
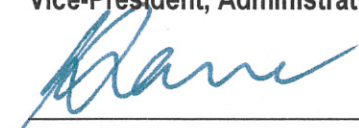


Complete Program Title: Reporting & Investigating Injury/Incident/Occupational Disease Program	Risk Management Manual (RMM) Number: 1000
Approved by:  _____ Vice-President, Administration  _____ President and Vice-Chancellor	Date of Most Recent Approval: July 2014
Date of Original Approval: January 2002	Supersedes/Amends Program dated: September 2008
Responsible Executive: Vice-President, Administration	Enquiries: Environmental and Occupational Health Support Services (EOHSS) eohtss@mcmaster.ca
DISCLAIMER: <i>If there is a discrepancy between this electronic program and the written copy held by the program owner, the written copy prevails.</i>	

1 PURPOSE

To outline requirements for reporting incidents that result in or have the potential to result in personal injury, lost time from work, occupational illnesses/disease and/or property damage.

- 1.1 To outline procedures for investigating incidents that result in or have the potential to result in personal injury, lost time from work, occupational illnesses and / or property damage, and to determine root causes and appropriate corrective actions.
- 1.2 To provide a mechanism for the gathering of injury, occupational illness and property damage statistics that allow for the analysis of trends, performance and the effectiveness of existing risk management systems and training programs.
- 1.3 To ensure compliance with the reporting requirements of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.

2 SCOPE

- 2.1 All faculty, staff, students, visitors and volunteers.

3 RELATED DOCUMENTS

- 3.1 Accommodation Policy

- 3.2 Occupational Health and Safety Act of Ontario R.S.O. 1990
- 3.3 McMaster University Injury/Incident Report Form (see Appendix 1).
- 3.4 McMaster University Investigation Protocol
- 3.5 McMaster University RMM #100 Workplace and Environmental Health & Safety Policy
- 3.6 McMaster University RMM #103 Environmental Protection Act
- 3.7 McMaster University RMM #309 Laboratory Safety Handbook Section 5.0.
- 3.8 McMaster University RMM #902 WSIB/LTD Management Program
- 3.9 McMaster University RMM #1002 Return to Work Program
- 3.10 McMaster University RMM #1204 First Aid Program
- 3.11 Regulation 1101 (First Aid Requirements under the WSIA)
- 3.12 SOP for critical injury (see Appendix 2).
- 3.13 Supervisor Injury/Incident Checklist
- 3.14 Workplace Safety and Insurance Act of Ontario, 1997.

4 DEFINITIONS

- 4.1 **Supervisor** – A person who has charge of a workplace or authority over a worker.
- 4.2 **Worker** – A person who performs work or supplies services for monetary compensation.
- 4.3 **Incident** – An unforeseen or unplanned occurrence or a sequence of events, which could result in or have resulted in unintended injury, death, and / or property damage.
- 4.4 **Injury** – A physical harm or damage to a person resulting in the marring of appearance, personal discomfort and / or bodily hurt or impairment. The injury may be acute such as a cut or it may be gradual in onset such as tennis elbow or carpal tunnel syndrome.
- 4.5 **Critical Injury as defined by R.R.O. 1990, Reg. 834:**
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.

- 4.6 **Occupational Disease** – An illness that has its etiology in the work environment. It may be caused by acute or chronic exposure to a physical, chemical, or biological agent in the workplace. It may appear months or years after the exposure has occurred.
- 4.7 **Lost Time** – Refers to absence from regular work beyond the day of injury. Lost time also includes working partial hours during recovery from the injury.
- 4.8 **Acronyms:**
- **EHS** – Employee Health Services
 - **EOHSS** – Environmental & Occupational Health Support Services
 - **FHS safety office** – Faculty of Health Sciences Safety Office
 - **JHSC** – Joint Health and Safety Committee
 - **LTD** – Long Term Disability
 - **MOL** – Ministry of Labour
 - **MOE** – Ministry of the Environment
 - **MTCU** – Ministry of Training, Colleges and Universities
 - **OHSA** – Occupational Health and Safety Act
 - **RMM** – Risk Management Manual
 - **R.R.O.** – Revised Regulation of Ontario
 - **SOP** – Standard Operating Procedure
 - **WEPA** – Workplace/Education Placement Agreement
 - **WSIA** – Workplace Safety and Insurance Act
 - **WSIB** – Workplace Safety and Insurance Board.

