Supervisor Injury/Incident Checklist

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

- 1. <u>Immediately</u> arrange for medical & emergency assistance by calling Security 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. Secure the accident site and ensure that further injury is prevented.
- 3. Call EOHSS at ext. 24352 or FHSc Safety Office at ext. 24956 and communicate details of the incident. (After business hours, Security Services will contact EOHSS.)
- 4. Ensure Injury/Incident Report Form completed and submitted.

For all other incidents (non-critical):

1. Arrange for medical & emergency assistance by calling Security 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.)

to)

2. Ensure Injury/Incident Report Form completed and submitted.

NOTIFICATION: □ First Aid/Medical Treatment arranged □ Security Services □ EOHSS/FHSc Safety Office □ Union
INJURY/INCIDENT REPORT (within 24 hours): □ Ensure the person fills out the Injury/Incident Report (if able □ 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:

http://www.workingatmcmaster.ca/med/doc ument/InjuryIncident-Report-(Fillable)-1-36.pdf

Investigation Checklist

Things to consider.... PEOPLE: **ENVIRONMENT:** □ General condition / Housekeeping Training □ Experience □ Lighting □ Familiarity with task/equipment □ Ventilation □ Personal Protective Equipment □ Temperature □ Weather conditions □ Age □ Fitness level/Medical conditions □ Terrain □ Risk Taking Behaviour/State of mind □ Wind MATERIALS: **EQUIPMENT/TOOLS:** □ Hazardous materials □ General condition □ Designated Substances □ Make and serial and model number □ MSDS available □ Manufacturer's information □ Labeling/Identification □ Maintenance information and records □ Suitability and adequacy of equipment PROCESS: □ Layout of operation □ Guarding □ 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.