

Occupational Health & Safety Incident Report

Instructions (see pages 3-4 for further information):

- This report must be completed, reviewed and signed by the Supervisor, Manager, or Associate Dean of the Faculty/Department. Where applicable, this should be done in consultation with the affected employee.
- The completed report must be emailed within 24 hours to Occupational Health & Safety (OHS) Services at healthandsafety@humber.ca.
- In case of a critical injury, immediately notify Public Safety at 416-675-4008 and OHS at healthandsafety@humber.ca or 416-675-6622. OHS is responsible for communications to the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD).

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Individual involved is:

Humber Employee University of Guelph Employee Student Work Study

Visitor Contractor Other:

Employee/Student ID Number: Full Name:

Job Title/Student Program:

Email Address: Phone Number:

Faculty/Department:

Supervisor/Instructor Name:

2.0 Incident Details

Where did the incident occur? North Campus Lakeshore Campus **Downtown Campus** Other:

Additional Location Details: Building Name/Room Number:

Date and Hour of Incident/Awareness of Illness: Date (DD/MMM/YY): Time: AM PM

Date and Hour Reported: Date (DD/MMM/YY): Time: AM PM

Individual the incident/illness was reported to:

Name: Position: Phone:

Were there any witnesses or other persons involved in this incident/illness? No

IF YES Provide names, positions, email and/or phone number(s) for each witness/person:

Incident Category (definitions on page 3):

Near Miss Property Damage First Aid **Health Care** Lost Time

Occupational Illness Critical Injury

Incident Type: Nature of Injury:

Struck By/With Environmental Fall Same Leve **Amputation** Bite Bruise Fall Different Level Slip/Trip Overexertion Burn Cut/Laceration Foreign Body

Repetition Chemical/Hazardous Material Exposure Fracture Illness

Fire/Explosion Contact With/Between Loss of consciousness **Psychological Puncture**

Motor Vehicle Accident Workplace Harassment Soreness/Pain Sprain/Strain

Workplace Violence Other: Other:

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Check all injured body	y parts:				
Head	Face	Left Rig	ght Left	Right	Circle affected areas:
Eye(s)	Ear(s)	Shoulder	Hip		\odot
Teeth	Neck	Arm	Thigh		25 25
Chest	Upper Back	Elbow	Knee		10 (1) (1)
Lower Back	Abdomen	Forearm	Lower Leg		21 1 2 21-16
Pelvis		Wrist Ankle			11/ 11/
Other:		Hand	Foot		(3() (3()
0 011011		Finger(s)	Toe(s)		277

Description of how incident/illness occurred (include people, equipment, materials, environment, and/or processes involved):

Describe any property damage (if applicable):

3.0 Treatment Of Injury

Did the individual receive first aid or medical care? Yes No

IF YES Indicate the provider of first aid or medical care

Ambulance Humber Student Wellness and Accessibility Centre Public Safety Clinic Hospital

Health Professional Office Other:

IF YES Provide date first aid or medical care was provided (DD/MMM/YY):

4.0 Investigation (To be completed by supervisor)

Description of potential causes based on your investigation – (refer to page 4)

Unsafe equipment

Poor housekeeping

High/low temperature exposure

Lighting levels

Hazardous environmental condition

Noise levels

Unsafe work practice Failure to use PPE Improper technique

Other:

Description of corrective measures - (refer to page 4).

If a Facilities Work Order was submitted, include the Work Order Number:

Equipment repair/replacement

Install safety device Check with manufacturer Improve work procedure On the job training Perform housekeeping

Review PPE Inform all staff

Other:

5.0 Return To Work (To be completed by supervisor for employees only)

After the day of the incident or awareness of the illness, this employee:

Returned to regular job duties and has not lost any time and/or earnings.

Returned to **modified work*** and has not lost any time and/or earnings.

Has **lost time**** and earnings

*Modified work indicates a change to the regular work schedule, or an inability to perform the core functions of the job due to the injury and/or illness.

**Lost time is absence from the next scheduled shift. Fill in shift information below.

If the employee has lost time, provide the start date of lost time (DD/MMM/YY):

If the employee has lost time or is on modified work: In the week prior to the incident, how many hours did the employee work?

