



Occupational Health and Safety (OHS)

Hennick Bridgepoint Hospital
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Incident Reporting Form

Incident occurred at: HBH MSH

Location _____ Time/Date of Incident _____

Your Information

Name _____ Home Phone # _____

Address: _____

Department/Occupation _____ Manager's Name _____

Status Employee Student Resident/Fellow Staff Physician Other _____

Incident Summary

Names of any Witnesses _____ Phone # _____

Type of Incident (Check) Injury/Illness Near Miss/Hazardous Situation

Describe the incident in the space below. What happened to cause the incident and what you were doing at the time? Include any details of equipment, materials, or environmental conditions that may have contributed. You may use the additional page if necessary.

Body Part(s) Injured Right Left

Have you had a previous injury or health condition that contributed to this incident?

Yes No Unknown

Did you seek medical attention? Yes No

Will this prevent you from working your next shift? Yes No

Name (PLEASE PRINT) _____ Signature _____ Date _____

Notify your site OHS as soon as possible if you lose time from work or seek medical attention at a later date.

Manager/Supervisor/Delegate's Investigation and Corrective Action Section

(must be documented ASAP after being notified of the incident)

Incident Causes

Equipment

- Defective/Not maintained Not appropriate for task Not available Sharp object Heavy equipment Design/Layout

Work Procedure

- Inadequate/Not followed Lack of training/Inexperience Worker Posture Repetition of task Used unsafe equipment Hazardous material

Environment

- Clutter/Trip hazards Lighting/Poor visibility Slippery/Uneven floor

Protective Equipment

- Not available/Not trained Not suitable/Failed Used incorrectly/Not worn

People

- Action by visitor/patient Action by staff

Other Causes (Specify)

Corrective Actions

Corrective Action(s) Taken	Corrected? (Check if Yes)	If not, Expected Date	Examples of Actions:
1	<input type="checkbox"/>		1. Training of some/all staff
2	<input type="checkbox"/>		2. Environment improved
3	<input type="checkbox"/>		3. Hazard removed/controlled
4	<input type="checkbox"/>		4. Improve design/procedure
			5. Utilize/improve PPE
			6. Repair/Replace equipment
			7. Review proper procedure
			8. Other:

Manager/Supervisor/Delegate's Name
(PLEASE PRINT)

Signature

Date

Sinai Health is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act. It will be used and maintained by the institution for the intended purpose of providing you with Occupational Health and Safety services. If you have any questions about the collection, use and disclosure of the information provided on this form, please email the OHS Department at ohsmsh@sinaihealth.ca or call as per above phone numbers.

Incident Investigation Tips for Managers/Supervisors/Delegates

General information

1. Contact the injured worker, witnesses and/or other involved parties to find out what happened, when and where.
2. Identify the cause of the incident and possible corrective actions to prevent similar incidents (check appropriate boxes in the Incident Reporting Form).

Incident causes to consider when investigating some of the most common workplace incidents:

Blood borne pathogen (BBP) exposure e.g., injuries with contaminated medical sharps/ bodily fluids splashes	Workplace violence incidents involving patients	Slip/trip/fall	Muscle exertion during patient handling
<ul style="list-style-type: none"> • Was injured staff aware of post-exposure follow up protocol and how to follow it? • Was staff aware of how to engage safety feature? • Was there a safety needle/device malfunction? (e.g., needle didn't retract properly) • Were safe sharps disposal procedures followed (e.g., sharp device is too large for sharps containers; used sharp was left unattended and/ or covered; sharps container full)? • Did staff follow proper preventive measures given the risk of procedure? 	<ul style="list-style-type: none"> • Did the patient have a history of aggressive behaviour? • Did the patient care protocol reflect the above history and contain steps to anticipate/de-escalate patient's aggressive behaviour? • Was the above information communicated to the injured staff prior to the incident? • What other corrective measures have been put in place to prevent similar incidents? (e.g., patient flagged in our system, patient care plan revised, sitter in place, medication changed or increased, BOOST team consulted, etc.) 	<p>Determine if any of the following were present during the incident:</p> <ul style="list-style-type: none"> • Spills of liquid/powder on the floor • Cords (e.g., patient monitors cords and IV pumps, etc.) stretched across/dangling in high traffic areas) • Boxes or small equipment that were present on the floor in high traffic areas / common paths of travel 	<ul style="list-style-type: none"> • Was staff aware of the correct body mechanics to be used during patient handling? • Was any lifting/patient handling equipment (e.g., ceiling/portable lifts, sliding boards/ sheets, hover mat, etc.) available for use by staff? Was this equipment used by injured staff?

For additional questions, please contact Occupational Health and Safety.