



Injury / Near Miss (INM) Event

Standard Operating Procedure for Initial Event Reporting

Please reference WHRA Policy: N/A		Jan 2022	
Step	Actions	Person Responsible	When
1.	Ensure worker safety. Seek care as needed	Worker	Immediately
2.	Notify immediate supervisor/designate	Worker	As soon as possible
3.	Worker completes following sections of Injury/Near Miss Report (INM Form 1) <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 1 to Manager	Worker	As soon as possible
5.	Manager completes “On duty Manager / Supervisor / Delegate” section of INM Form 1 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 1	Manager/ Supervisor / Delegate	See #5.
7.	Manager determines if additional reporting is required as outlined below: <div style="border: 1px solid black; padding: 5px;"> <p><i>Serious Incident</i></p> <ul style="list-style-type: none"> • If incident qualifies as a serious incident (indicated by double asterix beside any type of injury / exposure selected on INM Form 1), the Manager must report incident immediately to Manitoba Workplace Safety & Health by calling 204-957-7233. • Manager identifies that incident is a serious incident on INM Form 1 by marking “Yes” checkbox • Manager completes INM Form 1 with name of Officer spoken to • Manager completes INM Form 1 with date and time incident was reported to MB WSH </div> <div style="border: 1px solid black; padding: 5px;"> <p><i>Security Incident</i></p> <ul style="list-style-type: none"> • If incident also qualifies as a security incident as defined in the Regional Security – Procedure & Guidelines Manual “Security Incident Reporting” document https://home.wrha.mb.ca/old/ces/security/files/Procedure_SIM.pdf, the Manager must also complete an IRIMS security incident report https://home.wrha.mb.ca/files/security-irims-incident-report.doc • Manager indicates on INM Form 1 if incident qualifies as a security incident by marking the “Yes” checkbox • If known, Manager enters IRIMS identification number on INM Form 1 </div>	Manager/ Supervisor / Delegate	Immediately

	<p><i>Patient Safety Event</i></p> <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) https://policies.wrha.mb.ca/policy/138/quality-risk-management-research-applied-learning/2972/10-50-020.pdf and according to the “Patient/Client Safety Event Standard Operating Procedure for Initial Event” https://home.wrha.mb.ca/old/quality/files/InitialManagement.pdf • Manager indicates on INM Form 1 if incident qualifies as a patient safety event by marking the “Yes” checkbox • Manager completes patient safety event report in RL6 • Manager enters the RL6 number of the patient safety event on INM Form 1 		
8.	<p>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.</p> <p>Manager indicates on INM Form 1 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 1.</p>	Manager/ Supervisor / Delegate	As soon as possible
9.	<p>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?”</p>	Manager/ Supervisor / Delegate	As soon as possible
10.	<p>Manager must forward all pages immediately either directly, by email or fax, to Site OESH Office. DO NOT SEND via INTERDEPARTMENTAL MAIL</p>	Manager/ Supervisor / Delegate	Immediately after completion of INM Form 1. Must be completed within 5 days from the date of the incident, or the date which the manager becomes aware of the incident
11.	OESH Admin receives INM Form 1	OESH Admin	Dependent on Manager submission date.
12.	OESH Admin transcribes information from INM Form 1 into RL6 and attaches scanned copy of INM Form 1 to RL6 file	OESH Admin	Up to 12 hours after INM Form 1 received
13.	OESH Admin sends task/s through RL6 to OESH Specialist/s and OHN	OESH Admin	Up to 12 hours after INM Form 1 received
14.	If incident results in a compensable injury to worker (time loss or medical aid qualifying event), OHN will submit a report to the Workers Compensation Board (WCB) and will advise worker to do same	OHN	Between 12 -24 hours after task received
15.	OHN determines whether follow-up/ investigation required. If no investigation/ follow-up required, or when investigation/ follow-up complete, OHN completes task in RL6	OHN	As soon as possible, until investigation / follow-up complete

16.	OESH Specialist/s populates Corrective Action / Investigation Form (CAI Form 2) with the following information: <ol style="list-style-type: none"> 1) Employee name 2) Incident date 3) OESH Specialist/s name 4) OESH Specialist/s position 5) OESH Specialist/s phone number 6) OESH Specialist/s email address OESH specialist may also provide preliminary information under "OESH Specialist Comments / Suggestions" section of CAI Form 2	OESH Specialist	Between 12 – 120 hours after task received
17.	Specialist/s sends populated Corrective Action / Investigation Form (CAI Form 2) to Manager for completion along with copy of INM summary generated from RL6.	OESH Specialist	Between 12 – 120 hours after task received
18.	Manager conducts incident investigation and determines corrective actions for incident and completes the form. Manager may consult with OESH Specialist/s to successfully complete CAI Form 2	Manager/ Supervisor / Delegate	As soon as possible. CAI Form 2 to be completed no longer than 10 days after Form 2 received from OESH Specialist/s
19.	Manager finalizes remainder of CAI Form 2, ensuring all sections are filled out completely	Manager/ Supervisor / Delegate	See #17
20.	Manager will save CAI Form 2 and submit electronically to OESH Specialist/s	Manager/ Supervisor / Delegate	See #17
21.	OESH Specialist/s receives CAI Form 2 and reviews Manager's information. Specialist/s may modify, edit, or augment information in CAI Form 2. If Specialist/s has additional information to add to CAI Form 2, they will consult with Manager to communicate this information	OESH Specialist	Up to 5 days after CAI Form 2 received from Manager
22.	OESH Specialist/s transcribes information from CAI Form 2 into RL6 to complete RL file.	OESH Specialist	Up to 24 hours after CAI Form 2 received
23.	If sufficient information is received to render RL file complete, OESH Specialist/s completes task/s in RL6.	OESH Specialist	Up to 240 hours after CAI Form 2 received
24.	If OESH Specialist/s does not receive CAI Form 2 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 2 received
25.	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)
26.	OESH Admin checks daily "All Tasks Completed" RL6 report. For each file identified in report, OESH Admin will: <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