



ASISTS GUI
User Manual

Version 2.0
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Department of Veterans Affairs
VistA System Design and Development

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Introduction

Welcome

Welcome to [ASISTS GUIv2.0](#). This Graphical User Interface (GUI) version of ASISTS combines exciting new features with the established functionality ASISTS users have come to rely on.

ASISTS GUIv2.0 is a full-featured, automated accident reporting system designed for the Department of Veterans Affairs.

This document has been converted from the ASISTS On-line help document so that an easily printable user manual can be provided. References to the On-line help are referring to the help accessed when running the ASISTS GUI software. The information provided via On-line help and this user manual is exactly the same. However, this printable document contains hyperlinks which are no longer active.

The on-line help is an easy way to better understand ASISTS. To learn more about a specific topic, click on the topic below.

[Main Menu](#)

[Secondary Menus](#)

[Advanced Menus](#)

[Maintenance](#)

[Reports](#)

[Technical Support](#)

Goals

ASISTS has three major goals.

1. Better tracking of employee injuries and illnesses.

ASISTS computerizes the [Report of Accident \(VA FORM 2162\)](#) as well as the OWCP [CA-1](#) and [CA-2](#) forms. The reports help improve the ability to trend and analyze accidents and injuries, thus helping to prevent future ones from occurring.

2. Reduce exposures to bloodborne pathogens from needlesticks, sharps, or body fluids.

The data concerning exposure to bloodborne pathogens will be collected in a national database to identify national trends, training needs and best practices for the benefit of all employees at every medical center. Prompt reporting by the employee of an incident involving bloodborne pathogen exposure, instantly notifies Employee Health so that proper tests and treatment can be initiated.

3. Reduce worker compensation costs.

ASISTS will facilitate a case management approach to prevent future accidents and allows better management of workers' compensation claims. Through automation, the Accident Reporting Process will be more accurate and be processed in a more timely fashion.

Background

The Automated Safety Incident Surveillance Tracking System (ASISTS) package stores data on accidents causing injuries and illnesses reported via the [Report of Accident \(VA FORM 2162\)](#). The employee may choose to apply for compensation using the [Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation \(CA-1\)](#) when the incident is an injury and the [Notice of Occupational Disease and Claim for Compensation \(CA-2\)](#) for illnesses.

Statistical reporting is performed on incidents occurring nationwide by extracting pertinent Report of Accident (VA FORM 2162) data from facilities and transmitting it to the ASISTS National Database (NDB). Reports are periodically generated from the NDB to identify systematic trends and to support prevention programs concerning front line health care worker exposure to bloodborne pathogens.

The ASISTS package provides the capability to electronically transmit CA-1 and CA-2 data to the Department of Labor (DOL). Federal Law requires that these forms be submitted within 14 days after the employee submits a claim. The data is collected at each facility and is transmitted to DOL via the Austin Automation Center (AAC). The transmission of each completed form is under the control of Worker's Compensation Personnel at facility.

Reporting Process (2162)

When an incident occurs causing injury or illness, or multiple instances occur over time causing illness, a [Report of Accident \(VA FORM 2162\)](#) must be created. The individual involved goes to his/her Supervisor, Employee Health, Safety Officer, or if it is after hours to the Administrative Officer of the Day to report the incident. A stub record on the incident is created using the option, [Create Accident/Illness Report](#). The stub record contains basic information related to the incident. There are only two [personnel types](#) that can electronically file a claim to the Dept. of Labor include Employee and Volunteer. All other personnel types including Non-PAID employees, Contractors, Visitors, Residents, Students or Others may create an accident report, but may not electronically file a claim (CA-1 or CA-2) with the Dept. of Labor.

A mailman message, called the [Employee Bill of Rights](#), is sent to the Employee notifying them of their rights and entitlements to benefits following a work related injury or illness. The employee may choose to initiate a claim for compensation using the menu options, [Complete/Validate/Sign CA-1](#) for an injury or the [Complete/Validate/Sign CA-2](#) for an illness. The employee may initiate a claim once the initial stub record is created and a case number is assigned. The employee does not need to wait until the Report of Accident is completed to begin the claim process. See Also [Reporting Process \(CA-1/CA-2\)](#)

After the stub record is created, the Safety Officer, Supervisor, Union Representatives, and Worker's Compensation Personnel are notified of the incident via a mailman message. If it happens to be a bodily fluid exposure, Employee Health is also notified so they may plan follow-up.

Next, the Supervisor gathers information about the incident and completes [Report of Accident \(VA FORM 2162\)](#) using the [Complete/Validate/Sign Accident Report \(2162\)](#) menu option. Once the supervisor electronically signs the case, a mailman message is triggered to inform the Safety Officer that the Report of Accident (VA FORM 2162) can be reviewed.

The Safety Officer reviews the [Report of Accident \(VA FORM 2162\)](#) using the [Complete/Validate/Sign Accident Report \(2162\)](#) menu option and completes the Safety Officer related questions and comments on the 'Signatures' tab. The case should remain open until the case is successfully sent to the Dept. of Labor or when the reporting process is complete.

Reporting Process (CA-1/CA-2)

Once the stub record is created, a mailman message called the [Employee Bill of Rights](#), is sent to the Employee notifying them of their rights and entitlements to benefits following a work related injury or illness. The employee may choose to initiate a claim for compensation using the menu option, [Complete/Validate/Sign CA-1](#) for an injury or the [Complete/Validate/Sign CA-2](#) for an illness. The employee may initiate a claim once the initial stub record is created and a case number is assigned. The employee does not need to wait until the [Report of Accident \(VA FORM 2162\)](#) is completed to begin the claim process.

Once the employee completes their portion of a [CA-1](#) or [CA-2](#) claim, a mailman message is sent to the Supervisor and Workers' Compensation specialist notifying them to complete the claim and file it with the Dept. of Labor within 2-3 working days.

When an employee signs their portion of the [CA-1](#) or [CA-2](#), the case remains available to the employee for further editing until the Supervisor signs it. If the employee retrieves a signed case, the electronic signature is removed and the claim must be resigned. However, once the Supervisor signs the case, the original case is no longer available for edit by either the Employee or the Supervisor. To edit the claim the Safety Officer or the Workers' Compensation Specialist must create an amendment. See [Create an Amendment](#)

If an Employee is incapacitated and cannot electronically sign the claim, the Worker's Compensation personnel must obtain approval from both the Employee Health and the Safety Officer, using the [Approve Workers' Comp signing for Employee](#) menu option to sign for the employee.

The Supervisor should use the [Complete/Validate/Sign CA-1](#) menu option when completing a claim for injuries or the [Complete/Validate/Sign CA-2](#) menu option when completing a claim for illness.

A hard copy of the [CA-1](#) or [CA-2](#) should be printed using the [Display/Print CA-1/CA-2](#) menu option. Once printed, obtain wet signatures in blue ink from the Employee and the Supervisor, attach any witness statements and send the claim to the Workers' Compensation Specialist.

Once the Supervisor signs the [CA-1](#) or [CA-2](#) claim, a mailman message is sent to the Workers' Compensation specialist. The Workers' Compensation specialist should use the [Complete/Validate/Sign CA-1](#) or [Complete/Validate/Sign CA-2](#) menu option to complete and file the claim with the Dept. of Labor. The Workers' Compensation specialist should ensure that they have a hard copy of the claim with the Employee and the Supervisor's wet signature before electronically transmitting the claim to the Dept. of Labor.

Two mailman messages will be sent to the [OOPS WCP](#) mail group when claims successfully process in ASISTS and transmitted to the Dept. of Labor via the AAC.

There are several security features built into ASISTS to notify the Employee, Supervisor and the Workers' Compensation personnel via a mailman message if the signed data entries are ever modified.

Main Menu

ASISTS Main Menu

There are several different users defined in ASISTS. Each user is assigned different privileges and a different set of menu options. The [Employee](#), [Supervisor](#), [Employee Health](#), [Safety Officer](#), [Workers' Compensation](#), and [Union](#) users.



Employee Menu

All employees shall have Vista access and the ASISTS Employee Menu options. The Employee menu provides the employee access to initiate a worker's compensation claim. Other menu options ensure the employee has access to the Employee Bill of Rights, as well as the ability to electronically validate, sign and print their claims. Users of Employee Menu can only see their own incidents.

The Employee menu contains these options:

[Complete/Validate/Sign CA1](#)

[Complete/Validate/Sign CA2](#)

[Employee Bill of Rights](#)

[Display/Print CA-1/CA-2](#)

Supervisor Menu

The Supervisor Menu may be assigned to any user with supervisory duties. The user creating the Accident/Illness record will list the supervisor(s) of the employee involved. The Supervisor menu provides a variety of tasks to facilitate efficient and accurate accident reporting.

When an incident occurs causing an injury or illness to an individual, a [Report of Accident Report \(VA Form 2162\)](#) is created. The individual involved goes to Employee Health or to his/her Supervisor to report the incident. A bulletin called the "Employee Bill of Rights" is sent to the employee. Another bulletin called the "Case Notification" is sent to the Employee's Supervisor.

Users with this menu only see records that have their name listed in the Supervisor or Secondary Supervisor fields on the [Report of Accident \(VA Form 2162\)](#).

The Supervisor menu contains these options:

- [Create Accident/Illness Report](#)
- [Display/Print CA-1/CA-2](#)
- [Complete/Validate/Sign Accident Report \(2162\)](#)
- [Complete/Validate/Sign CA1](#)
- [Complete/Validate/Sign CA2](#)
- [Employee Bill of Rights](#)
- [Print Accident Report Status](#)
- [Print Report of Accident](#)

Employee Health Menu

Usually the Employee Health Menu is assigned to users who work in the Employee Health Unit. Infection Control can be enrolled in the [OOPS EH](#) mail group to receive email message regarding bloodborne pathogen exposure.

When an incident occurs causing an injury or illness to an individual, an Accident Report is created. The individual involved goes to Employee Health or to his/her Supervisor to report the incident. At that time the Accident Record (Stub Record) is created. Users with this menu can access all incidents within their facility.

The Employee Health menu contains these options:

- [Approve Workers' Comp Signing for Employee](#)
- [Create Accident/Illness Report](#)
- [Display/Print CA-1/CA-2](#)
- [Edit/Validate Stub Record](#)

Employee Bill of Rights

Reports

Log of Federal Occupational Injuries and Illness

Log of Needlestick Incidents

Print Accident Report Status

Print Report of Accident

Incident Reports

Safety Officer Menu

The Safety Menu is assigned to the Safety Officer at the facility. The Safety menu provides the same options found in the Employee Health and Supervisor's menu options, plus those tasks specific to their role as a Safety Officer. Users with this menu can access all incidents within their facility.

