

<i>The Town of Fort Frances</i>	<b>SECTION</b> HEALTH AND SAFETY
<b><u>ACCIDENT INVESTIGATION</u></b>  <b><u>POLICY</u></b>	<b>NEW:</b> September 1998 <b>REVISED:</b> July 2004, November 2007
Resolution No. 406 (consent) 11/07	Supercedes Resolution No. 293 (consent) 07/04
Policy Number 5.5	<b>PAGE 1 of 5</b>

**PURPOSE:**

1. The purpose of this procedure is to facilitate timely and accurate reporting of the incident details to the WSIB, the Joint Health and Safety Committee and/or Health and Safety Representative, senior management and the Ministry of Labour (when required).
2. The purpose of this procedure is to determine the root cause of an incident so that corrective action may be taken to immediately prevent future incidents.

**DEFINITIONS:**

**Critical Injury:**

A critical injury is an occupational injury of a serious nature that:

1. Places life in jeopardy.
2. Produces unconsciousness.
3. Results in substantial loss of blood.
4. Involves a fracture or a leg or arm, but not finger or toe.
5. Involves the amputation of a leg, arm, hand or foot but not finger or toe.
6. Consists of burns to a major portion of the body.
7. Causes loss of sight in an eye.

**Major Injury:**

A major injury is an occupational injury or illness that results in an absence from work beyond the date of the occurrence and/or requires medical attention

**Minor Injury:**

A minor injury is an incident that impacts a worker only the day of the occurrence and requires first aid only.

**Near Miss/Property Damage:**

A near miss incident or damage to property is an unsafe or hazardous condition that did not result in serious consequences to worker health and safety. A light fixture falling next to a worker or damage to Municipal vehicles without harming any worker or members of the public in any way are examples of near misses and property damage. These types of incidents shall be investigated by the manager or supervisor to determine if the equipment or structures have

become hazardous as a result of the incident. Investigating these types of incidents may also prevent a similar occurrence in the future that could possibly end in a more severe result.

## **PROCEDURES:**

### **Immediate Response:**

1. All workers are responsible for reporting each and every incident, regardless of severity to their supervisor immediately. Workers shall complete the ***Employee Incident Report*** (attached) as soon as possible after a work-related incident or illness.
2. If first aid is required, the supervisor ensures that appropriate first aid is provided.
3. The supervisor shall ensure that the worker is provided transportation to the nearest medical care facility, if required.
4. If there is a possibility that any circumstances surrounding the incident may be imminently dangerous to anyone, the supervisor shall take steps to prevent further injury.
5. The supervisor shall begin the investigation as soon as practical once the injured worker is attended to and there is no further threat of harm. The supervisor will complete the ***Supervisor's Accident / Investigation Report*** (attached) and distribute as outlined.

### **Accident / Incident Investigation**

1. The supervisor with authority over the workplace shall conduct the investigation for each incident occurring in the workplace and complete the appropriate forms.
2. The supervisor with authority over the workplace is responsible for:
  - a. Inspecting the scene of the incident and all tools and equipment being used at the time of the occurrence; obtaining and reviewing all pertinent work procedures and safety measures; training and equipment maintenance records; and interviewing and documenting, as accurately and completely as possible, the chronology of events and actions taken by those involved in the occurrence.
  - b. Assessing all available information and determining the causes of the incident and all contributing factors;
  - c. Recommending and implementing immediate corrective action, which will prevent or reduce the risk of recurrence of a similar incident and recommending additional corrective actions, as required for approval and implementation at a future date.

### **Analyzing the Incident:**

All incidents shall be analyzed to determine cause. There are three levels of cause:

1. Immediate
2. Underlying
3. Root

### **Some questions to consider during an investigation:**

1. Was the worker distracted? If yes, why?
2. Was a safe work procedure being followed? If not, why not?
3. Were safety devices in order? If not, why not?

