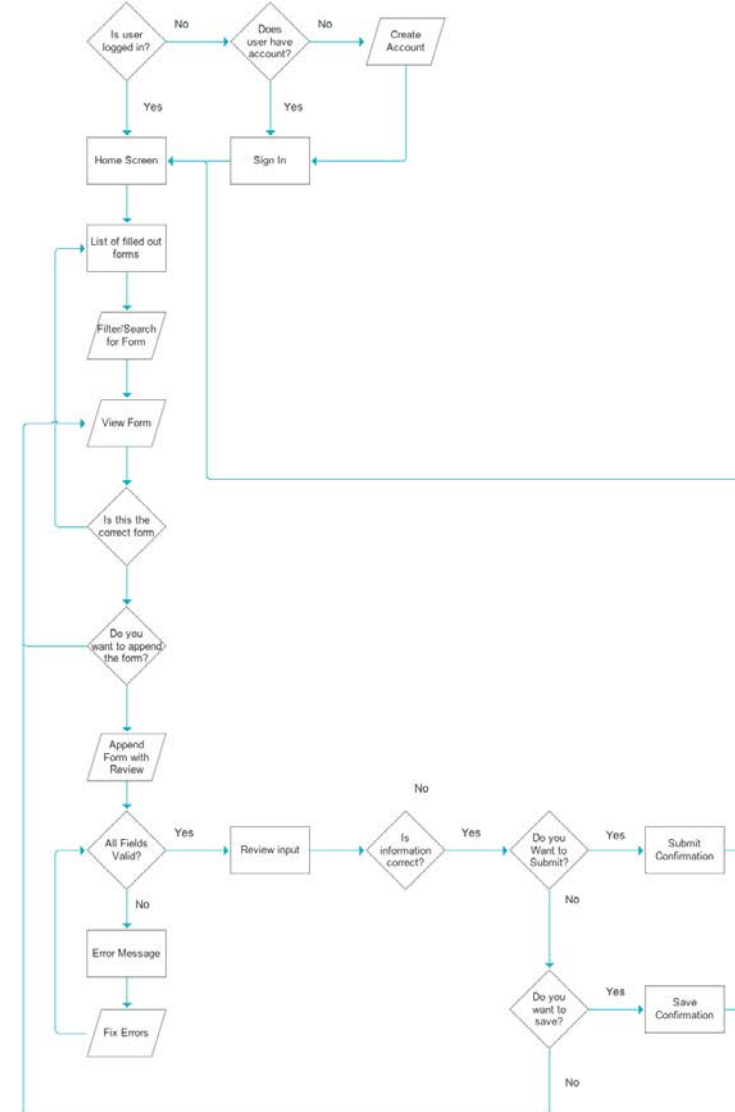
Task Flow – Create a Report (Reporting Portal)

Reporting Portal Submit an Accident Report

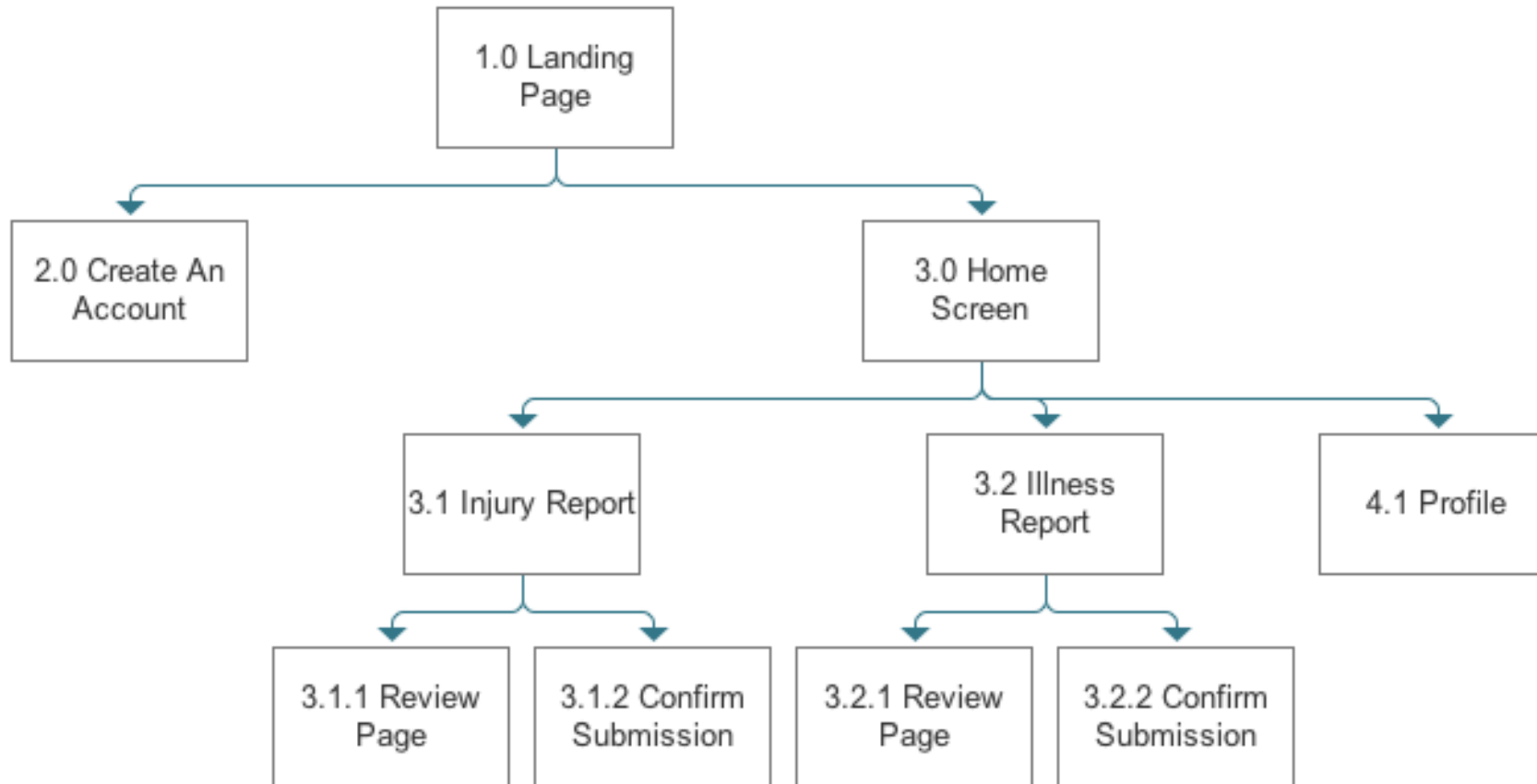


Task Flow – Append Report (Reporting Dashboard)

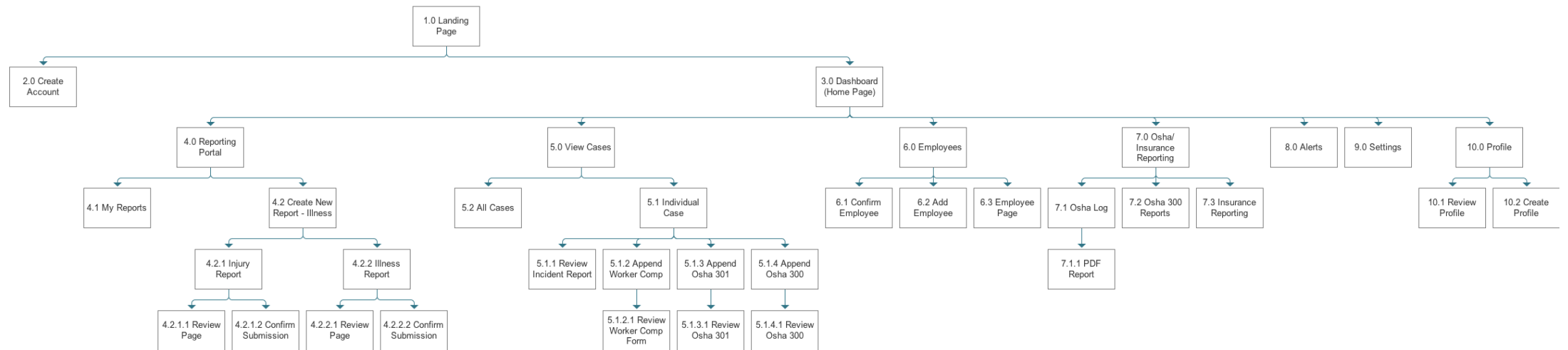
Reporting Portal Append Review to Submitted Report