Regular shift Rotating shift Overtime Week of (DD/MMM/YY):

Sun: Mon: Tues: Wed: Thu: Fri: Sat:

6.0 Review and Signature

Report Completed by Name (please print):

Supervisor or Manager Name (please print):

Signature:

Date (DD/MMM/YYY):

Date (DD/MMM/YYY):

This report must be completed, reviewed and signed by the **Supervisor**, **Manager**, **or Associate Dean of the Faculty/Department**. Where applicable, this should be done in consultation with the affected employee. The completed report must be emailed within 24 hours to OHS at healthandsafety@humber.ca.

Private and confidential: the information contained on this form is collected, used and/or disclosed pursuant to the freedom of information and protection act, 1990; the personal health information protection act, 2004; and/or the occupational health and safety act, 1990.



Guide to Completing the OHS Incident Report

All injuries which occur on humber property, or occur during work-related off campus activities, must be reported to your supervisor and occupational health and safety.

- · When an employee sustains a work-related injury or illness, they must inform their Supervisor/Manager as soon as possible.
- Once advised of an injury or illness, Supervisors/Managers are to ensure this Occupational Health and Safety Incident Report is completed and submitted to Occupational Health and Safety (OHS) Services within 24 hours (emailed to healthandsafety@humber.ca)
- OHS will, where required, report the injury or illness to other required external parties, including the Workplace Safety and Insurance Board (WSIB) and the Ministry of Labour, Immigration, Training and Skills Development (MLITSD).

Individual/Employee's Responsibilities:

- Call 911 if needed and contact Public Safety (416-675-4008) if on-campus emergency response is required.
- Obtain first aid as needed by contacting Public Safety (416-675-4008). Student workers can visit the Student Wellness and Accessibility Centres (SWAC).
- Report all incidents, including injuries, occupational illnesses, near misses, and workplace hazards to their supervisor.
- · Participate in incident investigations upon request.
- · Provide information related to an injury, as required by WSIB, MLITSD, etc. to OHS.
- Maintain contact with OHS and their supervisor through the recovery period and cooperate with the return-to-work process.
- An employee who has been exposed to a harmful chemical or substance that
 may result in illness or disease in the future may choose to complete the WSIB
 Worker's Exposure Incident Form after completing this Occupational Health &
 Safety Incident Report.

Supervisor/Manager Responsibilities:

- Call 911 if needed and contact Public Safety (416-675-4008) if on-campus emergency response is required.
- · Ensure first aid/medical response is provided.
- · Report and investigate all injuries, illnesses and near miss incidents.
- Submit the completed Occupational Health & Safety Incident Report to OHS within 24 hours of being notified.
- · Immediately notify OHS of all fatal/critical injuries (see definition below).
- Preserve the scene of a fatal or critical injury until a MLITSD inspector advises otherwise.
- · Actively participate in all incident reviews and investigations with OHS.
- · Develop and implement corrective measures based on findings of investigation(s).
- · Monitor corrective measures to determine effectiveness.

Definitions:

Critical Injury

A critical injury, as defined by Ontario Regulation 834 under the Occupational Health and Safety Act, is:

"an injury of a serious nature that,

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

First Aid Injury

The one-time treatment or care and any follow-up visit(s) for observation purposes only. First aid includes, but is not limited to: cleaning minor cuts, treating a minor burn, applying bandages and/or dressings, applying a cold pack, applying a splint.

An incident resulting in an injury that does not classify as a Health Care Injury or Lost Time Injury should be classified as a First Aid Injury.

Health Care Injury

Work-related injury requiring the professional services of a health care practitioner (e.g. doctor, chiropractor, physiotherapist) with no time lost from work beyond the day of injury.

Lost Time Injury

Work-related injury causing a loss of time from work beyond the day of the injury; must be treated by a health care practitioner (e.g. doctor, chiropractor, physiotherapist).

Near Miss Incident

An occurrence that does not result in injury/illness or property damage but which, under slightly different circumstances, could have resulted in harm to people, damage to property or loss to process.

Occupational Illness

Is defined under the OHSA, as: "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."