The Safety menu contains these options:

Approve Workers' Comp Signing for Employee

Change Status of Case

Create Accident/Illness Report

Create Amendment

Display/Print CA-1/CA-2

Complete/Validate/Sign Accident Report (2162)

Complete/Validate/Sign CA1

Complete/Validate/Sign CA2

Edit Site Parameter

Employee Bill of Rights

Manual Transmit of National Database (2162) Data

Reports

Log of Federal Occupational Injuries and Illness

Log of Needlestick Incidents

Print Accident Report Status

Print Report of Accident

Incident Reports

Workers' Compensation Menu

The Workers' Compensation Menu is assigned to the Workers' Compensation Specialists at the facility. The Workers' Compensation menu provides the same options found in the Employee, Employee Health and Supervisor's menu options, plus those tasks specific to their role as a Workers' Compensation Specialist. Users with this menu can access all incidents within their facility.

The Workers' Compensation menu contains these options:

- Change Status of Case
- Create Accident/Illness Report
- Create Amendment
- Complete/Validate/Sign Accident Report (2162)
- Complete/Validate/Sign CA1
- Complete/Validate/Sign CA2
- Display/Print CA-1/CA-2
- Electronically Sign for Employee
- Employee Bill of Rights
- Enter/Edit Union Information
- Manual Transmit of DOL Data
- Reports
 - Log of Federal Occupational Injuries and Illness
 - Log of Needlestick Incidents
 - Print Accident Report Status
 - Print Report of Accident
 - Incident Reports

Union Menu

The Union Menu is assigned to the Union Representatives members of the Accident Review Board at the facility. The Union menu provides the ability to see the Employee Bill or Rights and modified reports without names. Users with this menu can access all incidents within their facility.

The Union menu contains these options:

- Employee Bill of Rights

Reports

[Log of Federal Occupational Injuries and Illness](#)

[Print Accident Report Status](#)

[Print Report of Accident](#)

Secondary Menus

There are several secondary menus. The secondary menus are used to initiate and complete [the Accident Reporting Process](#). Each user is assigned different privileges and a different set of menu options. From the Main Menu, click on each user to learn about all the different secondary menus available.



Create Accident/Illness Report

Getting Started (Stub) – Create Accident/Illness Report

When an incident occurs causing injury or illness, or multiple instances occur over time causing illness a [Report of Accident \(VA FORM 2162\)](#) must be created. The individual involved goes to his/her Supervisor, Employee Health, Safety Officer or if it is after hours to the Administrative Officer of the Day to report the incident. A stub record is created using this menu option. The stub record contains basic information related to the incident.

To get started creating a stub record, select the Create Accident/Illness Report from the secondary menu. For example, from the [Employee Health menu](#), select Create Accident/Illness Report. This will open the Create Accident/Illness Record form. This option can be selected from the

Employee Health Menu, Supervisor Menu, Safety Officer Menu, or the ASISTS Worker's Comp Menu.

Required fields are indicated with a double asterisk (**). These fields must be completed before the record can be saved.

Click on a field to learn more about the Stub Record of the Report of Accident (VA FORM 2162).

Create Accident/Illness Record

** Personnel Status

Employee Resident Physician
 Volunteer Medical Student
 Contractor Nursing Student
 Visitor Other Student
 Non-Paid Employee Other

** Injury / Illness

Injury Illness/Disease

** Station

Person Involved

Press to Get a New Employee or Non-Paid Employee

** Name

** SSN

** DOB

** Sex Female Male

Incident Information

** Date/Time of Incident

Now

** Type of Incident

Home Address

** Street

** City

** State

** Zip Code

** Phone

Press a button to select a supervisor

Supervisor: Secondary Supervisor:

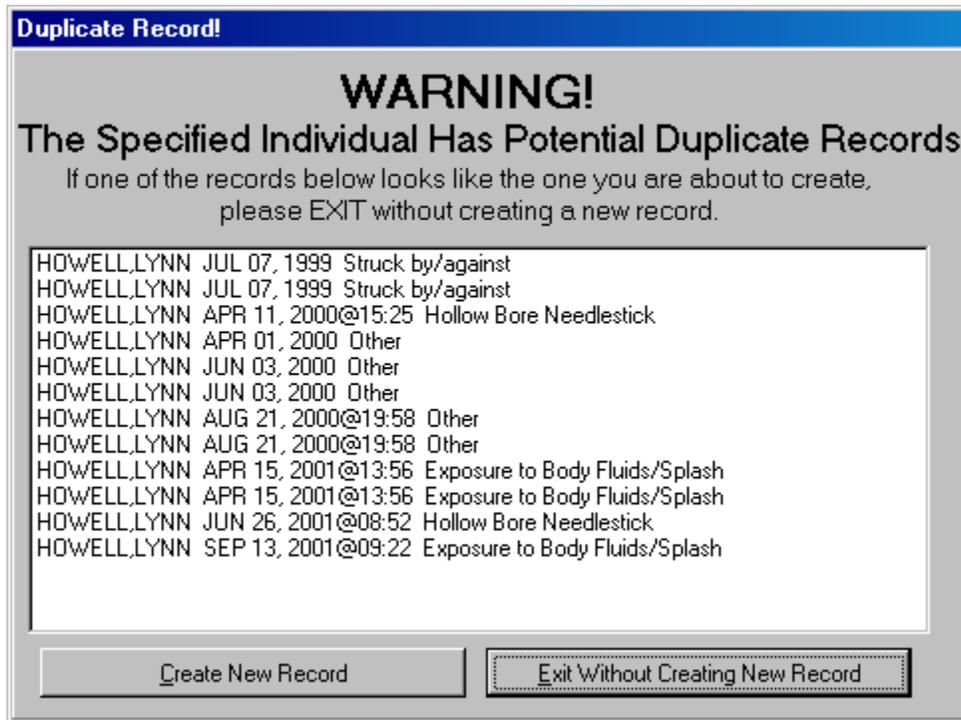
Supervisor

Secondary Supervisor

Save/Exit

Duplicate Error Checking

To help prevent duplicate records from being created, after the Employee has been selected, the system will check to see if there is a currently Open case for any person with the same SSN, then the following form is displayed:



If the case currently being entered is a new case, **and not a duplicate**, press the Create New Record button, otherwise, press the Exit Without Creating a New Record so that a new case is not created for this individual.

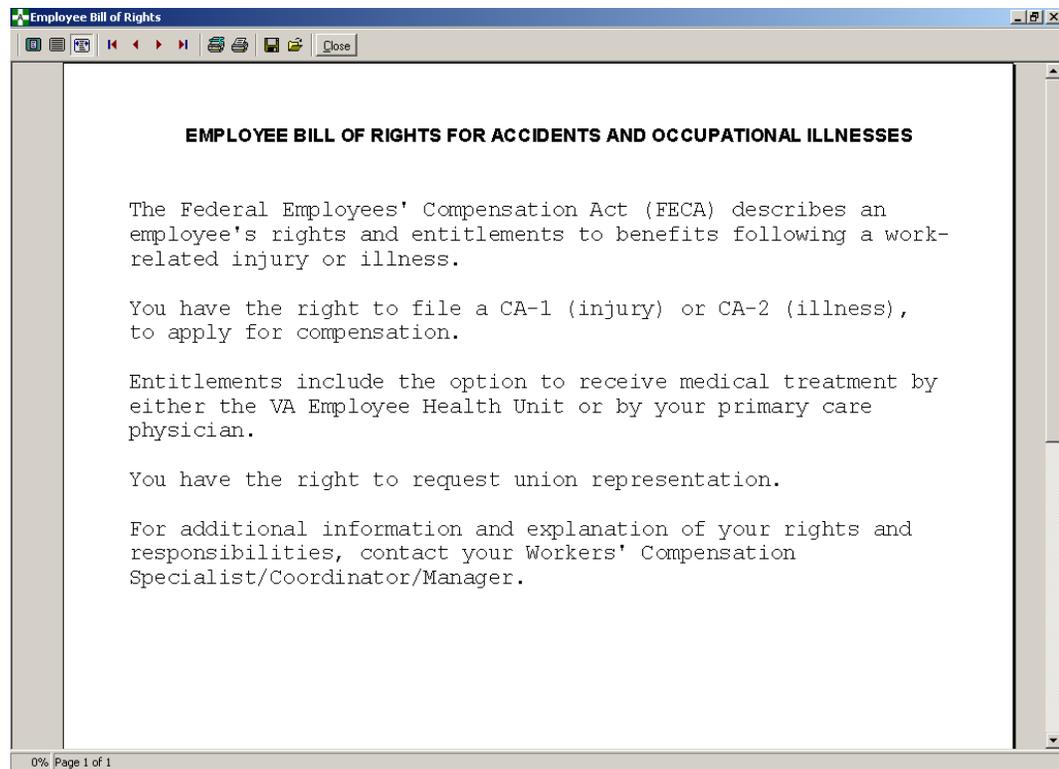
Employee Bill of Rights

Employee Bill of Rights

The 'Employee Bill of Rights' is sent to the Employee notifying them of their rights and entitlements to benefits following a work related injury or illness.

The Print Employee Bill of Rights option provides the Employee, Employee Health personnel, Supervisor, Safety Officer, Union personnel, or Worker's Compensation personnel the capability to view on a computer screen or print a hardcopy of the Employee Bill of Rights.

If an Employee does not have computer access and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.



Complete/Validate/Sign Accident Report (2162)

Getting Started (2162) – Complete/Validate/Sign Accident Report (2162)

To get started on the [Report of Accident \(VA FORM 2162\)](#) select the Complete/Validate/Sign (2162) from the Secondary Menus. For example, from the [Supervisor's Menu](#), select the Complete/Validate/Sign (2162) menu.

The Complete/Validate/Sign 2162 option allows the Supervisor to enter information about an incident. The menu option is also available to the Safety Officer. It provides the foundation for entering data for the Report of Accident (VA FORM 2162). Pieces of data collect on the Report of Accident (VA FORM 2162) are also used on [the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation \(CA-1\)](#) and [the Notice of Occupational Disease and Claim for Compensation \(CA-2\)](#).

There are five ([Employee Data](#), [General Settings](#), [Exposure](#), [Equipment](#), and [Signatures](#)) tabs that comprise the 2162 Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. For example, from the Employee Menu, the case selection list only displays the user's cases. Also, the Supervisor can only retrieve cases when they are listed as the [Supervisor or Secondary Supervisor](#).