5 RESPONSIBILITIES

5.1 **Role of Supervisors:**

Supervisors shall:

- Ensure that medical treatment is provided in case of personal injury;
- Ensure that transportation for the injured employee or student is provided to a health care practitioner or to the person's home if necessary;
- Conduct the injury/incident investigation as soon as possible upon learning of the injury/incident;
- Notify EOHSS or the FHS safety office immediately in the event of a critical injury so that the designated worker member of the JHSC can investigate;
- Report all injuries/incidents within 24 hours of learning of the injury/incident by

completing the McMaster University Injury/Incident Report Form (see Appendix 1) and submitting to EOHSS by email at ehss@mcmaster.ca or faxing to the FHS safety office at 905.528.8539.

- Report all injuries/incidents involving students conducting MTCU placements using the McMaster University Injury/Incident report form (see Appendix 1) and submit the WEPA form (see Appendix 5).

Non Critical Injuries

- In conducting the investigation and in completing the McMaster University Injury/Incident Form (see Appendix 1), the supervisor will ensure that the following has been identified and recorded:
 - Scene Assessment: inspection of the site, material, equipment that were involved in the injury/incident, (e.g. specifying exact location, conditions of physical environment where the injury/incident occurred).
 - Interviewing: interview eyewitnesses and person involved, if applicable in order to identify all possible contributing factors. Witness statements must be in writing (see Appendix 4).
 - Identify Contributing Factors: determine whether other persons equipment, loose equipment or process contributed to the injury/incident (e.g. malfunctioning equipment, loose carpet).
 - Make Recommendations for Corrective Action: identify what actions are required to prevent a recurrence and assign responsibilities and timelines as to the completion of the corrective actions (e.g. replacing or repairing equipment, taping or removing carpet).
 - Ensure the Recommendations are Completed: follow up to ensure corrective actions have been implemented
- In the event of a fatality, critical or suspected critical injury, the supervisor will contact EOHSS immediately by dialing 905.525.9140 ext. 24352. During non-business hours the supervisor should contact Security Services by dialing 905-525.9140 ext. 88 or the appropriate off-site emergency number. Security Services will contact EOHSS, supervisors shall follow the SOP as outlined in Appendix 2.
- In the event of an occupational disease, supervisors will conduct an investigation as outlined above using the McMaster University's Injury/Incident Form (see Appendix 1) and submit to EOHSS by email at ehss@mcmaster.ca or faxing to the FHS safety office at 905.528.8539.

5.2 Role of Senior Managers (Deans / Directors / Chairs / Managers):

Senior Managers shall:

- Review and sign Injury/Incident Report.
- Ensure that recommendations for corrective action have been implemented.

5.3 **Role of the Faculty, Staff, Students, Visitors and Volunteers:**

Faculty, Staff, Students, Visitors and Volunteers shall:

- Immediately report injuries/incidents to the supervisor.
- Assist with the completion of the Injury/Incident Report form and sign it.
- Assist in the incident investigation and implementation of any corrective action required to prevent a recurrence of the incident.
- Adhere to the legal requirements of the WSIB and McMaster University's Return to Work Program for lost time injuries.

5.4 **Role of EOHSS, FHS safety office and EHS:**

EOHSS and FHS safety office shall:

- Assist supervisors (as required) in conducting injury/incident investigations to determine root causes and appropriate corrective actions;
- Notify and co-investigate fatality and/or critical injuries with supervisor, Certified Joint Health and Safety Committee Worker Member and/or Representative. Complete Fatality and/or Critical Injury Procedure Log (see Appendix 3). Complete Witness Report when applicable, and ensure worker member signs and dates Log and Witness Report. Log and Witness Report must be submitted to the MOL within 48 hours written report;
- Provide copy of Injury/Incident Report to the respective safety committees, and to the Employee's Union, if applicable, for review; and
- Provide Accident Investigation training to supervisors.

