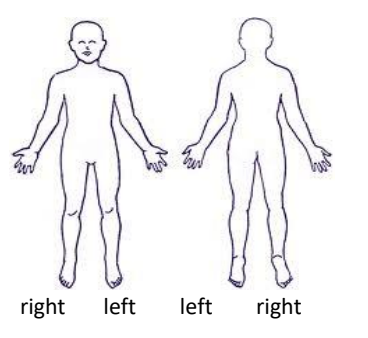


**WORKPLACE INCIDENT FORM**

This form must be completed within 2 working days of the incident, by the **Immediate Supervisor**.

Employers are required to send written notice of certain kinds of accidents to the Director of the Occupational Health and Safety Division of the Department of Labour: Within **24 hours** if someone at the workplace is **killed** from any cause or if there is an **accidental explosion** at the workplace (even if no one was hurt) and Within **7 days** if there is a **fire or accident** at the workplace that causes **bodily injury** to an employee.

“Bodily injury” means unconsciousness, substantial blood loss, fracture of an arm or leg, amputation of a leg, arm, hand or foot, burns to a major part of the body, loss of sight in an eye or any injury that places life in jeopardy.

Employee to complete sections 1 to 7					
<b>1. Contact Information</b>					
Name:		Department:			
Contact information:		Position:		Resident involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of incident:		Time of incident:		Location of incident:	
Date of report:		Time of report:		To whom was incident reported?:	
Witness to incident:		Telephone number:			
Witness to incident:		Telephone number:			
WCB Lost time? <input type="checkbox"/> Yes <input type="checkbox"/> No		WCB Medical Aid? Yes                      No		First Aid? Yes                      No	
<b>2. Incident type:</b> (check all that apply)					
<input checked="" type="checkbox"/> Fall	<input checked="" type="checkbox"/> Struck against /By	<input checked="" type="checkbox"/> Body Mechanics	<input checked="" type="checkbox"/> Violence	<input checked="" type="checkbox"/> Lifting	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Trip/Slip	<input checked="" type="checkbox"/> Caught in	<input checked="" type="checkbox"/> Needle Stick	<input checked="" type="checkbox"/> Physical Injury	<input checked="" type="checkbox"/> Equip. malfunction	(Describe)
<input checked="" type="checkbox"/> Reaction	<input checked="" type="checkbox"/> Exposure		<input checked="" type="checkbox"/> Threatening Behaviour		_____
			<input checked="" type="checkbox"/> Verbal Threat		_____
			<input checked="" type="checkbox"/> Written Threat		
			<input checked="" type="checkbox"/> Harassment / bullying		
			<input checked="" type="checkbox"/> Domestic violence		
<b>3. Result of injury:</b> (check all that apply)					
<input checked="" type="checkbox"/> No apparent injury	<input checked="" type="checkbox"/> Bruise	<input checked="" type="checkbox"/> Burn	Pain: <input checked="" type="checkbox"/> Dull/aching <input checked="" type="checkbox"/> Sharp	<input checked="" type="checkbox"/> Laceration	<input checked="" type="checkbox"/> Nauseated
<input checked="" type="checkbox"/> Abrasion	<input checked="" type="checkbox"/> Strain/Sprain	<input checked="" type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Puncture	<input checked="" type="checkbox"/> Rash	<input checked="" type="checkbox"/> Possible fracture
<input checked="" type="checkbox"/> Other (describe):					
<b>4. Part of body:</b> circle location on body injured.					
		Describe injury in more detail:			

Step 1 - Control the Scene Step 2 - Collect the Facts Step 3 - Identify/Review Possible Contributing Factors	Step 4 – Conduct Interviews / Identify the Root Causes Step 5 – Develop & Implement Corrective Actions Step 6 –Report and Evaluate Corrective Actions
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**5. Incident source: (check all that apply)**

<input type="checkbox"/> Walking	<input type="checkbox"/> Bed (describe):	<input type="checkbox"/> Tub	<input type="checkbox"/> Ladder	<input type="checkbox"/> Electrical	<input type="checkbox"/> Equipment (describe)
<input type="checkbox"/> Standing	_____	<input type="checkbox"/> Shower	<input type="checkbox"/> Shelving	<input type="checkbox"/> Fire	
<input type="checkbox"/> Transfer	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Toilet/Commode	<input type="checkbox"/> Stove	<input type="checkbox"/> Flood	_____
<input type="checkbox"/> Mechanical lift	<input type="checkbox"/> Walker/Cane	<input type="checkbox"/> Employee	<input type="checkbox"/> Heat/Cold	<input type="checkbox"/> Infectious organism	<input type="checkbox"/> Wet floor
<input type="checkbox"/> Repetitive task	<input type="checkbox"/> Chair	<input type="checkbox"/> Resident/Client	<input type="checkbox"/> Chemical		
<input type="checkbox"/> Over Reaching	<input type="checkbox"/> Spill (describe):	<input type="checkbox"/> Intruder	<input type="checkbox"/> Ice/Snow	<input type="checkbox"/> Stairs	
<input type="checkbox"/> Other (describe):					

