# Health & Safety Incident Report

To be completed and submitted to management within twenty-four (24) hours of the occurrence. Management is to upload completed and signed Accident/Incident Report Forms to Management > Health & Safety > Program > Incident Reports and notify management representatives of the JHSC via email within forty-eight (48) hours of the occurrence.

## Reporter Information

To be completed by the most involved staff member present at the time of the accident/incident.

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| --- | --- | --- | --- |
| Name:  |       | Position:  |       |
| Program: |       | Supervisor: |       |
| Date of Report: |       | Time of Report: |       |

## Incident Information

|  |  |  |  |
| --- | --- | --- | --- |
| Worker Name:  |       | Position:  |       |
| Program: |       | Supervisor: |       |
| Date of Incident: |       | Time of Incident: |       |
| Location: |       | Hours Worked: |      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incident Severity: | [ ]  Near Miss | [ ]  Minor | [ ]  Moderate | [ ]  Critical  |
| Serious Incident? | [ ]  Yes | [ ]  No |  |  |
| Incident Type: | [ ]  Injury  | [ ]  Illness | [ ] Damage/Property | [ ]  Security/Violence [ ]  Psychological Injury |

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| Critical Incident: | Under the *Occupational Health and Safety Act* and Regulations, “critically injured” means an injury of a serious nature that:1. Places a 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.
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| Serious Incident: | Under CommunitiCare Health Statement of Policy and Procedure related to Serious Incident Response, “serious incidents” are highly stressful events that have the potential to overwhelm an individual’s usual coping abilities. |

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| What happened? Please provide a brief, factual account of the incident. Include how, where and when the incident occurred (including any factors that may have contributed); and the immediate responses of witnesses and staff. |
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| Describe the outcome, e.g. who (if anyone) was injured, and the nature and extent of injuries. |
|       |

## Witness Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Program: |       |
| Phone Number: |       | Email: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Program: |       |
| Phone Number: |       | Email: |       |

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## Response Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Supervisor | Time: |       | Name: |       |
| ☐ On-Call Manager | Time: |       | Name: |       |
| ☐ Police | Time: |       | Name: |       |
|  |  |  | Badge Number: |       |
| ☐ Fire | Time: |       | Name: |       |
| ☐ Ambulance | Time: |       | Name: |       |
| ☐ Landlord | Time: |       | Name: |       |

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| Please describe the immediate response of staff. |
|       |

For injuries:

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| --- | --- | --- |
| ☐ First Aid treatment administered | Time: |       |
| ☐ Person went to hospital, doctor or clinic | Time: |       |

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| Please describe any treatment which was required as a result of the accident/incident. If First Aid was administered, include the name and contact information of the attendant. |
|       |

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| Controls implemented: |
|       |
| Hazard Resolved? | ☐ Yes☐ No |

## Signatures

NOTE: ED signature required for all Moderate and Critical Incidents.

|  |  |  |  |
| --- | --- | --- | --- |
| Reporter: |       |  |       |
| Supervisor: |       |  |       |
| ED: |       |  |       |
|  | Name | Signature | Date |

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