



POLICY AND PROCEDURE MANUAL

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|-------------------------------|---|--|
| Policy Title: | INCIDENT REPORTING AND INVESTIGATION PROCEDURE | Area of Responsibility: VICE PRESIDENT, HUMAN RESOURCES, SAFETY, SECURITY & FACILITIES MANAGEMENT |
| Policy Section: | EMERGENCY RESPONSE AND HEALTH & SAFETY | |
| Effective Date: | 2022 06 20 | Policy No: 3.3 |
| Supersedes: | 2020 06 04 | Page: 1 of 13 |
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3.3 INCIDENT REPORTING AND INVESTIGATION PROCEDURE

1.0 Purpose

This procedure outlines the mandatory steps required for the reporting and investigation of incidents that take place at St. Clair College. St. Clair College is committed to safety and security programs designed to minimize the risk of incidents. However, when incidents do occur, it is important to ensure consistent reporting, investigation and recording of the incident details in order to prevent a reoccurrence of the same or related incidents.

2.0 Definitions

2.1 Incident

- An event that occurs involving an employee, student or member of the public that results in or could result in injury or financial loss or damage to College property as defined below.

2.2 Injury

- **First Aid Injuries:** An injury that requires onsite first aid by the Campus Nurse, Security or Departmental First Aid Delegate.
- **Health Care Injuries:** An injury that requires onsite medical evaluation/care from the Campus Nurse Practitioner or an offsite Medical Professional.
- **Lost time Injuries:** An injury that requires lost time from work beyond the day of the injury, for employees.
- **Needlestick / Bodily Fluid Splash injuries:** require additional medical assessments. See the Procedure for Needlestick / Bodily Fluid splash injuries. This procedure is located on the Health Services Webpage. Click [Here](#)

2.3 Critical Injury: An injury of a 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; or causes the loss of sight in one eye
- Fatality: An injury causing death.

2.4 Near Miss

- An incident or occurrence that did not cause injury but had the potential to cause harm.

2.5 Occupational Illness

- An incident involving an exposure to an employee of a chemical or biological substance or an exposure to noise, through the course of employment, which causes an occupational illness.

2.6 Property Damage

- An incident that results in damage to College property or the property of employees, students or members of the public while that property is on St. Clair College property.

2.7 Fire

- An incident that causing a fire on College property.

2.8 Environmental Releases

- An incident that results in a release of hazardous materials, hazardous waste or sewage to the environment.

2.9 Employee

- Any individual who receives payment from the College for work performed. This includes full-time, part-time, contractual, and work study employees. Contractors and subcontractors performing work on College property are also considered employees of the College while on-site

2.10 Public

- Individuals who are not employees of the College, including students/clients (full and part time), facility fee-payers (e.g. recreational facility users) and College visitors (anyone allowed in or on College grounds for a legitimate reason).

3.0 Roles and Responsibilities

3.1 Employees

- Employees must report all incidents to their Manager. If the Manager is not present, report to the Manager, Health Safety and Wellness or Security. An Incident Report and Investigation Form must be completed and signed by the employee involved and the Manager of the employee. If an employee witnesses an incident, Security must be informed immediately on the campus emergency line, if an emergency or on the non-emergency line for other non-emergency incidents.

3.2 Managers

- When an employee reports an injury to their Manager, the Manager must investigate the incident immediately and complete the Incident Report and Investigation Form. This must be sent to the Manager, Health Safety and Wellness within 24 hours.
- If the injury is Health Care or Lost Time, the Manager must immediately contact the Manager, Health Safety and Wellness or designate. The Manager, Health, Safety and Wellness will complete appropriate WSIB forms and work, in coordination with the Manager of the employee, to track the employee's status and implement the Return to Work/Accommodated work plans if required.
- If the injury is a Critical Injury, a Fatality or if Emergency Medical Services (EMS) is required, a call to the campus emergency line must be made immediately. If a critical injury or fatality, the scene of the injury must be preserved and Security will begin the Critical Injury

Protocol.