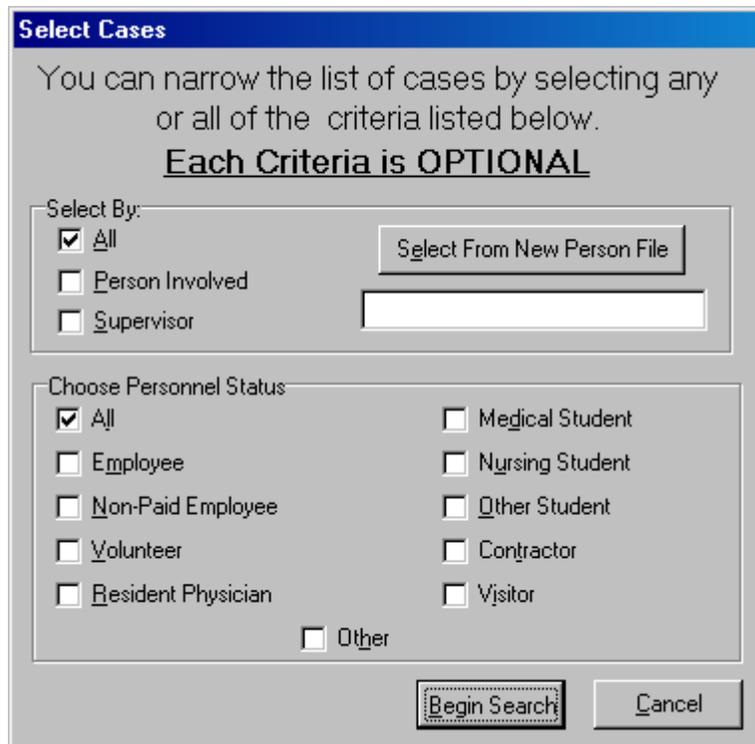
Click on a field or another tab to learn more about the Report of Accident (VA FORM 2162).

Form 2162			
Select Claim: <input type="text"/>			
SSN: Service:	Injury/Illness:	Personel Status: Type Incident:	
Employee Data	General Setting	Exposure	Equipment Signatures
Cost Center/Organization: Grade/Step:		Occupation: Education:	
Person Involved			
** Name:	<input type="text"/>	** Station Number:	<input type="text"/>
** SSN:	<input type="text"/>	** Date of Birth:	<input type="text"/>
** Sex:	<input type="radio"/> Female <input type="radio"/> Male	** Type of Incident:	<input type="text"/>
Home Address		Press a button to select a supervisor	
** Street:	<input type="text"/>	<input type="button" value="Supervisor:"/> <input type="button" value="Secondary Supervisor:"/>	
** City:	<input type="text"/>	** Supervisor:	<input type="text"/>
** State:	<input type="text"/>	Sec Super:	<input type="text"/>
** Zip Code:	<input type="text"/>		
** Phone:	<input type="text"/>		
<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Sign/Validate"/>	<input type="button" value="Save"/> <input type="button" value="Exit"/>

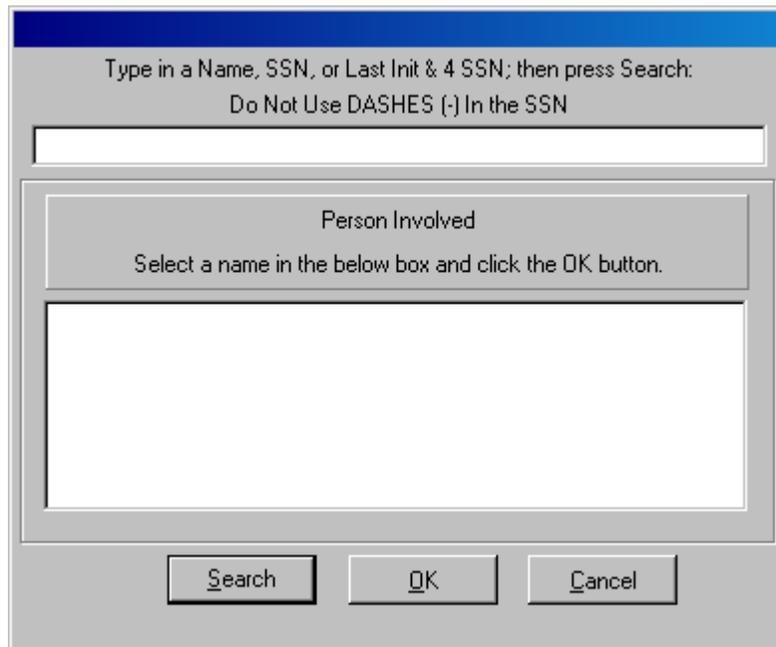
Select Case

Once the menu option is selected, you can narrow down the cases in the case selection list. To select a specific individual, check the Person Involved check box or to select cases for a specific Supervisor, check the Supervisor check box and then press the Select from New Person File button or type in the name and press the Begin Search button. If the name is typed in the edit box, it must be an exact match.

This form is shown below and the user may accept the default and press the Begin Search button.



If the Person Involved or Supervisor button is checked in the Select By panel and the Select From New Person File button is pressed, the following screen is displayed and allows the user to enter a partial name for searching, returns all the individuals found that match the search criteria, and then allows the user to select an individual.



Employee Data Tab (2162)

The Employee Data Tab is the first tab that appears when collecting data for **Report of Accident (VA FORM 2162)** from the Complete/Validate/Sign (2162) menu option.

Required fields are indicated with a double asterisk (**).

The Supervisor can see the fields on this screen, but may only edit the **Supervisor or Secondary Supervisor** fields. To make changes to the data on this screen, use the Edit/Validate/Sign Stub Record menu option.

Click on a field or another tab to learn more about the Report of Accident (VA FORM 2162).

The screenshot shows the 'Form 2162' window with the following fields and controls:

- Select Claim:** A dropdown menu.
- SSN:** A text field with a double asterisk (**).
- Injury/Illness:** A text field.
- Personel Status:** A text field.
- Type Incident:** A text field.
- Employee Data** (selected tab), **General Setting**, **Exposure**, **Equipment**, **Signatures** (other tabs).
- Cost Center/Organization:** A text field.
- Grade/Step:** A text field.
- Occupation:** A text field.
- Education:** A text field.
- Person Involved:**
 - ** Name:** A text field.
 - ** SSN:** A text field.
 - ** Date of Birth:** A text field.
 - ** Sex:** Radio buttons for **Female** and **Male**.
 - ** Station Number:** A dropdown menu.
 - ** Type of Incident:** A dropdown menu.
- Home Address:**
 - ** Street:** A text field.
 - ** City:** A text field.
 - ** State:** A dropdown menu.
 - ** Zip Code:** A text field.
 - ** Phone:** A text field.
- Supervisor Selection:**
 - Buttons for **Supervisor:** and **Secondary Supervisor:**.
 - ** Supervisor:** A text field.
 - Sec Super:** A text field.
- Navigation:** **Prev** (left arrow), **Next** (right arrow), **Sign/Validate**, **Save**, and **Exit** buttons.

General Setting Tab (2162)

Information relating to the general setting/location of the incident is collected on this tab. This tab will be accessible from the Supervisor, Safety and Workers' Compensation menus.

Safety Officer 2162

Select Claim:

SSN: Service: Injury/Illness: Personel Status: Type Incident:

Employee Data | General Setting | **Exposure** | Equipment | Signatures

** General Setting of Incident

** Location of Injury

** Characterization of Injury

** How Is the Incident Related to Medical Emergency

** Body Part Most Affected

Additional Body Part Affected

** Side of Body Affected

** Description of Incident

When completing the accident narrative, the basic questions to consider are:
What, Where, When, Why, and How did the accident happen.

Prev Next Sign/Validate Save Exit

Exposure Tab (2162)

If the Type of Incident selected for the incident is Exposure to Body Fluids, Needlesticks, Sharps Exposure or Hollow Bore Needlestick then this tab is visible and many of the fields are required.

Safety Officer 2162

Select Claim: [Dropdown]

SSN: Service: Injury/Illness: Personel Status: Type Incident:

Employee Data | General Setting | Exposure | **Equipment** | Signatures

Identifiable NA
 Unidentifiable

Yes Unknown
 No

Area Exposed

[Text Box]

Add Area

Exposure Source [Dropdown]

Purpose of Sharp Object [Dropdown]
 Activity at Time of Injury [Dropdown]
 Object Causing Injury [Dropdown]
 Device Size [Dropdown]
 Brand [Dropdown]

Personal Protective Equipment

[Text Box]

Add PPE Item

Prev Next Sign/Validate Save Exit

Equipment Tab (2162)

This tab captures data specific to any equipment or safety device in use at the time of the incident.

Signatures Tab (2162)

The Signatures tab displays both the Supervisor and Safety Officers' signature information. When the Report of Accident (VA FORM 2162) is signed, the name and date will appear.

The Safety Officer should complete the fields on this tab. In addition to the prompts above, the Safety Officer will complete the Lost Time, Duty Returned to, Fatality, and Include on OSHA Log prompts. The Supervisor and Safety Officer signatures and signature dates are displayed if they have been entered.

Complete/Validate/Sign (CA-1)

Getting Started (CA-1) – Complete/Validate/Sign (CA-1)

To get started on the Complete/Validate/Sign (CA-1) menu option select the Complete/Validate/Sign (CA-1) menu option from the secondary menu. For example, from the Supervisor's menu, select the Complete/Validate/Sign (CA-1) menu.

All CA-1 must begin with an [Accident Report \(VA FORM 2162\)](#).

The Complete/Validate/Sign (CA-1) option allows the Supervisor to complete information on the Supervisor's Report of the CA-1. This menu option is also available to the Safety Officer and the Workers' Compensation Specialist. Pieces of data collect on the Accident Report (VA FORM 2162) are also used on the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) and the Notice of Occupational Disease and Claim for Compensation (CA-2).

There are several tabs ([Employee Data](#), [Injury/Witness Data](#), [Agency](#), [Work Schedule](#), [Third Party](#), [Signatures](#), and [OWCP](#)) that comprise the CA-1 Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. For example, from the Employee Menu, the case selection list only displays the user's cases. Also, the Supervisor can only retrieve cases when they are listed as the Supervisor or Secondary Supervisor.

Click on a field or another tab to learn more about the CA-1 Form.

Employee Data Tab (CA-1)

The Employee Data Tab is the first tab that appears when collecting data for the CA-1 from the Complete/Validate/Sign (CA-1) menu option. This is the main entry/edit point for processing CA1 claims.

Required fields are indicated with a double asterisk (**).

Only the Employee and/or the Workers' Compensation specialist may enter data on this screen. If the employee is incapacitated, the Workers' Compensation specialist may get approval from the Employee Health and the Safety Officer to electronically sign for the employee.

The Supervisor can see the fields on this screen, but may only edit the Supervisor or Secondary Supervisor fields. To make changes to the data on this screen, use the Edit/Validate/Sign Stub Record menu option.

Click on a field or another tab to learn more about the CA-1 Form.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
Service: Type Incident:

Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | Physician | Filing Instructions | OWCP

Employee Data:

** Name:

** SSN:

** Date of Birth:

** Sex: Female Male

** Home Phone:

Grade/Step:

** Home Address:

** City:

** State:

** Zip Code:

Dependents:

Request Information:

** Date of This Notice:

** Request Pay or Leave:

**** Place Where Injury Occurred Information:**

** Location:

** Address:

** City:

** State: ** Zip:

** Supervisor:

Secondary Supervisor:

Prev Next Sign/Validate Save Exit

Injury/Witness Data Tab (CA-1)

Miscellaneous injury data along with all the Witness information is stored on this Tab Sheet.

Agency Tab (CA-1)

Agency Tab Sheet for CA1's. Duty Station, Agency and additional employee information is accessible here.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Injury/Witness Data | **Agency** | Work Schedule | Third Party | Physician | Filing Instructions | OWCP

Employee Duty Station

** Duty Station:

** Street:

** City:

** State: ** Zip:

Agency

** Name:

** Street:

** City:

** State: ** Zip:

Employee Data Continued...

Education:

Cost Center/Org:

** Employee's Retirement:

Prev Next Sign/Validate Save Exit

Work Schedule Tab (CA-1)

Work Schedule Tab Sheet for CA1's. Work Hours and schedule along with incident dates and times are here.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personal Status:
 Service: Type Incident:

Employee Data | Injury/Witness Data | Agency | **Work Schedule** | Third Party | Physician | Filing Instructions | OWCP

**** Regular Work Hours**

** From:

** To:

**** Regular Work Schedule**

Check the days of the week at the Time of the Incident.

Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Date/Time's

** Date/Time of Injury:

** Date of Notice Received:

Date/Time Stopped Work:

Date Pay Stopped:

Date 45 Day Period Began:

Date/Time Returned to Work:

Prev Next Sign/Validate Save Exit

Third Party Tab (CA-1)

Third Party Tab Sheet for CA1's. Third Party, and incident specific questions are stored here.

Physician Tab (CA-1)

Information pertaining to the Physician, salary, controversion and medical treatment is gathered here.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | **Physician** | Filing Instructions | OWCP

Physician First Providing Medical Care

** Physician Name:

** Title:

** Street:

** City:

** State:

** Zip:

Medical

Date Employee first received medical care :

** Do medical reports show employee is Disabled for Work: No Yes

** Does your Knowledge of the Facts agree with Statements of the Employee: No (1) Yes (2)

Does the agency controvert this claim: No Yes

**Does the agency dispute this claim: No (3) Yes (4)

** Pay Rate when Employee Stopped Work:

** Per:

Prev Next Sign/Validate Save Exit

Filing Instructions Tab (CA-1)

Filing instructions and Supervisor information such as title and phone number are stored on this Tab Sheet.

Worker's Compensation Edit Employee CA-1 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Injury/Witness Data | Agency | Work Schedule | Third Party | Physician | **Filing Instructions** | OWCP

Exception and Filing Instructions

A Supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

Exception:

**** Filing Instructions**

- No Lost Time and no Medical Expenses
- No Lost Time, Medical Expenses incurred
- Lost Time covered by leave LWOP or COP
- First Aid Injury

** Supervisor Title: ** Office Phone: Extension:

THE EMPLOYEE MUST ELECTRONICALLY SIGN BEFORE THE SUPERVISOR
Once you have electronically signed the CA-1, it is your responsibility to:
Print a hardcopy of the form
Sign the hardcopy in blue Ink
Have the Employee sign the hardcopy in blue ink
Deliver the hardcopy to HRMS immediately

Prev Next Sign/Validate Save Exit

OWCP Tab (CA-1)

OWCP information only available to OWCP personnel is accessible from this Tab Sheet.

Complete/Validate/Sign (CA-2)

Getting Started (CA-2) – Complete/Validate/Sign (CA-2)

To get started on the Complete/Validate/Sign (CA-2) menu option select the Complete/Validate/Sign (CA-2) menu option from the secondary menu. For example, from the Supervisor's Menu, select the Complete/Validate/Sign (CA-2) menu.

All CA-2s must begin with a [Report of Accident \(VA FORM 2162\)](#).

Pieces of data collected on the Report of Accident (VA FORM 2162) are also used on the Notice of Occupational Disease and Claim for Compensation (CA-2).

There are several tabs (Employee Data, Claim Information, Agency, Work Schedule, Third Party, Physician, Signatures, and OWCP) that comprise the CA-2 Form. Each user may see and/or access a different set of tabs according to the type of incident and/or the type of access the user has. For example, from the Employee Menu, the case selection list only displays the user's cases. Also, the Supervisor can only retrieve cases when they are listed as the Supervisor or Secondary Supervisor.

Click on a field or another tab to learn more about the CA-2 Form.

Employee Data Tab (CA-2)

The Employee Data Tab is the first tab that appears when collecting data for the CA-2 from the Complete/Validate/Sign (CA-2) menu option. This is the main entry/edit point for processing CA2 claims.

Required fields are indicated with a double asterisk (**).

Only the Employee and/or the Workers' Compensation specialist may enter data on this screen. If the employee is incapacitated, the Workers' Compensation specialist may get approval from the Employee Health and the Safety Officer to electronically sign for the employee.

The Supervisor can see the fields on this screen, but may only edit the **Supervisor** or **Secondary Supervisor** fields. To make changes to the data on this screen, use the Edit/Validate/Sign Stub Record menu option.

Click on a field or another tab to learn more about the CA-2 Form.

Worker's Compensation Edit Employee CA-2 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | Signatures | DWCP

Employee Data:

** Name

** SSN

** Date of Birth

** Sex Female Male

** Home Phone

Grade/Step

** Home Address

** City

** State

** Zip Code

** Dependents

Illness Information:

** Employee's Occupation:

**Cause of Injury Code

** Location at Time of Illness:

** Street Address:

** City:

** State:

** Zip Code:

** Supervisor

Secondary Supervisor

Prev Next Sign/Validate Save Exit

Claim Information Tab (CA-2)

Information pertaining to the Physician, salary, controversion and medical treatment is gathered here.

Worker's Compensation Edit Employee CA-2 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | **Claim Information** | Agency | Work Schedule | Third Party | Physician | Signatures | DWCP

** Date you first became aware of the disease or illness:

** Date you first realized the disease or illness was caused by your employment:

** Explain the relationship to your employment, and why you came to this realization:

** Nature of Disease or Illness:

If this notice and claim was not filed with the employing agency within 30 days, explain the reason for the delay below:

If a separate narrative statement is not submitted with this form, explain the reason for delay:

If medical reports are not submitted with this form, explain the reason for the delay:

Prev Next Sign/Validate Save Exit

Agency Tab (CA-2)

Agency Tab Sheet for CA2's. Duty Station, Agency and additional employee information is accessible here.

Worker's Compensation Edit Employee CA-2 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Claim Information | **Agency** | Work Schedule | Third Party | Physician | Signatures | DWCP

Employee Duty Station:

** Duty Station

** Street

** City

** State ** Zip

Agency:

** Name

** Street

** City

** State ** Zip

Employee Data Continued

Cost Center/Org

Employee's Retirement

Prev Next Sign/Validate Save Exit

Work Schedule Tab (CA-2)

Work Schedule Tab Sheet for CA2's. Work Hours and schedule along with incident dates and times are here.

Worker's Compensation Edit Employee CA-2 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Claim Information | Agency | **Work Schedule** | Third Party | Physician | Signatures | DWCP

Regular Work Hours

** From

** To

Regular Work Schedule

** Check the days of the week at the Time of the Incident.

Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Date/Time's

** Date Employee First reported Condition to Supervisor

Date/Time Employee Stopped Work

Date/Time Employee Pay Stopped

** Date Employee was Last Exposed to conditions that are alleged to have caused Disease or Illness

Date/Time Returned to Work

If Employee has returned to Work and Work Assignment has Changed, Describe Employee's New Duties

Prev Next Sign/Validate Save Exit

Third Party Tab (CA-2)

Third Party Tab Sheet for CA2's. Third Party, and incident specific questions are stored here.

Physician Tab (CA-2)

Information pertaining to the Physician, salary, controversion and medical treatment is gathered here.

Signatures Tab (CA-2)

Filing instructions and Supervisor information such as title and phone number are stored on this Tab Sheet.

Worker's Compensation Edit Employee CA-2 Form

Select Claim:

SSN: Injury/Illness: Personel Status:
 Service: Type Incident:

Employee Data | Claim Information | Agency | Work Schedule | Third Party | Physician | **Signatures** | OWCP

Signature of Supervisor and Filing Instructions

A Supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

Exception:

** Supervisor Title ** Office Phone Extension

Once you have electronically signed the CA-2, it is your responsibility to:
Print a hardcopy of the form
Sign the hardcopy in blue ink
Have the Employee sign the hardcopy in blue ink
Deliver the hardcopy to HRMS immediately

Prev Next Sign/Validate Save Exit

OWCP Tab (CA-2)

OWCP information which is only available to OWCP personnel is accessible from this Tab Sheet.

Advanced

Advanced Menus

The Advanced Menus are used in combination with the Secondary Menus, but not for routine processing. This section details steps to [Edit/Validate Stub Record](#), [Create Amendments](#), [Change Case Status](#), [Approve Workers' Comp Sign for Employees](#) and [Electronically Sign for Employee](#). Each user is assigned different privileges and a different set of menu options. From the Main Menu, click on each user to learn about all the different secondary menus available.



Edit/Validate Stub Record

Edit Stub

This menu option is used to edit the top portion of the [Report of Accident \(VA FORM 2162\)](#). The stub record contains basic information related to the incident and the person involved.

This option can only be selected from the Employee Health Menu. The Supervisor, Safety Officer and Workers' Compensation specialist can edit the stub record using the [Complete/Validate/Sign Report of Accident \(2162\)](#) menu option.

Click on a field or another tab to learn more about the Stub Record from the Report of Accident (VA FORM 2162).