EOHSS shall:

- Immediately report fatalities and/or critical injuries to the Ontario MOL and provide assistance to MOL in the course of critical injury investigations; and
- Report chemical releases, including spills of chemical releases to the Ontario MOE and provide assistance to the MOE during investigations.

EHS shall:

- Report injuries to the Workplace Safety and Insurance Board (WSIB) using the appropriate documentation, including but not limited to the Employer's Report of Injury/Disease (Form 7), Employer's Subsequent Report (Form 9) and other documentation as requested by WSIB for the purposes of WSIB claims registration and entitlement; and
- Compile and analyze injury, injury type, and loss statistics and when appropriate make recommendations for corrective action.

5.5 **Joint Health and Safety Committee/Certified Member:**

The JHSC shall:

- Review injury/incident summary;
- Recommend preventative corrective action to management and/or accept the supervisor's corrective measures.

The Designated Certified Worker Member shall:

- Assist in the investigation of a fatality and/or critical injury.
- Be present during the fatality and/or critical injury investigation by the MOL.

5.6 **Students on formal unpaid work placements (learners):**

- Any student injured while on a formal unpaid work placement, shall notify the work placement coordinator at the University immediately and follow the procedure as outlined on the MTCU form (see Appendix 5).

6 **PROCEDURES**

6.1 **Injury / Incident:**

- The supervisor and the reporting person shall complete and sign a McMaster University Injury/Incident Report form;
- The supervisor shall complete all sections of the report including scene assessment, interviewing, contributing factors, and recommendations for corrective actions;
- In case of personal injury, the supervisor shall submit the completed form(s) to EOHSS within 24 hours by email at ehss@mcmaster.ca or faxing to the FHS safety office at 905-528-8539.

6.2 **Fatality and/or Critical Injury:**

- In case of a fatality and/or critical injury the supervisor shall notify EOHSS and/or the FHS safety office immediately and follow the SOP for a fatality and/or critical injury (see Appendix 2).
- During non-business hours the supervisor should contact Security Services by dialing 905.525.9140 ext. 88 or the appropriate off-site number.

6.3 **WSIB Reporting:**

- EHS is responsible for reporting Health Care, Lost Time Injuries, and

Occupational Diseases to the WSIB.

7 RECORDS

- 7.1 EOHSS and the FHS safety office shall keep copies of the Injury/Incident Reports indefinitely.

APPENDIX 1: INJURY/INCIDENT REPORT

<http://www.workingatmcmaster.ca/eohss/prevention/injury/>

APPENDIX 2:

STANDARD OPERATING PROCEDURE IN CASE OF A FATALITY OR CRITICAL INJURY AS DEFINED IN THE OCCUPATIONAL HEALTH AND SAFETY ACT BY R.R.O. 1990, REG. 834

Responsibilities

The Supervisor shall:

- 1 Immediately arrange for medical & emergency assistance by calling Security Services at 905.525.9140 ext. 88 for central campus or appropriate off-site emergency number;
- 2 Secure the accident site and ensure that further injury is prevented;
- 3 Call EOHSS at 905.525.9140 ext. 24352 or the FHS safety office at 905.525.9140 ext. 24956 and communicate details of the incident;
- 4 Ensure that the site remains undisturbed until EOHSS or the FHS safety office and certified worker member have provided clearance.
- 5 Cooperate with directives from EOHSS, the FHS safety office and the MOL.

