

SUPERVISOR CORRECTIVE ACTION / INVESTIGATION FORM - 2

It has been determined that this incident requires investigation and implementation of corrective/preventive action/s to prevent the recurrence of a similar incident. Please reference the INM Summary for this incident when completing this form, as it contains the details of the incident as reported by the employee involved as well as any initial supervisor's comments supplied to OESH during the initial information gathering phase for the following incident.

Employee Name:

OESH File #:

Incident Date:

OESH SPECIALIST

Name:

Position:

Phone:

Email:

INSTRUCTIONS:

Complete and document your investigation below. Determine Indirect Cause(s) of the incident on page 2. On page 3 outline your corrective/preventive actions for each Indirect Cause, your plan of action and communication then return the completed form as instructed at the end of the form.

*What is corrective/preventive action? It is **not** first aid or medical attention. A corrective action means a situation has been re-instated to its original state. For example, mopping a floor and placing a wet floor sign is not a corrective action. A preventive action will put into place arrangements which will prevent a recurrence, to stop the floor from being wet in the first place.*

SUPERVISOR INVESTIGATION DETAILS – Outline steps in your investigation including specific details of the incident

Was employee working multiple consecutive shifts? Yes No Unknown

Length of total consecutive shift/s (hrs)?

Number of consecutive days worked prior to incident?

COMMUNITY SECTOR ONLY - TEAM MANAGER INVESTIGATION DETAILS – Review information presented in this document and provide additional details / direction not covered/explained by SUPERVISOR INVESTIGATION DETAILS above.

For Home Care Team Manager: Awareness Comment and Follow-Up

OESH SPECIALIST COMMENTS/SUGGESTIONS

SAFETY COMMITTEE CO-CHAIR INVESTIGATION COMMENTS / NOTES (IF APPLICABLE)

INDIRECT CAUSE(S) – An Indirect Cause is a factor which contributed to the incident occurring. PLEASE CHECK ALL THAT APPLY

Task - <i>The actual work procedure being used at the time of the incident. Review steps; method of performing; any change to the normal method; limitations; how/why it's done that way.</i>		Patient/Resident/Client/POI Factors – <i>Review how human factors impacted the incident.</i>	
			Heavy/bariatric – Weight:
	Communication issues		Family / Person of Interest factors
	Did not follow designated procedure		Inconsistently weight bearing
	Did not use designated equipment		Moved unexpectedly
	Emergency Response		Noncompliance to WRHA Policy /Safe Visit Plan
	Improper technique/body mechanics		Other Patient Factors
	Insecure Grip		Patient fell
	Other task related		Physically aggressive/resistive/violent
	Patient not assessed or assessed improperly		Suddenly fatigued
	Repetitive Work		Unable to/does not follow direction
	Static postures for extended periods		Verbally aggressive
	Tool/Equipment used improperly	Underlying Human Factors	
	Unable to follow designated procedure		Alcohol/drug related
Equipment/Materials - <i>Review the condition and design of equipment/materials and how they are used e.g., body positions to work and demands such as repetitive work.</i>			Dementia
			Emotional response (anger, frustration, etc.)
	Design of equipment/materials		History of violent behaviour
	Labelling/signage inadequate		Medication reaction
	Load not secured		Mental Health Condition
	Machine guarding/safety devices disabled		Pain (chronic/acute/unrelieved)
	Machine guarding/safety devices removed	Staff Related	
	Not available		Emotionally unable to perform task
	Not functioning properly		Inappropriate footwear
	Not regularly maintained		Information not available/shared
	Other - General		Insufficient # education/training
	Other equipment/material related		Insufficient # of staff performing task
	Personal Protective Equipment not available		Insufficient experience
	Personal Protective Equipment not used		Other staff related
Work Environment - <i>The physical workplace environment as well as sudden change to that environment. The situation at the time of the incident, not what the "usual" conditions were.</i>			Physically unable to perform task
			Rushed/Distracted
			Safe Work Procedure/Care Plan not available
	Cleanliness of area		Safe Work Procedure/Care Plan not followed
	Floor/walkway – obstacle on		Staff fatigue
	Floor/walkway slippery		Working alone or in isolation
	Floor/walkway uneven	Organizational/Administrative	
	Hazardous gas, dust, fumes present		Hazard/risk not previously corrected
	Lighting inappropriate		Hazard/risk not previously identified
	Limited space/overcrowding		Information not available/shared
	Neighbourhood concerns		Normal staffing but unusual workload
	Noise		Other Organizational/Administrative
	Other work environment related		Previous corrective action inadequate
	Too hot/cold		Previous corrective action not implemented
	Ventilation inadequate		Reduced Staffing at time of incident
	Weather		Safe work procedures/Care plan not enforced
	Workplace Design/Layout		Written procedures/orientation unavailable

CORRECTIVE/PREVENTIVE MEASURES – PLAN OF ACTION AND COMPLETION PLAN

There should be a corrective/preventive action for each indirect cause identified.

<u>Corrective/Preventive Action</u>	√	<u>Target Date</u>	<u>Person Assigned</u>	<u>Date Completed</u>
Administrative process creation/update				
C.A.R.E. Alert activation and care plan				
Consult Housekeeping				
Consult Infection Prevention & Control				
Consult Facility Management				
Consult OESH				
Consult Patient Safety & Quality				
Consult Security				
Employee Training/Education				
Equipment Purchase				
Falls reassessment				
Improve Design				
Install Guards/Safety Devices/Signage				
Organize/declutter area				
Patient Care Plan Revision				
Patient handling reassessment				
Repair/Replace Equipment				
Revise Procedure (includes PPE)				
Safe Work Procedure creation/update				
Safe Work Procedure enforcement				
SAFT and SVP Update				
Other: Please Specify				

Description of Corrective Action: Optional if the above check list captures your Corrective Actions. This field is intended to provide additional detail not captured by the Corrective Action checklist above.

Communication of Corrective/Preventive Measures to Staff – Plan of Action and Completion Plan

√	Method	By (name)	Date
	Discussion with staff		
	Email/Mail to Staff		
	Report to Workplace Safety & Health Committee		
	Posting on bulletin board		
	Posting of Workplace Safety & Health Committee Minutes		
	Other: Please Specify		

ONCE COMPLETED, SAVE THIS FORM AND RETURN BY EMAIL TO OESH SPECIALIST

Date Corrective Investigation Action Form received from Supervisor: