

North York General Hospital Policy Manual

Hazard and Employee Incident Reporting and Investigation

NUMBER: IV-a-40

CROSS REFERENCE: Critical or Fatal Injury Reporting and Investigation (IV-a-10)
Blood Borne Pathogens (IV-b-110)
Attendance at Work (III-a-50)

ORIGINATOR: Safety Specialist

APPROVED BY: Operations Committee

ORIGINAL DATE APPROVED: March 1995

DATE REVIEWED/REVISED: January 2014

DATE OF IMPLEMENTATION: April 2014

PAGE 1 OF 4

POLICY STATEMENT:

North York General Hospital is committed to the prevention of occupational illnesses and injuries by providing a safe and healthy work environment for staff, physicians, volunteers, students and contract workers. Reporting of identified health and safety hazards and/or incidents, no matter how minor, involving employees, physicians, volunteers, students and contract workers in the workplace is everyone's responsibility and can prevent the reoccurrence of the hazardous condition or act causing the event. In order to ensure our efforts to prevent injuries are continued, hazards and incidents will be investigated and corrective measures will be implemented which will meet the regulatory requirements under the Occupational Health and Safety Act.

PROCEDURE:

Health and Safety Hazard Reporting

Under the Occupational Health and Safety Act (OHSA), all employees have the responsibility to report hazards. Reporting of hazards is a proactive means for preventing a hazard from becoming an incident.

OHSA section 28(c) states that a worker shall report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself, herself, or another worker

OHSA section 28(d) states that a worker shall report to his or her employer or supervisor any contravention of this Act or the regulations or the existence of any hazard of which he or she knows

All health and safety hazards will be reported using the following process:

1. The employee or individual who identifies the health and safety hazard will report the hazard by accessing the SLIP tool and submitting an Employee/Affiliate report. When submitting the hazard, under "Incident Severity", staff should select "Hazard/Near Miss/Good Catch".
2. If the employee is able to correct the hazard without creating additional safety hazards, they are to make the corrective actions and report the corrections on the employee/affiliate report form. Managers and Occupational Health, Safety and Wellness (OHSW) department will automatically be notified through the SLIP system of the employee/affiliate report submission.

North York General Hospital Policy Manual

Hazard and Employee Incident Reporting and Investigation

NUMBER: IV-a-40

CROSS REFERENCE: Critical or Fatal Injury Reporting and Investigation (IV-a-10)
Blood Borne Pathogens (IV-b-110)
Attendance at Work (III-a-50)

Page 2 of 5

-
3. If the employee is unable to make the corrective action, they are to submit the report electronically and the OHSW department and the manager will be notified automatically of the hazard report submission by the SLIP system. The manager or designate is to investigate the hazard and the manager is to take the necessary measures to ensure the hazard has been corrected.
 4. Requests for corrective actions of the particular hazard that are made to other departments should have "SAFETY HAZARD" clearly printed on them. The request may also include the following information:
 - Nature of hazard (e.g. tripping hazard, electrical hazard)
 - Description of the hazard (Photographs can be useful if the hazard is difficult to describe)
 - Location of the hazard (if it is a piece of numbered equipment, ensure that the identification number is included)
 - Corrective action to be taken
 - Urgency of corrective action
 5. The manager or designate is responsible for follow-up to ensure that the appropriate corrective actions have been completed and that no additional hazards have been created.
 6. Employees should be informed by the manager or designate about how to work safely with all new corrective measures, including circumstances where temporary corrective actions have been implemented.
 7. The manager or designate should document the corrective actions made or to be made in the "Resolution and Outcomes" section on the employee/affiliate form and the manager is to sign-off on the incident when the hazard has been rectified.

Employee Incident Reporting and Investigation

NOTE: The first priority in the event of an injury is the provision of immediate medical aid and attention to the injured person.

1. In the event of an incident, the employee will immediately inform their manager or designate of the injury.
2. If the incident meets the definition of a critical or fatal injury (see Appendix A), please see the *Critical or Fatal Injury Reporting and Investigation* policy (IV-a-10) for further details.
3. If the incident involves a puncture wound or a blood or bodily fluid splash, please refer to the *Blood Borne Pathogens* policy (IV-b-110) for further details.

