# 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. |
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## 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. |
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For injuries:

|  |  |  |
| --- | --- | --- |
| ☐ 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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