In the event of a Critical Injury or Fatality:

- a. The first person on the scene shall report the injury to
 - Public Safety, 416-675-4008, and
 - · 911 at off-campus locations

Public Safety and the supervisor/manager or instructor responsible for the area shall secure the incident scene - no person shall disturb the area until permission has been given by a MLITSD inspector (unless necessary to prevent further injury).

- Public Safety and the supervisor/manager or instructor responsible for the area shall immediately report the incident to OHS (healthandsafety@humber.ca).
- c. The supervisor/manager or instructor responsible for the area shall notify their Faculty or Department head (e.g. Dean, Associate Dean, and Director) of the incident.
- d. OHS will immediately notify the MLITSD, the Joint Occupational Health and Safety Committee and, if the injured person is represented by a union, the appropriate OPSEU Local President or alternate.
- e. OHS, in cooperation with the supervisor/manager for the area, shall coordinate the incident investigation process.
- f. OHS shall submit a written Report of a Workplace Fatality, Injury, Illness, or Incident, detailing the prescribed information, to the MLITSD within 48 hours of the incident.
- g. All media inquiries are to be directed to the PR and Communications Manager, Government Relations, Marketing and Communications. Under no circumstances should any member of Humber, unless authorized to do so, make any statements to the media.



Guidance for Identifying Incident Causes and Corrective Measures

Determining the cause of incidents is essential to prevent similar incidents from reoccurring. The PEMEP (People, Equipment, Materials, Environment, Processes) model can guide the identification of contributing factors to the incident. Please provide a detailed description of relevant contributing factors in section 4.0 of the report.

PEMEP (People, Equipment, Materials, Environment, Processes) Model for Incident Investigations

PEOPLE:

Behavior, knowledge, stress, fatigue, training etc.

Example Considerations

- · What actions were performed (or not performed)?
- · What techniques were used to accomplish the task?

Examples of Corrective Measures

- Training/retraining.
- Informing all staff of hazards to avoid until addressed.
- · Reminders of techniques, signage, etc.

EQUIPMENT:

Personal protective equipment (PPE), machinery, vehicles, tools (hand tools, power tools, stationary tools, etc.).

Example Considerations

- · What was the condition of the equipment?
- · Was the equipment properly maintained?
- · Was the equipment appropriate for this task?
- · Was the required PPE used, and what was its condition?

Examples of Corrective Measures

- · Equipment repair/replacement.
- Installation of safety devices such as machine guards.
- Consultation with manufacturer.
- · Equipment inspections.
- · Submission of Facilities work orders.
- Review of required PPE.

MATERIALS:

Chemicals, products, supplies, containers etc..

Example Considerations

- · Were any chemicals or hazardous products used?
- · Were chemicals properly labelled and are SDS's available?
- · What is the condition of the materials being used or handled?
- · Were the appropriate materials used for the task?

Examples of Corrective Measures

- · Substituting products with less hazardous materials.
- Workplace labels or supplier labels are affixed to the container and legible.
- · Safety Data Sheets (SDSs) are made readily accessible to staff.
- · Providing tools to reduce item manipulation (such as lifting aids).

ENVIRONMENT:

Workplace layout, weather, flooring conditions, signage, temperature, lighting etc.

Example Considerations

- · What were the weather conditions?
- · What was the temperature?
- · Was the lighting level sufficient?
- · Were there noise concerns?
- · What was the state of the flooring/surfaces?
- · What is the state of housekeeping in the area?

Examples of Corrective Measures

- · Continuous monitoring of workers.
- · Submission of Facilities work orders.
- Improvements to lighting.
- · Control of noise levels.
- · Improvements to housekeeping.
- · Scheduling ventilation system inspections.

PROCESS:

Policies, programs, safe operating procedures (SOPs), scheduling, communications etc.

Example Considerations

- · Were staff aware the relevant procedures or policies?
- · Are written procedures available for staff to review?
- · Were written procedures adhered to?
- · Did anything unusual or unplanned occur during the incident?

Examples of Corrective Measures

- · Procedural reminders for all staff (memos, signage, etc.).
- · Review or creation of policies or SOPs.
- Ensuring written resources are provided or accessible to staff.