

Safety Talk

Injury/Near Miss Reporting – What Needs to Be Reported

Purpose

The purpose of the OESH - Injury Near/Miss (INM) Process is to identify hazards that have resulted in an injury to staff (incident) or had the potential to cause harm (near miss). By identifying hazards through this reporting process, the aim is to improve safety and reduce the risk by implementing appropriate control/ safety measures.

INM Category	Examples			
Verbal / Physical Assault	Patient threats, offensive language, or profanities used toward staff			
	 Staff punched/kicked/grabbed/pushed by patient 			
	 Objects being thrown at or used to hit staff 			
Musculoskeletal Injury	 Staff injury related to patient handling (not using appropriate equipment such as sliders, insufficient # of workers for transfer, improper technique or incorrect transfer used for the patient) 			
	 Material handling incidents (Picking up a heavy item, performing repetitive tasks, overreaching, overfilling linen carts, pushing heavy carts 			
Slip / Trip / Fall	 Slipping on icy sidewalks, tripping over obstacles/items 			
Struck / Bumped / Banged /	 Hitting head on overhead shelving, hitting body part against object 			
Hit by / Rubbed / Abraded	(railing/cart), equipment rolling over foot, walking into fixed objects			
Chemical Substance Exposure	Poor ventilation, breathing in vapors/fumes, direct contact with chemicals			
Occupational Disease / Exposure	Exposure to communicable disease			
Blood/Body Fluid Spill/Splash	 Blood splashes, being spit at by the patient 			
Contact with Sharp Object	• Cutting finger with knife/box cutter/blade, sharp glass, cutting skin, etc.			
Near Miss	 Anything that had the potential to cause harm/ damage 			
Damage to Equipment/ Facility	Fires, explosions, property damage, collision, etc.			

Examples of what needs to be reported include:

Please scan the QR code or the link to find more information about your site - specific INM reporting process.

Injury/Near Miss (INM) Reporting - WRHA Professionals





Training Record					
Presented by:		Site/ Facility:			
Topic:		Department/ Unit:			
Attendees					
Insert Full Name		Sign off	Date		