- If an employee reports damage to property, the Manager must direct the employee to Security to complete an Incident Report and Investigation Form.
- Managers are responsible to ensure that their employees attend all required health and safety training sessions and work in collaboration with the Safety, Security and Facilities Management department to determine what training is required for each employee.

3.3 Faculty/Technologist/Technician

- When a student is injured while in class, an assessment of the incident is required to determine the appropriate response. If the injury requires first aid, refer the student to the Departmental First Aid Delegate, if appropriate, or to the Campus Nurse or Security. If immediate medical aid is required, Faculty, Technologist, or Technician must call the campus emergency line. As the person in charge, the Faculty or Technologist/Technician must investigate the incident and complete the Incident Report and Investigation Form and submit to their Chair and the Manager, Health Safety and Wellness within 24 hours.

3.4 Security

- When an incident is reported to Security, the Security Officer (SO) must attend and assess the scene (if appropriate) and provide the appropriate response. If an injury is involved, ensure the individual receives the required care.
- For all incidents, the SO must investigate the incident and complete an Incident Report and Investigation Form (for injuries) or a Security Incident Report for other incidents. If EMS is required, the SO will radio to Dispatch to call for an ambulance.
- If a Critical Injury, the SO will secure the scene and have Dispatch start the Critical Injury Protocol. If the injury is beyond first aid, an immediate call or text to the Manager, Health, Safety and Wellness or designate is required.
- The Security Supervisor will enter the incident report into the Incident Report Log.

3.5 Safety, Security and Facilities Management

- The Manager, Health, Safety and Wellness or delegate will review all incident reports and document all injury related incidents in the Injury Report Log. If an incident requires further investigation, the Manager, Health Safety and Wellness or Occupational Health and Safety (OHS) Officer will complete the investigation in a timely manner, depending on the circumstances, this could be immediate or no later than 1 week.
- The Manager, Health, Safety and Wellness will communicate all lost time injuries to the Joint Health and Safety Committees (JHSC) and the Return to Work (RTW) Committees and complete appropriate WSIB paperwork. Manager, Health, Safety and Wellness will also coordinate, with the Manager of the employee, return to work or accommodated work procedures if necessary.
- If a Critical Injury or Fatality is involved, the Manager, Health Safety and Wellness or designate will communicate with the Ministry of Labour, Training and Skills Development (MLTSD) and ensure that Security has started the Critical Injury Protocol. The Manager, Health, Safety and Wellness or designate will complete the written report of Critical Injury or Fatality to the Ministry of Labour, Training and Skills Development (MLTSD) within 48 hours.
- The OHS Officer will maintain a log of all incident reports. This log will be shared monthly with the Joint Health and Safety Committees.
- At the discretion of the Manager, Health, Safety and Wellness or designate, follow up with individuals who are injured on campus will be done within one week. Follow up calls will not be made for first aid or minor medical injuries unless deemed appropriate by the AVP or designate. Follow up calls will be documented.

3.6 Aquatics Department

- The Aquatics department has additional responsibilities when incidents occur in the pool. If an injury occurs, an incident report must be completed and by the lifeguard(s) tending to and/or having knowledge of the incident.
- If EMS is required, the red emergency phone on the pool deck is used and the panic button for Security is activated. The Aquatics Supervisor or designate and Security must be notified immediately of all injuries requiring medical attention.
- Incident reports must be handed in to Security for review, distribution and logging.
- At the discretion of the Aquatics Supervisor or designate, follow up with individuals who are injured in the pool will be done within one week. Follow up calls will not be made for first aid or minor medical injuries unless deemed appropriate by the Manager, Health, Safety and Wellness or designate. All follow up calls will be documented.

3.7 Joint Health and Safety Committee (JHSC)

- The JHSC is provided with a log of all injury reports on a monthly basis. The JHSC reviews the log and can provide further feedback on the investigation and make recommendations for corrective action.
- The JHSC will also review all Incident Recommendation Follow-up Forms.
- When an incident occurs that involves a Critical Injury or Fatality, one member of the JHSC will be called, as part of the Critical Injury Protocol, to assist with the investigation.

