

Policy & Procedure Manual

**INVESTIGATION OF EMPLOYEE
ACCIDENT/INJURY/INCIDENT - HR-XI-10**

POLICY:

All reported employee accident/injury/incidents and near misses will be documented on an Incident Report form and fully investigated. The immediate Supervisor/Manager/Director or on-call Management personnel will be responsible for the initial investigation making sure that the accident/injury/incident is documented.

The Coordinator, Health & Safety/Designate will be responsible for conducting a secondary investigation ensuring that all initial documented information is accurate and recorded.

Joint Occupational Health and Safety Committee members or Health and Safety Representatives may be called upon to assist in the investigation.

*** When an employee is critically injured, follow the procedures outlined in policy HR-VIII-3 – Employee Critically Injured or Killed at Work.**

PURPOSE:

1. To identify causes of the accident/injury/incident so that corrective action can be taken to prevent similar or other incidents.
2. To improve the health and safety conditions of the workplace.
3. To describe the procedures for accident/injury/incident investigation.
4. To conduct the investigation in compliance with the Occupational Health and Safety Act.

Definitions:

1. Accident/Injury
 - i. A willful and intentional act, not being the act of the employee.
 - ii. A chance event caused by a physical or natural cause, i.e. falling, slipping.
 - iii. Disablement arising out of and in the course of employment.

2. Occupational Illness

A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the health of an employee is impaired. The connection between the illness and the workplace, the direct causes and root causes will be defined.

3. Near Miss

Near Miss is an unusual occurrence in the workplace that could have resulted in serious harm to people or property if the circumstances had been slightly different.

4. Critical Injury

For the purpose of the Occupational Health and Safety Act and the Health Care regulations, a critical injury is defined as an injury of a serious nature that:

- a) places life in jeopardy
- b) produces unconsciousness
- c) results in substantial loss of blood
- d) involves a fracture of a leg or arm, but not a finger or toe
- e) involves amputation of a leg or arm, hand or foot, but not a finger or toe
- f) consists of burns to a major portion of the body
- g) causes the loss of sight in an eye.

All incidents must be investigated, including the following:

- critical injuries
- fatalities
- lost time injuries
- All incidents where the injury was minor (no lost time) but the employee sought medical attention.
- Near misses where no injury occurred but there could be potential for injury or loss.
- Incidents with no injuries, but property damage occurs.
- Lost time accidents resulting from aggravation of a previous injury
- All minor accidents where first aid treatment was required.
- All fires and explosions.
- All environmental releases (an accidental discharge of a physical biological or chemical substances into the workplace and/or community).
- Agency vehicle accidents

PROCEDURE:

A. TRAINING:

Joint Health and Safety Committee members, Worker Health and Safety Representatives, Supervisors, Managers and Directors will receive training in accident/injury investigation, as required.

B. ATTENDANCE TO INJURIES:

1. Emergency first aid will be provided to the injured employee, by trained personnel at all work areas.
2. If needed, arrange transportation to the hospital following the procedures outlined in the Transportation for Injured or Ill Employee policy.

C. ACCIDENT/INJURY/INCIDENT INVESTIGATION:

Employee's Responsibilities:

It is the responsibility of the employee to report to their Supervisor/Manager/Director all accidents/injuries/incidents and near misses with potential to cause injury. Full cooperation is expected in the investigation providing details of the injury/accident or injury. The employee will be responsible for completing the required forms.

Management Responsibilities:

1. The Management staff shall take immediate personal charge of any investigation involving a work-related injury/accident/incident; hazardous situation and near miss regardless of the nature or severity. The investigation should take place immediately following on the day of the accident/injury/incident as people forget details quickly. The Area Health and Safety Representative or committee member may assist with the investigation.
2. The Management staff will interview the injured employee and witnesses as soon as possible following the incident on the same day ensuring that as much detail as possible is obtained regarding the accident/injury/incident. The interviewer will be responsible for asking what caused the incident, how did it occur, time and date of the incident. Identify any contributing factors i.e. people, physical environment, equipment, if anyone required first aid and/or medical aid. Refer to Appendix "A" – Guidelines for Interviews.

3. The Management staff is responsible for conducting an on-site assessment of the scene to determine if there was any equipment, materials or people involved and determine if the work station was the cause of the accident. Use of photographs/sketches/drawings of the scene indicating sizes, distances and weights of objects may be used.
4. The Management staff will be responsible for completing a written report using the Employee Incident Report. See Appendix "B".

