Health & Safety Incident report

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| **instructions:**   * This report must be reviewed and signed by the **Supervisor, Manager, or Associate Dean of the Faculty/Department.** * The completed report must be submitted within 24hrs to **Occupational Health & Safety, North Campus LRC 6012,** email[healthandsafety@humber.ca](mailto:healthandsafety@humber.ca) or fax **416-675-4708.** * In case of a critical injury, immediately notify Public Safety ext. 4000 and Occupational Health & Safety via [healthandsafety@humber.ca](mailto:healthandsafety@humber.ca). Occupational Health and Safety is responsible for communications to the Ministry of Labour, Training, and Skills Development (MLTSD). | | | | | | | | | | |
| 1.0 Personal Details | | | | | | | | | | |
| Individual involved is:  Employee  Work Study  Student  Contractor  Visitor  Not Applicable | | | | | | | | | | |
| First Name: | | | | | | | | | Employee / Student Number: | |
| Last Name: | | | | | | | | |
| Job Title / Student Program: | | | | | | | | | | |
| Phone Number: | | | | Email Address: | | | | | | |
| Faculty/ Department: | | | | | | | | | | |
| Supervisor/Instructor Name: | | | | | | | | | | |
| 2.0 Incident Details | | | | | | | | | | |
| Where did the incident occur?  North Campus  Lakeshore Campus  HCCES  IGS  Other:  Building Name/Room Number: Additional Location Details: | | | | | | | | | | |
| Date and Hour of Incident / Awareness of Illness:  Date (DD/MMM/YY): Time: ☐ AM ☐ PM | | | | | **The incident/illness was reported to:**  **Name: Position:**  Phone: | | | | | |
| Date and Hour Reported:  Date (DD/MMM/YY): Time: ☐ AM ☐ PM | | | | |
| Were there any witnesses or other persons involved in this incident/illness?  ☐ Yes ☐ No | | If **Yes**, provide names, positions, and work 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:  Struck By/With  Environmental  Fall Same Level  Fall Different Level  Slip/Trip  Overexertion  Repetition | | Chem./Hazardous Material Exposure  Contact With/Between  Fire/Explosion  Motor Vehicle Accident  Workplace Harassment  Workplace Violence  Other: | | | Nature of Injury:  Amputation  Bite  Bruise  Burn  Cut/Laceration  Illness  Foreign Body  Other: | | | | Fracture  Loss of Consciousness  Soreness/Pain  Sprain/Strain  Psychological  Puncture |
| Check all injured body parts: Circle affected areas: | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Head | Teeth | Upper Back | | Face | Neck | Lower Back | | Eye(s) | Chest | Abdomen | | Ear(s) |  | Pelvis | | Other: | | |  |  |  |  | | --- | --- | --- | | Left |  | Right | |  | Shoulder |  | |  | Arm |  | |  | Elbow |  | |  | Forearm |  | |  | Wrist |  | |  | Hand |  | |  | Finger(s) |  |  |  |  |  | | --- | --- | --- | | Left |  | Right | |  | Hip |  | |  | Thigh |  | |  | Knee |  | |  | Lower Leg |  | |  | Ankle |  | |  | Foot |  | |  | Toe(s) |  |   Related image | | | | | | | | | | |
| Description of how incident/illness occurred (include people, equipment, environment, materials, and/or processes involved): | | | | | | | | | | | |
| Describe any property damage (if applicable): | | | | | | | | | | | |
| 3.0 Treatment of Injury | | | | | | | | | | | |
| Did the individual receive first aid or medical aid?  Yes  No  If **Yes**, check provider:   Humber Student Wellness and Accessibility Centre  Public Safety / CERT team  Ambulance  Hospital  Health Professional Office  Walk-In Clinic  Other: | | | | | | | If **Yes**, provide date health care was provided (DD/MMM/YY): | | | | |
| 4.0 Investigation | | | | | | | | | | | |
| Description of potential causes based on your investigation: | | | | | | | | Unsafe equipment  Poor housekeeping  High/low temperature exposure  Inadequate illumination  Hazardous environmental condition  Excessive noise levels  Unsafe work practice  Failure to use PPE  Improper lifting technique  Other: | | | |
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| Description of corrective measures (if a Facilities Work Order was submitted, include the Work Order #): | | | | | | | | | | | |
|  | | | | | | | | 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 (for Employees) | | | | | | | | | | | |
| |  | | --- | | **After the day** of the incident or awareness of the illness, this employee:  \***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.    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  ⇨ Provide the date employee first lost time: (DD/MMM/YY): | | | | | | | | | | | | |
| If the employee lost time or is on modified work: In the week **prior** to the incident, how many hours did the employee work?   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Regular shift | Week of  (dd/mmm/yy) | Sun | Mon | Tues | Wed | Thu | Fri | Sat |  | OR |  | Rotating shift | |  |  |  |  |  |  |  |  |  |  | Overtime | | | | | | | | | | | | |
| Report Completed by Name (please print): Signature: Date (DD/MMM/YY): | | | | | | | | | | | |
| Supervisor or Manager Name (please print): Signature: Date (DD/MMM/YY): | | | | | | | | | | | |