4.0 Reporting and Investigation Procedure

4.1 Reporting of Incidents

- 4.1.1 All incidents must be reported. An Incident Report and Investigation Form (Form hereafter) must be completed whenever an incident occurs.
- 4.1.2 Sections 1 to 3 of the Form should be completed with the affected party present, whenever possible. For incidents involving injury, the initial investigation into the injury and the Forms shall be completed by the Manager (for employees), or staff member in charge for all other incidents (i.e., Faculty or Technologist if the student is in class at time of incident, Lifeguards, Camp Leaders, Athletic Coordinators, Sports Therapist, Clinical Coordinators, etc.)
- 4.1.3 Injuries sustained in commons areas (corridors, parking lots, stairwells) will be investigated by Security and the SSFM Department.
- 4.1.4 First Aid injuries must be reported in writing on the Incident Report and Investigation Form
- 4.1.5 Health Care Injuries, Critical or Fatal Injuries, fires, or environmental releases require immediate response and shall be communicated to Security immediately on the campus emergency line. A follow up communication must take place to the Manager, Health, Safety and Wellness forthwith. Security must follow appropriate protocols once notified including the Medical Emergency Procedure, Critical Injury Protocol, Fire Response Procedure or the Hazardous Materials Release Procedure.
- 4.1.6 Whenever possible, ensure that the individual who is injured or their guardian signs the incident report. Copies can be obtained by Security or from the Health and Safety Department Intranet site.
- 4.1.7 If notified of a Lost Time Injury or Critical Injury after the fact, a Form must be completed forthwith and sent to the Manager, Health, Safety and Wellness. This must be communicated to the Manager, Health, Safety and Wellness by way of email or telephone call immediately so that appropriate Ministry of Labour, Training and Skills Development (MLTSD) or WSIB communication deadlines can be met.
- 4.1.8 All Forms must be signed by the Department Manager/Chair and sent to the Manager, Health, Safety and Wellness within 24 hours of the incident. If a signature cannot be obtained within 24 hours, a copy must be sent to the Manager, Health, Safety and Wellness

indicating that the signed copy will follow.

- 4.1.9 Upon receipt or notification of an incident, the Manager, Health, Safety and Wellness shall review the completed Form and determine whether or not additional investigation is required. The Manager, Health, Safety and Wellness will also determine, based on the Workers Safety and Insurance Act, whether or not a WSIB form must be submitted by the Health and Safety Office.
- 4.1.10 All incidents reported to Security are recorded in the Incident Report Log maintained by Security. In addition, all injury related incidents are also recorded in the Injury Report Log maintained by the OHS Officer. These logs are shared with the JHSC monthly, with names deleted. Injuries that require WSIB reports are recorded in the WSIB Reportable and Lost Time Injury Log. This log is shared with Senior Management and reviewed with the JHSC annually (names are deleted).
- 4.1.11 Incident reporting for students that are off-Campus on work placements must follow the Student Field Placement Procedure 1.1.11 under General Academic.
- 4.1.12 Requests for copies of incident report must be directed to the Manager, Health, Safety and Wellness or Coordinator, Security.

5.0 Investigation Procedure

- 5.1. Immediate notification and investigation is required when an incident occurs involving a Lost Time Injury, Near Miss that could have resulted in a serious injury, Critical Injury, Fatality, Occupational Illness, Property Damage, Fire or Environmental Release. First Aid Injuries must also be investigated and reported on the Form within 24 hours.
- 5.2. This investigation must be carried out by the Manager, for incidents affecting employees within their department, or by the person in charge.

The following investigation steps apply to all investigations:

- Assess the scene and document everything about the scene that seems pertinent. This may include:
 - Environmental conditions (condition of ground, weather if outside, lighting, wet floor signs present, road condition, crowding, air quality, etc.)
 - Hazards in area (electrical, mechanical, physical, chemical)
 - Hazards specific to affected individual (carrying heavy load, inappropriate action, medical condition, footwear).
 - Witnesses in area.

