McMaster University

Injury / Incident Report

INSTRUCTIONS ON PAGE 3

☐ NO INJURY	☐ INJURY
☐ Hazardous Situation	☐ First Aid ☐ Healthcare ☐ Lost Time ☐ No First Aid

IMPORTANT – IF PERSONAL INJURY IS INVOLVED, FORM MUST BE SUBMITTED WITHIN 24 HOURS OF THE INCIDENT TO EITHER ENVIRONMENTAL & OCCUPATIONAL HEALTH SUPPORT SERVICES (EMAIL: EOHSS@MCMASTER.CA | GILMOUR HALL ROOM 304) OR FACULTY OF HEALTH SCIENCES SAFETY OFFICE (FAX# 905.528.8539 | HEALTH SCIENCES CENTRE ROOM 1J11A)

SECTION 1: INFORMATION OF PERSON WHO WAS INJURED/ INVOLVED IN INCIDENT/REPORTING HAZARDOUS SITUATION

LAST NAME	**FIRST NAME**	**EMPLOYEE / STUDENT ID #** (if applicable)

DEPARTMENT/FACULTY/UNIT	**CONTACT #**	Occupation at the time of injury/incident/hazardous situation: _____ Years of service to McMaster in occupation: _____

AFFILIATION ☐ EMPLOYEE ☐ STUDENT ☐ OTHER (Please specify): _____

UNION/EMPLOYEE GROUP ☐ THE BUC ☐ CUPE ☐ IUOE ☐ MUALA ☐ MUFA ☐ SEIU ☐ TMG ☐ UNIFOR ☐ OTHER: _____

DD/MM/YY OF INCIDENT	TIME OF DAY ☐ AM ☐ PM	**DD/MM/YY REPORTED**	TIME OF DAY ☐ AM ☐ PM

DESCRIPTION OF INCIDENT/INJURY/HAZARD | **INCIDENT LOCATION** (I.E BLDG NAME)**:**_____ ROOM #:_____

(1) Describe what happened to cause the accident/illness/hazardous situation and what the individual was doing at the time (lifting a 50lb. object, slipped on wet floor, repetitive movements, etc.). Include what the injury/hazardous situation is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed.

(2) How could the event have been avoided?

☐ SUDDEN SPECIFIC EVENT/OCCURANCE ☐ GRADUALLY OCCURING OVER TIME ☐ ADDITIONAL INFORMATION ATTACHED

NAME AND CONTACT INFORMATION OF WITNESSES

AREA OF INJURY (Check all that apply)

	Left		**Right**
☐ Head ☐ Teeth ☐ Upper Back ☐ Face ☐ Neck ☐ Lower Back ☐ Eye(s) ☐ Chest ☐ Abdomen ☐ Ear(s) ☐ Pelvis ☐ Other _____	☐	Shoulder	☐
	☐	Arm	☐
	☐	Elbow	☐
	☐	Forearm	☐
	☐	Wrist	☐
	☐	Hand	☐
	☐	Finger(s)	☐
	☐	Hip	☐
	☐	Thigh	☐
	☐	Knee	☐
	☐	Lower Leg	☐
	☐	Ankle	☐
	☐	Foot	☐
	☐	Toes(s)	☐

DOMINANT HAND ☐ Left ☐ Right

HAVE YOU HAD A PREVIOUS OR SIMILAR INJURY? ☐ **YES** ☐ **NO**

REASON FOR REPORT (Check all that apply)

☐ Abrasion/Contusion	☐ Fire/ Explosion	☐ Motor Vehicle Accident	☐ Struck/Caught
☐ Allergic Reaction	☐ Fracture	☐ Needle stick	☐ Violence/Harassment
☐ Animal/Insect Bite	☐ Hazardous Substance	☐ Overexertion	☐ Other: _____
☐ Blood/Body Fluid Exposure	☐ Heat Stress	☐ Psychological	
☐ Burn	☐ Loss of Consciousness	☐ Slip/Trip /Fall	
☐Cut/Laceration	☐ Medical Symptoms	☐ Sprain/Strain	

NAME OF ATTENDING PHYSICIAN (To be completed only if healthcare obtained)