Additional pages may be attached to the original form to allow for all information gathered to be documented. This report must be written objectively and descriptively. It will state who, what, where, when and how so anyone without prior knowledge of the accident will be able to understand what happened. All witnesses' statements must be included with this report.

5. In order to eliminate any further incidents from occurring, Management staff is responsible for making recommendations for corrective actions. Recommendations should specify what it is, why it is being implemented and how and when it will be implemented. Management staff must ensure that a new hazard is not created from the corrective action taken. If so, this must be also identified and corrected.

Coordinator, Health & Safety's/Designate Responsibilities:

1. The Coordinator, Health & Safety/Designate is responsible for reviewing the report to ensure all details are clear and all signatures are present. The Coordinator, Health & Safety/Designate, may contact all employees that were involved in an accident/injury/illness to verify the gathered information and inquire if the injury required first aid and/or medical aid. If the employee seeks medical attention and/or has lost time, the Coordinator, Health & Safety/Designate, will follow the procedures outlined in the W.S.I.B. reporting responsibilities policy. The Coordinator/Designate will sign all incident reports and assign an incident number.
2. The Coordinator, Health & Safety/Designate, will forward all incident reports to the Director of Human Resources for initialing and then to the Executive Director for review, initialing and a copy will be forwarded to the Area Director, where there are risk management issues to be dealt with at a managerial level.
3. The completed Employee Incident Report will be distributed as follows:

White - The white copy is originally filed in the current W.S.I.B. documentation binder. At month end, if no claim is initiated, this copy is filed in the Employee's

Incident Report/Claim file. If the employee's claim is active, the copy remains in the current documentation binder until the claim is closed and remains with the claim when filed in the Employee's W.S.I.B. Claims file.

Yellow - The yellow copy is returned to the area Supervisor/Manager/Director.

Pink - The pink copy is filed in the "Employee Incident" folder.

4. The Coordinator will prepare quarterly incident statistics specific to each work area and quarterly reports indicating combined statistics. Such information shall be forwarded to area Supervisors, Managers, Directors, and Representatives /Committee Members as applicable.
5. Annually, the Coordinator, Health and Safety/Designate will prepare incident statistics and co-ordinate a meeting for all Health and Safety representatives and committee members to review statistical information, identifying trends, make recommendations on processes, policy and procedure and may conduct additional health and safety training.
6. The Coordinator, Health and Safety/Designate will prepare a report to the Director, Human Resources regarding such annual meetings, including trends identified and recommendations made, who will present such information to the Administrative Committee.
7. Senior Management will review the report, reply to recommendations (if any) within one month of receipt of the report.
8. Senior Management may provide direction to the Health and Safety Coordinator/Designate to develop an agency Health and Safety Continuous Improvement Plan, considering statistical data learned in the previous year.

RECOMMENDED BY: Director, Human Resources

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Community Services Administration, Community Services (all)

ORIGINAL POLICY DATE: November 1997

AUTHORIZED BY: Executive Director

SIGNATURE:



Investigation of Accidental Injury/Incident

Guidelines for interviews

Interview:

1. Interview all witnesses as soon as possible after the accident. Obtain information from the injured person as soon as possible.
2. Choose a quiet, private location to discuss the incident in an objective and supportive manner.
3. Remind all people that the purpose of the interview is to be proactive by looking at preventative measures. The goal is to identify what needs to occur to eliminate or reduce the possibility of a similar incident.
4. Ask for a complete version. Don't interrupt, keep them on track. Take notes and read your notes back to ensure accuracy of information.
5. Is information known as to what was the cause of the accident?
6. Ask witnesses for any other information they may have regarding the incident.
7. Ask open ended questions, (i.e. "what happened here?" "What do you think caused the accident?")
8. Inform witnesses they may be contacted by the Coordinator, Health & Safety for verification of information
9. Remind witnesses they can contact you or the other Management personnel if anything else is needed
10. Thank everyone for their cooperation.

