



This is a summary. Consult the original documents for complete details at <https://professionals.wrha.mb.ca/safety/injury-near-miss/>

- WHRA OESH Operational Procedure Report and Investigation of Incidents, Work Related Injuries, Illnesses and Near Misses (Injury/Near Miss Form Process)
- Detailed Manager/Supervisor Responsibilities and Procedures for Work Related Injury or Illness – Absence from Work (including coding, LOA, return to work)
- Detailed Employee/Worker Responsibilities and Procedures for Work Related Injury or Illness – Absence from Work (including coding, LOA, return to work)

Part 1: Initial Reporting of Incident

Step	Actions	Person Responsible	When		
1.	Ensure worker safety. Seek care as needed. <i>Important Note: If the injury is an exposure to blood and/or body fluids, the employee should follow the PEP protocol. PEP Protocol packages are found on each unit. The PEP protocol should be followed first since the treatment is time sensitive. After the employee receives treatment, they can then complete the INM process.</i>	Worker	Immediately		
2.	Notify immediate supervisor/designate	Worker	As soon as possible		
	The supervisor of the person reporting the incident shall direct the worker to follow the appropriate Injury/Near Miss process (in this case directs the worker to complete their portion of the INM Form and return to the supervisor.	Supervisor	Immediately		
3.	Worker completes the following sections of Injury/Near Miss Form <ol style="list-style-type: none"> 1) Employee personal information 2) Org Chief (Supervisor) information 3) Incident information 4) Questions regarding emotional distress and psychological injury 5) Region/s of body injured 6) Type of injury / exposure 7) Employee signature 8) Date 	Worker	As soon as possible after the injury/near miss event		
4.	Worker provides INM Form to Manager	Worker	As soon as possible		
5.	Manager completes “On duty Manager / Supervisor / Delegate” section of INM Form and records: <ol style="list-style-type: none"> 1. Manager / Supervisor / Delegate name 2. Manager / Supervisor / Delegate job title 3. Date Manager / Supervisor / Delegate receives report from worker 4. Manager / Supervisor / Delegate determines and indicates whether incident is for: <ol style="list-style-type: none"> a) report only (no time loss, no 3rd party medical aid needed) b) medical aid (no time loss but worker will seek medical aid) c) time loss (worker will miss time from work due to incident) d) first aid (no time loss, no 3rd party medical aid needed but some form of first aid treatment was provided on site because of the incident) 	Manager/ Supervisor / Delegate	Immediately, but must be completed within 5 days from the date of the incident, or the date which the manager becomes aware of the incident		
6.	Manager identifies witnesses to incident and obtains witness statement. Manager transcribes witness statement to INM Form	Manager/ Supervisor / Delegate	See #5.		
7.	Manager determines if additional reporting is required as outlined below in <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 20px;">a)</td> <td> <p><i>Serious Incident</i></p> <ul style="list-style-type: none"> • If incident qualifies as a serious incident (indicated by double asterisk beside any type of injury / exposure selected on INM Form), the Manager must report incident immediately to Manitoba Workplace Safety & Health by calling 1-855-957-SAFE (7233) (toll-free in Manitoba), 204-957-SAFE (7233) (in Winnipeg), Select ‘Option 1’. • Manager identifies that incident is a serious incident on INM Form by </td> </tr> </table>	a)	<p><i>Serious Incident</i></p> <ul style="list-style-type: none"> • If incident qualifies as a serious incident (indicated by double asterisk beside any type of injury / exposure selected on INM Form), the Manager must report incident immediately to Manitoba Workplace Safety & Health by calling 1-855-957-SAFE (7233) (toll-free in Manitoba), 204-957-SAFE (7233) (in Winnipeg), Select ‘Option 1’. • Manager identifies that incident is a serious incident on INM Form by 	Manager/ Supervisor / Delegate	Immediately
a)	<p><i>Serious Incident</i></p> <ul style="list-style-type: none"> • If incident qualifies as a serious incident (indicated by double asterisk beside any type of injury / exposure selected on INM Form), the Manager must report incident immediately to Manitoba Workplace Safety & Health by calling 1-855-957-SAFE (7233) (toll-free in Manitoba), 204-957-SAFE (7233) (in Winnipeg), Select ‘Option 1’. • Manager identifies that incident is a serious incident on INM Form by 				