EOHSS shall:

- 1 Notify the MOL by telephone when informed of a fatality and/or critical injury.
- 2 Inform the Vice-President (Administration).
- 3 Contact the Certified JHSC Worker Member for the area. If not available another Certified JHSC Worker Member may be asked to participate in the investigation.
- 4 Thoroughly investigate the cause of the injury with the supervisor, the Certified Worker Member and any other appropriate person(s), and make recommendations for the prevention of a similar incident.
- 5 Send a written report to the MOL within 48 hours of the occurrence.
- 6 Share the report with the appropriate JHSC and any other person departments who may need to know to prevent a similar incident.
- 7 Follow up to ensure that recommended actions for prevention have been implemented.
- 8 Communicate the incident/injury to appropriate internal and external sources.
- 9 Coordinate notification to the injured person's family.

Ministry of Labour

- Depending on the severity of the injury/incident the MOL may inspect the site and investigate the incident.

Public Relations shall:

- communicate with the media.

APPENDIX 3: FATALITY AND/OR CRITICAL INJURY PROCEDURE LOG

TO BE COMPLETED BY EOHSS IN CONSULTATION WITH SUPERVISOR UPON
NOTIFICATION OF A FATALITY AND/OR CRITICAL INJURY:

Date of Report:

Person completing the report:

Name of Injured Person:

Date of Incident/Injury:

Date Incident/Injury Reported:

Person(s) Reported To:

Security, Ambulance, EFRT, Fire Department

Date and time notified:

Ministry of Labour

Date, time, name of contact:

VP Administration

Date and time notified:

Worker/Union Health and Safety representative

Date, time and name of contact:

Notification of Next of Kin

Date, time and name of contact:

Hospital /Physician:

Incident/Injury Description:

- description of events

Site Location of the Injury:

- inspection of the site/equipment/material that were involved in the injury/incident
- use of photographs/sketches/drawings of the injury/incident scene indicating sizes, distances and weights of objects as appropriate

Interviewing:

- eyewitnesses
- people involved
- record of witness statement (see Appendix 4)

Findings:

Other Contributing Factors:

- people, equipment, material, processes, environment

Conclusion:

Recommendations for Corrective Measures:

Enclosures: (Photographs, Witness Interview Report)

APPENDIX 4: Witness Interview Report

Instructions: This report is to be completed by the investigation team members while interviewing witnesses and persons involved with the fatality and/or critical injury/incident. The interviews are to be carried out in private and a worker representative of the health and safety committee is to be present. The witness statement must be signed and dated. This report would accompany the Fatality/Critical Injury Procedure Log.

Date of Interview:

Name of Interviewer:

Name of Person Interviewed:

Description of What Was Observed:

Witness Signature:

Print Name:

Investigator Signature:

Print Name:

Health and Safety Worker Representative:

Print Name:

APPENDIX 5: Work / Education Placement Agreement Form



Ontario

Ministry of Training,
Colleges and Universities
Ministère de la Formation et
des Collèges et Universités

Work/Education Placement Agreement/Post-Secondary / Accord sur la formation pratique (postsecondaire)

The information on this form is required to maintain the employment record of the training participant and is collected under the authority of the *Workplace Safety and Insurance Act*, 1997, c.16, s.21, 22; and the *Ministry of Colleges and Universities Act*, R.S.O. 1990, c.M.19, s.5, and Order-in-Council 701/85. Because the Ministry of Training, Colleges and Universities covers the cost of workers' compensation and private insurance coverage, the Ministry may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to the Ministry of Training, Colleges and Universities. For the Universities Branch, please direct inquiries to 7th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario M7A 1L2. Telephone 416 325-2847. For the Colleges Branch, direct inquiries to 7th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario M7A 1L2. Telephone 416 325-9733.

