

ADMINISTRATION POLICY # A-06-21 INCIDENT INVESTIGATION POLICY

Supersedes # A-07-18

1. PURPOSE

To investigate incidents so that causes can be determined, and corrective actions implemented to prevent recurrence. This process may reveal hazards that were not identified through hazard assessments.

2. POLICY STATEMENT

All safety incidents, including work-related injuries, accidents, regulatory violations and near misses will be investigated to determine the root causes. Recommendations will be developed and implemented to prevent recurrence of the accident/incident or near miss.

3. DEFINITIONS

- a) "incident" is used in a broad sense to include accidents and other unplanned events which, underslightly different circumstances, could have resulted in harm to people or damage to equipment, machinery, or property. These are often referred to as" near-misses"
- b) "accident" is an unplanned, undesired event that results in; injury, illness or disease; or damaged tools, equipment or machinery; or damaged material or property.

4. INVESTIGATIONS

- 4.1 At the Town of Drumheller, the following types of incidents shall be investigated:
 - a) Accidents that result in injuries requiring medical aid;
 - b) Accidents that cause property damage or interrupt operation with aloss exceeding \$500.00:
 - c) Incidents that have the potential to result in (1) or (2) above;
 - d) All incidents that, by regulation, must be reported to O.H. & S., WCB, orother regulatory agencies by the Health & Safety Officer.
- 4.2 Investigations directed from the Health & Safety Office will be conducted if:
 - a) Failure of employee to use PPE
 - b) Immediate causes/hazards could have been controlled or eliminated
 - c) Corrective actions request future safety controls
 - d) Any other reason requested by managers, directors or supervisors

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5. RESPONSIBILITIES

- 5.1 All employees shall report all incidents to their immediate supervisor.
- 5.2 Supervisors and affected employees shall conduct the initial investigations and complete the incident/accident form. They shall determine root causes, recommend corrective action, and promptly submit the report to their manager.
- 5.3 The manager is responsible for forwarding the completed forms to the Health & Safety Officer for further review.
- 5.4 The Health & Safety Officer shall determine the need for and, if necessary, direct detailed investigations.
- In the event of serious accidents, the Health and Safety Officer will inform the Chief Administrative Officer of all details and will provide him with a copy of the final report.

Adopted by Health and Safety Committee
Date: November 17, 2021

Darryl Drohomerski, C.E.T. Chief Administrative Officer

Attached Incident Investigation Report Form Incident Investigation Check List



INCIDENT-ACCIDENT-NEAR MISS-INJURY-ILLNESS FLOWCHART

Employee fills out Incident/Accident/Near Miss/Injury/Work Refusal. After any Incident/Accident/Near Miss/Injury/ incidents occurring as a result of work duties forms are to be completed and forwarded to Supervisor



Supervisor/Manager reviews the Incident/Accident/Near Miss/Injury/illness form and signs off if the form has been completed properly



All Incident/Accident/Near Miss/Injury/illness form will then be forwarded to the Health & Safety Officer

Investigations

Investigations can be conducted on the following conditions.

- Failure of employee to use PPE
- Immediate causes could have been controlled or eliminated
- Corrective action requests future safety controls
- Or, any other reasons requested by supervisor's department head or HSO

Work orders are disciplinary actions arising from the investigation will be issued from the HSO in conjunction with the Department head

No Investigation

Form is filed for documentation and reference. No controls to generate causes or corrective actions.

Work Memos

Memos will be duplicated. One copy will be held by the HSO and one to the department head for action. Target dates for completion will depends on the level of hazard as well as type of hazard control



As the work is completed, the work memo will be signed off by the supervisor or department head and returned to the HSO to match up with the original to ensure completion. Once signed the investigation will closed. Results will then be distributed to Managers and Director.

Disciplinary Action See HR policy # 5.02 10.06

Identified hazards and disciplinary actions are reviewed before filing for documentation and the review process



Incident Investigation Report Form

Instructions: Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Incident Statement Forms* to: **Injury Investigation Non-Injury Investigation** Employee Name Working Title Personnel Number Date of Incident Time of Incident Claim Number (if known) D/M/Y a.m. Work Organization/Location Supervisor Supervisor Telephone Supervisor Email Number **Incident Description:** 1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. What was happening at the time of the incident and why was it taking place? 3. What events lead up to the incident? Describe the sequence in order and when they took place. 4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved? 5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred. If a physical injury was avoided, describe what happened that could have potentially resulted in injury? **Additional Information** Provide any additional information important to the investigation (pictures taken, evidence collected). **Initial Investigator:** Incident Investigator Name Date Investigation Started Start Time of Investigation (D/M/Y)□a.m. □ p.m.



