



## WORKPLACE SAFETY AND HEALTH COMMITTEE

# WORKPLACE SAFETY & HEALTH INVESTIGATION SUMMARY REPORT

Occurrence/Staff Injury/Near Miss    WS&H Concern Form    Other: \_\_\_\_\_

**EMPLOYEE NAME (Please Print):** \_\_\_\_\_

**FACILITY/BUILDING AND LOCATION (where injury occurred):**  
\_\_\_\_\_

**DEPARTMENT/JOB TITLE:** \_\_\_\_\_

**INJURY:**    **YES**               **NO**  

**DATE and TIME of INCIDENT:** \_\_\_\_\_

**WITNESS:**   **YES**           **NO**           **NAME:** \_\_\_\_\_

**INVESTIGATING TEAM (Please Print):**

DHS/Manager/Supervisor: \_\_\_\_\_

Department/Program Employee Representative: \_\_\_\_\_

WS&H Committee Members (Please print):

Employer Co-Chair: \_\_\_\_\_

Employee Co-Chair: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PART I – PARTICULARS

Did the incident involve property damage?    Yes     No   
If yes, describe:

Was first aid rendered?    Yes     No   
If yes, by whom? (if outside emergency assistance was required, provide details)

## PART II – DESCRIPTION OF INCIDENT

*Describe the incident in detail:*

## PART II – DESCRIPTION OF INCIDENT (CONT'D)

### DIRECT CAUSES (Please fill in box of all that apply)

**1. Exertion**

Equipment/Material Handling

- Pushing
- Pulling
- Lifting/Lowering
- Reaching
- Twisting
- Repetitive strain

Patient Handling

- Repositioning a client
- Transferring a client
- Lifting a client
- Assisting a client to walk / stand
- Preventing a client fall
- Repetitive, cumulative activity
- Unexpected client movement
- Other \_\_\_\_\_

**2. Fall (includes falling against/into objects, trips, slips)**

**3. Struck/Bumped/Banged/Hit By/Rubbed/Abraded**

**4. Cut/Laceration/Pinch**

**5. Exposure to Hazardous Substance/Agent**

Chemical

- Latex or powder in gloves
- Solvents / Gases / Fumes / Corrosives / Poisons/Smoke
- Departmental Chemicals
- Other \_\_\_\_\_

Physical

- Cold, Heat, Noise
- Radiation/Electricity
- Dusts (i.e. asbestos)
- Chemical and physical combined:

Biological

- Airborne
- Blood/Body fluid spill/Splash

**All Blood/Body Fluid Exposures require immediate follow-up. Please report using the Southern Health-Santé Sud Post Exposure Protocol.**

**6. Violence/Aggressive Behaviour**

Verbal:

- Threats of violence
- Verbal assault

Physical:

- Biting
- Hitting/kicking/beating
- Squeezing/pinching/scratching/twisting
- Sexual assault
- Other \_\_\_\_\_

Incident Involved

- Client
- Family member of client
- Other member of public
- Employee
- Other \_\_\_\_\_

**Provide more details if necessary:**

# PART II – DESCRIPTION OF INCIDENT (CONT'D)

## INDIRECT CAUSES (Fill in box of all that apply in each section)

### 1. Equipment/Device/Materials

- Not functioning properly
- Not available
- Protective equipment not available
- Labelling / Signage inadequate
- Misunderstood direction
- Equipment not regularly maintained
- Machine guarding removed
- Other \_\_\_\_\_
- Does not apply

### 2. Environment

- Workplace design /Layout
- Obstacle on path     Inside     Outside
- Floor / Surface slippery (Inside)
- Walkway slippery (Outside)
- Floor uneven
- Lighting inappropriate
- Excessive noise
- Limited Space / Overcrowding
- Ventilation inadequate
- Other \_\_\_\_\_
- Does not apply

### 3. Patient/Resident/Client/Staff Related Factors

- Physically aggressive
- Verbally aggressive
- Physically resistive
- Suddenly fatigued
- Unable to/Does not follow direction
- Inconsistently weight bearing
- Client heavy/Bariatric – Weight \_\_\_\_\_
- Client fell
- Moved unexpectedly
- Other \_\_\_\_\_
- Does not apply

### 4. Organizational/Administrative

- Working Alone (Working in a situation where assistance from fellow employees is not readily available in cases of emergency or injury)
- Information not available
- Job requiring multiple # of people done independently by one employee
- Reduced staffing at time of incident
- Normal staffing but unusual workload
- Insufficient / Lack of education / Training
- Poor ergonomic design of work environment
- Other \_\_\_\_\_
- Does not apply

### 5. Task

- Emergency Response
- Awkward posture
- Repetitive Work
- Load not secured
- Did not follow designated procedure
- Client not assessed or assessed improperly
- Improper use of equipment
- Static postures for extended periods
- Did not use designated equipment
- Insecure grip
- Poor communication
- Improper technique
- Other \_\_\_\_\_
- Does not apply

**Provide more details if necessary:**

## **PART III – EVIDENCE**

***Sketch/Photo of incident scene:***

**Describe physical evidence collected:**

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**Photo/Video Evidence: (List and describe the photos and videos)**

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## PART IV – CORRECTIVE ACTION

Corrective actions to prevent recurrence:

Target Date for corrective action: \_\_\_\_\_  
dd/mm/yy

Follow-Up Monitoring:

Target Date for follow-up monitoring: \_\_\_\_\_  
dd/mm/yy

Regional Workplace Safety & Health Department Review:

\_\_\_\_\_  
Signature Regional Manager, WS&H Program

\_\_\_\_\_  
Date: dd/mm/yy

## PART V – REPORT REVIEW

**IMPORTANT:** Prior to signing off please allow WS&H Program to review and advise of any changes to corrective actions identified in Part IV.

**Signature of Investigators:**

\_\_\_\_\_  
DHS/Manager/Supervisor

\_\_\_\_\_  
Date: dd/mm/yy

\_\_\_\_\_  
Department/Program Employee Representative

\_\_\_\_\_  
Date: dd/mm/yy

\_\_\_\_\_  
Employer Co-Chair

\_\_\_\_\_  
Date: dd/mm/yy

\_\_\_\_\_  
Employee Co-Chair

\_\_\_\_\_  
Date: dd/mm/yy

Distribute Report to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS COMPLETED FORM MUST BE FORWARDED TO REGIONAL WORKPLACE  
SAFETY & HEALTH PROGRAM AT [wsh@southernhealth.ca](mailto:wsh@southernhealth.ca)**