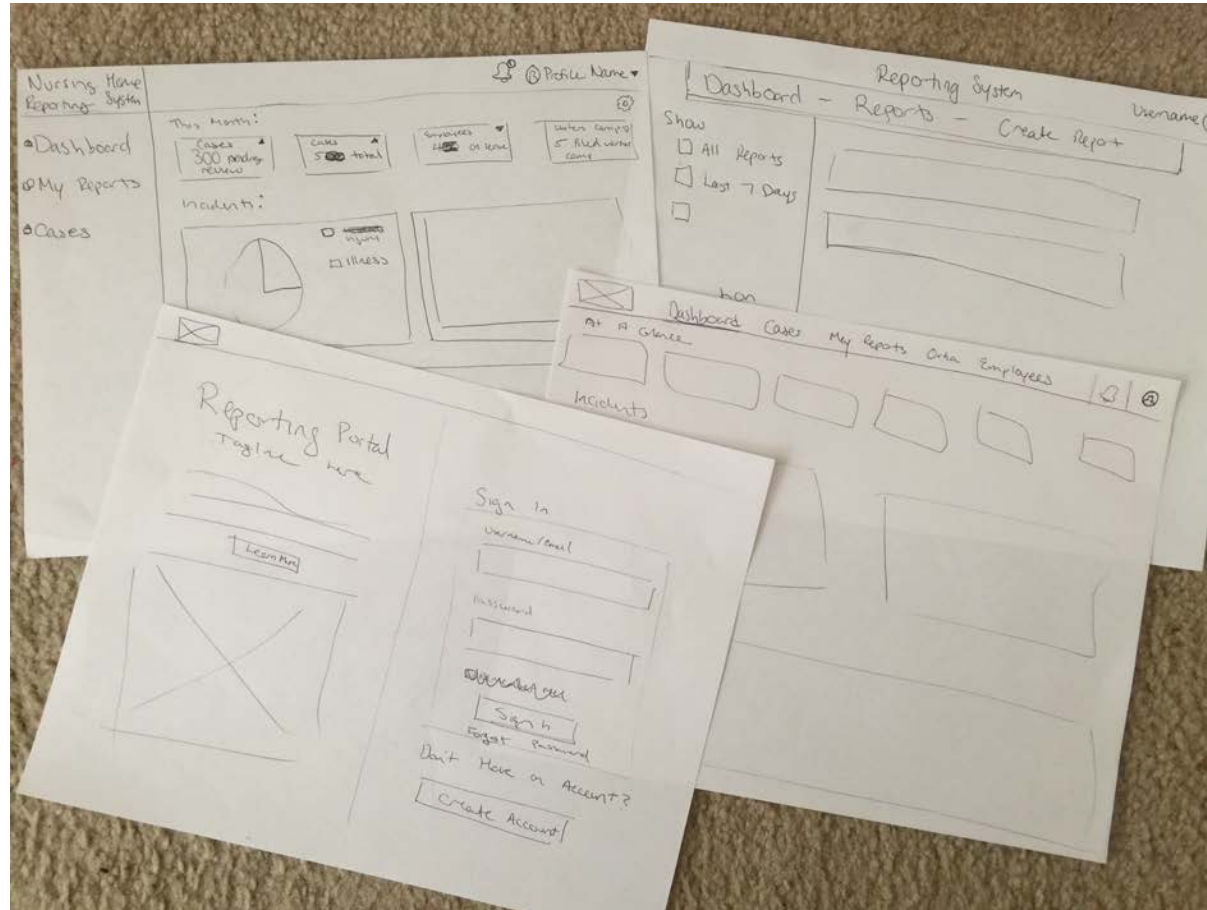
Site Map (Reporting Portal)



Site Map (Reporting Dashboard)



Sketches



Form Fields

1 - Sign Up Form

#	Field	Input Type
1.1	First Name	Input
1.2	Last Name	Input
1.3	Date of Birth	3 Inputs: month dropdown, day dropdown, year input
1.4	Email	
1.5	Username	Input
1.6	Password	Input
1.7	Confirm Password	Input

2 - Log In Form

#	Field	Input Type
2.1	Username	Input
2.2	Password	Input

3 – Profile Form

#	Field	Input Type
3.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
3.2	Birthdate	Prefilled 1.3
3.3	Gender	Select (Male, Female, Other)
3.4	Marital Status	Select (Married, Widowed, Separated, Divorced, Single, Other)
3.5	Job Location/site	Select (Location 1, Location 2, Etc)
3.6	Job Title	Select (Certified Nurse Aides, Certified Medical Aides, Licensed Vocational Nurses, Assistant Director of Nursing, Director of Nursing, Business Administrators, Business Managers)
3.7	Shift	Select
3.8	Manager Name	Select based on 3.5 (Select frm manager's names on that site)
3.9	Manager's Work Phone	Prefilled based on 3.8
3.10	Home Address	Input - Street, City, State, Zip
3.11	Home Phone	Input - (xxx) xxx-xxxx
3.12	Work Phone	Input - (xxx) xxx-xxxx
3.13	Email	Prefilled from signup if Email was used, else input example@example.com

4 - Injury Report Form

#	Field	Input Type
4.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
4.2	Employee Position	Prefilled 3.6 of employee profile
4.3	Shift	Prefilled 3.7 of employee profile - Can Change
4.4	Manager Name	Prefilled 3.8 of employee profile
4.5	When did the illness begin?	3 Inputs: month dropdown, day dropdown, year input
4.6	What time did the illness begin?	Input - hh:mm am/pm
4.7	Type of Injury	Select (Resident handling, Resident violence, Slip/trip/falls, Needle stick or sharp object, Chemical hazard, Biological hazard, Ergonomic hazard, Respiratory hazard, Physical hazard (extreme cold or heat, noise, lighting, UV radiation), Equipment handling, Equipment malfunction, Facility maintenance, Other)
4.8	Describe the Incident	Input
4.9	Select Medical Symptoms You Experienced (Check all that apply)	Select one or more (None, Abrasion/scrape, Amputation, Bleeding or Blood Loss, Broken bone, Bruising, Burn, Concussion, Coughing, Cut/laceration/puncture, Dizziness, Fatigue, Fever, Headache, Hearing impairment, Hernia, Illness, Skin Irritation/ Rash, Nausea, Muscle cramp/ spasm, Sprain, Strain, Swelling, Pain, Throat/Lung Irritation, Unconscious, Vision impairment, Vomiting, Other)
4.10	Select Medical Symptoms You Experienced (Check all that apply)	Select (Yes/No)
4.11	What was the diagnosis?	Input - Shown if 4.10 is Yes
4.12	*Timestamp	System generated on submit
4.13	*Case No	System generated on submit

5 - Illness Report Form

#	Field	Input Type
5.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
5.2	Employee Position	Prefilled 3.6 of employee profile
5.3	Shift	Prefilled 3.7 of employee profile - Can Change
5.4	Manager Name	Prefilled 3.8 of employee profile
5.5	When did the injury occur?	3 Inputs: month dropdown, day dropdown, year input
5.6	Event Time	Input - hh:mm am/pm
5.7	Type of Illness	Select (skin disorder, respiratory condition, poisoning, hearing loss, other)
5.8	Describe the Incident	Input Select one or more (None, Abrasion/scrape, Amputation, Bleeding or Blood Loss, Broken bone, Bruising, Burn, Concussion , Coughing, Cut/laceration/puncture, Dizziness, Fatigue, Fever, Headache, Hearing impairment, Hernia, Illness, Skin Irritation/ Rash, Nausea, Muscle cramp/ spasm, Sprain, Strain, Swelling, Pain, Throat/Lung
5.9	Select Medical Symptoms You Experienced (Check all that apply)	Irritation, Unconscious, Vision impairment , Vomiting , Other)
5.1	Select Medical Symptoms You Experienced (Check all that apply)	Select (Yes/No)
5.11	What was the diagnosis?	Input - Shown based on 10
5.12	*Timestamp	System generated on submit
5.13	*Case No	System generated on submit

6 - Workers Compensation Form

#	Field	Input Type
6.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
6.2	Birthdate	Prefilled 3.2 of employee profile
6.3	Gender	Prefilled 3.3 of employee profile
6.4	Marital Status	Prefilled 3.4 of employee profile
6.5	Social Security	Pulled from HR system
6.6	Home Phone	Prefilled 3.11 of employee profile
6.7	Home Address	Prefilled 3.10 of employee profile
6.8	Job Title	Prefilled 3.6 of employee profile
6.9	Hire date	Pulled from HR system
6.10	Work Phone	Prefilled 3.12 of employee profile
6.11	Manager's Name	Prefilled 3.8 of employee profile
6.12	Manager's Phone	Prefilled 3.9 of employee profile
6.13	Date of Incident	Prefilled 4.5/5.5
6.14	Time of Incident	Prefilled 4.6/5.6
6.15	Report Date	Prefilled from 4.12/5.12
6.16	Report Time	Prefilled from 4.13/5.13
6.17	Incident Type	Based on type of report filled (injury/Illness)
6.18	Type of Injury/Illness	Prefilled 4.7/5.7
6.19	Incident Description	Prefilled from 4.8/5.8
6.20	Facility	Prefilled 3.5 of employee profile
6.21	Unit	Select (short term care, long term care, specialized care)
6.22	Incident Location	Select (Kitchen, patient room, common areas, nursing station, corridor, etc.) Select (Nose, Mouth, Ear, Face, Chin, Head, Hair, Neck, Shoulder, Upper Arm, Armpit, Elbow, Forearm, wrist, Hand, Finger, Nail, Chest, Abdomen, Stomach, Upper back, Lower back, Spine, Backside, Hip, Leg, Knee, Ankle, Foot, Heel, Toes, Skin, Multiple body parts, Other)
6.23	Parts of Body Affected	
6.24	Activities Performed Prior to Incident	Input
6.25	Witnesses	Input
6.26	Have you ever been treated for a similar injury	Select (Yes/No)
6.27	Are you requesting medical treatment at this time	Select (Yes/No)

