

Brock University Injury/Incident Report Form

Health, Safety & Wellness

What is the process for reporting injuries and incidents? Members of the Brock University community (faculty, staff, students, contract workers, volunteers and visitors) have a responsibility to report all injuries and incidents that occur on campus, or involve University sanctioned activities and events. Members of the community must report injury/incident circumstances to either a supervisor, or authorized University representative without delay.

What is an injury? An injury is physical damage, or health impairment to the human body. Specific descriptions of an injury include: **First Aid Injury:** An injury where only minor first aid is required (e.g. application of an adhesive bandage, cold compress or other application of contents contained within a first aid location). **Healthcare Injury:** An injury that stems from the workplace and requires treatment, or attention from a healthcare professional but does not result in lost time from work other than the day of injury. **Occupational Illness:** Under the Occupational Health and Safety Act (OHSA), occupational illness is defined as a condition that results from exposure in a workplace to a physical, chemical, or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired. **Lost Time Injury:** Refers to an injury which results in lost work time beyond the day of the injury. **Critical Injury:** As per the OHSA and the Regulations, “critically injured” means an injury to a person of 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 a finger, or toe; consists of burns to a major portion of the body; causes loss of sight in an eye.

What is an incident? An incident is an unexpected event, or occurrence that did not cause injury but, had the potential for injury, illness or property damage. Specific descriptions of an incident include: **Hazardous Situation or Near Miss:** Refers to an incident as a result of an unsafe act, unsafe condition or a combination of both which could have resulted in an injury, environmental impact, or property damage. **Property Damage:** Physical destruction of property, or materials caused by either an individual, or by natural phenomenon. **Workplace Harassment:** The OHSA defines workplace harassment as engaging in a course of vexatious comment, or conduct against a worker in a workplace that is known, or ought reasonably to be known to be unwelcome. The definition of workplace harassment includes workplace sexual harassment. **Workplace Violence:** The OHSA defines workplace violence as the; exercise of physical force by a person against a worker, in a workplace, that causes, or could cause physical injury to the worker. It also includes an attempt to exercise physical force against a worker in a workplace, that could cause physical injury to the worker; and a statement, or behaviour that a worker could reasonably interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Who is responsible to complete the report form? When are completed report forms required to be submitted? Where are completed report form sent to? Once a supervisor, or an authorized University representative receives information from the community member with regard to an injury/incident, she/he fully completes the report form in consultation with the injured, or affected person within **twenty-four (24) hours** of the circumstance occurring. Failure to report an injury to HSW within 24 hours may subject Brock University to receiving a fine from WSIB. In the event the delay of reporting occurs at the employee, or supervisor level, the ensuing fine will be charged to the department responsible for the delay. Completed report forms are to be sent to Health, Safety & Wellness (HSW) via email at besafe@brocku.ca.

Who is a supervisor? The OHSA defines a supervisor as a person who has charge of a workplace, or authority over a worker. An employee that has charge of a workplace with the duty and the effective power to “ensure” that workers comply with the OHSA and applicable university policies and procedures attract supervisory status. This definition given in the OHSA is applicable in both the academic and administrative divisions of the University. In academic departments, individual faculty members, or principal investigators may have charge of a workplace (e.g. a laboratory), or have some degree of authority over graduate students, teaching assistants, administrative staff, or other University employees. In such a case they are supervisors as defined in the Act.

Who is an authorized University representative? An employee that has responsibility with regard to an activity/event, or location in correlation to Brock University. This representative has the responsibility of reporting and investigating incidents/injuries that fall outside the supervisory role at the University. For situations where there is no clear representative established, Campus Security Services will act as the authorized representative.

What are responsibilities of Employees and Supervisors when an injury occurs?

Employees who experience an injury are to; promptly receive any required, or appropriate medical treatment, notify immediate supervisor as soon as possible of any incident/injury, or related healthcare sought, or received, assist in the completion of the injury/incident report form, assist in the injury/incident investigation, including implementation of any corrective action and adhere to the legal requirements of the WSIB and participate in return to work (RTW) programs if modified work, or lost time is an outcome of a workplace injury.

Supervisors responsible for injured employees are to; ensure that the affected employee promptly receives appropriate medical treatment, arrange transportation for the affected person if necessary (e.g. ambulance for an emergency situation, providing transportation to the hospital or walk-in clinic for a serious matter), advise the affected employee that the department is able to offer accommodation in the form of modified duties. In completing the injury/incident report the supervisor is to advise the employee of the following: 1) explain the notice at the bottom of the report to ensure that the employee is aware of the legal authorization under FIPPA and OHSA to collect and share the information with designated Brock staff and JHSC members to carry out their duties 2) the purpose of collecting the information is to identify trends, mitigate risks and prevent recurrence. Report the incident to the HSW department through the completion of the Injury/Incident report form, investigate the incident as soon as possible and take corrective action to prevent additional incidents/injuries, inform the HSW department promptly should an employee: 1) be diagnosed with an occupational illness/disease 2) intends to seek or has sought healthcare 3) has lost time as a result of a workplace injury, or incident 3) experiences changes in their ability, or status in an active RTW program.