**6. Additional Incident description: To ensure that root causes are identified so that timely remedial action takes place to prevent recurrences, describe any additional details not included above.**

**Supervisor to complete sections 7 to 14**

**7. Incident factors: (check all that apply)**

Environment	Material/Equipment	Organizational Factors	Task	Employee
<input type="checkbox"/> Slippery floor <input type="checkbox"/> Clutter <input type="checkbox"/> Building condition (describe): <hr/> <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Poor lighting <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Not using designated safe path <input type="checkbox"/> Noise <input type="checkbox"/> Poor ventilation <input type="checkbox"/> High/low temperature <input type="checkbox"/> Building security <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed Position <input type="checkbox"/> Bed up <input type="checkbox"/> Bed down <input type="checkbox"/> Rails up <input type="checkbox"/> Rails down <input type="checkbox"/> Brakes locked <input type="checkbox"/> Equipment <input type="checkbox"/> Failure <input type="checkbox"/> Unavailable <input type="checkbox"/> Improper labeling <input type="checkbox"/> Defective safety devices <input type="checkbox"/> Inadequate tools/materials <input type="checkbox"/> Alarm malfunction <input type="checkbox"/> Other _____	<input type="checkbox"/> Inadequate safety measures <input type="checkbox"/> Staff shortage <input type="checkbox"/> Appropriate staffing <input type="checkbox"/> Policy/Procedure/ <input type="checkbox"/> not in place <input type="checkbox"/> not enforced <input type="checkbox"/> outdated <input type="checkbox"/> Work load <input type="checkbox"/> Maintenance required on _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Resident/Client transfer <input type="checkbox"/> Resident/Client repositioning <input type="checkbox"/> Resident/Client lifting <input type="checkbox"/> Manual material handling <input type="checkbox"/> Medication dispensing / preparation <input type="checkbox"/> Cleaning activities <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance (describe): <hr/> <input type="checkbox"/> Delivery of care <input type="checkbox"/> Snow removal <input type="checkbox"/> Other _____	Were any of the following a factor: <input type="checkbox"/> Body mechanics <input type="checkbox"/> Footwear <input type="checkbox"/> Training <input type="checkbox"/> Care plan information <input type="checkbox"/> Distraction <input type="checkbox"/> Fatigue <input type="checkbox"/> Miscommunication <input type="checkbox"/> PPE <input type="checkbox"/> Safety devices <input type="checkbox"/> Equipment operation <input type="checkbox"/> Policy / Procedure application

**8. Resident/Client risk factors (if the incident of violence involved a resident/client, identify the most appropriate catalyst, cause or influencer of the violent behaviour)**

<input type="checkbox"/> <b>Resident/Client behaviour</b> Person exhibiting challenging behavior as a result of a cognitive impairment: (e.g. Dementia, autism, mental health disorder, Alzheimer's.)	<input type="checkbox"/> <b>Resident/Client care</b> Treatment or care being delivered that may cause discomfort or agitation (e.g. physical transfers, toileting, bathing, etc.)  Identify the treatment or care:	<input type="checkbox"/> <b>Situational events</b> <input type="checkbox"/> <b>Transition event:</b> Resident/client is between points of care (e.g.: move to different room, location, etc.)  <input type="checkbox"/> <b>Intervening event</b> Resident/client restricted in order to keep from harming himself/herself or others.  <input type="checkbox"/> <b>Redirecting:</b> helping resident/client to go to a specific location (e.g. their room, cafeteria)
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**9. Resident/Client behaviour pattern (if the incident of violence involved a resident/client, complete the information below)**

<b>Step 1 - Control the Scene</b> <b>Step 2 - Collect the Facts</b> <b>Step 3 - Identify/Review Possible Contributing Factors</b>	<b>Step 4 - Conduct Interviews / Identify the Root Causes</b> <b>Step 5 - Develop &amp; Implement Corrective Actions</b> <b>Step 6 - Report and Evaluate Corrective Actions</b>
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What behavior was observed prior to the incident of violence?	What was happening just before the incident of violence occurred?	What happened right after the incident of violence occurred?

**10. If this was a violence incident, was the Employee provided with support information (e.g. Counselling contact)**

Yes  no  not applicable

**11. Root cause analysis: Describe what acts, failures to act and/or conditions contributed most directly to this incident.**

A.

B.

C.

**12. Corrective actions: What action has been taken, or will be taken to prevent recurrence? What is the plan to communicate remedial steps taken to prevent recurrences which includes debriefing with employees?**

	Responsible party	Completion date
A.		
B.		
C.		

**13. Agencies Notified:**

JOSHSC Co-Chair                       OH&S Division                       Corporate / Legal

**14. Employee comments:** Preventative Action satisfactory?  Yes     No

Reviewed by x

	Signature:	Date:
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Reviewed by x

	Signature:	Date:
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Step 1 - Control the Scene Step 2 - Collect the Facts Step 3 – Identify/Review Possible Contributing Factors	Step 4 – Conduct Interviews / Identify the Root Causes Step 5 – Develop & Implement Corrective Actions Step 6 –Report and Evaluate Corrective Actions
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