7 - Osha 301 Form

#	Field	Input Type
7.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
7.2	Birthdate	Prefilled 3.2 of employee profile
7.3	Gender	Prefilled 3.3 of employee profile
7.4	Home Address	Prefilled from 3.10 of employee profile
7.5	Hire date	Pulled from HR system
7.6	Case Number	Prefilled from 4.13/5.13
7.7	Date of injury or illness	Prefilled 4.5/5.5
7.8	Time employee began work	Input
7.9	Time of event (Check if time cannot be determined)	Prefilled 4.6
7.1	Activities Performed Prior to Incident	Prefilled from 6.24
7.11	Incident Description	Prefilled from 6.19
7.12	Type of Injury/Illness	Prefilled 4.7/5.7
7.13	What object or substance directly harmed the employee?	Input
7.14	If the employee died, when did death occur? Date of death	Input - mm/dd/yyyy
7.15	Name of physician or other health care professional	Input
7.16	Where was treatment given?	Input – facility/city/state/state/zip
7.17	Was employee treated in an emergency room?	Select (Yes/No)
7.18	Was employee hospitalized overnight as an in-patient?	Select (Yes/No)
7.19	Completed by	Prefilled from 3.1 of admin profile
7.20	Title	Prefilled from 3.6 of admin profile
7.21	Phone	Prefilled from 3.12 of admin profile
7.22	Date	System generated

8 - Osha 300 Form

#	Field	Input Type
8.1	Employee Name	First and Last, Prefilled 1.1 and 1.2
8.2	Job title	Prefilled 3.6 of employee profile
8.3	Case Number	Prefilled from 4.13/5.14
8.4	Date of injury or onset of illness	Prefilled 4.5/5.7
8.5	Location of Incident	Prefilled 6.20-6.22
8.6	Check the "injury" column or choose one type of illness: Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill	Prefilled from 4.7
8.7	Classify the case	Prefilled from 7.12, 7.13 and 6.20
8.8	Days Away From Work	Select (Death, Days away from work, job transfer, other)
8.9	Days On job transfer or restriction	Input (# of days) only shown if "Days away from work" selected in 8.8
8.11	Facility	Input (# of days) only shown if "Job Transfer" selected in 8.8
8.12	City	Prefilled by system
8.13	State	Prefilled by system