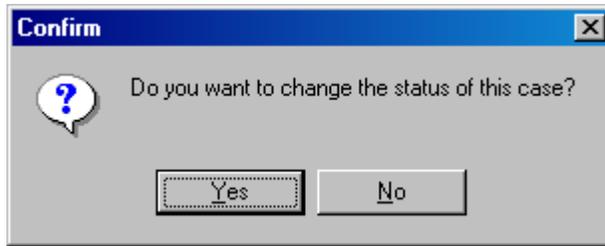
Change Case Status

Change Case Status Screen

Only the Safety Officer or the Workers' Compensation Specialist has the option to change the status of a case. A status can be one of the following:

- 0 Open
- 1 Closed
- 2 Deleted

Select the record to be changed and enter the status you want. Closing, deleting or replacing a record by amendment removes it from all selection lists except for print options.



Create Amendment

Create Amendment Screen

The 'CREATE AMENDMENT' option should be used to correct an ASISTS case when the case is no longer available for edit because the Supervisor or Employee has signed it.

The option can be selected from the ASISTS [Safety Officer's Menu](#), or the ASISTS [Workers' Compensation Menu](#).

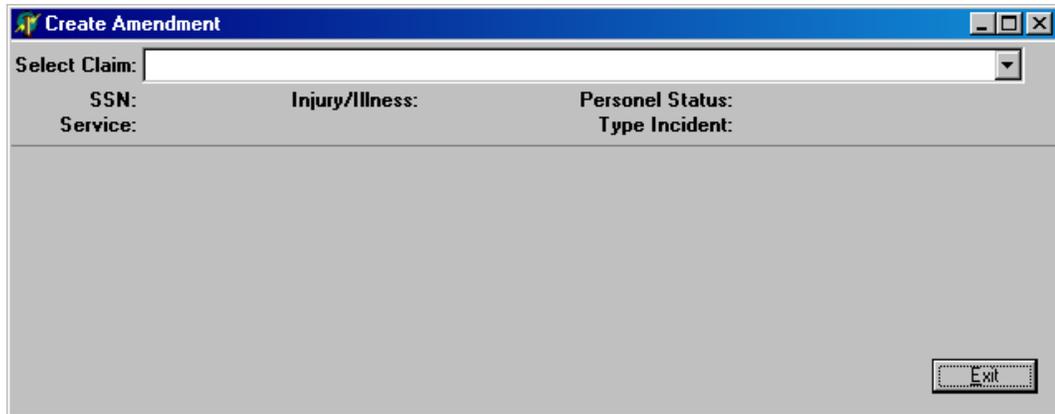
Only cases with the case status of "Open" can be selected. The original case record is duplicated and all signatures are removed. The original case status is changed to "Replaced by Amendment."

The case number references the duplicate case with an alpha character added to the end. For example, case 2001-00318 will be copied into case 2001-00318A and all electronic signatures will be removed.

The original date/time of occurrence cannot be changed using an amendment. If the original date/time of occurrence is incorrect, use the 'CHANGE CASE STATUS' to change the case status to 'DELETED' and create a new case with the correct date/time of occurrence'.

After the new record has been created, the case may be corrected using one or more of the following options the [Edit/Validate Stub Record](#), [Complete/Validate/Sign Accident Report \(2162\)](#), [Complete/Validate/Sign CA1](#), or the [Complete/Validate/Sign CA-2](#) menu options.

Note: After a claim is successfully transmitted and accepted at DOL, an amendment should NOT be re-transmitted to DOL, even to correct information on the claim. The facility will need to submit the change request via hardcopy with the changes.



Once a selection has been made, the following message box will appear automatically.



Clicking on the Yes button or pressing the Enter key will create the amendment, click on the No button or press the ESC key to cancel the request.

If the Yes button is pressed, the following message box will display the new Case Number.



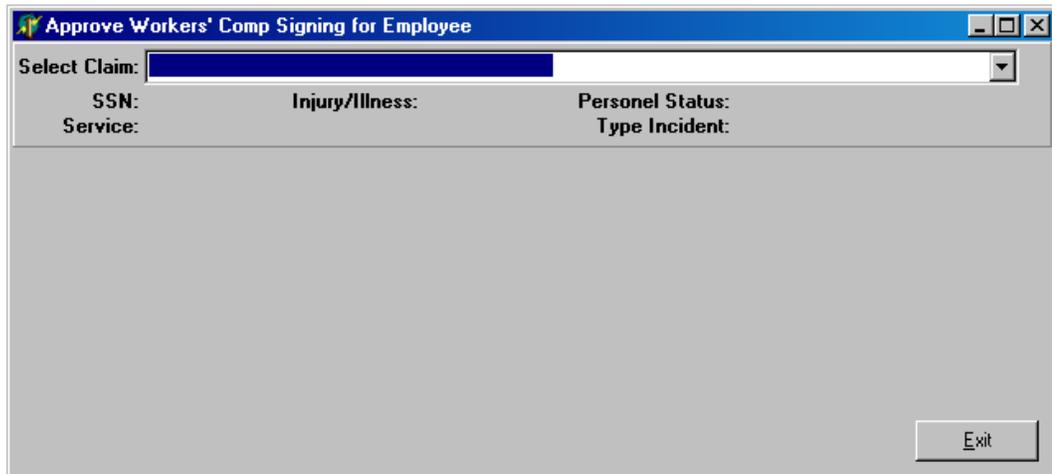
Approve Workers' Comp Sign for Employee

Approve Worker's Compensation Signing for the Employee

This option provides a mechanism to allow the Workers' Compensation Specialist to sign the Employee portion of either a CA1 or CA2 claim. This would only be necessary if the employee was incapacitated and unable to sign for themselves.

This option can only be selected from the Safety Officer or the Employee Health Menu. Both the Safety Officer and a representative from Employee Health must electronically sign the claim indicating that they concur with the decision to have the Workers' Compensation specialist sign for the Employee. The same individual cannot sign as the Safety Officer and the Employee Health representative – it must be two different individuals.

Next, the Workers' Compensation Specialist uses the **Electronically Sign for Employee** menu option to sign and validate the Employee's portion of the CA-1 or CA-2.



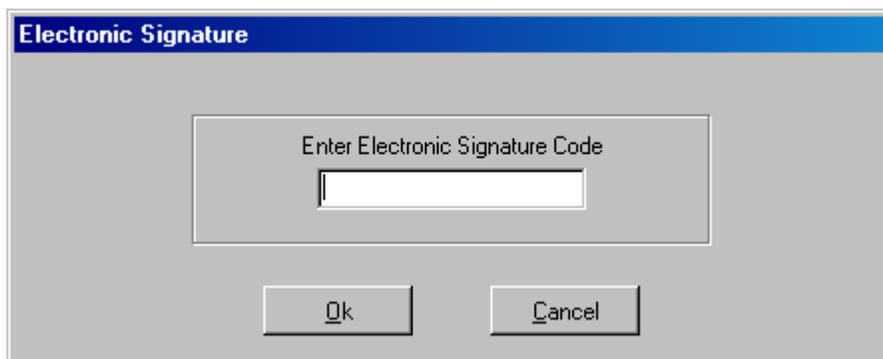
The screenshot shows a Windows-style dialog box titled "Approve Workers' Comp Signing for Employee". At the top, there is a "Select Claim:" dropdown menu. Below this, there are three columns of labels: "SSN: Service:", "Injury/Illness:", and "Personel Status: Type Incident:". The main area of the dialog is empty. In the bottom right corner, there is an "Exit" button.

After an individual has been selected from the Select Claim area, the following form is displayed:



The screenshot shows a small dialog box titled "Asists". The text inside reads "Employee Health approves the WCP signing for the Employee:". Below the text is a single "OK" button.

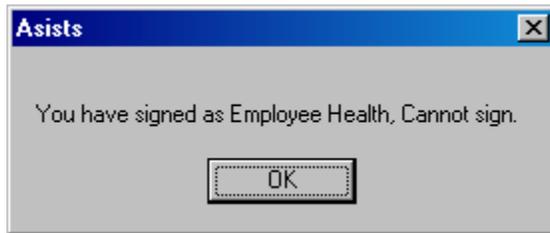
In the above case, the Employee Health representative is granting approval. Pressing the OK button results in the Electronic Signature form being displayed so that the Electronic Signature can be entered.



The screenshot shows a dialog box titled "Electronic Signature". It features a central text box with the label "Enter Electronic Signature Code" and an empty input field below it. At the bottom of the dialog, there are two buttons: "Ok" and "Cancel".

Either enter the Electronic signature and press the Ok button to file or press the Cancel button to stop the action. Pressing the Cancel button will return you to the Approve form so that another individual can be selected if desired.

If you have already signed for the Employee Health representative, the following message box will be displayed:



If you have already signed as the Safety Officer and are attempting to sign as the Employee Health representative, the following messages will be displayed and you will not be able to sign.



Press the Ok button to return to the Approve form to continue or Exit.

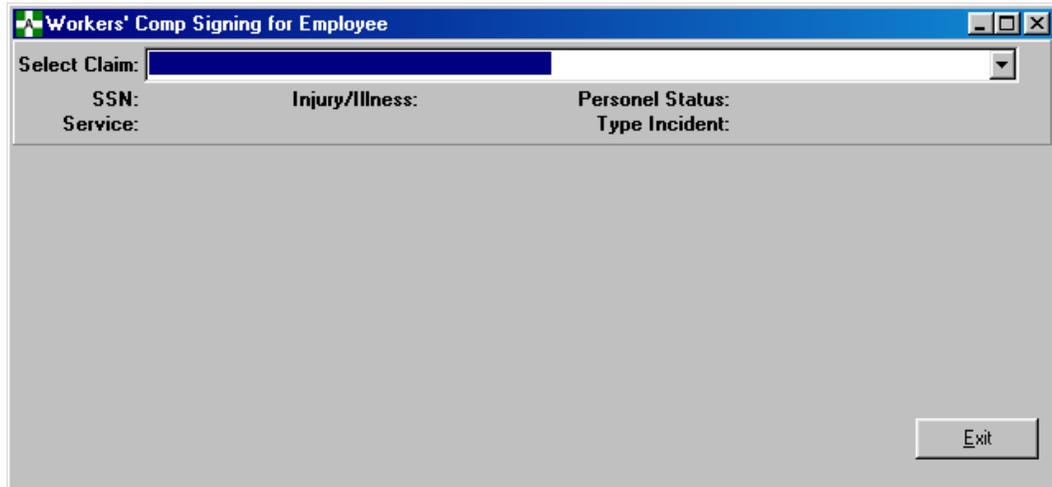
Electronically Sign for Employee

This option provides a mechanism to allow the Workers' Compensation Specialist to sign the Employee portion of either a CA1 or CA2 claim. This would only be necessary if the employee was incapacitated and unable to sign for themselves.