Les renseignements contenus dans ce formulaire sont requis pour tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la *Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail*, de l'article 5 de la *Loi sur le ministère des Collèges et Universités*, L.R.O. 1990, chap. M.19 et du décret 701/85. Étant donné que le Ministère de la Formation et des Collèges et Universités assume le coût de l'assurance contre les accidents du travail et de l'assurance privée, le ministère peut utiliser ces renseignements pour vérifier la légitimité des demandes. Si vous avez des questions au sujet de ce formulaire, veuillez communiquer avec le Ministère de la Formation et des Collèges et Universités. Pour communiquer avec la Direction des universités, veuillez vous adresser au 7^e étage, édifice Mowat, 900, rue Bay, Toronto (Ontario) M7A 1L2; téléphone 416 325-2847. Pour communiquer avec la Direction des collèges, veuillez vous adresser au 9^e étage, édifice Mowat, 900, rue Bay, Toronto (Ontario) M7A 1L2; téléphone 416 325-9733.

Date Completed / Rempli le

Please print / En caractères d'imprimerie

A. Parties to the Agreement / Parties contractantes

1. Name of training participant / Nom du/de la participant-e à un stage de formation		Date of birth / Date de naissance	Age / Âge	Sex / Sexe
Address / Adresse		Home phone no. / N° de tél. (domicile)		Postal Code / Code postal
Program / Programme				
2. Name of work placement employer / Nom de l'employeur		Name of training supervisor / Nom du/de la superviseur-e de la formation		
Address / Adresse		Telephone no. / N° de téléphone		Postal Code / Code postal
3. Post Secondary Institution / Établissement postsecondaire		Name of contact person / Personne-ressource		
Address / Adresse		Telephone no. / N° de téléphone		Postal Code / Code postal

B. Specific Time at Training Station / Durée du stage et horaire

1. Period of Agreement / Durée de l'accord
The training participant, from /
Le-la participant-e au stage de formation devra, du _____ 200____ to/ au _____ 200____
shall be involved in work activities as part of the above educational/training program as /
dans le cadre du programme de formation susmentionné, exécuter les tâches de _____
(job title / désignation de fonction)

2. Hours of Training / Heures de travail
The normal hours of training shall be from /
les heures de travail habituelles seront de _____ to / à _____

3. Schedule of Training / Jours de travail
Identify the days when the training participant will be at the work placement (or attach training participant's schedule). /
Inscrire les jours où le-la participant-e sera en stage de formation (ou joindre son emploi du temps).
(days of training / jours de travail) _____

C. Workplace Safety and Insurance Board Coverage / Assurance de la Commission et de l'assurance contre les accident du travail

1. Workplace Safety and Insurance Board coverage will be provided at the work placement / Les primes de l'assurance de la Commission seront versées
by the Ministry of Training, Colleges and Universities /
par le ministère de la Formation et des Collèges et Universités ☐ for the entire period / pour toute la durée du stage.

2. Number of work placement hours for which Workplace Safety and Insurance Board Coverage has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance de la Commission a été fournie par (remplir une fois le stage terminé)
by the Ministry of Training, Colleges and Universities /
par le ministère de la Formation et des Collèges et Universités 200____ 200____

D. Private Insurance Coverage / Assurance privée

1. Private insurance coverage will be provided in the event that the work placement employer is not covered by the Workplace Safety and Insurance Board Coverage / Si l'employeur ne bénéficie pas de l'assurance de la Commission, une assurance privée sera retenue
by the Ministry of Training, Colleges and Universities /
par le ministère de la Formation et des Collèges et Universités ☐ for the entire period / pour toute la durée du stage.

2. Number of work placement hours for which private insurance has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance privée a été retenue par (remplir une fois le stage terminé)
by the Ministry of Training, Colleges and Universities /
par le ministère de la Formation et des Collèges et Universités 200____ 200____

E. Signatures of Parties to the Agreement / Signature des parties contractantes

Training participant / Participant-e au stage de formation	Parent/Guardian (if applicable) / Père, mère, tuteur ou tutrice (le cas échéant)
Work placement employer / Employeur	Post-secondary Institution / Établissement postsecondaire

White - Training participant /
Blanche - Participant-e au stage de formation

Canary - Work placement employer /
Jaune - Employeur

Pink - Post-secondary Institution /
Rouge - Établissement postsecondaire