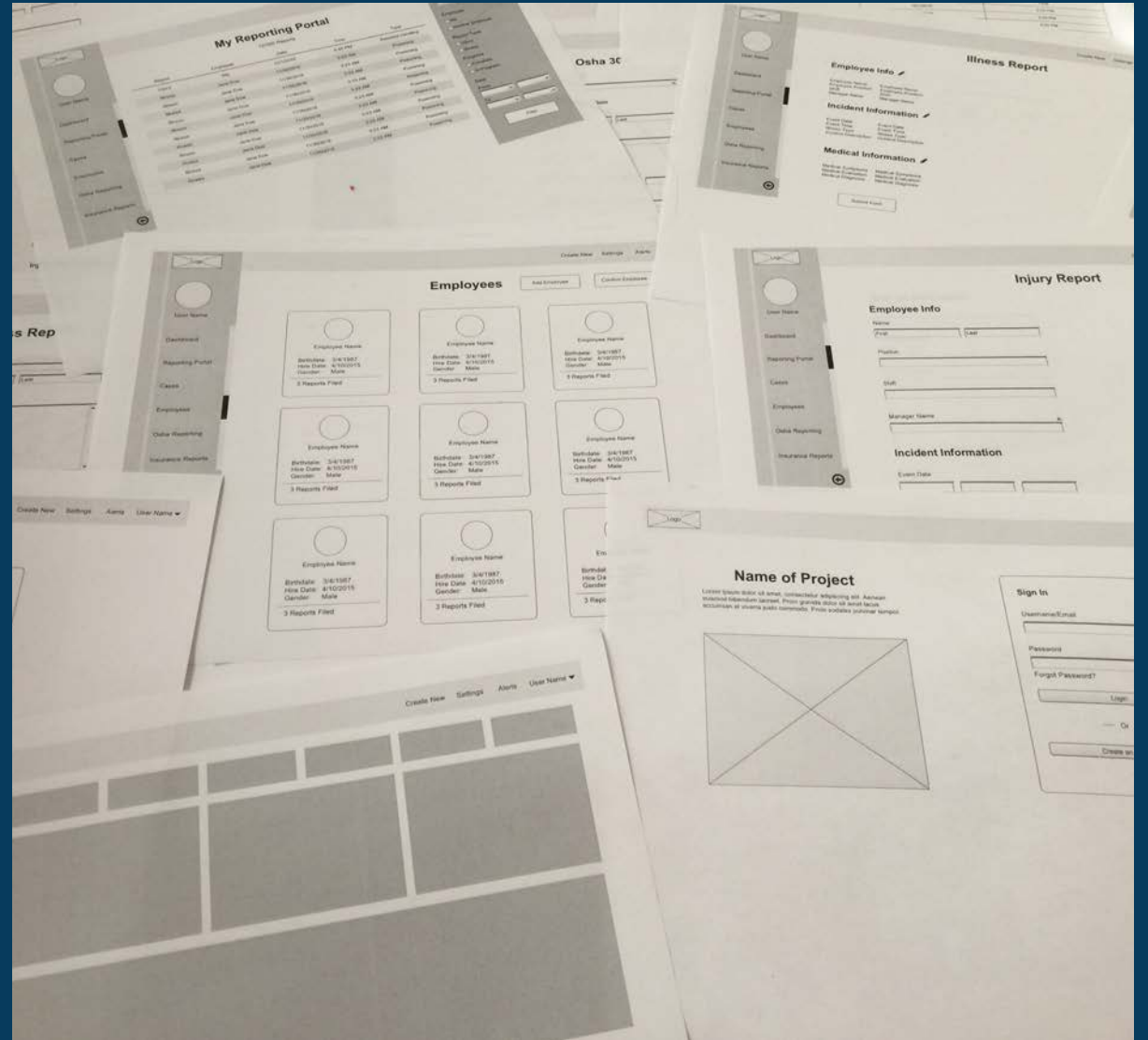
9 - Append Review Form

#	Field	Input Type
9.1	Notes	Input
9.2	*Timestamp	System Generated

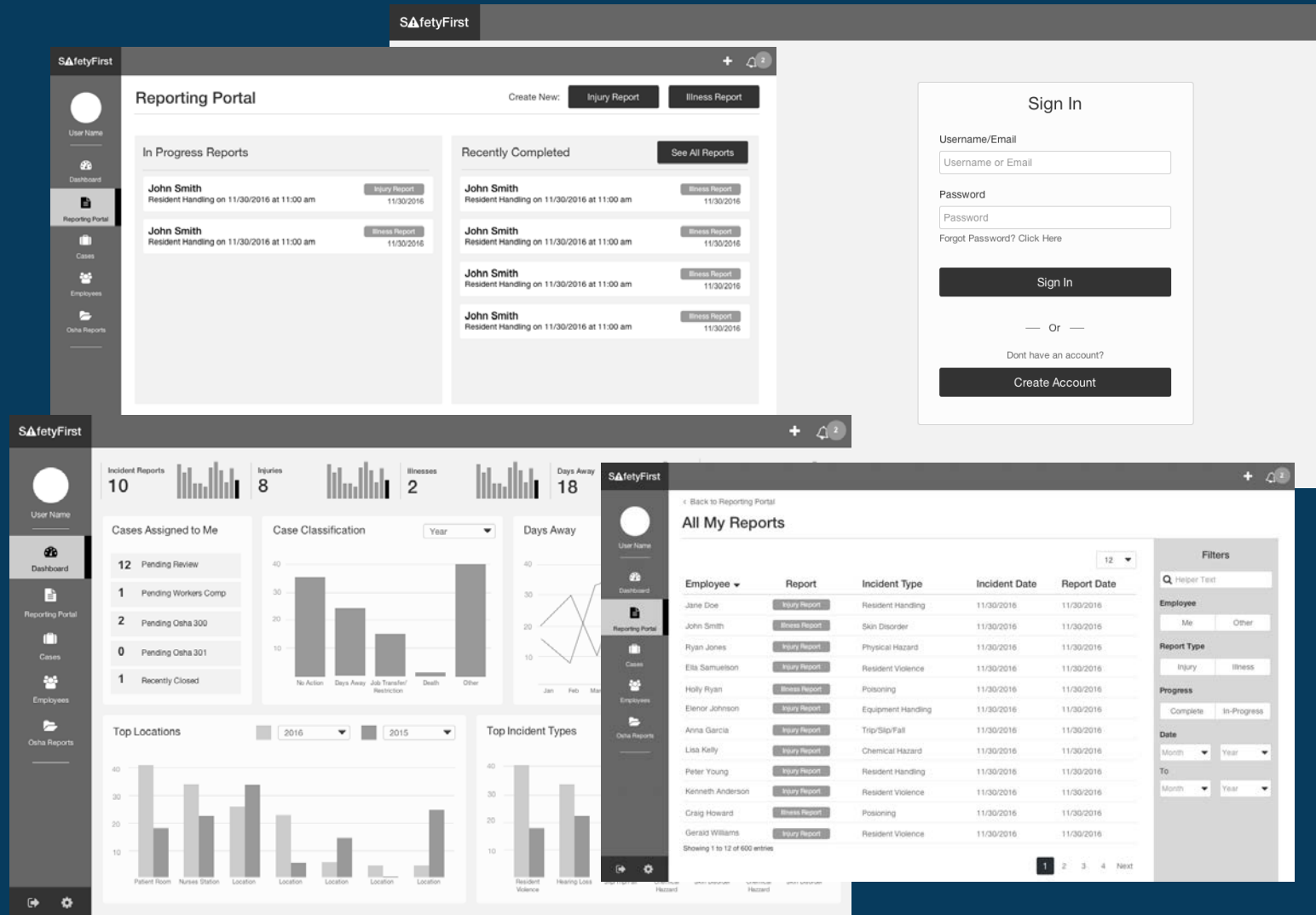
10 - Witness Report Form

#	Field	Input Type
10.1	Witness	Input
10.2	Notes	Input
10.3	*Timestamp	System Generated

Wireframes V1



Wireframes V2



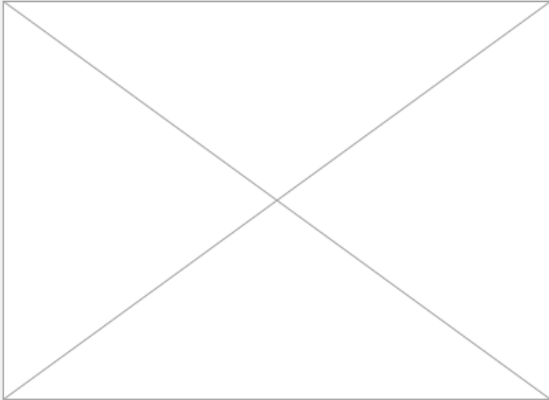
1.0 Landing Page

SAfetyFirst

1

SAfetyFirst
The Workers Safety Reporting System

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor.



2

Username/Email

3

4

5

6

Username or Email

Password

Forgot Password? Click Here

Sign In

— Or —

Dont have an account?

Create Account

1.0 Landing Page

1. Introductory Information about Safety First
2. Username/Password Entry – Flexible to allow users to use either an email or a password
3. Standard password entry, hides characters the user has entered
4. Forgotten password link, this will take the user to a page where they can reset their password by sending an email or by sending an alert to an administrator to reset it for them if they don't have an email
5. On click credentials will be validated and if the user has correct username/email and password, they will go to the dashboard page
6. On click the user will go to the Create and Account Page where they can create an account if they don't have one

2.0 Create Account

The screenshot shows a web interface for creating an account. At the top, a dark grey header bar contains the 'SAfetyFirst' logo, which is marked with a yellow circle and the number '1'. Below the header, the main content area has a light grey background. A white box in the center contains the form. The form is titled 'Welcome to SAfetyFirst!' and 'Create an Account', with the title area marked by a yellow circle and the number '2'. The form fields are as follows: 'First Name' and 'Last Name' (two separate text boxes), 'Email' (one text box), 'Birth Date' (three dropdown menus for Month, Day, and Year), 'Username' (one text box), 'Password' (one text box), and 'Confirm Password' (one text box with the label 'Retype Password'). At the bottom of the form, there are two buttons: a dark grey 'Create Account' button marked with a yellow circle and the number '3', and a light grey 'Cancel' button marked with a yellow circle and the number '4'.

1 SAfetyFirst

Welcome to SAfetyFirst!

2 Create an Account

First Name Last Name

First Name Last Name

Email

Email

Birth Date

Month Day Year

Username

Username

Password

Password

Confirm Password

Retype Password

3 Create Account 4 Cancel

2.0 Create Account

1. On click user will return to the landing page
2. Create an account form – has inline validation – see “1 - Sign Up Form” for field specifications
3. On click the user will be taken to the profile information page so they can add their personal and work information to the profile
4. Cancel button takes the user back to the Landing Page

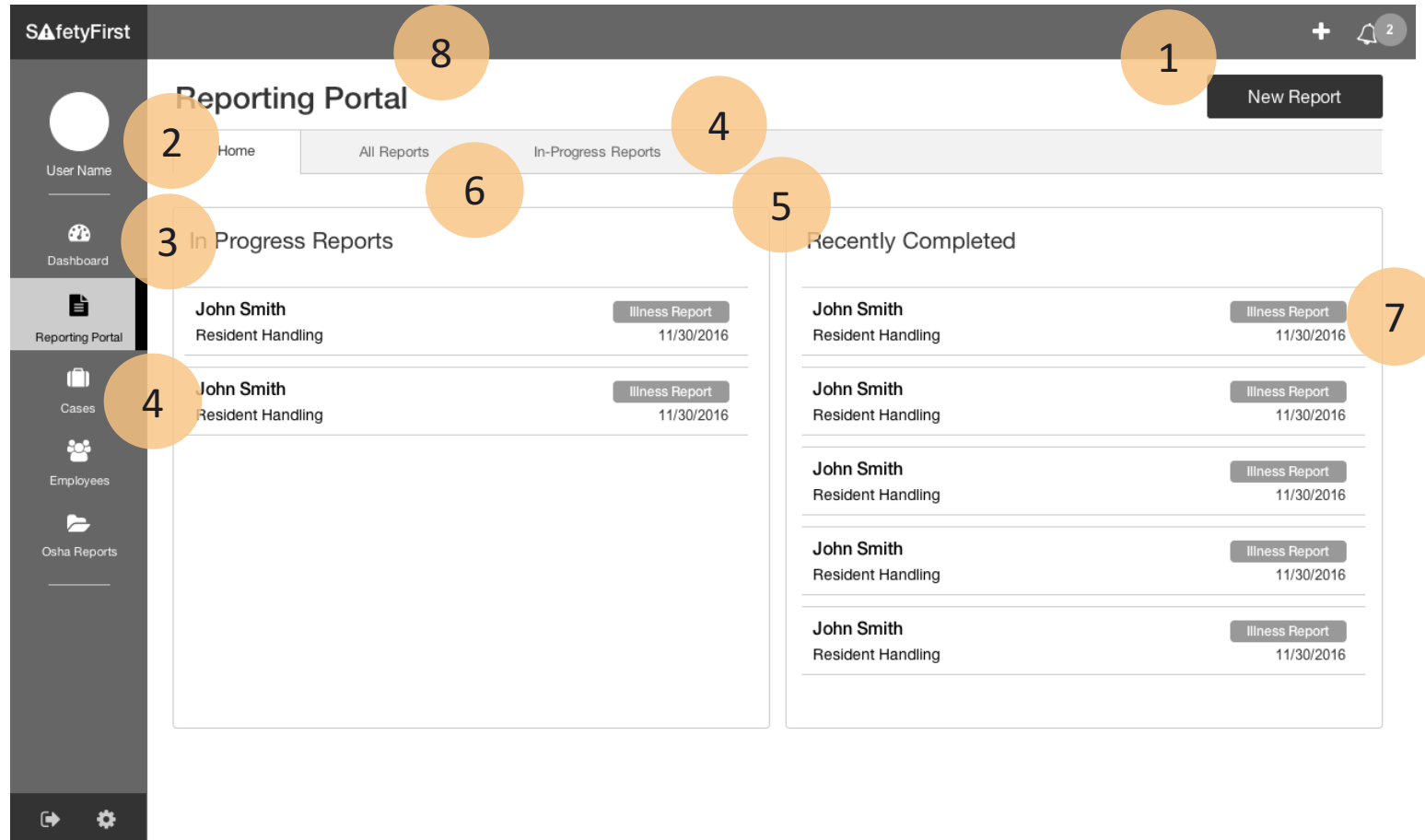
3.0 Dashboard



3.0 Dashboard

1. On click user will return to dashboard
2. Employee picture and name are displayed here – on click the user will go to their profile page
3. Link to dashboard – on hover the icon and text will change color and the background will go lighter, on active the text will be darker and the background color will be lighter
4. Link to reporting portal – on hover the icon and text will change color and the background will go lighter, on active the text will be darker and the background color will be lighter
5. Link to cases – on hover the icon and text will change color and the background will go lighter, on active the text will be darker and the background color will be lighter
6. Link to employee database – on hover the icon and text will change color and the background will go lighter, on active the text will be darker and the background color will be lighter
7. Link to OSHA/insurance reports – on hover the icon and text will change color and the background will go lighter, on active the text will be darker and the background color will be lighter
8. Link to settings page
9. Logout button
10. Quick add button – will display a dropdown where user can select add an injury/illness report or add an employee
11. Notifications icon – the user will have a badge showing how many new notifications they have, on click a notifications panel will slide in and out
12. At a glance charts – these 5 charts show counts for important items for that month, they have a bar chart to show how that month is doing compared to the previous 12 months
13. Dashboard widget shows how many cases the admin has by status
14. Dashboard widget shows how many cases by classification have occurred in a bar chart format - user can select time frame they want to view
15. Dashboard widget shows how many days away were taken compared to how many days were transferred – user can hide/unhide line by pressing the label
16. Dashboard widget shows top 6 locations for incidents for one year - user can compare years – user can hide/unhide bars by pressing the label
17. Dashboard widget shows top 6 injury/illness types for one year – user can compare years – user can hide/unhide bars by pressing the label

