WRHA OESH Employee Injury / Near Miss REPORTING



NOTIFY your Supervisor

SEEK First Aid or Medical Attention (if required)

REPORT <u>*ALL*</u> work related injuries / illnesses and near misses to OESH

***including incidents of violence, aggression, reactive behaviors and abuse directly affecting employees

OESH INM INTAKE LINE Ph: 204-940-8482

Monday to Friday 8:30 am to 5:00 pm <u>OR</u> Complete an Injury/Near Miss Form (INM) (Site Employees Only) Supervisor to send both sides of completed form by E-mail: INMintake@wrha.mb.ca

UNABLE TO WORK or ATTENDING A HEALTHCARE PROVIDER due to the incident?

Follow your <u>absence reporting protocol</u> and advise that absence is due to work related injury. You may require a Modified Duty Form (MDF) – Call OESH.