Interviews

- As quickly as possible after the incident, ask the affected individual and all witnesses how the incident occurred. Ask the questions, how, what, where, why, when and who was involved. If required, ask Security to assist with witnesses.

Contributing Factors

- Determine what factors contributed to the incident. This may include wet conditions, faulty equipment, human error, lack of training, fatigue, etc.
- Section 4 of the Incident Report and Investigation Form must be completed. Any recommendations or corrective actions documented in section 4 will be communicated to responsible parties by the Manager, Health, Safety and Wellness. If further recommendations are suggested, this will be documented on the Incident Recommendation Follow-Up form by the Manager, Health, Safety and Wellness or the Manager of the area. This documentation will be filed with the incident report. All investigation notes are to be submitted to the Manager, Health, Safety and Wellness to be filed with the report.
- The Manager, Health, Safety and Wellness will review all Forms and determine if additional

investigation is required. If additional investigation is required, this will be completed by the Manager, Health, Safety and Wellness or designate and the Manager of the area where the incident occurred. A JHSC member may also be asked to join in the investigation. This should be completed within one week of the incident and be documented in the file and placed with the incident report.

- Investigation notes will be used to write required agency communications in the event of Critical Injury or Fatality, Lost Time Injuries or Environmental Releases.

6.0 Communication and Training

- 6.1 Incident Reporting Protocols have been developed for each campus which outline the specific information contained within this document in a succinct manner for posting. All labs, shops, and other pertinent areas of the College as deemed appropriate by the Manager shall post the protocol in a visible location.
- 6.2 The procedure is communicated to all staff by way of email and is posted on the College's Policy and Procedure intranet site.
- 6.3 Training on this procedure will be completed during the Employee H&S training sessions, Manager/Supervisor H&S Training and through the on-line safety training website.
- 6.4 Training records will be maintained in the Safety, Security and Facilities Management Office and are located in the employee PeopleSoft electronic record.
- 6.5 Faculty are required to review these protocols with all students at the start of the school year.

7.0 Evaluation and Acknowledgement of Success

- 7.1 This procedure will be reviewed annually at the JHSC meetings at each campus. It will be reviewed for effectiveness and to ensure that the procedure has been followed at each campus.
- 7.2 The effectiveness of the investigation of incidents can be gauged by ensuring that repeat incidents do not occur. An evaluation of repeat incidents will be done monthly when the reports are reviewed at the JHSC meetings.
- 7.3 Annual Incident and Injury report summaries will be reviewed with All Managers at the All Administrator meeting in the first quarter of each year. Injury report summaries are shared with the JHSC at the JHSC December all campus combined meetings. Discussion on trending and where emphasis needs to be placed on incident prevention for the following year will occur at each meeting and documented in applicable meetings minutes. Improvements to the procedure or reporting protocols and/or improvements on communication and training will be discussed and recorded for implementation annually.

8.0 References

- 8.1 Incident Reporting and Investigation Form. Found attached to this procedure or via electronic version [Click HERE](#)
- 8.2 Incident Recommendation Follow-up Form. Found attached to this procedure or via electronic version [Click HERE](#)
- 8.3 Policy 1.1.11 Student Placement Procedure – [Click HERE](#)
- 8.4 Provision for First Aid and AED policy 3.14 [Click HERE](#)
- 8.5 Aquatic Services Follow Up Form. Found attached to this procedure or via electronic version [Click HERE](#)
- 8.6 Procedure for Needlestick / Bodily Fluid Splash Injuries. [Click HERE](#)



INCIDENT REPORT & INVESTIGATION FORM

Section 1 – Affected Individual’s Information

Please PRINT

| | | | | | | | |
|--|-------------------------------------|-----------|---|--|----------------------------------|---------------------------------|-------------------------------------|
| First Name | | Last Name | | Date of Birth dd / mm / yyyy | | | |
| Home Address <i>(include street number, street name, apt no. (if applicable), city, province and postal code)</i> | | | | Home Telephone / Cell Phone Number | | Work Extension | |
| Occupation and Department at College <i>(Employee)</i> | | Age | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Employee <input type="checkbox"/> | Student <input type="checkbox"/> | Public <input type="checkbox"/> | Contractor <input type="checkbox"/> |
| Student ID OR Employee ID Number | Program at College <i>(Student)</i> | | | Reason on Campus <i>(public or contractor)</i> | | | |

Section 2 – Incident Information

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| Location of Incident <i>(Campus or Off-site Location, Room #, Staircase location, Parking Lot information)</i> | | Date of Incident dd / mm / yyyy | | Time of Incident hh:mm <input type="checkbox"/> AM <input type="checkbox"/> PM | | | |
| Was the accident / illness: | | Type of incident <i>(Please check all that apply)</i> | | | | | |
| <input type="checkbox"/> Sudden Specific Event/Occurrence | <input type="checkbox"/> Gradually Occurring Over Time | <input type="checkbox"/> Occupational Disease | <input type="checkbox"/> Laceration/Cut | <input type="checkbox"/> Overexertion <i>(strain/sprain)</i> | <input type="checkbox"/> Repetitive Injury | <input type="checkbox"/> Slip or Fall | <input type="checkbox"/> Harmful Substance/Environmental |
| | | | <input type="checkbox"/> Burn | <input type="checkbox"/> Other | | <input type="checkbox"/> Bruise | <input type="checkbox"/> Motor Vehicle Incident |
| | | | | | | <input type="checkbox"/> Needle Stick | <input type="checkbox"/> Bodily Fluid Splash |
| Area of Injury - Please check all that apply: | | | | | | | |
| <input type="checkbox"/> Head | <input type="checkbox"/> Teeth | <input type="checkbox"/> Upper back | Left <input type="checkbox"/> Right <input type="checkbox"/> | Left <input type="checkbox"/> Right <input type="checkbox"/> | Left <input type="checkbox"/> Right <input type="checkbox"/> | Left <input type="checkbox"/> Right <input type="checkbox"/> | Left <input type="checkbox"/> Right <input type="checkbox"/> |
| <input type="checkbox"/> Face | <input type="checkbox"/> Neck | <input type="checkbox"/> Lower back | <input type="checkbox"/> Shoulder <input type="checkbox"/> | <input type="checkbox"/> Wrist <input type="checkbox"/> | <input type="checkbox"/> Hip <input type="checkbox"/> | <input type="checkbox"/> Ankle <input type="checkbox"/> | |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Arm <input type="checkbox"/> | <input type="checkbox"/> Hand <input type="checkbox"/> | <input type="checkbox"/> Thigh <input type="checkbox"/> | <input type="checkbox"/> Foot <input type="checkbox"/> | |
| <input type="checkbox"/> Ear(s) | | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Elbow <input type="checkbox"/> | <input type="checkbox"/> Finger(s) <input type="checkbox"/> | <input type="checkbox"/> Knee <input type="checkbox"/> | <input type="checkbox"/> Toe(s) <input type="checkbox"/> | |
| | | | <input type="checkbox"/> Forearm <input type="checkbox"/> | | <input type="checkbox"/> Lower Leg <input type="checkbox"/> | | |

Other

Section 2 - Incident Information Continued

Description of Incident *(Describe what happened to cause the incident and what the worker/student was doing at the time. Detail what the injury is and any other contributing factors to the incident.)*

| Type of Care Provided: | | |
|--|---|---|
| First Aid at College Health Center <input type="checkbox"/> | Health Care College Health Care Center <input type="checkbox"/> | EMS Called <input type="checkbox"/> |
| First Aid by Dept. First Aid Delegate <input type="checkbox"/> | Health Care at Clinic Clinic Information <input type="checkbox"/> | 4911 or 3911 Activated <input type="checkbox"/> |
| First Aid by Security <input type="checkbox"/> | Health Care at Hospital Hospital Information <input type="checkbox"/> | Near Miss <input type="checkbox"/> |
| First Aid by Other <input type="checkbox"/> Specify Other | Health Care at Practitioner's Office Practitioner's Name and Phone Number <input type="checkbox"/> | WSIB Reportable <input type="checkbox"/> |
| | | Critical Injury <input type="checkbox"/> |