4.0 Reporting Portal



4.0 Reporting Portal

1. On click the user can create a new incident report
2. Reporting portal navigation
3. Section shows the in progress reports the user was working on
4. On click user user will be taken back to the form they were in the process of working on
5. Section shows the last 5 reports the user submitted
6. On click the user will go to the “All my Reports” Screen
7. On click the user will go to a review page where they can see the form/edit the form/print
8. This is the reporting portal so only injury/illness reports that the user has created will appear in this portal, they will not be able to see forms submitted by other users from this view

4.1 All My Reports

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

Home

All Reports

In-Progress Reports

12

Employee	Report	Incident Type	Incident Date	Submitted On
Jane Doe	Injury Report	Resident Handling	11/30/2016	11/30/2016
John Smith	Illness Report	Skin Disorder	11/30/2016	11/30/2016
Ryan Jones	Injury Report	Physical Hazard	11/30/2016	11/30/2016
Ella Samuelson	Injury Report	Resident Violence	11/30/2016	11/30/2016
Holly Ryan	Illness Report	Poisoning	11/30/2016	11/30/2016
Elenor Johnson	Injury Report	Equipment Handling	11/30/2016	11/30/2016
Anna Garcia	Injury Report	Trip/Slip/Fall	11/30/2016	11/30/2016
Lisa Kelly	Injury Report	Chemical Hazard	11/30/2016	11/30/2016
Peter Young	Injury Report	Resident Handling	11/30/2016	11/30/2016
Kenneth Anderson	Injury Report	Resident Violence	11/30/2016	11/30/2016
Craig Howard	Illness Report	Posioning	11/30/2016	11/30/2016
Gerald Williams	Injury Report	Resident Violence	11/30/2016	11/30/2016

Showing 1 to 12 of 600 entries

6

1

2

3

4

Next

New Report

Filters

Search Keywords

Employee

Me

Other

Report Type

Injury

Illness

Progress

Complete

In-Progress

Incident Date

From

Month

Year

To

Month

Year

4.1 All My Reports

1. On click user will go back to the reporting portal home page
2. Dropdown to select how many rows are visible in the table
3. The filter panel – as the user selects options or types in a search keyword the view will automatically update
4. On click user can sort the table – all columns are sortable
5. On click user will go to the report review page
6. Table pagination

4.2 Create New Injury/Illness Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

Home

All Reports

In-Progress Reports

New Incident Report

Report Information

What was the incident?

Injury

Illness

Who are you filling this form out for?

Myself

Another Employee

Select Employee

Select Employee

Start Report

Cancel

In Progress Reports

New Report

Injury Report

11/30/2016

John Smith

Resident Handling

Injury Report

11/30/2016

John Smith

Resident Handling

1

2

3

4

5

6

4.2 Create New Injury/Illness Report

1. User must select the type of report they want to fill out
2. User can select if they are filling out the form for themselves or another user
3. If user selects another user then they can select the employee they are filling out the form for in the drop down – new employee is an option in the drop down
4. On click user will go to the injury form/illness form
5. On click user will return to the reporting portal home
6. In progress reports panel will allow a user to jump between the reports they have in progress, it also allows them to see that as they enter information their form is being autosaved

4.2.1 Injury Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

Home

All Reports

In-Progress Reports

New Report

Incident Report

Injury Report

Form last saved
2 Seconds Ago

In Progress Reports

Employee Information

Change

Name

Jane Doe

Shift

Day Shift

Job Title

Nurse

Manager's Name

John Smith

Incident Information

When did injury occur?

Month

Day

Year

Today

What time did the injury occur?

Time

Type of Injury

Select an Injury

Describe the Incident

Incident description

Characters Remaining: 1000

Injury Report

11/30/2016

Jane Doe

Injury Report

11/30/2016

John Smith

Resident Handling

Injury Report

11/30/2016

John Smith

Resident Handling

Select the Symptoms You Experienced (Check All That Apply)

☐ None

☐ Abrasion/Scrape

☐ Amputation

☐ Bleeding of Blood Loss

☐ Broken Bone

☐ Bruising

☐ Burn

☐ Concussion

☐ Coughing

☐ Cut/Laceration/Puncture

☐ Dizziness

☐ Fatigue

☐ Fever

☐ Headache

☐ Hearing Impairment

☐ Hernia

☐ Illness

☐ Skin Irritation/Rash

☐ Nausea

☐ Muscle Cramp/Spasm

☐ Sprain

☐ Swelling

☐ Pain

☐ Throat/Lung Irritation

☐ Unconscious

☐ Vision Impairment

☐ Vomiting

☐ Other

Describe Symptom

Medical Information

Did you receive a medical evaluation?

Yes

No

Medical Diagnosis

Explain the Diagnosis

Password must be at least 8 characters.

6

Review Submission

Cancel

7

4.2.1 Injury Report

1. The Injury report – has inline validation – see “4 – Injury Report” for field specifications
2. Profile Information is pulled for the user’s profile – if the information is found it will show up on the form in the review format
3. On click the section review will become an editable form section so the user can edit any incorrect information
4. On click today’s date will automatically fill in
5. Autosave indication – the form will save as the user makes any changes
6. On click the user will go to the review form page
7. On click the user will return to the reporting portal and form will show up in the inprogress section

4.2.1.1 Review Injury Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

New Report

HomeAll ReportsIn-Progress Reports

Incident Report

Injury Report

Employee Information

Change

NameJane Doe

ShiftDay Shift

Job TitleNurse

Manager's NameJohn Smith

Incident Information

Change

Day Illness Began11/30/2016

Time Illness Began12:24 AM

Type of IllnessResident Handling

Incident Description
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Symptoms ExperiencedSwelling
Pain

Medical Information

Change

Medical EvaluationYes

Diagnosis
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

3

Submit

Cancel

4

In Progress Reports

Injury Report11/30/2016

Jane Doe
Resident Handling

Injury Report11/30/2016

John Smith
Resident Handling

Injury Report11/30/2016

John Smith
Resident Handling

4.2.1.1 Review Injury Report

1. Review sections
2. On click the section will become editable and have a submit button at the end of the section
3. On click user will go to the confirm submission page
4. On click the user will return to the reporting portal and form will show up in the in-progress section

4.2.1.2 Confirm Submission

Are you sure you want to submit?

1 No 2

Your Report is Complete

The case number for this report is: 12345

Confirmation was emailed to: JohnDoe@gmail.com

3

4.2.1.2 Confirm Submission Modal

1. On click the user will confirm they want to submit the form
2. On click user will go back to review page
3. Confirmation modal – lets user know form was submitted, what the case number is and where the verification email was sent. On click user will goto the reporting dashboard

4.2.2 Illness Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

Home

All Reports

In-Progress Reports

Incident Report

Illness Report

Form last saved
2 Seconds Ago

In Progress Reports

Employee Information

Change

Name

Jane Doe

Shift

Day Shift

Job Title

Nurse

Manager's Name

John Smith

Incident Information

When did the illness begin?

Month

▼

Day

▼

Year

Today

What time did illness begin?

Time

Type of Injury

Select an Injury

▼

Describe the Incident

Incident description

Characters Remaining: 1000

New Report

Illness Report

11/30/2016

Jane Doe

Injury Report

11/30/2016

John Smith

Resident Handling

Injury Report

11/30/2016

John Smith

Resident Handling

1

Review Submission

Cancel

2

Select the Symptoms You Experienced (Check All That Apply)

☐ None

☐ Abrasion/Scrape

☐ Amputation

☐ Bleeding of Blood Loss

☐ Broken Bone

☐ Bruising

☐ Burn

☐ Concussion

☐ Coughing

☐ Cut/Laceration/Puncture

☐ Dizziness

☐ Fatigue

☐ Fever

☐ Headache

☐ Hearing Impairment

☐ Hemia

☐ Illness

☐ Skin Irritation/Rash

☐ Nausea

☐ Muscle Cramp/Spasm

☐ Sprain

☐ Swelling

☐ Pain

☐ Throat/Lung Irritation

☐ Unconscious

☐ Vision Impairment

☐ Vomiting

☐ Other

Medical Information

Did you receive a medical evaluation?

Yes

No

Medical Diagnosis

Explain the Diagnosis

Password must be at least 8 characters.

Review Submission

Cancel

2

4.2.2 Illness Report

1. Illness report behaves in identical way to Injury Report. Form has inline validation – see “5 – Illness Report” for field specifications
2. Go to confirm submission

4.2.2.1 Review Illness Report

SafetyFirst

1

+ 2

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Reporting Portal

New Report

HomeAll ReportsIn-Progress Reports

Incident ReportInjury Report

Employee Information

Change

NameJane Doe

ShiftDay Shift

Job TitleNurse

Manager's NameJohn Smith

Incident Information

Change

Day Illness Began11/30/2016

Time Illness Began12:24 AM

Type of IllnessResident Handling

Incident DescriptionLorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Symptoms ExperiencedSwellingPain

Medical Information

Change

Medical EvaluationYes

DiagnosisLorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Submit

Cancel

In Progress Reports

Injury Report11/30/2016

Jane DoeResident Handling

Injury Report11/30/2016

John SmithResident Handling

Injury Report11/30/2016

John SmithResident Handling

4.2.2.1 Review Illness Report

1. Review submission page – identical to Injury Report Review Page

4.2.2.2 Confirm Submission

Are you sure you want to submit?