Supervisor/Manager to submit the completed form to **Occupational Health & Safety, North Campus LRC 6012,** email[healthandsafety@humber.ca](mailto:healthandsafety@humber.ca) or fax **416-675-4708** within 24 hours of the incident. A copy of the form must be sent to the **Supervisor, Manager, and/or Associate Dean of the Faculty/Department.**

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.

Instructions & Definitions

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 Health and Safety Incident Report is completed and submitted to Occupational Health and Safety (OHS) within 24 hours (faxed to 416-675-4708 or emailed to [healthandsafety@humber.ca](mailto: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, Training and Skills Development (MLTSD).

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| **Individual/Employee’s Responsibilities**:   * call 911 if needed and contact Public Safety if on-campus emergency response is required * obtain first aid as needed from the Student Wellness and Accessibility Centres or by contacting Public Safety * report all incidents, including injuries, occupational illnesses, near misses, and workplace hazards to their supervisor * participate in accident investigations upon request * provide information related to an injury, as required by WSIB, MLTSD, 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](https://www.wsib.ca/sites/default/files/2019-02/3958a_07_16_fs.pdf) after completing this Health & Safety Incident Report. | **Supervisor/Manager Responsibilities**:   * contact 911 if needed and contact Public Safety 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 Health & Safety Incident Report to OHS within 24 hours of being notifying * immediately notify OHS of all fatal / critical injuries * preserve the scene of a fatal or critical injury until a MLTSD inspector advises otherwise * develop and implement corrective measures based on findings of investigation(s) * monitor corrective measures to determine effectiveness |

**Definitions: In the event of a Critical Injury or Fatality:**

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| **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,   1. places life in jeopardy; 2. produces unconsciousness; 3. results in substantial loss of blood; 4. involves the fracture of a leg or arm but not a finger or toe; 5. involves the amputation of a leg, arm, hand or foot but not a finger or toe; 6. consists of burns to a major portion of the body; or 7. causes the loss of sight in an eye.” |  | 1. The first person on the scene shall report the injury to  * Public Safety, 416-675-6622 ext. 4000, 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 MLTSD inspector (unless necessary to prevent further injury).   1. Public Safety and the supervisor/manager or instructor responsible for the area shall immediately report the incident to OHS (ext. 5673). After hours, Public Safety shall notify the Administrator “On-Call”. 2. The supervisor/manager or instructor responsible for the area shall notify their Faculty or Department head (Dean, Associate Dean, and Director) of the incident. 3. The Faculty/Department head, or designate, shall notify the injured person’s immediate family or other persons as directed by the individual. Where required, the Faculty/Department Head or designate may request the assistance of the College nurse, police officer, clergy person, employee’s supervisor, counselor, union representative or other. 4. OHS will immediately notify the MLTSD, the Joint Occupational Health and Safety Committee and, if the injured person is represented by a union, the appropriate OPSEU Local President or alternate. The Communications Manager will also be apprised of the situation. If after hours, the Administrator “On-Call” will notify the MLTSD. 5. OHS, in cooperation with the supervisor/manager for the area, shall coordinate the accident investigation process. 6. OHS shall submit a written Notification of Accident report, detailing the prescribed information, to the MLTSD within 48 hours of the accident.   All media inquiries are to be directed to the Communications Manager, Marketing and Communications. Under no circumstances should any member of Humber, unless authorized to do so, make any statements to the media. |
| **First Aid Injury** | The one-time treatment or care and any follow-up visit(s) for observation purposes only. First aid includes, but it not limited to: cleaning minor cuts, treating a minor burn, applying bandages and/or dressings, applying a cold pack, applying a splint. |  |
| **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.” |  |