**Incident - Hazardous Situation or Incident – Injury with no First Aid**

Employee identifies near miss, hazard or hazardous situation to supervisor.

**Action:** Employee completes section 1 of the incident report and provides to supervisor.

**Response:** Supervisor reviews interaction of employee and hazard. Supervisor determines course of action to limit future interaction. **Supervisor may contact FHS Safety Office as a resource to assist in process but supervisor must investigate.**

**Action:** Supervisor identifies **Contributing Factors** and completes section 2 of incident report. *(MUST BE COMPLETED)*

i.e. spill on floor, lack of PPE, improper procedure, improper disposal, etc.

**Action:** Supervisor lists **Corrective Measures** or action taken and completes section 2 of incident report. *(MUST BE COMPLETED)*

i.e. Work order placed. Housekeeping contacted to clean up non-hazardous spill. Exterior grounds concern reported to Facility Services or property owner (i.e. HHS)

Supervisor signs incident report.

Department Head signs incident report.

**Incident Report will be returned to supervisor if section 2 is not completed.**

**Incident Report is forwarded to the FHS Safety Office to be shared with local Joint Health and Safety Committee (JHSC)**

**Incident – Injury – First Aid provided**

Report to FHS Safety Office within 48 hours.

Employees seeks first aid and reports incident to supervisor. If First Aid Kit is accessed log is completed.

**Action:** Employee completes section 1 of the incident report and provides to supervisor.

**Response:** Supervisor reviews interaction of employee and hazard. Supervisor determines course of action to limit future interaction. **Supervisor may contact FHS Safety Office as a resource to assist in process but must investigate.**

**Action:** Supervisor identifies **Contributing Factors** and adds to section 2 of incident report. *(MUST BE COMPLETED)*

i.e. spill on floor, lack of PPE, improper procedure, improper disposal, etc.

**Action:** Supervisor lists **Corrective Measures** or action taken and adds to section 2 of incident report. *(MUST BE COMPLETED)*

i.e. Work order placed. Housekeeping contacted to clean up non-hazardous spill. Exterior grounds concern reported to Facility Services or property owner (i.e. HHS)

Supervisor signs incident report.

Department Head signs incident report.

**Incident Report will be returned to supervisor if section 2 is not completed.**

**Incident Report is forwarded to the FHS Safety Office to be shared with local Joint Health and Safety Committee (JHSC)**
Incident – Healthcare

Incident must be reported to FHS Safety Office within 24 hours or department could be subject to late reporting fine from WSIB.

Employee (or witness) reports incident to supervisor.

**Action:** Employee (or witness) completes section 1 of the incident report. Supervisor can complete incident report if employee is not able to. Healthcare information is noted on the form at the time of submission (i.e. ER Physician, Family Physician, Walk-in Clinic, Urgent Care)

If individual seeks health care after incident report has been completed and forwarded to the Safety Office. The Supervisor or employee needs to contact Safety Office and supply an updated report so information can be shared with Employee Health Services.

**Response:** Supervisor reviews interaction of employee and hazard. Supervisor determines course of action to limit future interaction. Supervisor may contact FHS Safety Office as a resource to assist in process but must investigate or delegate someone to investigate.

**Action:** Supervisor identifies Contributing Factors* and completes section 2 of incident report. *(MUST BE COMPLETED)*

**Action:** Supervisor lists Corrective Measures* and completes section 2 of incident report. *(MUST BE COMPLETED)*

Supervisor signs incident report.

Department Head signs incident report.

**Note:** Do not delay in sending report to FHS Safety Office. Send within 24 hours – Department Head signature can follow later.

Incident Report will be returned to supervisor if section 2 is not completed.

Incident Report is forwarded to the FHS Safety Office to be shared with the local Joint Health and Safety Committee (JHSC)

Incident – Critical Injury

Incident must be reported to FHS Safety Office immediately. It must be reported by the FHS Safety Office to the Ministry of Labour (MOL) within 2 hours.

A completed investigation report must be provided to the MOL within 48 hours.

Employee (or witness) reports incident to supervisor.

**Action:** Employee (or witness) completes section 1 of the incident report. Supervisor can complete incident report if employee is not able to. Healthcare information is noted on the form at the time of submission (i.e. ER Physician, Family Physician, Walk-in Clinic, Urgent Care)

**Response:** Supervisor immediately contacts the FHS Safety Office at ext. 24956 or through the paging service. Call 905-521-2100 ext. 76443 for paging, Mike McGuire's pager number is 7002.

**Action:** The FHS Safety Manager and a certified worker member of the Joint Health and Safety Committee will participate with the supervisor in the investigation of the incident.

**Action:** Supervisor identifies Contributing Factors* and completes section 2 of incident report. *(MUST BE COMPLETED)*

**Action:** Supervisor lists Corrective Measures* and adds to section 2 of incident report. *(MUST BE COMPLETED)*

Supervisor signs incident report.

Department Head signs incident report.

The FHS Safety Manager, employee, supervisor and certified worker member generate a report outlining the investigation and the workplace contributing factors. The report is sent to the MOL within 48 hours.

An Incident Report must be completed as directed under the “Health Care” directions and forwarded to the FHS Safety Office to be shared with local JHSC