1 No 2

Your Report is Complete

The case number for this report is: 12345
Confirmation was emailed to: JohnDoe@gmail.com

3

4.2.2.2 Confirm Submission

1. On click the user will confirm they want to submit the form
2. On click user will go back to review page
3. Confirmation modal – lets user know form was submitted, what the case number is and where the verification email was sent. On click user will goto the reporting dashboard

5.0 View Cases

The screenshot displays the 'SafetyFirst' application interface for viewing cases. The interface includes a sidebar with navigation options: User Name, Dashboard, Reporting, Cases (highlighted), Employees, and Osha Reports. The main content area is titled 'Cases' and features a tab for 'All Cases'. The data is organized into several sections: 'New Cases', 'Worker's Comp Pending', 'Osha 301 Pending', 'Osha 300 Pending', 'Other Open Cases', and 'Recently Closed Cases'. Each section contains a list of cases, all associated with 'John Smith' and 'Resident Handling', with a 'Fitness Report' button and a date of '11/30/2016'. Callout 1 points to the 'Cases' title, callout 2 points to the 'Cases' sidebar item, and callout 3 points to the 'Recently Closed Cases' section.

1 Cases

Open Cases All Cases

2

3

New Cases

John Smith Resident Handling	Fitness Report Case No 124
John Smith Resident Handling	Fitness Report Case No 124

Worker's Comp Pending

John Smith Resident Handling	Fitness Report 11/30/2016
---------------------------------	------------------------------

Osha 301 Pending

John Smith Resident Handling	Fitness Report Case No 124
John Smith Resident Handling	Fitness Report Case No 124
John Smith Resident Handling	Fitness Report Case No 124

Osha 300 Pending

John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016

Other Open Cases

John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016

Recently Closed Cases

John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016
John Smith Resident Handling	Fitness Report 11/30/2016

5.0 View Cases

1. Cases view – user can see all cases in the system assigned to all managers
2. This view would allow the user to see all open cases they have grouped by the status of each of those reports
3. The user can view the last 5 cases they closed – this will allow the user to possibly reopen a case they didn't mean to close or need to access

5.2 All Cases

The screenshot displays the 'SafetyFirst' application interface for viewing 'All Cases'. The interface includes a sidebar with navigation options: User Name, Dashboard, Reporting Portal, Cases (highlighted with callout 1), Employees, and Osha Reports. The main content area is titled 'Cases' and features tabs for 'Open Cases' and 'All Cases' (selected). A table lists 15 cases, with the first 12 visible. The table columns are Case No, Incident Type, Injury/Illness Type, Employee, Incident Date, and Status. A dropdown menu (callout 2) shows '12' entries. To the right, a 'Filters' panel (callout 3) includes a search bar, dropdowns for Employee and Assigned To, buttons for Incident Type (Injury, Illness), a dropdown for Injury/Illness Type, and date range selectors for Incident Date (From/To).

SafetyFirst + 2

Cases

Open Cases All Cases

12 ▼

Case No	Incident Type	Injury/Illness Type	Employee	Incident Date	Status
124	Injury Report	Resident Handling	Jane Doe	11/30/2016	Closed
125	Illness Report	Skin Disorder	John Smith	11/30/2016	Closed
126	Injury Report	Physical Hazard	Ryan Jones	11/30/2016	Closed
127	Injury Report	Resident Violence	Ella Samuelson	11/30/2016	Closed
128	Illness Report	Poisoning	Holly Ryan	11/30/2016	Closed
129	Injury Report	Equipment Handling	Elenor Johnson	11/30/2016	Closed
130	Injury Report	Trip/Slip/Fall	Anna Garcia	11/30/2016	Closed
131	Injury Report	Chemical Hazard	Lisa Kelly	11/30/2016	Closed
132	Injury Report	Resident Handling	Peter Young	11/30/2016	Closed
133	Injury Report	Resident Violence	Kenneth Anderson	11/30/2016	Closed
134	Illness Report	Posioning	Craig Howard	11/30/2016	Closed
135	Injury Report	Resident Violence	Gerald Williams	11/30/2016	Closed

Showing 1 to 12 of 600 entries

1 2 3 4 Next

Filters

Q Search Keywords

Employee
Select Employee ▼

Assigned To
Select Employee ▼

Incident Type
Injury Illness

Injury/Illness Type
Select Employee ▼

Incident Date
From Month ▼ Year ▼
To Month ▼ Year ▼

5.2 All Cases

1. Tabular view of all cases at the facility regardless of who they are assigned to. This table behaves the same way as the reporting portal.
2. On click dropdown will appear and user can select how many rows they want visible
3. Filter panel, user can select options, type in search. As user selects options table will automatically update

5.1 Individual Case

SafetyFirst

+

?

Cases

Open CasesAll Cases

User Name

Back to All Cases

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Case No. 1234

Injury Report

Case Status: Pending Workers Comp

Case Overview

Employee

Jane Doe

Employee Position

Assistant Director of Nursing

Incident Date

12/21/2016

Incident Time

5:00 AM

Injury Type

Resident Handling

Incident Description

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor.

Forms

Injury Report

Completed on Dec 21, 2016

✓

Workers Comp

Not Started

✗

OSHA 301

Not Started

✗

OSHA 300

Not Started

✗

Change Log

21

Dec 2016

Jane Doe

Submitted Illness Report

6:45 AM

21

Dec 2016

Jane Doe

Submitted Illness Report

6:45 AM

21

Dec 2016

Jane Doe

Submitted Illness Report

6:45 AM

Comments

Employee Name

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. On December 21 at 6:45 AM

Add Comment

Helper Text

Characters Remaining: 1000

Submit

Witness Reports

Employee Name

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. On December 21 at 6:45 AM

Add New Witness Report

5.1 Individual Case

1. Back to cases link – will take the user back to the screen they were just on
2. Case overview information, at a glance information to help user determine which case they are in. It will be static so as user scrolls through the other sections on the right of the page, the case overview will remain static
3. Reports view, shows which reports have been completed, started and still need to be completed. User can select any of the reports and will be taken to the reports view
4. Change log will show all changes made to the case and by whom
5. Comments section will show all comments that have been made on the case
6. User can add comment to any case, even if they are not assigned
7. Witness reports can be added to the case – adding witness reports not wireframed

5.1.1 Review Incident Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Cases

Open CasesAll Cases

Injury Report

Employee Information

NameJane Doe

ShiftDay Shift

Job TitleNurse

Manager's NameJohn Smith

Change

Incident Information

Day Illness Began11/30/2016

Time Illness Began12:24 AM

Type of IllnessResident Handling

Incident DescriptionLorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Symptoms ExperiencedSwelling
Pain

Change

Medical Information

Medical EvaluationYes

DiagnosisLorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Change

Back to Case View

Case No 1234

Incident Report

Completed

Jane Doe

12/21/2016

Incident Report

In-progress

Jane Doe

12/21/2016

Incident Report

Not Started

Incident Report

Not Started

5.1.1 Review Incident Report

1. Editable sections the user can edit on click. On click the section will become an editable form.
2. Back to the case view, this will take the use back to the case view
3. This will show the user what forms have been compleeted, they can switch between the forms

5.1.2 Worker's Comp Form

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Data Reports

Cases

Open Cases

All Cases

Worker's Comp

Employee Information

Change

Name	Jane Doe	Job Title	Nurse
Birth Date	11/6/1974	Work Phone	(305) 555-6543
Gender	Female	Hire Date	3/7/2014
Marital Status	Single	Manager's Name	John Smith
Social Security Number	xxx-xx-2345	Manager's Phone Number	(305) 555-1234
Home Address	23454 NE Maple Lane Miami FL 33145		
Home Phone	(202) 555-4957		

Incident Information

When did injury occur?

Month

Day

Year

What time did the injury occur?

Time

Date of Report

Month

Day

Year

Time of Report

Time

Incident Type

Select Incident Type

Injury Type

Incident Type

Back to Case View

Case No 1234

Incident Report

Completed

Jane Doe

12/21/2016

Incident Report

In progress

Jane Doe

12/21/2016

Incident Report

Not Started

Incident Report

Not Started

Form last saved

2 Seconds Ago

Describe the Incident

Describe the Incident

Characters Remaining: 1000

Location of Incident

Select a Facility

Select a Unit

Select a Location

Select the affected body parts (Check All That Apply)

☐ Abdomen
 ☐ Ankle
 ☐ Amput
 ☐ Backside
 ☐ Chest
 ☐ Chin
 ☐ Ear
 ☐ Elbow
 ☐ Face
 ☐ Finger
 ☐ Foot
 ☐ Forearm
 ☐ Hair
 ☐ Hand
 ☐ Head
 ☐ Heel
 ☐ Hip

☐ Knee
 ☐ Leg
 ☐ Lower Back
 ☐ Mouth
 ☐ Nail
 ☐ Neck
 ☐ Nose
 ☐ Shoulder
 ☐ Skin
 ☐ Spine
 ☐ Stomach
 ☐ Toes
 ☐ Upper Arm
 ☐ Upper Back
 ☐ Wrist
 ☐ Other

Describe Symptom

Select activities performed prior to the incident

<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity
<input type="checkbox"/> Other	<input type="text" value="Describe Symptom"/>

Are there any witnesses?