Section 3 – Reporting Individual’s Information

| Name of Person The Incident Was Reported To: | Home Telephone / Cell Phone Number | Work Number | |
|--|------------------------------------|-------------------------|-------------------------|
| | | | |
| Occupation and Department at College | | Manager / Chair of Area | |
| | | | |
| Reported to College Personnel <i>(if significantly different from time incident occurred, please provide explanation)</i> | | Witness information | |
| Date | Time | Name of Witness | Phone Number of Witness |

| | | | |
|----------------|---|--|--|
| dd / mm / yyyy | hh:mm | | |
| | | | |
| | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |

Section 4 – Incident Investigation

| | |
|---|---|
| Root Cause – What substandard actions and conditions caused or could cause the event? Were there any contributing factors? | |
| | |
| | |
| | |
| | |
| Witness Accounts | |
| Name of Witness | Witness Account <i>(if more room is required, please attach a separate piece of paper)</i> |
| | |
| | |
| | |
| Have there been prior similar incidents? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| Immediate Steps Taken To Prevent A Recurrence | Person Responsible | Date Completed |
|---|--------------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| Further Action Recommended <i>(Complete an Incident Recommendation Follow-up Form)</i> | Person Responsible | Timeline for Completion |
| 1. | | |
| 2. | | |
| 3. | | |

Section 5 – Authorization

| | | |
|---|------------|----------------------------|
| Signature of Injured Person (if possible) | Print Name | Date: Day Month Year |
| | | |
| Signature of Incident Investigator (Faculty/ Manager/ Security/ OHS) | Print Name | Date: Day Month Year |
| | | |
| Signature of Manager or Chair of School (if not the Investigator) | Print Name | Date: Day Month Year |
| | | |
| Signature of Occupational Health and Safety Designate | Print Name | Date: Day Month Year |

| | | |
|--|--|-------|
| | | Date: |
|--|--|-------|

Email, fax or send to Safety, Security & Facilities Management Department within 24 hours.

Tel: 519-972-2727 ext. 4303 or 4569

Fax: 519-972-2752

SECURITY (evenings & weekends):

Wintre McConnell: wmccconnell@stclaircollege.ca

[Email: securitysouth@stclaircollege.ca](mailto:securitysouth@stclaircollege.ca)

Naz Binck: nbinck@stclaircollege.ca

PLEASE NOTE: *The information on this Incident Report Form may be provided to the College's Insurance Carrier.
If you would like a copy of this incident report, please contact the Safety, Security & Facilities Management Department.*

Incident Recommendation Follow-up Form (To be completed by Manager/Chair of Area)

| | |
|----------------------------|--|
| Incident | |
| Affected Individual | |
| Incident Date | |

| Further Recommended Action | Person Responsible | Date Completed |
|-----------------------------------|---------------------------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

St. Clair College – Aquatic Services

Incident Report Attachment Sheet

Follow Up Form

10

| | |
|--|-----------------------|
| Name of Victim: ID# (if available): | Date of Incident: |
| Nature of Incident: | Time of Incident: |
| | Duration of Incident: |

| | | |
|-------------------------|---------------------------------|--------------------|
| Person contacted: | Contact Phone #: | Date of Follow up: |
| Relationship to Victim: | Start & End Time of Phone Call: | |

Please indicate what was discussed in the follow up conversation:

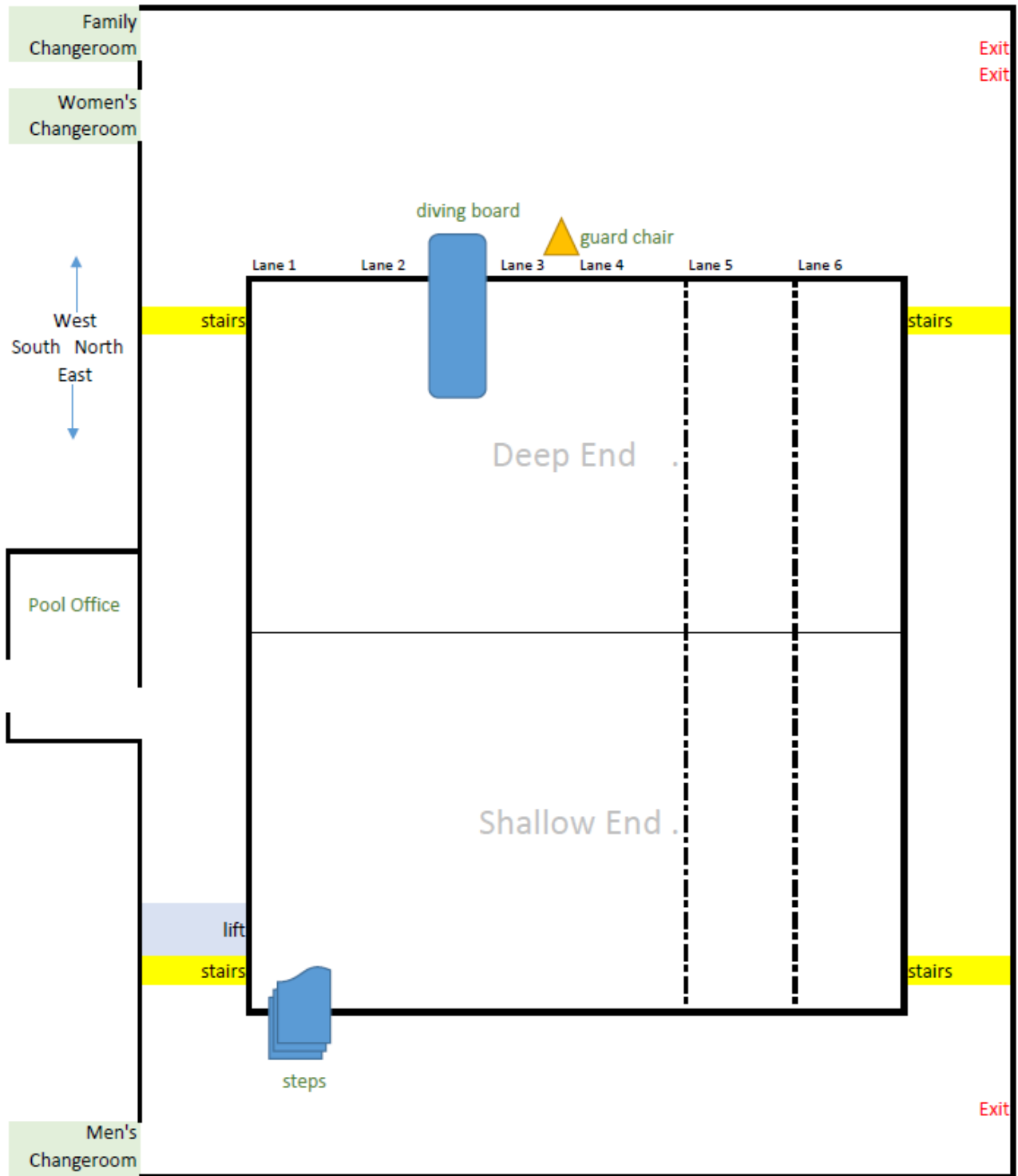
Was the person involved seen by a doctor? YES NO
 Will they require a copy of the incident report? YES NO
 Is any further action required? YES NO

| |
|---------------------------|
| Copies of Report sent to: |
| Date Sent: |

If yes, please list the next steps that will be taken:

| | | |
|---------------------------|---------------------|------------|
| Person completing report: | Position and Title: | Signature: |
|---------------------------|---------------------|------------|

Pool Deck Layout



Revised: 3/30/2016