CHECK ALL DIRECT CAUSES THAT	APPLY	Sales of the sales				
What CONDITION of tools, equipm	nent, o	r work area	contributed to incident	? Not App	licable	
Close Clearance/Congestion		Floors/Wo	ork Surfaces	Poor Housekeeping	Carlotte Carlotte	
Hazardous Placement			te Ventilation	Equipment Failure		
Inadequate Warning System			te Illumination	Hazardous Materials		
Improper Material Storage			te Guards/Barrier	Defective		
Tools/Equipment/Vehicle		Equipmer	t/Workstation Design			
Inadequate/Improper PPE				Other	Other	
What ACTION or INACTION contri	buted t	to the incide	ent?	Not App	licable	
Failure to Make Secure		Used Defe	ective Equipment	Failure to Use PPE		
Improper Lifting		Improper Technique Improper Loading				
Used Equipment Improperly			zed Actions	Operating at Imprope	r Speed	
Not following Proper Procedures	cedures		Position	Used Wrong Tool/Equipment		
Horseplay/Distractive Active			t of Another Staff	Under Influence Drugs/Alcohol		
Nullified Safety/Control Devices			Rushing/Acting in Haste	Failure to Warn/Signa	Failure to Warn/Signal	
Servicing Equipment in Motion	F CALIC	Other				
CHECK ALL UNDERLYING OR ROO What caused or influenced the su						
	bstand	ELL BOY BUILDING AND AND	ELEMENT TO THE PROPERTY OF THE	Inadequate Tools		
Lack of Proper Procedures Inadequate Job Training Methods			te Job Instructions te Supervision	•	Inadequate Tools	
Inadequate Maintenance Standards			esign or Construction	Poor Work Practice	Improper Layout or Design	
Poor Work Design			te Purchasing Standards	Lack of Skill		
Lack of Communication Between Staff			Extension of Service Life	Improper Planning		
Inadequate Cleaning		Inadequate Environmental Controls		Inadequate Capacity		
Inadequate Preventive Maintenance		Inadequa	te Enforcement or Work St	andards		
Other						
CHECK ALL ACTIONS NECES						
What corrective actions have	been					
Task Analysis/Procedure Revision			Clean-Up Procedures	Repair/Replace Equipi	nent	
Reinstruction of Employees			Storage/Arrangement	Rotation of Employee		
Eliminate Congestion			Change Work Method	Identify/Improve PPE		
Task Analysis to Be Completed		Install/Revise Guards/Devices		Improve Enforcement		
Improve Design/Construction		Job Reassignment of Employees Mandatory Pre-Job Instructions		Use Other Materials/Supplies		
Improve Illumination Other		Mandator	y Pre-Job Ilistructions	Improve Ventilation		
Recommended corrective act	ions c	or preventi	ve measures to be ta	ken		
Action Item			Person Responsible	Target Date	Date	
					Complete	
Initial Investigator:						
Incident Investigator Name		Date of Inv	restigation D/M/Y	Date Investigation Closed	D/M/V	
			coagadon 5, w, t	Date investigation closed	<i>D</i> /11.71	
Investigation Review (Initial after	roviou	ing the find	ings of the investigation			
Initi			T	U •		
Initi	ais	Review Comments				
11 11 0 0 0		Date				
Health & Safety						
Committee						
Manager						



Incident Investigation Check List

COLLECTING THE EVIDENCE

Observations	Tick if Relevant	Tick when Completed
Location		
Access and Egress		
Any post-events, tests, checks, sampling or reconstruction		
Clinical Evidence about injured person		
Sketches, photographs, measurements		
Documentation		
Written instructions		
Safe Operating Procedures		
Risk Assessments		
Policies		
Records of earlier inspections		
Interviews		
Those involved in the incident		
Any witnesses		
Managers		
Those observing prior to event		



INCIDENT - ACCIDENT - NEAR MISS - INJURY

INCIDENT: An unplanned, undesired event that hinders completion of a task and may cause injury, illness, or property damage.

ACCIDENT: is something which happens unexpectedly and unintentionally and which often damages something or injures someone

NEÁR MISS: is an unplanned event that did not result in injury, illness, or damage but had the potential to do so. **INJURY:** is damage to the body. This may be caused by accidents, falls, hits, and other causes.

Date & Time of Occurrence:					
Date & Time of Report:					
*USE & ATTACH AL	DDITIONAL PAPER AS REQUIRED.				
Employee's Information					
Name:					
Driver's License and/or Phone #:					
Unit #:					
Witnesses	Phone Number				
1.					
2.					
3.					
	or if injury/illness, or work refusal -include description e, why and how should be answered)				
Please indicate where injury occurred by placing an 'X' on DIAGRAM below.					
LEFT HAND	RONT BACK RIGHT HAND				
Root Causes (Describe why this incident/accident	happened) Examples below				
·					

Procedures	Communication				
Developed – Not Followed/Enforced	Insufficient Planning for Tasks				
Developed and Communicated	Lack of Worker Communication				
Developed – Not Communicated	Lack of Supervisor Instructions				
Training	Environment				
Deficient Orientation Training	Weather/Temperature Factors				
Deficient Job Specific Training	Poor House Keeping				
Insufficient Training for New Process or Task	Lack of Visibility or no warning signs				
Personal Protective Equipment (PPE)	Facilities/Equipment				
Required PPE not Used/Worn	Poor Workstation Design				
Not Trained on How to Use	Employee Lack of Knowledge				
Poor Conditions	Equipment Failure				
Other/Specify					
[
Corrective Actions (Describe how this accident could ha	ave been prevented)				
First Aid Performed: □ Yes □ No First Aider:					
First Aider's Qualifications?					
Describe First Aid Provided.					
Action after incident/accident: Home Hospit	tal 🗆 Back to Work				
Copy Offered to Employees ☐ Yes ☐ No Employees	s Signature:				
Other Vehicle/Property Information					
Name:					
Driver's License #: License Plate #:					
Vehicle Make/Model					
Name of Insurer:					
Insurance Policy #:					
	anager:				
Name	Name				
But have the ten of	and the Conference Office				
Date Investigation Closed: H	eaitn & Safety Officer:				
For Managers use only:					

Please forward copies of this report to the Department Manager/Director and Health & Safety Office. Record confidential and retain for at least 3 years if this is an injury or illness.

Keep this