

Incident/Injury Reporting and Investigation Policy

Township of Tudor and Cashel

A. POLICY STATEMENT

The Township of Tudor and Cashel is committed to the health and safety of employees, contractors, visitors and the general public. All incidents/injury shall be investigated to the extent warranted by their severity and, at a minimum, to the extent necessary to complete an Incident Injury Investigation Report.

B. PURPOSE

The purpose of the Incident/Injury Reporting and Investigation Policy is to determine the root cause of an incident so that corrective action may be taken to immediately prevent future incidents.

As well, the purpose of the Incident/Injury Reporting and Investigation Policy is to facilitate the timely and accurate reporting of the incident in details to the WSIB, senior management and the Ministry of Labour (when required).

C. SCOPE

This policy applies to all employees of the Township including temporary works (supplied labour), contractors and will apply to volunteers and program participants.

D. DEFINITIONS

'Incident' is defined as an unplanned event that interrupts the completion of an activity, and that may (or may not) include injury or property damage.

'Injury' is an event that results in an injury to people and/or damage to the environment, equipment, property and/or material.

'Near Miss/Property Damage' is an unsafe or hazardous condition that did not result in serious consequences to worker's health and safety. These types of incidents shall be investigated by the supervisor to determine if the equipment or structures have become hazardous as a result of the incident. Investigating these types of incident may also prevent a similar occurrence in the future that could possibly end in a more severe result.

'Occupation Illness' means a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the *Workplace Safety and Insurance Act, 1997*.

E. GENERAL

This Policy shall be administered by all departments.

This Policy shall be referred to as the 'Incident/Injury Reporting and Investigation Policy'.

This Policy shall come into force and effect on the day of passage.

This Policy shall be reviewed annually.

F. AUTHORITY

The authority for the Incident/Injury Reporting and Investigation Policy shall be by the approval of the Township of Tudor and Cashel Council.

Incident/Injury Reporting and Investigation Policy

Township of Tudor and Cashel

ATTACHMENT A

PROCEDURES FOR THE INCIDENT/INJURY INVESTIGATION POLICY

A. General

If first aid is required, the supervisor shall ensure that the appropriate care is provided.

The investigation will be conducted and the Incident/Injury Investigation Report will be submitted to the Clerk, or designate, within 24 hours of the incident occurring (excluding weekends).

The purpose of the investigation is to determine the 'root' cause of the incident in order to prevent a reoccurrence. The employee's/injured person supervisor/person in charge will investigate reported incidents.

Any witnesses to the incident should be interviewed. When interviewing any witnesses, put them at ease and advise them of the purpose of the investigation to prevent reoccurrence. Witnesses should be asked to complete the Witness Statement Form.

For any critical injuries, the procedures outlined in the Critical Injury Policy shall be followed.

The Employee's Report of Injury Form, attached hereto as Appendix D, shall be thoroughly completed. Immediate action taken for the prevention of a reoccurrence will be indicated. Additional information may be provided on an additional sheet.

The supervisor will submit a completed Incident/Injury Investigation Report to the Clerk, or designate, within 24 hours after the incident, excluding weekends and holidays. The Clerk, or designate, will ensure the necessary reporting requirements of the WSIB are met (3 days to report) when necessary.

B. Investigation

During the investigation, the following questions should be answered:

1. Who:
 - Who was involved? Who else was there?
 - Who is he/she? What was he/she doing?
 - What was he/she doing at the time? Who saw it happen?
 - Who heard it?

2. What:
 - What equipment was involved? Is this the proper use?
 - Was the equipment properly guarded? What hazards do they have?
 - What was the equipment being used for? If hazards exist, were the materials used or handled properly?
 - What materials were involved?
 - What were they used for?

3. Where:
 - Where did it happen in the workplace? What was the condition of the workplace at the time?
 - What was the environment like?
 - Where did it occur in the flow of operation?

Incident/Injury Reporting and Investigation Policy Township of Tudor and Cashel

4. **When:**
When did it occur in the working day? Was the employee on regular time or on overtime?

5. **How:**
How did it happen? How can you be sure?

6. **Why:**
Evolves from all of the questions above

C. Motor Vehicle Incident

When involved in a motor vehicle incident:

1. Check to see if anybody is hurt in vehicle and/or other vehicle(s)
2. Call 9-1-1 to report the incident, if applicable
3. Call supervisor to inform them. After regular working hours, contact the person in charge. If no-one can be reached, it is the responsibility of the driver to notify police and advise if an ambulance is required.
4. Call the supervisor to inform them how serious the incident is and if a tow truck is required
5. Get the names and addresses of all witnesses
6. Write down all necessary information to facilitate an investigation (ie. License plate numbers, other driver's license numbers and insurance information, etc.)
7. Do not discuss the incident with the person(s) involved
8. Fill out the Driver Accident Report Form, attached hereto as Appendix E, with the supervisor as soon as possible but not later than 24 hours after the incident in case of property damage only
9. All incidents must be reported

In case of the breakdown of a vehicle, the operator should immediately get in touch with the supervisor, advising of the nature of the breakdown, and following instructions. If an operator notices any mechanical defect that could cause more damage or endanger the safety of the vehicle, he/she should notify their supervisor, giving them all of the details. The supervisor will advise the operator what actions to take.

D. Occupational Illness

If an employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the WSIB by or on behalf of the worker, the employee shall give notice in writing, within four days of being so advised, to a supervisor, containing such information and particulars as are prescribed.

E. Training

The Incident/Injury Investigation Policy is to be communicated to all managers, employees and volunteers.

Managers and supervisors are trained in their roles to administer this procedure regarding documentation, distribution and safe keeping of confidential material. Training sessions will also provide information on appropriate response.

All employees required to carry out this policy shall be trained. All training shall be documented.

Incident/Injury Reporting and Investigation Policy

Township of Tudor and Cashel

ATTACHMENT B

ROLES AND RESPONSIBILITIES

A. Supervisors

It is the responsibility of the supervisor to:

- Ensure that first aid is received
- If health care is necessary, provide transportation for worker to a medical facility
- Provide employee with appropriate forms
- Inspect the scene of the incident and all tools and equipment being used at the time of occurrence
- Obtain and review all pertinent work procedures and safety measures, training and equipment maintenance records
- Interview and document, as accurately and completely as possible, the chronology of events and actions taken by those involved in the occurrence
- Provide diagrams or photos of incident/property damage as required
- Assess all available information and determine the causes of the incident and all contributing factors
- Recommend and implement immediate corrective action, which will prevent or reduce the risk of recurrence of a similar incident and recommend additional corrective actions, as required for approval and implementation at a future date
- Send a completed Incident/Injury Investigation Report to the Clerk, or designate, within 24 hours

B. Worker

It is the responsibility of the worker to:

- Promptly receive first aid treatment if an injury is sustained
- Notify supervisor immediately of an injury, including injuries for which you do not require medical attention or lost time
- Notify supervisor immediately of incidents
- Provide as much detail as possible to assist with the investigation

C. Clerk or Designate

It is the responsibility of the Clerk, or designate, to:

- Provide direction and technical assistance for incident/injury investigations
- Review the incident/injury reports and make safety recommendations

Incident/Injury Reporting and Investigation Policy

Township of Tudor and Cashel

ATTACHMENT C

CONCUSSION MANAGEMENT

You don't have to lose consciousness to have a concussion.

Signs and symptoms of a concussion may include one or many of the following:

- Don't feel well
- Difficulty concentrating
- Difficulty remembering
- Blurred vision
- Headaches
- Nausea or vomiting
- Dizziness
- Amnesia
- Loss of consciousness
- Personality changes
- Anxious
- Seizure or convulsion
- "Pressure in the head"
- Neck pain
- Sensitivity to light
- Sensitivity to noise
- Feeling stunned or dazed
- "Don't feel right"
- Feeling like "in a fog"
- Fatigue or low energy
- Confusion

When a person shows any signs or symptoms of a concussion:

- The person should be removed from activity.
- The person should not be left alone – they should be monitored for worsening symptoms.
- The person should go to their Physician to be evaluated following the incident.
- Further involvement will be based on the evaluation made by the physician

Safety standards and procedures including proper protective equipment will be used and followed to decrease the risk of foreseeable injury.

Incident/Injury Reporting and Investigation Policy
Township of Tudor and Cashel

**APPENDIX D
EMPLOYEE'S REPORT OF INJURY FORM**

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Incident/Injury Reporting and Investigation Policy
Township of Tudor and Cashel

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ Prov _____ Postal Code _____

(Circle one) Male Female

What part of the body was injured? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being used? _____

Name of all witnesses:

Date of Event _____ Time of Event _____

Exact location of event _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Recommend preventative action to take in the future to prevent reoccurrence.

Supervisor's Signature

Date

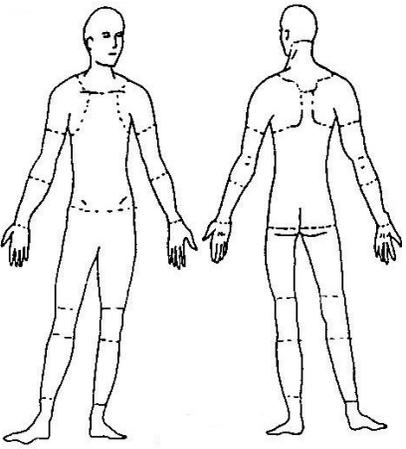
Incident/Injury Reporting and Investigation Policy

Township of Tudor and Cashel

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
 (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) <div style="text-align: center;">  </div>	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Months with this employer Months doing this job:

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Incident/Injury Reporting and Investigation Policy Township of Tudor and Cashel

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: D			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? D Yes D No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident?	D Yes D No
Have there been similar incidents or near misses prior to this one?	D Yes D No

Incident/Injury Reporting and Investigation Policy Township of Tudor and Cashel

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

Stop this activity
 Guard the hazard
 Train the employee(s)
 Train the supervisor(s)
 Redesign task steps
 Redesign work station
 Write a new policy/rule
 Enforce existing policy
 Routinely inspect for the hazard
 Personal Protective Equipment
 Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

Incident/Injury Reporting and Investigation Policy
Township of Tudor and Cashel

APPENDIX E
DRIVER'S ACCIDENT REPORT FORM