_____

TEL:_____ DATE OF HEALTHCARE:_____

TREATMENT OF INJURY

☐ Emergency ☐ None ☐ Family Physician ☐ Walk-In Clinic

☐ Other (Please specify) _____

ABOVE INFORMATION MAY BE USED FOR COMPLETION OF WSIB CLAIM FORM #7 (if necessary)

HR/Rev April 2018

SECTION 2: TO BE COMPLETED BY SUPERVISOR

LOST TIME INCIDENT ONLY

Scheduled Shift on Day of Injury	Date/Time Last Worked	Date/Time Returned to Work ☐ regular work ☐ modified work Has the employee been offered modified work ☐ YES ☐ NO	Regular Days & Hours of Work: S M T W TH F SA ___ ___ ___ ___ ___ ___ ___

After the day of accident/incident this worker

- ☐ Returned to his/her **regular job** 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/or earnings.

CONTRIBUTING FACTORS

WHAT CONDITIONS CONTRIBUTED TO THE INCIDENT/INJURY/HAZARDOUS SITUATION (✓) (Check all that apply).

1 ☐ OPERATING WITHOUT AUTHORITY
2 ☐ INSUFFICIENT TRAINING
3 ☐ UNSAFE EQUIPMENT/POOR DESIGN
4 ☐ IMPROPER POSITION OR POSTURE
5 ☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
6 ☐ NOT GUARDED OR IMPROPERLY GUARDED
7 ☐ FIRE, EXPLOSION HAZARD
8 ☐ POOR HOUSKEEPING
9 ☐ UNSAFE PRACTICE
10 ☐ HAZARDOUS ENVIRONMENTAL CONDITION
11 ☐ DISTRACTING, TEASING, WILLFUL MISCONDUCT
12 ☐ OTHER (EXPLAIN): _____

To your knowledge has the employee had a previous similar injury? ☐ YES ☐ NO

IN ADDITION TO THE CHECKLIST, PLEASE DESCRIBE IN DETAIL THE CAUSE(S) OF EVENT – ROOT CAUSES WHICH COULD INCLUDE ANY OR ALL OF THE FOLLOWING: PHYSICAL CAUSES, HUMAN CAUSES, AND ORGANIZATIONAL CAUSES.

DETAILS OF PROPERTY DAMAGE (IF APPLICABLE):

CORRECTIVE MEASURES

ACTIONS TO PREVENT RECURRENCE (✓) (Check all that apply).

1. ☐ REINSTRUCTION OF PERSON INVOLVED
2. ☐ REASSIGNMENT OF PERSON
3. ☐ ERGONOMIC ASSESSMENT
4. ☐ IMPROVED PERSONAL PROTECTIVE EQUIPMENT
5. ☐ EQUIPMENT REPAIR OR REPLACEMENT
6. ☐ CORRECTION OF CONGESTED AREA
7. ☐ INSTALLATION OF GUARD OR SAFETY DEVICE
8. ☐ ACTIONS TO IMPROVE WORK PROCEDURE
9. ☐ CHECK WITH MANUFACTURER
10. ☐ DISCIPLINE OF PERSONS INVOLVED
11. ☐ COMMUNICATION TO THE REPONSIBLE PERSON/DEPARTMENT
12. ☐ CONTACT FACILITY SERVICES
13. ☐ OTHER (EXPLAIN): _____

IN ADDITION TO THE CHECKLIST, PLEASE DESCRIBE IN DETAIL CORRECTIVE MEASURES TO PREVENT RECURRENCE

PERSON RESPONSIBLE FOR ACTION:_____ COMPLETION DATE:_____

SIGNATURES

I certify that the above information I provided is true and complete to the best of my knowledge.

_____	_____	_____
PERSON INVOLVED in INCIDENT/INJURY/HAZARDOUS SITUATION (PRINT NAME)	DATED	SIGNATURE

I certify that the above information in section 2 is true and complete to the best of my knowledge.

