

Supervisor Injury/Incident Checklist

In case of a **CRITICAL** injury involving an employee/student/visitor/volunteer, you must:

1. *Immediately* arrange for medical & emergency assistance by calling Campus Safety Services at "88" (or 522-4135 from your cell phone) or by using the McMaster Safety App for main campus. (Call "5555" for MUMC or the appropriate emergency number off site).
2. Secure the accident site and ensure that further injury is prevented.
3. Campus Safety Services will contact University Health and Safety (UHS) or Faculty of Health Sciences Safety Office (FHSSO) in the case of a critical injury.
4. Ensure Injury/Incident Report Form completed and submitted.

For all other incidents (non-critical):

1. Arrange for medical & emergency assistance by calling Campus Safety Services at "88" (or 905-522-4135 from your cell phone) for main campus. (Call "5555" for MUMC or the appropriate emergency number off site.)
2. Ensure Injury/Incident Report Form completed and submitted.

NOTIFICATION:

- First Aid/Medical Treatment arranged
- Campus Safety Services
- UHS/FHSSO
- Union

INJURY/INCIDENT REPORT (within 24 hours):

- Ensure the person fills out the Injury/Incident Report (if able to)
- Complete the Supervisor portion of Incident Report

SCENE:

- Secured (if required)
- Photos
- Diagram

INJURED PERSON:

- Name
- Job title
- Contact Information
- Recollection of incident/Statement

INTERVIEW WITNESSES (as soon as possible):

- Name
- Job title
- Contact Information
- Recollection of incident/Statement

Critical Injury Defined

'An injury of a serious nature which':

- Places life in jeopardy
- Produces unconsciousness
- Substantial loss of blood
- Fracture of leg or arm (not a finger or toe)
- Amputation of leg, arm, hand or foot (not finger or toe)
- Burns to a major portion of the body
- Loss of sight in one eye

The Injury/Incident Report Form can be found at:

<https://hr.mcmaster.ca/app/uploads/2018/11/injury-incident-report-fillable-1-36.pdf>

Investigation Checklist

Things to consider....

PEOPLE:

- Training
- Experience
- Familiarity with task/equipment
- Personal Protective Equipment
- Age
- Fitness level/Medical conditions
- Risk Taking Behaviour/State of mind

ENVIRONMENT:

- General condition / Housekeeping
- Lighting
- Ventilation
- Temperature
- Weather conditions
- Terrain
- Wind

MATERIALS:

- Hazardous materials
- Designated Substances
- SDS available
- Labeling/Identification

EQUIPMENT/TOOLS:

- General condition
- Make and serial and model number
- Manufacturer's information
- Maintenance information and records
- Suitability and adequacy of equipment
- Layout of operation
- Guarding

PROCESS:

- Training
- Risk Management Manual
- Standard Operating Procedures
- Ergonomics

ROOT CAUSE ANALYSIS

WHY did the incident occur?

 ***WHY?***

 ***WHY?***

 ***WHY?***

 ***WHY?***

ROOT CAUSE:

NOTE: When filling out the Incident/Injury Report Form, ensure to include recommendations for corrective actions. Supervisors are required to follow up on the completion of recommendations.