North York General Hospital Policy Manual

Hazard and Employee Incident Reporting and Investigation

NUMBER: IV-a-40

CROSS REFERENCE: Critical or Fatal Injury Reporting and Investigation (IV-a-10)
Blood Borne Pathogens (IV-b-110)
Attendance at Work (III-a-50)

Page 3 of 5

-
4. The manager or designate will ensure that the employee receives the appropriate care for their injury by sending them to the OHSW department or the NYGH Emergency Department (outside of OHSW hours). If an SHC employee requires first aid for an incident, they are to contact the charge nurse on-duty who will provide them with the appropriate first aid.
 5. If an incident occurs in which an employee has sought medical attention, they will require modified duties, or they have missed time from work, the employee and supervisor are to contact the Occupational Health and Safety Department as soon as possible. After regular business hours (available evenings, nights, weekends and holidays), the employee and supervisor are requested to contact locating (ext. 6002) to speak with the on-call Occupational Health nurse. The supervisor can also email the Occupational Health, Safety and Wellness Department at occhealth@nygh.on.ca.
 6. If the employee is able to complete the employee/affiliate section on the SLIP tool, they are to do so; otherwise, the employee/affiliate form can be completed by the manager or designate with the assistance of the employee (if possible). All details of the incident will be documented on the report form. (See the [Hazard and Employee Incident Reporting Guide](#) to assist in accessing the incident report form)
 7. Both the manager and OHSW will receive notification of the employee/affiliate report form submission automatically through the SLIP system.
 8. The manager or designate must investigate the circumstances (see the [Incident Investigation Program](#) manual and the [SLIP: Employee/Affiliate Report – Manager Follow-up and Sign-off Guide](#)) surrounding the injury and indicate the corrective actions made or to be made in the “Resolution and Outcomes” section of the employee/affiliate report form. Attempts should be made to investigate and report on findings and corrective actions within two weeks of the incident.
 9. The manager or designate is responsible for follow-up to ensure that the corrective actions identified in the investigation of the injury have been completed and that no additional hazards have been created.
 10. Once corrective actions have been completed and the incident has been resolved, the manager will “Sign-off” on the incident report.
 11. Employees will be informed by the manager or designate about how to work safely with all new corrective measures, including circumstances where temporary corrective actions have been implemented.
 12. The information shared on the employee/affiliate form will be placed into the employee’s electronic medical records in the OHSW department and the information on this form may be submitted to the Workplace Safety Insurance Board as per requirements for healthcare and lost time claims. (See *Attendance at Work III-a-50*)

North York General Hospital Policy Manual

Hazard and Employee Incident Reporting and Investigation

NUMBER: IV-a-40

CROSS REFERENCE: Critical or Fatal Injury Reporting and Investigation (IV-a-10)
Blood Borne Pathogens (IV-b-110)
Attendance at Work (III-a-50)

Page 4 of 5

-
13. The JHSC will be informed electronically by the OHSW department within 4 days of any healthcare or lost time injury submission by an employee.

Non-Employee Incident Reporting and Investigation

If a non-staff physician, volunteer, contract worker, agency staff, midwife, vendor, or student sustains an injury of this nature, the first priority is to ensure that the individual receives immediate medical aid and attention. The injured affiliate member is to submit an employee/affiliate incident report utilizing the SLIP tool. These individuals will log into the system anonymously and will be requested to include their name and incident details within the employee/affiliate form. Any necessary investigation and follow-up will be completed by the person that the affiliate member reports to within NYGH.

REFERENCES:

Occupational Health and Safety Act R.S.O. 1990
Workplace Safety and Insurance Act

North York General Hospital Policy Manual

Hazard and Employee Incident Reporting and Investigation

NUMBER: IV-a-40

CROSS REFERENCE: Critical or Fatal Injury Reporting and Investigation (IV-a-10)
Blood Borne Pathogens (IV-b-110)
Attendance at Work (III-a-50)

Page 5 of 5

Appendix A

DEFINITIONS:

Hazard is any source of potential damage, harm or adverse health effect on something or someone under certain conditions at work.

Incident is any unplanned or unexpected event that causes (or could potentially have caused) harm to people and/or damage to equipment or property. This may include an occupational injury or illness.

First Aid - includes but is not limited to: cleaning minor cuts, scrapes or scratches; treating a minor burn, applying bandages and/or dressings, cold compress, cold pack, ice bag, splint, changing a bandage or a dressing after a follow-up observation visit and any follow-up for observation purposes only (O. Reg. 1101 – First Aid Regulation)

Healthcare (no lost time) –an injury where there was an associated healthcare or medical aid cost but no time was lost beyond the day of the injury.

Lost time injury – an injury in which the worker has sought medical attention and required to be away from work longer than the day of the injury.

Critical Injury – means an injury of a serious nature that, (O. Reg. 834 – Critical Injury Defined)

- 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 a toe;
- e) involves the amputation of a leg, arm, hand or foot but not a finger or a toe;
- f) consists of burns to a major portion of the body; or
- g) causes the loss of sight in an eye.

Fatality – an injury causing death