☐ Yes ☐ No

Witnesses

List witnesses

Characters Remaining: 1000

Medical Information

Have you ever been treated for a similar injury?

☐ Yes ☐ No

Are you requesting medical treatment at this time?

☐ Yes ☐ No

1. See 6-Workers Comp form for fields/inputs

5.1.2.1 Worker's Comp Review

SafetyFirst

Back to Case View

Case No 1234

Worker's Comp

Completed
Jane Doe
12/21/2016

In-progress
Jane Doe
12/21/2016

OSHA 301
Not Started

OSHA 300
Not Started

Employee Information

Change

Name: Jane Doe
Birth Date: 11/6/1974
Gender: Female
Marital Status: Single
Social Security Number: xxx-xx-2345
Home Address: 23454 NE Maple Lane
Miami FL 33145
Home Phone: (305) 555-4957
Job Title: Nurse
Work Phone: (305) 555-6543
Hire Date: 3/7/2014
Manager's Name: John Smith
Manager's Phone Number: (305) 555-1234

Incident Information

Change

Date Injury Occurred: 11/30/2016
Time Injury Occurred: 12:24 AM
Date of Report: 11/30/2016
Time of Report: 12:24 AM
Incident Description: Resident Handling
Location: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.
Body Parts Affected: Abdomen
Prior Activities: Activity 1
Witnesses: None

Medical Information

Change

Treated for a similar injury?: No
Requesting medical treatment?: Yes

1. Behaves same way as all review pages

5.1.3 Osha 300 Report

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Cases

Open CasesAll Cases

OSHA 301

Employee InformationChange

Name	Jane Doe
Birth Date	11/6/1974
Gender	Female
Home Address	23454 NE Maple Lane Miami FL 33145
Hire Date	(305) 555-4957

Incident Information

When did injury occur?

MonthDayYear

What time did the injury occur?

Time

What time did employee begin work?

Time

Injury Type

Incident Type

Select activities performed prior to the incident (check all they apply)

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ OtherDescribe Symptom

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

☐ Activity

Back to Case View

Case No 1234

Incident ReportCompletedJane Doe12/21/2016

Worker's CompIn-progressJane Doe12/21/2016

OSHA 301In-progressJane Doe12/21/2016

OSHA 300Not Started

Describe the Incident

Describe the Incident

Characters Remaining: 1000

What caused employee harm?

List witnesses

Characters Remaining: 1000

Incident Information

Name of Physician

Time

Name of Treatment Facility

Time

Address of Treatment Facility

Street Line 1

Street Line 2 (Optional)

City

State

Zip

Was employee treated in emergency room?

Yes

No

Was employee hospitalized overnight?

Yes

No

Review Submission

Cancel

1. See 7-OSHA 300 form for fields/inputs

5.1.3.1 Review Osha 300 Report

SafetyFirst

Cases

Open Cases All Cases

OSHA 301

Employee Information

Name Jane Doe
Birth Date 11/6/1974
Gender Female
Home Address 23454 NE Maple Lane
Miami FL, 33145
Hire Date (305) 555-4957

Incident Information

Case No 1232
Date Injury Occurred 12/21/2016
Time of Injury 12:24 AM
Time Employee Started 9:00 AM
Injury Type Resident Handling
Prior Activities Activity 1
Incident Description Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.
What Caused Harm Patient

Medical Information

Name of Physician Amelia Jones
Facility Sunrise Health Center
Facility Address 23454 NE Maple Lane
Miami FL, 33145
Treated in Emergency Room? No
Overnight Hospitalization? No

Back to Case View

Case No 1234

Incident Report Completed Jane Doe 12/21/2016

Worker's Comp In-progress Jane Doe 12/21/2016

OSHA 301 In-progress Jane Doe 12/21/2016

OSHA 300 Not Started

1. Behaves same way as all review pages

5.1.4 Osha 301 Report

SafetyFirst

Cases

Open Cases All Cases

OSHA 300

Employee Information [Change](#)

Name Jane Doe
Job Title Assistant Director of Nursing

Incident Information

When did injury occur?
Month Day Year

Location of Incident
Select a Facility
Select a Unit
Select a Location

Describe the Incident
Describe the Incident
Characters Remaining: 100

Classify the Case
Death Days Away Transfer/Restriction Other

Number of Days Away
Time

Number of Days Transferred/On Restriction
Time

Type of Incident
Select a Facility

[Review Submission](#) [Cancel](#)

Case No 1234

[Back to Case View](#)

- Incident Report**
Completed
Jane Doe
12/21/2016
- Worker's Comp**
In-progress
Jane Doe
12/21/2016
- OSHA 301**
In-progress
Jane Doe
12/21/2016
- OSHA 300**
In-progress
Jane Doe
12/21/2016

1. See 7-OSHA 301 form for fields/inputs

5.1.4.1 Review Osha 301 Report

1. Behaves same way as all review pages

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha Reports

Cases

Open CasesAll Cases

OSHA 300

Employee Information

Change

NameJane Doe

Job TitleAssistant Director of Nursing

Incident Information

Change

Case No1232

Date Injury Occurred12/21/2016

Location of IncidentSunrise Health - Specialized Unit - Patient Room

Incident DescriptionLorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum

Classify CaseDays Away

Days Away4

Days on Transfer6

Incident TypeInjury

Back to Case View

Case No 1234

Incident Report

Completed

Jane Doe

12/21/2016

Worker's Comp

In-progress

Jane Doe

12/21/2016

OSHA 301

In-progress

Jane Doe

12/21/2016

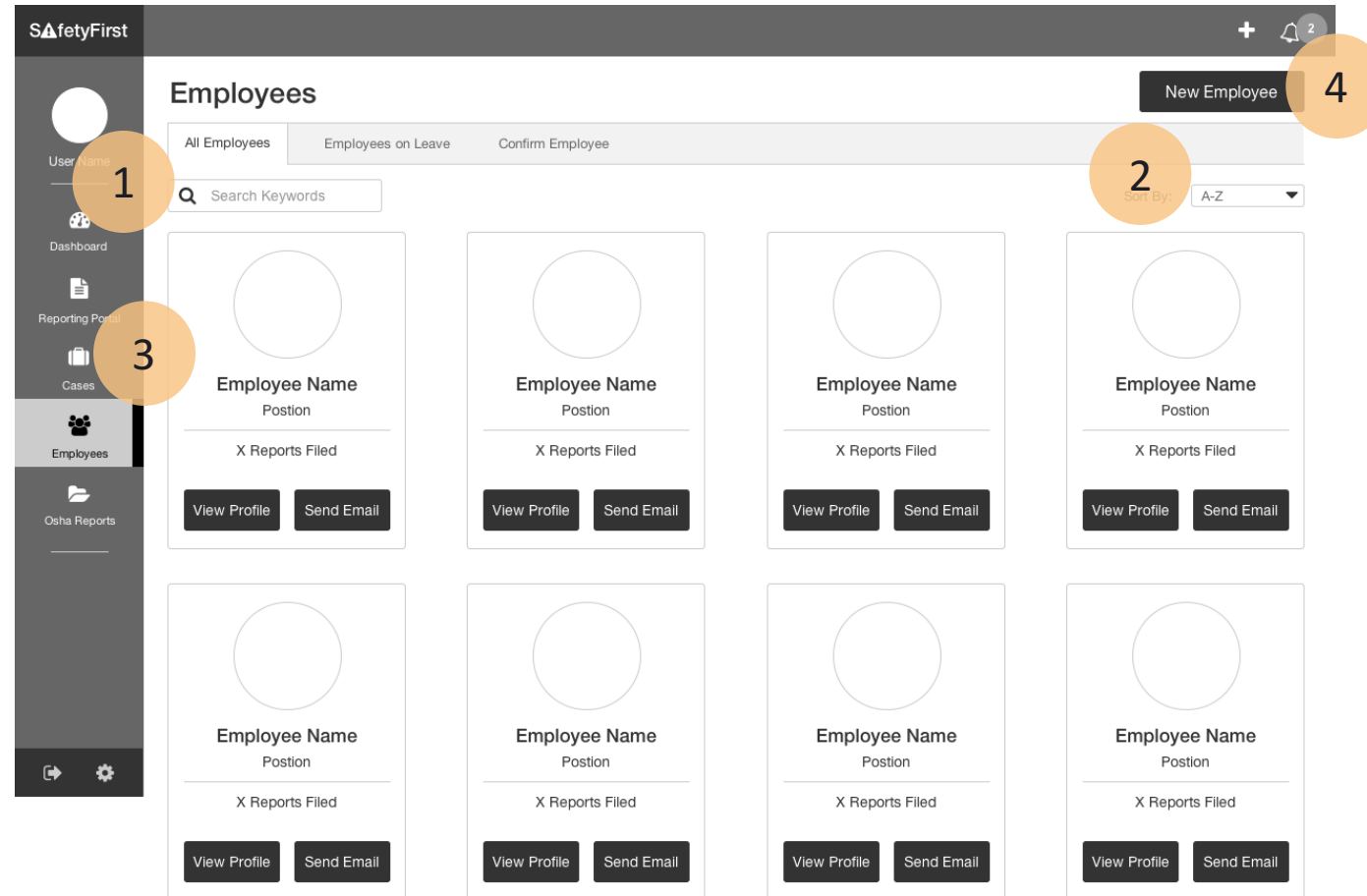
OSHA 300

In-progress

Jane Doe

12/21/2016

6.0 Employees



6.0 Employees

1. Search for employee
2. Sort by dropdown
3. Employee card – shows picture, name, job title and how many reports they submitted
4. An admin can add employees to the system if they don't want to create a profile themselves