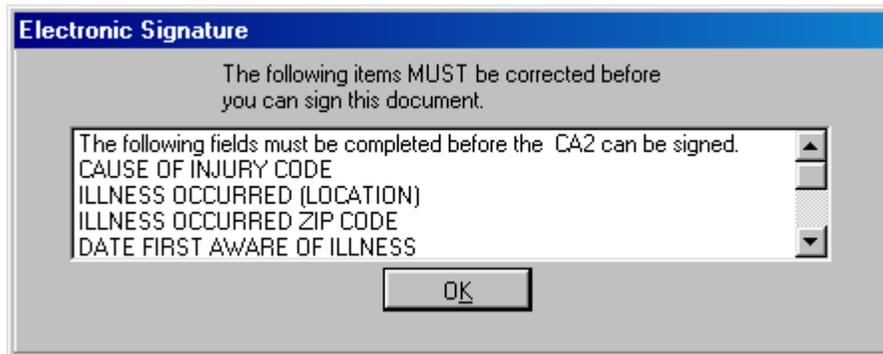
This option can only be selected from the Workers' Compensation specialist main menu. First the Safety Officer and the Safety Officer and a representative from Employee Health must electronically sign the claim indicating that they concur with the decision to have the Workers' Compensation specialist sign for the Employee using [the Approve Workers' Comp Signing for Employee](#) menu option.

Next, the Workers' Compensation Specialist uses this menu option to sign and validate the Employee's portion of the CA-1 or CA-2. The 'Select Claim' pull down selection list will only

display cases approved and signed by both the Safety Officer and the Employee Health representative.



Once the case is selected, the user is prompted for their electronic signature. Enter the Electronic Signature and press the Ok button to file or press the Cancel button to stop the action. Pressing the Cancel button will return you to the Approve form so that another individual can be selected if desired.



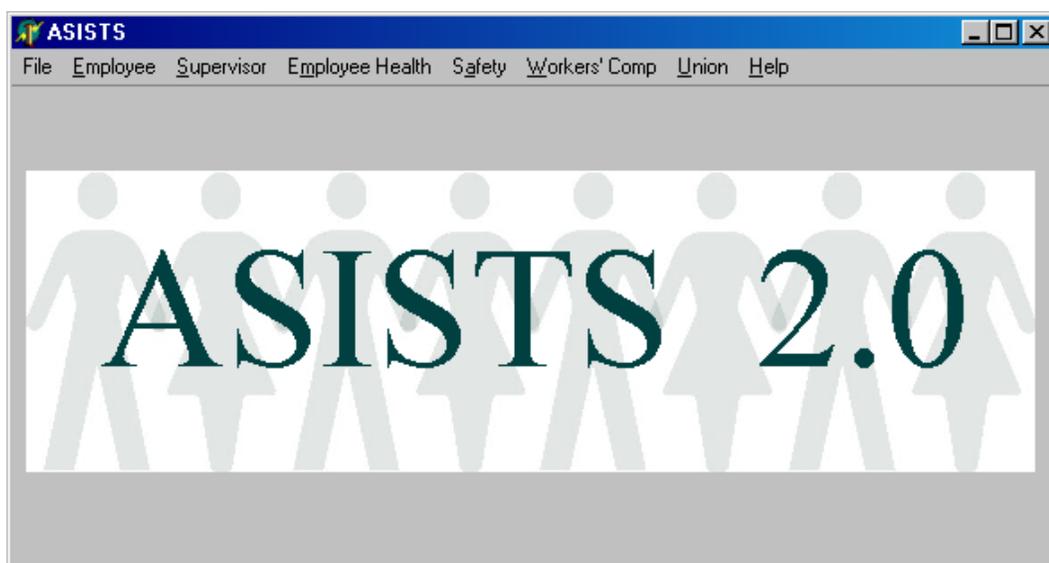
Once the Electronic Signature is successfully entered, a confirmation message will appear. If however, the fields on the Employee's Portion of the CA-1 or CA-2 are incomplete or missing, an error message will appear with the related fields. Use the [Complete/Validate/Sign CA-1](#) or the [Complete/Validate/Sign CA-2](#) to complete the Employee's portion of the Claim and resign.



Maintenance

Maintenance Menus

The Maintenance Menus are used in the initial setup and maintenance of the ASISTS package. This section details steps to [Edit/Edit Site Parameter](#), [Enter/Edit Union Information](#), and to queue a [Manual Transmission of DOL or NDB](#) data. Each user is assigned different privileges and a different set of menu options. From the Main Menu, click on each user to learn about all the different secondary menus available.



Edit Site Parameter

Edit Site Parameter Screen

The "Edit Site Parameter" option provides the Safety Officer the capability to create default information (for each facility) for the Agency, Duty Station, and Physician fields on a CA-1 or CA-2.

Default values for the following fields can be set for each facility: "Agency Name," "Agency Address," "Agency City," "Agency State," "Agency Zip Code," "Station Number," "Physician Name," "Physician Address," "Physician City," "Physician State," "Physician Zip Code," "OWCP District Office," and the "OWCP Chargeback code".

After selecting a Station from the Station list, pressing the Delete button will result in the following form being displayed:

If the Station should be deleted, press the Yes button and the Station and all default information will be deleted. The following message will be displayed to verify that the station has been deleted:

To edit or add a Station, press the appropriate button. The form shown below is used to edit existing Station information or add a new Station with default physician information to the Site Parameter File. As many Stations as needed can be added. To remove a Station from the file, use the delete button.

Default Physician

Station Information

** Station

Chargeback Code

Physician Name

Physician Address

Physician City

Physician State Phy Zip

Physician Title

Save Cancel

Enter/Edit Union Information

Union Information Screen

The "Enter/Edit Union Information" option provides the Workers' Compensation personnel the capability to enter or edit union representative information. This information is used to determine which union representative shall receive union bulletins when designated so by the employees.

Union Information

Click on a Union in the list below to Edit or Delete or on the Add button to add a new Union

AMERICAN FEDDERATION OF GOV'T EMPLOY
 NAGE LOCAL #2571
 NATIONAL ASSOCIATION OF GOV'T EMPLOYE

** Union Name: NAGE LOCAL #2571

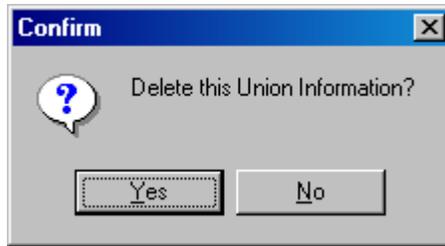
** Union Acronym: NAGE #2571

Union Representative

** Union Representative: OOPS,UNION KELLY

Add Union Edit Union Delete Union Save Exit

If the Delete button is pressed the following message box is displayed:



Press Yes to delete the Union, No to return to the Union form without deleting. If Yes is pressed and the Union is successfully deleted the following message will display:



If a Union is added or edited by pressing the appropriate button, press the Save button to save the changes. Use the Exit button to return to the Main Menu.

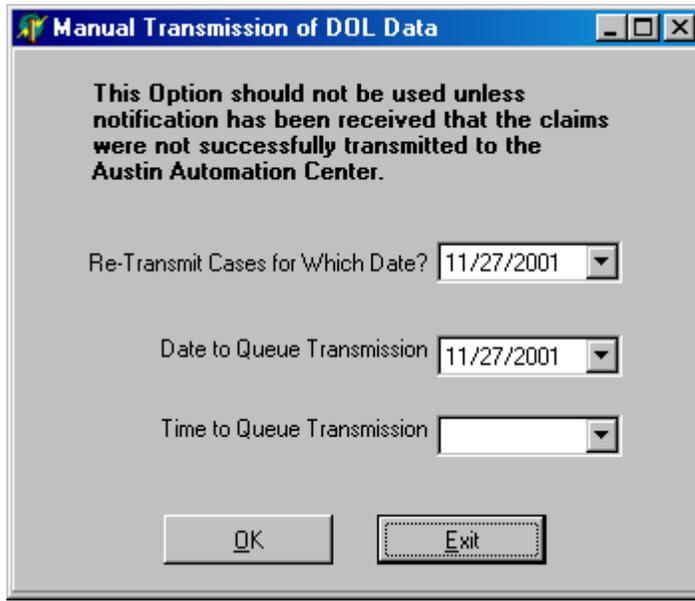
Manual Transmission of DOL Data

Manual Transmission of DOL Data

The "Manual Transmission of DOL Data" option provides Worker's Compensation personnel the capability to manually re-send a CA-1 or CA-2 that was previously queued to the Austin Automation Center (AAC) for transmission to the Department of Labor (DOL).

This option can be selected from the Workers' Comp Menu. The claim can be transmitted immediately or queued for future transmission. A new security key is required to access this option and should be assigned to individuals responsible for sending CA-1 or CA-2 data to the AAC.

This menu option should ONLY be used when the transmission to the AAC was corrupt or not completely received. This menu option is NOT designed to re-transmit a single case. This menu option should rarely be used.



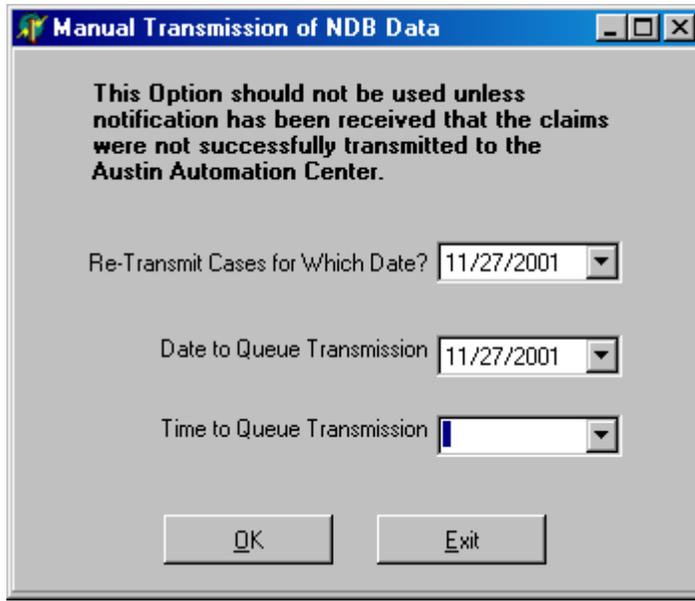
Manual Transmission of NDB Data

Manual Transmission of National Database (2162) Data

The "Manual Transmit of National Database (2162) Data" option provides the Safety Officer the capability to manually transmit safety incident data extracted from 2162 forms to the ASISTS National Database (NDB).

This option can be selected from the ASISTS Safety Officers Menu. Data is extracted from 2162 forms to provide statistical reporting on safety incidents that occur at facilities nationwide. Reports will be periodically generated from the NDB to identify safety incident trends and to support prevention programs for health care workers' exposure to bloodborne pathogens. The data collected from the [Report of Accident \(VA FORM 2162\)](#) should be transmitted to the ASISTS National Database (NDB) on a daily basis.

