Saskatchewan Health Authority	**Procedure** Saskatoon & Area - Occupational Health & Safety **Number:** 60-003 **Title:** Worker Incident Management/Investigation **Saskatchewan Employment Act:** 3-20 **OHS Regulation:** 11, 22(1)(h), 29 **Date:** January 1, 2017 **Date Revised/Reaffirmed:** June 13, 2018

Purpose

The purpose of this procedure is to outline process for the reporting of these incidents and the investigation to determine contributing factors and the root cause(s) and so that necessary corrective actions can be developed and put in place to prevent the recurrence of an incident

Definitions

- **"Reporting"** means the reporting of an incident using the respective Saskatchewan Health Authority (SHA) Incident Report Line and process. Incidents may be subsequently reported (in de-identified manner) beyond SHA (e.g. Saskatchewan Ministry of Health, Saskatchewan Labour Relations and Workplace Safety, The Safety Association for Safe Workplaces in Health)
- **"Stop the Line"** means identifying or recognizing anything you know, feel, see smell or hear that has the potential to cause yourself, a loved one or staff harm and taking action

Reporting Procedure/Stop the Line

- If an incident occurs where there is a near miss, injury or a potential for injury, the work area should be immediately secured
- The worker should seek medical attention as required
- The worker must report immediately to the manager/supervisor
- The worker is expected to report the incident or near miss to the Safety Alert System/Incident Reporting Line
- If medical attention is required the worker should obtain a SHA Employee Incident Reporting Package. The worker should have the Health Care Provider complete the SHA Initial Medical Report of injury/illness form.
- The worker should return the Medical form by fax to Saskatoon 306-655-6220 or rural toll free 1-877-417-7775 within 24 hours
- The worker must complete and submit the WCB Worker's Initial Report of Injury (W1 Form by Fax 1-888-844-7773 or online) to Workers Composition Board (WCB)
- If injured, the worker will be required to return to the workplace to participate in an investigation of the incident with the manager/supervisor

Investigation Procedure

Manager/Supervisor

- **Step 1 Take Immediate Action**
  - "Immediate action" may include:
    - Stop all work processes
    - Securing the incident scene until the investigation of the scene is finished
    - Calling for emergency help (e.g., fire department, ambulance)
    - Providing first aid/medical aid. Worker may be directed to the Emergency Department or appropriate treatment.
    - Taking immediate action to prevent further injury or damage
    - Reassuring the workers
    - Tagging and locking out of equipment will occur immediately to prevent use during investigation and to communicate "Do Not Use"
    - Identifying potential information sources (e.g. people or evidence that can give you information)

- **Step 2 Gather Evidence**
  - Gather evidence to gain a clear picture of what happened, so action can be taken to prevent future similar incidents. When gathering evidence:
    - Identify the final event of the incident (e.g. the incident itself)
    - Collect any applicable Incident Reports
    - Gather data that fills in the complete picture of what happened from the beginning of the incident and contributed to the final event
    - Ensure that the evidence is factual about actions that were seen, heard or done

  There are two ways to gather evidence:

  1. Look for clues from the scene of the incident (e.g., take pictures; make sketches; take measurements; take samples of substances/fluids; collect foreign objects or broken pieces of equipment; note environmental conditions, housekeeping, lighting, noise, signs, workspace; check procedures), and
  2. Collect information from people (e.g., injured worker, witnesses, supervisor)

- **Step 3 Put the Evidence in Order**
  - To help you develop a mental picture of what happened, put all the facts you have gathered together in the order in which they occurred. Then check that:
    - You have enough evidence and no gaps
    - The evidence makes sense, each event relating to or interacting with at least one other incident event

- **Step 4 Analyze Your Information**

  Analyze your findings and identify why the incident occurred. The "whys" are the safety problems that must have existed for the incident to occur. Incidents generally occur because of a combination of "symptom" and "root" safety problems.

  Symptom safety problems are obvious, immediately recognizable problems such as recapping a needle or water on the floor. Symptom safety problems need to be analyzed to find out why they exist. This analysis will show the root safety problem.

  Root safety problems are the behind-the-scenes problems; they deal with such things as policy, procedures, training and supervision, facility design.

- **Step 5 Recommend Corrective Action**
  Look ahead to see how the risk of similar incidents can be reduced. Use your knowledge of what happened and why, and consider how "people" and "things" work together. Based on this information, recommend changes that will improve health and safety in the workplace.

  Your recommendations may be related to:
    - Policy/procedure revision or development
    - Education and Training
    - Equipment, maintenance or replace of equipment/tools
    - Supervision

  Make sure your recommendations are:
    - Specific for the identified safety problems (fix what doesn't work)
    - Effective and sound (fixing an existing problem without creating any new safety problem)
    - Practical (will work, not "pie in the sky")
    - Affordable (within available resources)
    - Credible (can be trusted to work)
    - Ranked according to priority (if not all recommendations can be carried out at once, identify which ones are most important and communicate to the people involved)

- **Step 6 Follow Up on Corrective Action**
  Follow up your recommendations for corrective action to determine whether they were implemented and, if so, whether they were effective. This information will help you when making recommendations on subsequent incident investigations. Without this follow-up, the effort of investigating may be wasted.
    - Escalate your Corrective Action if appropriate
      - Based on the recommendations and corrective actions, the root cause may only be fixed through a systemic or multi-disciplinary approach that requires escalation to senior leaders

- **Step 7 Complete Investigation Report**
  Identify to "those who need to know" what happened, why it happened and what can be done to prevent similar incidents. Your report should:
    - Be objective
    - Be descriptive (clearly state the sequence of incident events – who, what, when, where and how, so a reader with no knowledge of the incident will be able to understand what happened)
    - Identify safety problems (why the incident happened)
    - Make recommendations for corrective action
    - State planned follow-up dates

Non-Compliance/Breach:

Non-compliance with this policy will result in a review of the incident. A review for non-compliance may result in disciplinary action, up to and including termination of employment or privileges; fines and /or prosecution of individuals under the Saskatchewan Employment Act and OHS Regulations.

Resources

- Incident Report Line Investigation form
- Risk Assessment Matrix
- Investigation Report Definitions

Review Dates:
January 1, 2017
January 17, 2018
June 7, 2018