## Reporting Procedures

1. The Employee and Supervisor shall complete the **Employee Incident Report** form immediately and completely and copy to the Human Resources Department, Joint Committee, and Division Manager.
2. If required, the **Supervisor's Accident / Investigation Report** must include the following information:
  - a. Detailed background information and documentation which may include photographs and/or sketches;
  - b. Concise description of corrective actions taken;
  - c. Completion date for implementation of additional corrective action.A copy shall be forwarded to the Human Resources Manager, Joint Committee, and Division Manager. In cases of property damage, a copy shall be forwarded to the Clerk.
3. Where the worker seeks medical attention, and requires time off from work (lost time), the WSIB Functional Abilities Form shall be completed by the treating medical practitioner and returned to the supervisor or designate.
4. Work-related incidents involving lost time will be recorded and reported in accordance with the appropriate absence reporting procedure.
5. The Senior Management team shall receive reports of all employer reports of incident, worker reports, and all relevant documentation.

## Critical Injury

When a critical injury occurs the employer shall notify the Ministry of Labour immediately by telephone, contact a worker member of the JHSC, and trade union, if any.

1. Where a person is killed or critically injured in the workplace, no person shall interfere with, disturb, destroy, alter, or carry away any wreckage, article, or thing at the scene of or connected with the occurrence until permission has been given by a Ministry of Labour inspector, except for the purpose of:
  - a. Saving a life or relieving human suffering,
  - b. Maintaining an essential public utility service or public transportation system, or
  - c. Preventing unnecessary damage to equipment or other property.
2. The employer will attend to, and obtain medical attention for the worker.
3. The employer shall establish an investigation team consisting of the supervisor of the critically or fatally injured worker, a worker member of the JHSC, the Human Resources Manager, and the Division Manager.
4. The investigation team will:
  - a. Investigate the accident at the site (without disturbing the evidence),
  - b. Interview witnesses and if required, co-workers and supervisory personnel, and
  - c. Prepare a written report of their findings and recommendations to prevent a recurrence.
5. The completed report will be:
  - a. Faxed to the Ministry of Labour, within 48 hours
  - b. Distributed to members of the JHSC or Health and Safety representative
  - c. Forwarded to the Union Local



## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Please forward copy to the Human Resources Department, Joint Committee, Division Manager  
In the event of property damage, please forward copy to Clerk's Office.

Company	Department		
Exact Location	Date of Occurrence	Time	Date Reported
<b><u>PERSONAL INJURY</u></b>	<b><u>PROPERTY DAMAGE</u></b>		
Name	Property Damaged		
Position	Estimated Costs	Actual Costs	
Nature of Injury	Nature of Damage		
Object / Equipment / Substance Inflicting Injury	Object / Equipment / Substance Inflicting Damage		
Person with most control of object / equipment / substance	Person with most control of object / equipment / substance		

### DESCRIPTION

Describe clearly how the accident occurred: Attach accident diagram for all motor vehicle accidents

### ANALYSIS

What acts, failures to act and / or conditions contributed most directly to this accident?	
What are the basic or fundamental reasons for the existence of these acts and / or conditions?	
Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	Probable Recurrence Rate <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

### PREVENTION

What action has or will be taken to prevent recurrence? Place X by items completed			
Investigated By	Date	Reviewed By	Date



## EMPLOYEE INCIDENT REPORT

**Note: FAX this form to the Human Resources Department at 274-8479 on the same day as the incident occurred and prior to seeking medical attention other than in an emergency situation. Copy to Division Manager, JHSC. Questions: Please call Christine Ruppenstein at 274-3436 ext.279**

### **Employee Information**

Last Name	Birth Date
First Name	Telephone Number
Address	Department
SIN	Job Title

### **Details of Injury**

Date of Injury (D/M/Y)	Time of Injury (AM/PM)	Date and Hour Reported To Employer
Where did the accident occur?		
Who was the injury / accident reported to?		
What happened to cause the injury?		
Explain what the worker was doing and the effort involved.		
Identify the size, weight and type of equipment or materials involved.		
Describe the injury, part of body involved and specify left or right side.		
Names of witnesses or persons having knowledge of the injury / incident.		

### **Health Care**

Did the Worker receive health care?	Yes ( )	No ( )	Don't Know ( )
Name and Address of Attending Physician			
Lost Time?	Yes ( )	No ( )	Don't Know ( )

### **Other**

Was the site of the accident visited?	By whom?
Conditions contributed to accident and the steps taken to prevent recurrence:	
Person insuring that the above steps are taken:	
When will this action be done?	

### **Claim Information**

To your knowledge, has the employee had a previous or similar disability?	Yes ( )	No ( )
Comments:		
Supervisor's Signature:	Date	
Employee Signature:	Date	