7.0 OSHA/Insurance Log

The screenshot displays the 'SafetyFirst' OSHA/Insurance Log interface. A sidebar on the left contains navigation links: User Name, Dashboard, Reporting Portal, Cases, Employees, and Osha/Insurance Log (highlighted). The main content area is titled 'OSHA/Insurance Log' and features two tabs: 'OSHA' and 'Insurance'. Below the tabs, there are two primary sections: 'Generate OSHA 300 Log' and 'Generate OSHA 301 Forms'. The 'Generate OSHA 300 Log' section includes a 'Select Date Range' dropdown with 'Current Reporting Year' and 'Custom' options, followed by 'From' and 'To' date pickers (Month and Year). A 'Generate Log' button is located at the bottom of this section. The 'Generate OSHA 301 Forms' section has an identical date range selection interface and a 'Generate Forms' button. On the right side, the 'OSHA Reports' section shows a notification: '2016 Osha Report is Due in 5 Days'. Below this, a table lists incident counts for December of the previous three years.

Month	Year	Incidents
21	December 2015	30 Incidents
21	December 2014	30 Incidents
21	December 2013	30 Incidents

7.0 OSHA/Insurance Log

1. User can use this section to generate the OSHA 300 Log
2. User can select if they want to generate a report for this reporting year or for a custom year
3. On click user will go to the view OSHA 300 Log page
4. User can see OSHA submission overview – it will also show how many days are left until the OSHA forms must be submitted for the year
5. Generate OSHA 301 Forms, this will allow the user to populate OSHA 301 forms for submission – not wireframed

7.1 Osha Log

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha/Insurance Log

OSHA/Insurance Log

OSHA

Insurance

From

Month

Year

 To

Month

Year

12

Case No	Employee	Job Title	Date	Location	Description	Classification	Days Away	Incident Type
124	Jane Doe	Nurse	Date	Location	Description	Days Away	1	Injury
125	John Smith	Nurse	Date	Location	Description	Days Away	2	Injury
126	Ryan Jones	Nurse	Date	Location	Description	Days Away	2	Injury
127	Ella Samuelson	Nurse	Date	Location	Description	Days Away	4	Injury
128	Holly Ryan	Nurse	Date	Location	Description	Days Away	5	Injury
129	Elenor Johnson	Nurse	Date	Location	Description	Days Away	4	Injury
130	Anna Garcia	Nurse	Date	Location	Description	Days Away	1	Injury
131	Lisa Kelly	Nurse	Date	Location	Description	Days Away	1	Injury
132	Peter Young	Nurse	Date	Location	Description	Days Away	1	Injury
133	Kenneth Anderson	Nurse	Date	Location	Description	Days Away	1	Injury
134	Craig Howard	Nurse	Date	Location	Description	Days Away	3	Injury
135	Gerald Williams	Nurse	Date	Location	Description	Days Away	2	Injury

Showing 1 to 12 of 30 entries

1

2

3

4

Next

Generate PDF

7.1 Osha Log

1. User can customize the date view if they selected a custom date from the generate report
2. Dropdown allows user to select number of rows visible in table
3. Table is not clickable, this view is for the purpose of generating the OSHA 300 Log and getting a case overview
4. Generate PDF button allows the user to create a filled in OSHA 300 Log using the official OSHA 300 form.

7.2 Insurance Log

- Not Wireframed
 - Would allow the user to keep track of reports they have filed to the insurance company

8.0 Alerts

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha/Insurance Log

2

Notifications

1 Alerts

21 Dec

Ashley submitted an Incident Report

21 Dec

Joey submitted an Incident Report

21 Dec

Case 2345 assigned to you

21 Dec

Ashley submitted an Incident Report

2 Reminders

Pending Review

John Smith

Resident Handling

Illness Report

11/30/2016

Pending Workers Comp

John Smith

Resident Handling

Illness Report

11/30/2016

In Progress Reports

John Smith

Resident Handling

Illness Report

11/30/2016

3 Recent Activities

•

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8.0 Alerts

1. Alerts shows new cases assigned to user, cases that need to be reviewed, and other important information the user needs to be made aware of
2. Reminders shows the the cases that the user needs to review, in progress reports and so on so the user can keep track of things they need to finish
3. Recent activities shows the most recent functions the user performed and serves as a way to remind the user what cases they have been working on

9.0 Settings

- Not Wireframed
 - Would allow user to change email settings, change dashboard widgets

10.0 Profile

SafetyFirst

2

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha/Insurance Log

Profile

My Profile

Review/Edit Information

Jane Doe

Assistant Director of Nursing

Home Address

23454 NE Maple Lane

Miami Fl, 33145

Home Phone

(305) 555-4957

Work Phone

(305) 555-6543

Email

janeDoe@hotmail.com

Reporting History

Cases

Profile Information

21

Dec 2016

Illness Report

Case No

12345

Type

Skin Disorder

Classification

Other

Location

Nurses Station

21

Oct 2016

Illness Report

Case No

12345

Type

Skin Disorder

Classification

Other

Location

Patient Room

21

Nov 2016

Illness Report

Case No

12345

Type

Skin Disorder

Classification

Other

Location

Patient Room

10.0 Profile

1. User's profile view
2. Employee's name, position and contact information – static on scroll
3. Reporting history – user can see how many reports have been filed by user over the last year
4. Cases the user has created – this shows all cases based on the reports filed by that user
5. Profile information tab – shows all information user has entered in their profile

10.1 Review Profile

SafetyFirst

+

2

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha/Insurance Log

Profile

My Profile

Review/Edit Information

Personal Information

Change

Name

Jane Doe

Birthday

11/6/1974

Gender

Female

Marital Status

Single

Job Information

Change

Job Title

Nurse

Short

Day

Manager's Name

John Smith

Manager's Phone

(305) 555-1234

Contact Information

Change

Home Address

23454 NE Maple Lane

Miami Fl, 33145

Home Phone

(305) 555-4957

Work Phone

(305) 555-6543

Email

JaneDoe@gmail.com

1

10.1 Review Profile

1. On click the section of the form will become an editable form – this view will only appear after user has entered profile information – if no information has been entered user will go directly to the form view

10.2 Edit Profile

SafetyFirst

User Name

Dashboard

Reporting Portal

Cases

Employees

Osha/Insurance Log

Profile

My Profile

Review/Edit Information

1

Personal Information

First Name

Last Name

Birth Date

Select - Few Options

Marital Status

Job Information

Job Title

Shift

Manager's Name

Manager's Phone

Contact Information

Address

Home Phone

Work Phone

Email

3

Review Submission

Cancel

10.2 Edit Profile

1. Edit/Create profile from – inline validation, autosaves, see 3 – Profile Form for form fields
2. On click user will go back to the to the review profile page

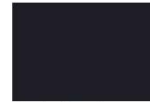
Prototype

<http://z39tbw.axshare.com>

Color Palette

Color Palette

Text Colors



Main Text
1D1D26



Secondary Text
69767F



Link Color
073B5D



Warning Color
D73C3C

Header Colors



Primary Header
073B5D



Darker Header
052F4A



Primary Color
00819c

Accent Colors



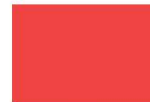
Accent 1
0FAFBE



Accent 2
A6D94A



Accent 2
F4C94C



Accent 3
EF4443



Accent 1 - Light1
6FCFD8



Accent 2 - Light1
C1E480



Accent 2 - Light1
F7D981



Accent 3 - Light1
F58E8E



Accent 1 - Light2
CFEFF2



Accent 2 - Light2
DBEFB6



Accent 2 - Light2
FAE9B7



Accent 3 - Light2
FAC6C6

Contrast Ratios for Text

Foreground color: #1d1d26



Background color: #ffffff



Contrast Ratio: **16.72:1**

Foreground color: #69767f



Background color: #ffffff



Contrast Ratio: **4.67:1**

Foreground color: #ffffff



Background color: #052f4a



Contrast Ratio: **13.89:1**

Foreground color: #ffffff



Background color: #073b5d



Contrast Ratio: **11.71:1**

Foreground color: #ffffff



Background color: #d73c3c



Contrast Ratio: **4.56:1**

Foreground color: #00819c



Background color: #ffffff



Contrast Ratio: **4.55:1**

Portfolio Page

<http://ec2-54-187-2-231.us-west-2.compute.amazonaws.com/projects/dashboard.php>