EMPLOYEE INCIDENT REPORT

| | | | | |
|---|---|--|---|--|
| Employee Information | Last Name _____ | | Home Telephone No. _____-(_____-)(_____-) | |
| | First Name _____ | Date of Birth (DD/MM/YY) ____/____/____ | Work Telephone No. _____-(_____-)(_____-) | |
| | Address _____ | | Employee ID# _____ / SIN _____-_____-_____- | |
| City/Town _____ | | Province _____ | | Postal Code _____ |
| Division/Dept./Unit _____ | | Check: <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Student | | Was the employee on the job when the injury occurred? (check) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Occupation at time of injury _____ | | ____ Years of Experience | | |
| Description of Incident | Date of Incident (DD/MM/YY) ____/____/____ | | Date Reported (DD/MM/YY) ____/____/____ | |
| | Time of day _____ AM/PM | | Time of day _____ AM/PM | |
| | State the exact sequence of events leading up to the incident. Include an explanation of what the employee was doing. _____ _____ _____ _____ | | To whom was the incident reported? If report is delayed, please explain why. _____ _____ | |
| | | | Did the accident happen on the employer's premises? What caused the injury/illness? _____ _____ _____ | |
| | | Identify the sizes, weights & types of equipment involved. _____ _____ | | |
| | | Type of Incident (check one—definitions on reverse): 1 <input type="checkbox"/> Struck/Caught 2 <input type="checkbox"/> Overexertion 3 <input type="checkbox"/> Repetition 4 <input type="checkbox"/> Fire/Explosion 5 <input type="checkbox"/> Fall 6 <input type="checkbox"/> Harmful Substances/Environmental 7 <input type="checkbox"/> Workplace Violence 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Slip/Trip 10 <input type="checkbox"/> Motor Vehicle Incident | | |
| Witnesses | Names, positions, & phone numbers of witnesses or persons having knowledge of the incident. _____ _____ | | | |
| | | | | |
| Cause | Was the accident/illness: 1 <input type="checkbox"/> A Sudden, Specific Event/Occurrence? 2 <input type="checkbox"/> Gradually Occurring Over Time? 3 <input type="checkbox"/> An Occupational Disease? 4 <input type="checkbox"/> A Fatality? | | | |
| | Direct causes (check one – see reverse): 1 <input type="checkbox"/> Physical/Environmental 2 <input type="checkbox"/> Personal | | Basic causes (check one): 1 <input type="checkbox"/> Job factors 2 <input type="checkbox"/> Personal factors | |
| Correction | Action(s) Taken | | CORRECTED (check box) | PLANNED (check box) |
| | | | | |
| | | | | |
| | | Date (DD/MM/YY) | | Examples of Actions: 1. Reinstruction of person involved 2. Reassignment of person 3. Order job safety analysis done 4. Improve personal protective equipment 5. Action to improve inspection 6. Equipment repair or replacement 7. Correction of congested area 8. Installation of guard or safety device 9. Actions to improve design/procedure 10. Check with manufacturer 11. Inform all department supervisors 12. Discipline of persons involved 13. Other: |
| 1 _____ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 _____ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 _____ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 _____ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 _____ | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Follow-up (Did Corrective Actions Address Hazards): | | | | |
| Injury | Describe the illness or injury, part of body involved and specify left or right side. _____ _____ | | | |
| | Are you aware of any prior similar or related problem, injury, or condition? If yes, please explain: _____ | | | |
| | No injury (check one) 1 <input type="checkbox"/> Hazardous situation | | Injury – No WSIB Claim (check one) 1 <input type="checkbox"/> First aid 2 <input type="checkbox"/> No aid | |
| | | WSIB Claim Treatment Memorandum (check one) 1 <input type="checkbox"/> Health care (medical aid) 2 <input type="checkbox"/> Lost time | | |
| Occupational Health | Did employee seek medical attention? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes | | Did employee visit family physician? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes | |
| | Did employee visit health service? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes | | If Yes, Physician's Name _____ | |
| | Did employee visit emergency? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes | | Tel.No. (_____-) _____-_____- | |
| | If Yes, ER Physician's Name _____ | | Physician's Address _____ | |
| Tel.No. (_____-) _____-_____- | | | | |
| Will the employee undertake: (check one) 1 <input type="checkbox"/> Regular duties 2 <input type="checkbox"/> Modified duties 3 <input type="checkbox"/> Remain off work | | Has the employee had a similar disability? (check one) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | | Check attachments to this report. 1 <input type="checkbox"/> Statements 2 <input type="checkbox"/> Photographs 3 <input type="checkbox"/> Treatment memo 4 <input type="checkbox"/> Other – specify: _____ |
| EMPLOYEE SIGNATURE _____ Date _____ | | MANAGER SIGNATURE _____ Date _____ | | OCC. HEALTH DEPT. SIGNATURE _____ Date _____ |

This information is to be used for completion of WSIB Claim Form 7

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