	marking “Yes” checkbox <ul style="list-style-type: none"> • Manager completes INM Form with name of Officer spoken to • Manager completes INM Form with date and time incident was reported to MB WSH and notifies OESH immediately. 		
b)	<i>Patient Safety Event</i> <ul style="list-style-type: none"> • If the incident concurrently resulted, or could have resulted, in unintended harm to a patient, and/or damage to, or loss of, equipment or property, the Manager is required to report the incident via RL Solutions as indicated in Policy 10.50.020 (Patient Safety Events: Management and Disclosure of Occurrences, Near Misses and Critical Incidents) and according to the “Patient/Client Safety Event Standard Operating Procedure for Initial Event” • Manager indicates on INM Form if incident qualifies as a patient safety event by marking the “Yes” checkbox <ul style="list-style-type: none"> • Manager completes patient safety event report in RL6 Manager enters the RL6 number of the patient safety event on INM Form.	Manager/ Supervisor / Delegate	Immediately
8.	Manager determines if incident requires some level of Critical Stress Incident Management (CISM) intervention. Manager may consult with OHN to assist with determination on need for CISM response. Manager indicates on INM Form if CISM intervention engaged, by marking the “Yes” checkbox. If Manager marks “Yes” to CISM then automatically mark “Yes” checkbox for next question on INM Form.	Manager/ Supervisor / Delegate	As soon as possible
9.	If incident does not qualify for CISM response (“No” or “Unknown” checkbox marked) but the worker has indicated “psychological injury” as an injury / exposure type and/ or answered in the affirmative to the emotional distress question prior, for which psychological / emotional support is/ will be provided to the worker, then Manger will mark “Yes” checkbox when answering question “Has the worker identified an impact resulting from this incident for which psychological / emotional support resources are being / will be provided?”	Manager/ Supervisor / Delegate	As soon as possible
10	Manager must forward all pages immediately either directly, by email or fax, to Site OESH Office. DO NOT SEND via INTERDEPARTMENTAL MAIL	Manager/ Supervisor / Delegate	Immediately after completion of INM Form.

Part 2: Investigation and Corrective Action – Note: Serious Incidents must be investigated by the co-chairs of the Workplace Safety and Health Committee (or designates).

Step	Actions	Person Responsible	When
11.	OESH Specialist/s sends populated Corrective Action / Investigation (CAI) Form to Manager for completion along with copy of INM summary.	OESH Specialist	Between 12 – 120 hours after task received
12.	Manager conducts incident investigation and determines corrective actions for incident and completes the form. Manager may consult with OESH Specialist/s and the Training Resources - Injury Near Miss Process – Creating a Corrective Action for an Injury / Near Miss found here https://professionals.wrha.mb.ca/files/Injury-Near-Miss-Process-Corrective-Action.pdf	Manager/ Supervisor / Delegate	As soon as possible. CAI Form to be completed no longer than 10 days after Form received from OESH Specialist/s
13.	Manager finalizes remainder of CAI Form , ensuring all sections are filled out correctly.	Manager/ Supervisor / Delegate	See #12
14.	Manager will save CAI Form and return electronically to OESH Specialist(s)	Manager/ Supervisor / Delegate	See #12
15.	If OESH Specialist/s does not receive CAI Form from Manager, or insufficient / incomplete information is received, OESH Specialist/s will attempt to secure required information from Manager, 2 additional times, before marking file status as “Supervisor has not submitted Corrective Action information” and completing task in RL6.	OESH Specialist	Up to 24 – 120 hours after CAI Form received

16.	Manager will implement corrective actions and communicate results of investigation to worker	Manager/ Supervisor / Delegate	Immediately or after consultation with OESH Specialist/s (as required)
17.	<p>OESH Admin checks daily "All Tasks Completed" RL6 report. For each file identified in report, OESH Admin will:</p> <ol style="list-style-type: none"> 1. Send via email, a final INM summary report to Manager that includes combined information from INM Form 1 and CAI Form 2 2. Print a final complete INM summary report and add to OESH employee file 3. Marks RL6 file as closed 	OESH Admin	Daily