This menu option should ONLY be used when the transmission to the AAC was corrupt or not completely received. This menu option is NOT designed to re-transmit a single case. This menu option should rarely be used.



Reports

Reports Menu

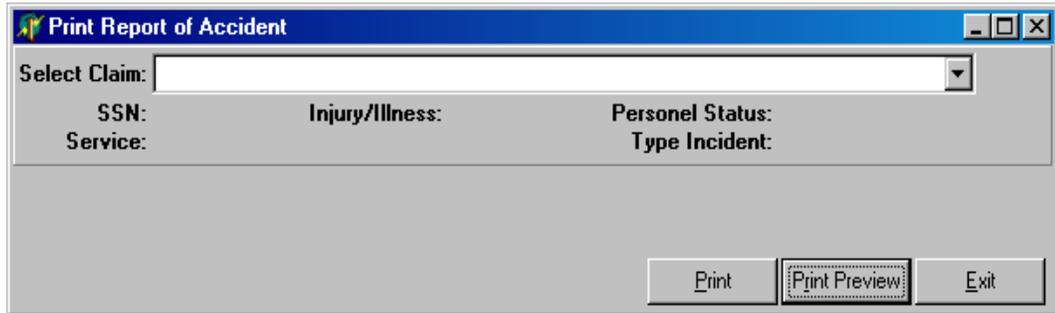
The Reports Menu details all the various reports available in the ASISTS package. Each user is assigned different privileges and a different set of menu options. From the Main Menu, click on each user to learn about all the different secondary menus available.



Print Report of Accident

Print Report of Accident

The "Print Report of Accident" option provides the Employee Health personnel, Supervisor, Safety Officer, Union personnel, or Worker's Compensation personnel the capability to view on the screen, or to print a hardcopy of the [Report of Accident \(VA FORM 2162\)](#).



The screenshot shows a window titled "Print Report of Accident" with a blue title bar. Inside the window, there is a "Select Claim:" dropdown menu. Below it, there are three columns of labels: "SSN:" and "Service:" on the left; "Injury/Illness:" in the center; and "Personel Status:" and "Type Incident:" on the right. At the bottom right of the window, there are three buttons: "Print", "Print Preview" (which is highlighted with a dotted border), and "Exit".

The following displays an example report:

Print Preview

Department of Veteran Affairs REPORT OF AN ACCIDENT

ACCIDENT IDENTIFICATION SECTION

Case Number 2002-0006A	Type of Incident Lifting/Reporting Patients	Date and Time of Occurrence NOV 05, 2001 at	General Setting of Incident Patient care setting
---------------------------	--	--	---

PERSONNEL INVOLVED SECTION

Person Involved CONTRACTOR, TEST GUI		Service	
BBN 234-23-2345	Date of Birth FEB 23, 1945	Personnel Status Contractor	Case Status Closed
Gender Female	Home Phone 703123 1234	Situation	
Injury/Illness Illness/disease	Cost Center / Org	Home Address 123 MAIN ST ALEXANDRIA, VIRGINIA 22308	
Occupation	Grade/Step /		

INJURY/ILLNESS DATA SECTION

Location of Injury Other (Patient Care Area)	Characterization of Injury Other (Not Otherwise Classified)	Medical Emergency Normal Operations (No Emergency)
Body Part(s) Affected ARM(S), OTHER	Additional Body Part	Side of Body Affected Right
		Duty Returned To Full duty
		Lost Time?

DESCRIPTION OF INCIDENT

TESTING

CORRECTIVE ACTION TAKEN

WILL SIGN SEE IF I CAN EDIT

FORM 2162 Station: AIR FORCE - 361
CASE NUMBER: 2002-0006A

0% Page 1 of 2

Print Preview

SHARPS/EXPOSURE DATA SECTION

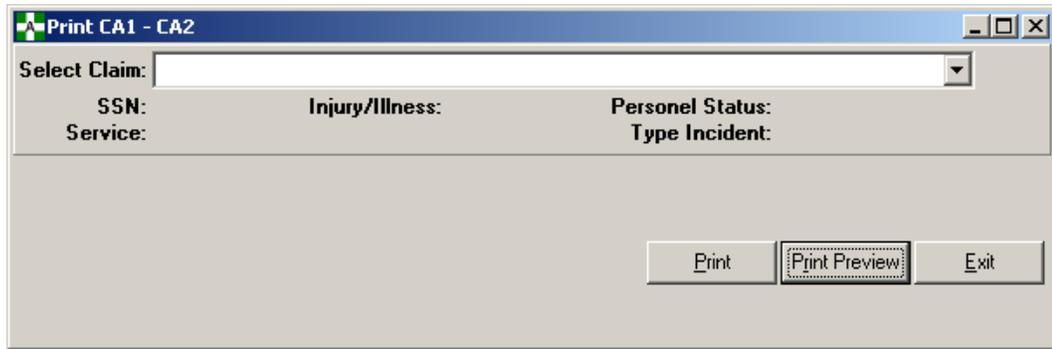
Patient Source: <input type="checkbox"/> Outside Facility	Contamination: Yes
Area Exposed to Bodily Fluid:	
Personal Protective Gear Used:	
Activity at Time of Injury:	Object Causing Injury:
Bodily Fluid Exposure Source:	Purpose of Sharp Object:
Device Size:	Bodily Char: Retacting
Brand:	
<input type="checkbox"/> Equipment/Device Failure Occurred	
Bodily Design Device Used: Yes	Injury Prior to Device Engaging: No
Explain why safety device not used:	
SAFETY OFFICER COMMENTS	
PUT SOMETHING HERE	
Signature of Safety Officer	Date
Signature of Supervisor HOWELLYNN, A.S.F.	Date NOV 26, 2001
<p style="text-align: center;">NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED</p> <p>In compliance with the Privacy Act of 1974, the following is provided:</p> <p>1. Solicitation of the information is authorized by the Occupational Safety and Health Act of 1970 (P.L. 91-596); 5 USC 7902; 29 CFR 1960; 29 USC 2671-80 and Executive Order 12196 (10-01-1980); these authorities do not require that penalties be imposed for failure to respond to this report.</p> <p>2. The principal purpose for which this information is collected is to provide statistical data and analysis of injury, illness and property loss experience in support of the Departmental, Agency, Region and Staff Office Safety and Health Programs as well as required statistical summations or reports to the Department of Labor and other governmental entities or functions requiring such information.</p> <p>3. Routine uses of this information include: a) Providing the means for complying with the reporting requirements of the Occupational Safety and Health Act of 1970; 29 CFR 1960; and such other reports as may be required by legislative or regulatory obligations; b) Providing such summary statistical data and analysis as is necessary to appropriately evaluate the effectiveness of the safety management programs and as is appropriate to departmental functions in the initiation and support of corrective or preventive action; c) Responding to a court subpoena or court of competent jurisdiction in a criminal or civil suit; and d) Transferring to the appropriate governmental or regulatory entities, where federal, state, local or foreign, such information as is relevant to their legislative action or when a citation or a statute or regulation is indicated.</p> <p>4. The collection, the individual providing all or part of the requested information may be to render impossible or to delay the Department's documenting the injury, illness, and/or property loss. Every effort will be made to obtain the actual information relating to an incident from other sources should the individual invoke a refusal to provide the requested information.</p>	
CASE NUMBER: 20 02-00 006A	

0% Page 2 of 2

Display/Print CA-1/CA-2

Display/Print CA-1/CA-2

The "Display/Print CA-1/CA-2" option provides Employee, Employee Health personnel, a Supervisor, Safety Officer, or the Worker's Compensation personnel the capability to view on a computer screen, or print a hardcopy, the CA-1 or CA-2 form. This option also serves as a means to view/print a list of open cases noting the presence or lack of electronic signatures.

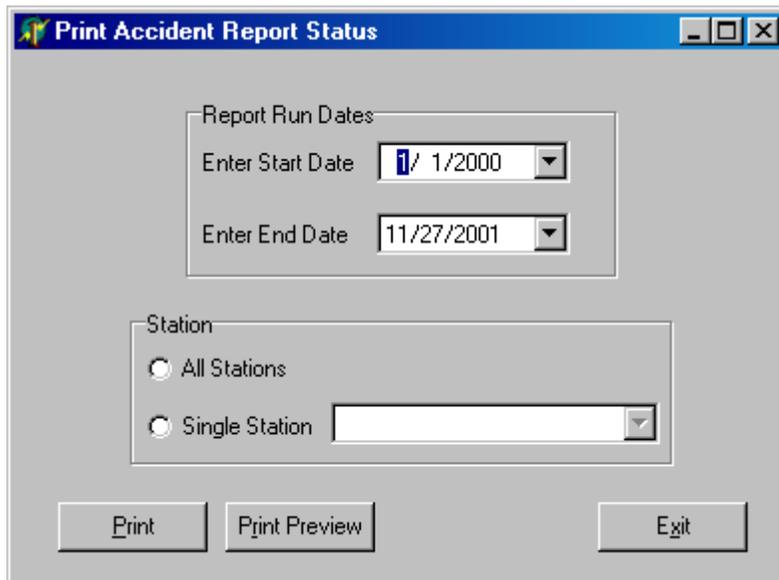


Print Accident Report Status

Print Accident Report Status

The "Print Accident Report Status" option provides Employee Health personnel, a Supervisor, Safety Officer, Union personnel, or Worker's Compensation personnel the capability to view on a computer screen, or print a hardcopy, the Accident Report Status. This option also serves as a means to view/print a list of open cases noting the presence or lack of electronic signatures.

This report can be run for different date ranges and for either all stations or just one station. However, the report is not sorted by Station if all stations are selected.



