

Creating an Account

- 1. Obtain Personal Identification Number (PIN) for your facility
- 2. Register for an Incident Reporting Portal Account

- 3. Submit an Incident Report using the Incident Portal
- Please review the <u>BC Freedom of Information and Protection of Privacy Act</u> statement before proceeding regarding Island Health's Terms of Use on the collection of information.
- Proceed to the registration link provided by your Licensing Office.

Example Community Care Facility
First Name
John
Last Name
Doe
Email Address
example@example.com
Cell Number
Enter a value for Cell Number
Password

- Once the registration information is submitted, an email confirmation will be sent to the email address provided. Your registration page will also be automatically redirected to the log in page.
 - If an email confirmation was not received, please check your spam and junk mail folders.
 - If no email confirmation was received in your spam or junk mail folders, please connect with your Licensing Officer as soon as possible in order for the Community Care Facilities Licensing Program to confirm your registration.
- Bookmark the Login page at <u>https://myhealthdepartment.com/island-health/login</u>.
- You can reset your password from this page if needed using the **Reset here** link. Enter your **Login Email Address** and **Password** and click "**Submit**" to login.



Licensee Registration & Incident Reporting Instructions Community Care Facilities Licensing

Login

Use the form below to login to your MyHD account. Forgot your password? Reset here	
Email Address	
Enter a value for Email Address	
Password	
Enter a value for Password	
Submit	

- When logged in the **Welcome** page appears.
- Select click "here" to associate a community care facility with your account.



- Enter your private Facility ID Personal Identification Number (PIN) into the search bar.
 - Licensee Contacts will receive a private Facility ID PIN via mailed letter.
 - If you have not received a letter in the mail with your Facility ID PIN, please contact your Licensing Officer or email <u>Licensing@islandhealth.ca</u>.

Find your Facility

Er	nter private Facility ID	Add Facility



IMPORTANT

- Licensees should only share the Facility ID PIN with persons who are permitted to enter incident information for the facility.
- If an employee is no longer working at the facility, notify your Licensing Officer to have the account removed.
- To add additional facilities:
 - If a Licensee works at two or more facilities and wants to add more facilities, they
 must have the unique PINs for each facility, and
 - During the **initial account creation**, Licensees can add additional facilities by selecting the blue 'Add Facility' button.
 - If Licensees have already logged out from the initial account creation, Licensees will need to go to a website link to open the "Add Facility" page and will then be able to additional facilities: https://myhealthdepartment.com/island-health/dashboard/#!claim-facility
- Click on the "Add facility" blue button. The facility will appear in the list below the search bar if successful.

//	My Health Department		Dashboard	Account	Saved Drafts	Logou
I	Find your Facility					
	FHID-231236				Add Facility	
	Facility added!					
	Facility Name	Facility License #				
	TEST OF E INCIDENT	NKRY-C2J6US			Ū.	

- Select **Dashboard** from the navigation tabs on the top right of the page to continue.
 - The facility is now connected with your account and you are now able to submit an incident report by selecting the **Incident Reporting** button.



END OF REGISTRATION INSTRUCTIONS -

Submitting an Incident Report

• Once logged in, you can click on the big blue **Incident Reporting** button. This will take you to the Prior Submissions page. Here, you will be able to see and/or print your prior submissions if you have submitted incidents.

My Health Department	Dashboard	Account	Saved Drafts	Logout
Incident Report for (TEST OF E INCIDENT)				
Your prior submissions		Sub	nit a New Incident R	eporting



• Click on "Submit a New Incident Report" from the top right. This will take you to the Incident form. Please complete all applicable information. Required fields are in red.

My Health Department	Dashboard	Account	Saved Drafts	Logout
Incident Report				
Prease have all information feasy prior to logging in. I nere is a 45 minute time-out on submissions. Prease flu out the form below and click. "Submit" at the bottom of the screen				
Details Date of Incident MM/D0/YYY				
Time of Incident				
Location of Reported Incident Select an Option			~	
Service Type Affected Reported				

• If you require more time to gather information, you can save the report as a draft to return to at a later time. The **Save Draft** button is at the bottom of the page.

Please Note:

- If you begin an incident report and save it as a draft, only you can complete it and submit it. Other employees at the facility cannot pick up where you left off. If you are unable to complete the incident report, another employee will have to start the data entry from the beginning.
- Attachments will <u>not save on *draft* incident reports</u>. When you are ready to submit your <u>completed</u> incident report, please attach any documents at that time.



• **Saved Drafts** can be accessed through the navigation tab on the top right of the page.

Dashboard Account Saved Drafts Logout

• To resume a draft click on the blue **View** button beside your draft.



Saved Drafts

 Form Name: Incident Report
 View
 Delete

 Date of Draft: May 29, 2024
 Delete
 Delete

- Complete the incident report form.
 - If more than one selection is needed for data entry, such as more than one service type was affected, you can select multiples by holding down the CTRL key and clicking on the required entries.
 - The Equipment in Use, and Type of Injury Reported fields are only for Child Care facilities. Residential Care facilities are to leave them blank.
 - The details of the Incident field will expand as you type. You can enter as much information as deemed necessary.
- Attachments pertaining to the incident form can be attached at the bottom of the form via the **Upload File** button.

File	Uploads
File	
	Choose File No file chosen
V	/hat is this document?
U	Jpload File
Uplo	ad one or more files above
Submit	Save Draft

Licensee Registration & Incident Reporting Instructions Community Care Facilities Licensing Updated: May 5, 2025 • Once all of your information has been entered, click on **Submit**. The confirmation will appear on the screen.

Thank you for submitting this information. A copy is not sent to your funding body. Please send a copy to them using your current process. Back to Dashboard

- All of your information including the attachments will be uploaded into our system and a Licensing Officer will be notified.
- Ensure to print a copy of your **submitted incident report** for your **funding body**, **your own records**, or to just **view your recent submissions**, click on **Back to Dashboard** or **Dashboard** from the navigation at the top of the page.
 - Note: If you saved a *draft* of the incident report which has now been successfully submitted, go back to the Save Drafts button and 'delete' the *draft* incident report. The draft incident report <u>needs to be manually deleted from this page</u> and does not delete automatically.
- This will take you back to the Welcome page. Click on Incident Reporting.
- Your submission will appear here. You can print by clicking on the blue **Print** button.

Incident Report for (TEST OF E INCIDENT)

Your prior submissions						Submit a New Incident Reporting	
	Date of Incident	Time of Incident	Facility	Report Number	Type of Incident Reported	Submitted On	
🖨 Print	05/29/2024	12:00 AM	TEST OF E INCIDENT	294525	["Service delivery problems"]	05/29/2024 04:14 PM	

- THIS COMPLETES THE INSTRUCTIONS TO SUBMIT AN INCIDENT -