

Injury / Near Miss (INM) Event Standard Operating Procedure for Initial Event Reporting

CALL IN PROCESS

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. 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.	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 Call In to 204-940-8482)	Supervisor	Immediately
3.	Worker contacts INM Intake Line at 204-940-8482 and provides the following information: 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
	During the phone contact with the worker, INM Intake will also gather the following information 1) Whether incident is: a) report only (no time loss, no 3 rd 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 3 rd party medical aid needed but some form of first aid treatment was provided on site because of the incident) 2) Names of any witnesses 3) if the incident requires some level of Critical Stress Incident Management (CISM) intervention 4) If additional reporting is required a) Serious Incident - If incident qualifies as a serious incident (legislated definition below), the incident must be reported 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'. b) Patient Safety Event - 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"	INM Intake	During phone contact with worker

INM Intake contacts Manager by email to gather further information for initial reporting of incident					
5	a)	Confirm incident type (report, medical aid, time loss)	INM Intake		
	b)	Any additional information which may be pertinent to the employer's reports of the WCB Claim	and Manager		
	c)	Ensure that the employee has received a modified duty form to take to their healthcare provider if the employee has missed time from work or is seeing a healthcare provider.			

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
6.	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
7.	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
8.	Manager finalizes remainder of CAI Form , ensuring all sections are filled out correctly.	Manager/ Supervisor / Delegate	See #6
9.	Manager will save CAI Form and return electronically to OESH Specialist(s)	Manager/ Supervisor / Delegate	See #6
10.	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
11.	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)
12.	OESH Admin checks daily "All Tasks Completed" RL6 report. For each file identified in report, OESH Admin will: 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
			June 2024 version 2

Appendix A: Definition of Serious Incident (from Workplace Safety & Health Act)

means an incident in which a worker is killed; OR in which a worker suffers an injury resulting from electrical contact, unconsciousness as the result of a concussion, a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot, amputation of an arm, leg, hand, foot, finger or toe, third degree burns, permanent or temporary loss of sight, a cut or laceration that requires medical treatment at a hospital as defined in the Health Services Insurance Act or asphyxiation or poisoning, OR that involves the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation, an explosion, fire or flood, an uncontrolled spill or escape of a hazardous substance, or the failure of an atmosphere-supplying respirator.