After completing the selection criteria, the following report can be created:

Print Preview

Accident Report Status
for 1/1/2000 through 11/27/2001 for All Stations

Case Number	Name	SSN	Date/Time of Incident		
2000-00048	HENRY, CLAYTON	109-46-3903	JAN 01, 2000 @22:00	CA1 CA2	2162 WCP
		Employee:	Un-Signed		
		Supervisor:	Un-Signed		Signed
		Safety Officer:			Signed
		Workers' Comp			Un-Signed
2000-00047	MCGAUGH, MA	010-34-6542	JAN 05, 2000 @10:00	CA1 CA2	2162 WCP
		Employee:	Signed		
		Supervisor:	Signed		Signed
		Safety Officer:			Signed
		Workers' Comp			Un-Signed
2000-00049	HENRY, CLAYTON	109-46-3903	FEB 04, 2000 @11:40	CA1 CA2	2162 WCP
		Employee:	Signed		
		Supervisor:	Signed		
		Safety Officer:			Un-Signed
		Workers' Comp			Un-Signed
2000-00052	HEN, C	121-22-2222	FEB 05, 2000 @23:00	CA1 CA2	2162 WCP
		Employee:	Un-Signed		
		Supervisor:	Un-Signed		
		Safety Officer:			Un-Signed
		Workers' Comp			Un-Signed

1

11/27/2001 11:59:23 AM

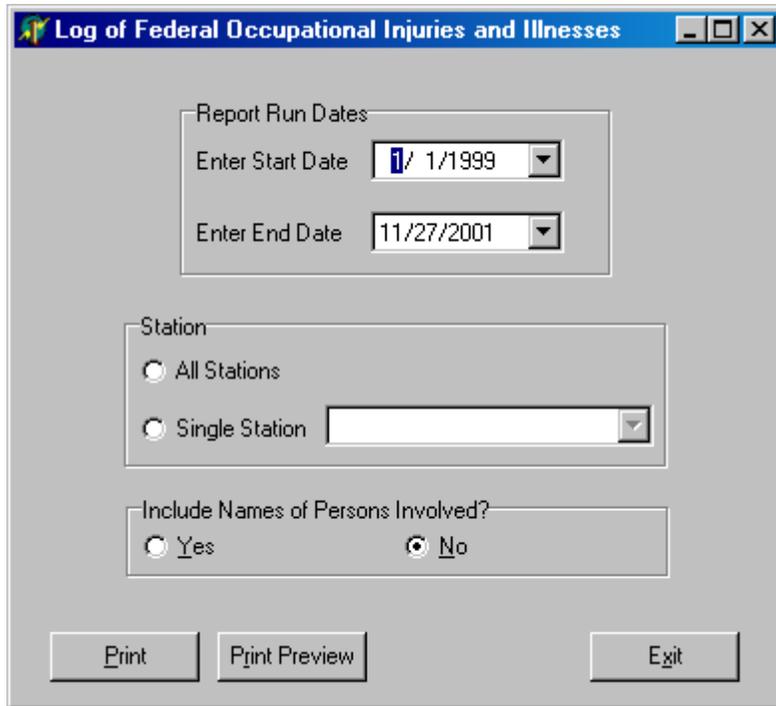
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Log of Federal Occupational Injury and Illness Report

Log of Federal Occupational Injuries and Illnesses

This option prints the Log of Federal Occupational Injuries and Illnesses. Logs can be printed by a date range entered by the user which is determined by when the record was first created (Date/Time of Occurrence). This report compiles data from the [Report of Accident \(VA FORM 2162\)](#) where the Include on OSHA Log field equals 'Y's.

The log prints the Case Number, Date of Occurrence, Name, Pay Plan and Occupation code, Department, Type of Incident, and Body Part Affected. It also indicates with an X whether the claim resulted in a fatality, lost time, or no lost time for both injuries and illnesses.



After entering the selection criteria, a report similar to the one below is created.

Print Preview

Agency: Veterans Administration Bureau: Veterans Health Administration

Log of Federal Occupational Injuries and Illnesses
for 1/1/2001 through 11/27/2001 for All Stations

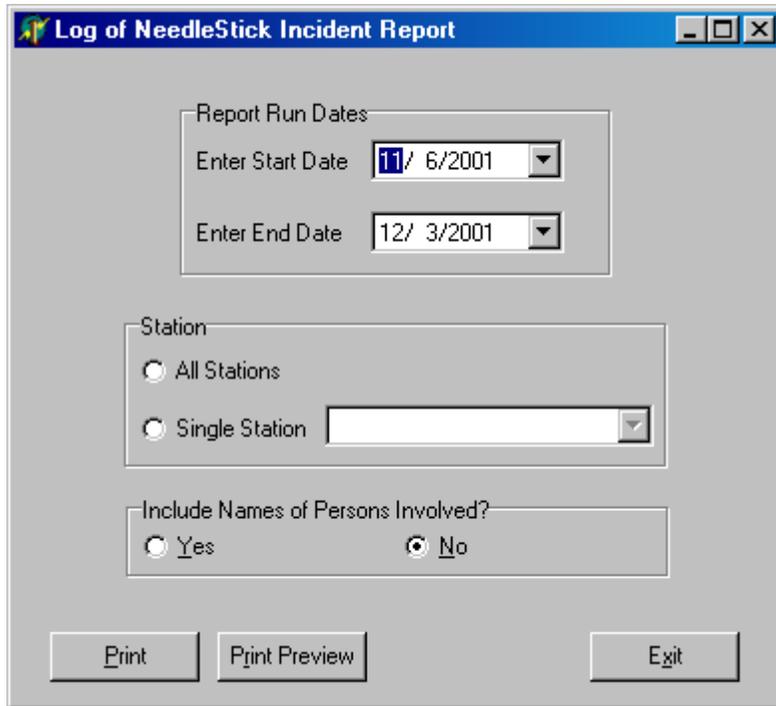
Case Number	Date of Occur.	Employee's Name	Occup.	Department	Description of Injury/Illness Body Part Affected	Injuries		Illnesses	
						Fatal Lost Time	No. Fatal Lost Time	Fatal Lost Time	No. Fatal Lost Time
2001-00009	1/25/01	TURNIP, JANE	GSD621		Exposure to Body Fluids/Splashes MULTIPLE FINGERS, SINGLE HAND	X		X	
2001-00029	7/30/01	TEST, PATRICIA	9999		Exposure to Body Fluids/Splashes ARM(S), MULTIPLE SITES			X	
2002-00002	10/15/01	WILBUR, CHARLES	WGD621	INFORMATION RESOURCES MGR	Lifting/Repositioning Patient			X	
2002-00001	10/17/01	WILBUR, CHARLES	WGD621	INFORMATION RESOURCES MGR	TRUNK, INTERNAL, MULT. ORGANS	X	X		
2002-00003	10/30/01	TURNIP, JANE	0621		Exposure to Body Fluids/Splashes TRUNK, MULTIPLE BONES	X	X		
2002-00007A	11/1/01	PUTIN, THIRTY HARS, CHKNAME FOR MAT	VN9999		Exposure to Toxic Exposure FACE	X		X	
2002-00006A	11/6/01	CONTRACTOR, TESTG UI			Lifting/Repositioning Patient ARM(S), OTHER				

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Log of Needlestick Report

Log of NeedleStick Report

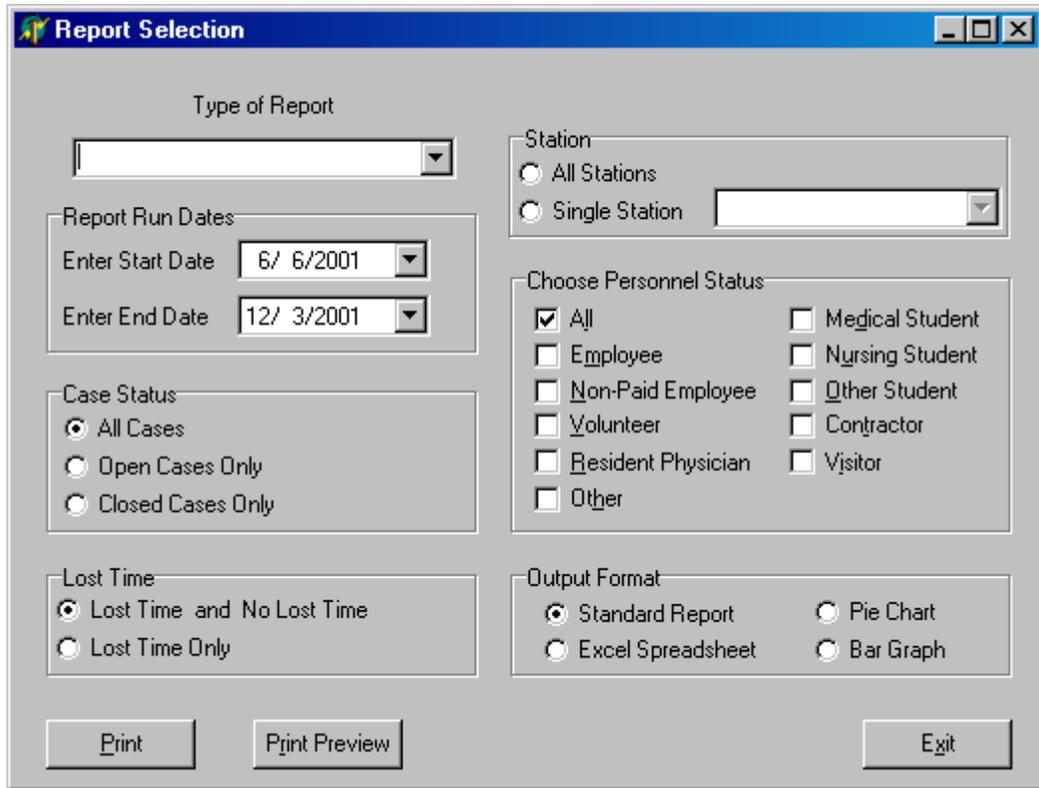
This option prints the Needlestick Log. The report can be printed by a date range entered by the user which is determined by when the record was first created (Date/Time of Occurrence). This report compiles data from the [Report of Accident \(VA FORM 2162\)](#) where the Type of Incident is a Hollow Bore Needlestick, Sharps Exposure, Exposure to Body Fluids/Splash, or a Suture Needlestick.



Incident Report Selection

Type of Incident Report

This section explains the new incident reports now available in the ASISTS GUI application. Each report summarizes the number of incidents grouped by various fields. Each input screen contains the same selection criteria.



The different reports are:

Incidents by Type

The Incidents by Type report summarizes the number of incidents grouped on the Critical Tracking Issues.

Incidents by Service

The Incidents by Service report summarizes the number of incidents grouped by the Service of the individual involved.

Incidents by Body Part

The Incidents by Body Part report summarizes the number of incidents group by major Body Part.

Incidents by Day of Week

The Incidents by Day of Week report summarizes the number of incidents grouped by each by the day of the week, which the incident occurred.

Incident by Occupational Code

The Incidents by Occupational Code report summarizes the number of incidents grouped by the occupational code of the individual involved.

Incidents by Characterization of Injury

The Incidents by Characterization of Injury report summarizes the number of incidents group by the Characterization of Injury field.

Incidents by Time of Day

The Incidents by Time of Day groups each incident by hour and summarizes the number of incidents within those time periods.

Technical Support

The National VistA Support Help Desk can be reached at 1-888-596-4357