Brock University protects your privacy and your personal information. The personal information requested on this report is collected under the authority of the Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process the incident and may be disclosed to an Officer, Employee or Consultant of the University who needs the record in the performance of their duties. In addition, this information may be disclosed to Joint Health & Safety Committee (JHSC) Members to satisfy Occupational Health and Safety Act (OHSA) requirements. Direct any questions about this collection to besafe@brocku.ca or (905) 688-5550 ext. 7233, at Brock University, 1812 Sir Isaac Brock Way, St. Catharines, Ontario L2S 3A1.

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Part 1: Information Gathering

Name of Person who is completing this form. *Full name, department, work contact #, date form was completed.*

When did the incident/injury occur? *Provide specific date and time that the incident/injury.*

Describe the specific circumstances of the incident/injury? What happened? How did the incident/injury occur? *Also describe any property damage or hazardous situation, real or potential. Include pictures or other supporting documents if available/applicable with the report.*

In which location did the incident/injury occur? *Specific campus, building, floor, room #, location, outdoors vs. indoors, etc.*

Who was injured or affected by the incident/injury circumstance? *Full name, full address, phone number.*

The injured or affected person is a; *Please check the appropriate box below.*

Brock Employee
 Student
 Student on Unpaid Placement
 Visitor
 Other:

What was the extent or end result of the circumstance? *Please check the appropriate box below.*

Health & Safety Concern
 Hazardous Situation or Near Miss
 Property Damage
 Workplace Harassment
 Workplace Violence
 First Aid Injury/Illness
 Healthcare Injury/Illness
 Lost Time Injury/Illness
 Critical Injury

What type of circumstance occurred? *Please check the appropriate box below.*

Assault
 Fall
 Fire/Explosion
 Harmful Substances/Environmental
 Motor Vehicle Incident
 Overexertion
 Slip/Trip
 Struck/Caught
 Repetition
 Other:

What area of the body was injured or affected? *Please check the appropriate box(es) below.*

Head
 Face
 Eye
 Ear
 Respiratory
 Neck
 Shoulder
 Arm
 Hand
 Abdomen
 Back
 Hip
 Leg
 Foot
 Internal

Please specify which side of the body was injured or affected, either left or right side. Please check box(es). Left Right

Describe any first aid, health care response provided to the injured person. *What date was the response provided, where was the person sent?*

Name, address and phone number of all witnesses to the incident.

Name of Person Reporting Injury/Incident

Date (Month/Day/Year):

By checking this box , you are verifying that above information is true and complete to the best of your knowledge.

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Part 2: Investigation (Completed by Supervisor, or Authorized University Representative)

Contributing Factors: What factor(s) contributed to the cause of the incident/injury?
Please check the appropriate box(es) below.

People Equipment Materials Environment Process Other:

Contributing Factors: Describe the factor(s) that contributed to the cause of the incident/injury?

Root Cause: Why did the incident/injury occur?

Corrective Action: What corrective action(s) are recommended to be taken to reduce risk and/or prevent reoccurrence of the incident/injury?
Please check the appropriate box below.

Elimination Substitution Engineering Controls
Administrative Controls Personal Protective Equipment Other:

Corrective Action: Describe corrective action taken to reduce risk and/or prevent reoccurrence of the incident/injury?

Corrective Action: Who is responsible for taking corrective action and when will it be completed?

Supervisor, or Authorized University Representative Name:

Date (Month/Day/Year):

By checking this box , you are verifying that above information is true and complete to the best of your knowledge.

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Part 3: BROCK EMPLOYEE Healthcare and/or Lost Time (Completed by Supervisor or Authorized University Representative)

ONLY COMPLETE this part 3 **IF** a Brock Employee obtained healthcare or lost time from work due to workplace injury.

Did the employee? *Please check box.* *Seek Healthcare* *Lose Time from Work*

Employee Department:

Employee Occupation Title:

Employee's Supervisor:

Employee Affiliation: *Admin. Professional* *BUFA* *CUPE 1295* *CUPE 2220*
CUPE 4207 (Unit 1,2,3) *IATSE* *OSSTF* *Part-Time*

Employee Hire Date (Month/Day/Year):

Employee's Date of Birth (Month/Day/Year):

Employee's Social Insurance #:

When was the Supervisor notified of this circumstance (Month/Day/Year)?

Who was the treating physician (Full name and address)?

Employee's regular hours of work: *Start* *End Time*

Time Employee's regular days of work: *Please check applicable boxes below.*

Sunday *Monday* *Tuesday* *Wednesday* *Thursday* *Friday* *Saturday*

To your knowledge, has the Employee has a previous similar injury? *Please check box.* *Yes* *No*

Notes:

Did the employee lose work time beyond the date of the incident? *Please check box.* *Yes* *No*

If the employee lost work time beyond the date of the incident, please proceed to answer the following questions.

Scheduled shift on day of lost time injury: *Start time* *End Time*

Date and time Employee last worked (Month/Day/Year):

Date and time Employee returned to work (Month/Day/Year):

Was modified work offered to the Employee? *Please check box.* *Yes* *No*

Was modified work accepted by the Employee? *Please check box.* *Yes* *No*

When was modified work offered/accepted (Month/Day/Year/Time):

The appropriate Supervisor, or Authorized University Representative shall provide this report to Health, Safety & Wellness via email besafe@brocku.ca within twenty four (24) hours of the incident or injury occurring.

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