_____	_____	_____
SUPERVISOR/EXTENSION # (PRINT NAME)	DATED	SIGNATURE
_____	_____	_____
DEPARTMENT CHAIR, MANAGER OR DIRECTOR (PRINT NAME)	DATED	SIGNATURE

Instructions for Completing Form
The employee has the responsibility of reporting incidents promptly. The employee and the supervisor must fill out this form and the employee, supervisor and department chair, manager or director must sign it. The supervisor is responsible for investigating the accident and for ensuring corrective action to prevent a recurrence of the incident for due diligence purposes. If personal injury is involved, all appropriate procedures must be followed (please refer to RMM 1000 and 1002). The report must be forwarded immediately to Environmental and Occupational Health Support Services by email at eohss@mcmaster.ca, or for areas in the Faculty of Health Sciences, forward to the Faculty of Health Sciences Safety Office by fax to 905.528.8539. If you require additional assistance, please contact Environmental & Occupational Health Support Services at ext. 24352 or the Faculty of Health Sciences Safety Office at ext. 24956.

TYPES OF INCIDENTS TO REPORT
HAZARDOUS SITUATION – Refers to an incident caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and/or physical harm.
FIRST AID INJURY – An injury of such minor nature that treatment can be carried out by application of a band aid, cold compress or any other content of a first aid kit.
HEALTHCARE INJURY – An incident which requires treatment or service rendered by a health care professional but does not result in time lost from work other than the day of injury.
LOST TIME INJURY – Refers to an injury which results in time lost from work **beyond the day** of the injury.
BLOOD / BODY FLUID EXPOSURE – Refers to exposure to body fluids with the capability of transmitting disease organisms, i.e. blood, seminal fluid, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and tissues.

Critical Injury is defined as an injury of a serious nature that:
- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm, but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot, but not finger or toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

In the case of a critical injury, supervisors are responsible for:
1. Securing the accident site and ensure that further injury is prevented.
2. Immediately arranging for medical and emergency assistance by call Security at “88” or “5555” at host hospitals and “911” at any other off-campus locations.
3. Immediately notifying Environmental and Occupational Health Support Services at ext. 24352 and communicate details of the incident.
4. Ensure that the site remains undisturbed until Environmental and Occupational Health Support Services provide clearance.
5. Cooperating with directives from Environmental and Occupational Health Support Services and the Ministry of Labour.

RESPONSIBILITIES
Employee Responsibilities
1. Promptly receive appropriate medical treatment.
2. Notify supervisor as soon as possible of injury and any related healthcare.
3. Assist with the completion of Injury/Incident form and sign it.
4. Assist in the incident investigation and implementation of any corrective action.
5. Adhere to the legal requirements of WSIB and participate in McMaster University’s Return to Work Program if modified work and/or lost time results from a work related injury.

Supervisor Responsibilities
1. Ensure that the injured employee receives appropriate medical treatment in the case of personal injury.
2. Provide transportation for the injured employee to a healthcare practitioner or Emergency and provide a Functional Abilities Form.
3. Report the injury/incident to Environmental and Occupational Health Support Services or the Faculty of Health Sciences Safety Office using the Injury/Incident Form.
4. Investigate the incident as soon as possible and take corrective actions when appropriate to prevent reoccurrence.
5. Inform Environmental and Occupational Health Support Services and Employee Health Services promptly if an employee has been diagnosed with an occupational disease.
6. Inform Employee Health Services if healthcare was sought and/or employee lost time from work, of any return to work or any change in the employee’s status. Contact information available at www.workingatmcmaster.ca/ehs/contacts/
7. If person responsible for corrective measures/completion date is unknown, the Incident/Injury report is to be submitted with this information to follow when available.
8. If the Supervisor or Department Chair, Manager or Director is unavailable to sign the injury/incident report, the report should be submitted with all available signatures and resubmitted with remaining signatures when possible.

The information gathered on this form is collected under the authority of the *McMaster University Act*, 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on the behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990).

Questions regarding the collection or use of this personal information should be directed to the University Secretariat, Gilmour Hall, Room 210, McMaster University.

In addition to collecting personal information for its own purposes, McMaster University collects specific and limited personal information on behalf of the McMaster Student Union, the McMaster Association of Part-time Students and/or the McMaster Graduate Students Association. The groups use the information for the purpose of membership, administration, elections, annual general meetings, health plans and other related matters only. Please contact the relevant Student Union/Association office if you have questions about this collection, use and disclosure of your personal information.