To: Local Coordinators, Bargaining Unit Presidents, and Occupational Health and Safety Representatives

From: Diane Parker, Vice-President Region 1, Occupational Health and Safety Portfolio

Date: August 16, 2004

Re: Critical Injury/Illness/Accident/Exposure Investigation

CC: Board of Directors, District Service Teams, Provincial Service Team

The enclosed documents were developed by ONA to assist Joint Health and Safety Committees (JHSC) and Health and Safety representatives in investigating workplace accidents and critical injuries/illnesses and occupational illnesses/exposures.

Section 9 (31) of the Occupational Health and Safety Act states, “the members of a committee who represent workers shall designate one or more such members to investigate cases where a worker is killed or critically injured at a workplace from any cause and one of those members may, subject to subsection 51 (2), inspect the place where the accident occurred and any machine, device or thing, and shall report his or her findings to a Director and to the committee.”

The most effective way to understand the cause of a work-related injury/illness/exposure or critical injury/illness is by conducting an investigation. JHSCs whose workplaces had cases of probable SARS should have conducted a critical injury investigation as per Section 9 (31) of the Occupational Health and Safety Act. We know of only one JHSC that actually conducted such an investigation, although there may be others. Conducting a critical injury investigation is a very time-consuming and detailed process. As a result of the SARS outbreaks, we learned that there were few tools available to actually assist and guide JHSCs in these investigations. Therefore, we have developed a number of tools to assist these committees in the future with this important function.


The guide has been created to accompany the ONA Critical Injury/Illness/Accident/Exposure Investigation Form, which contains a list of questions that may be used or adapted to assist
JHSC members in questioning witnesses, and the ONA Witness Statement Form, which can be photocopied and used to record all witness statements.
Please ensure the distribution of these documents to your membership, in particular, the Local executive member concerned with occupational health and safety and your JHSC member.

We hope you and your JHSCs will use these documents as tools for investigating critical injuries/illnesses/accidents/exposures and in doing so, work toward our shared goal of identifying, preventing and resolving all health and safety issues affecting ONA members.
Guide to Critical Injury/Illness/Accident/Exposure Investigation
Introduction

The goal of this booklet is to assist ONA members in investigating workplace accidents and critical injuries/illnesses and occupational illnesses/exposures. It also aims to help clarify the important role that Joint Health and Safety Committees (JHSC) and Health and Safety representatives play in terms of these investigations.

The booklet has been created to accompany the ONA Witness Statement Form and the ONA Critical Injury/Illness/Accident/Exposure Investigation Form, which contains a list of questions that may be used or adapted to assist you in questioning witnesses.

The booklet is divided into three sections:

- Purpose of a Critical Injury/Illness/Accident/Exposure Investigation.
- Conducting an Investigation.
A) Purpose of a Critical Injury/Illness/Accident/Exposure Investigation

A good critical injury/illness/accident/exposure investigation should always try to answer the “five W's” and one “H:” who, what, where, when, why and how. The ONA Critical Injury/Illness/Accident/Exposure Investigation Form offers a systematic approach to investigating that ensures information is gathered in a comprehensive way.

You have the legal right to investigate a fatal or critical injury


"Critically injured" means an injury of a serious nature that:

a) Places life in jeopardy.

b) Produces unconsciousness.

c) Results in substantial loss of blood.

d) Involves the fracture of a leg or arm, but not a finger or toe.

e) Involves the amputation of a leg, arm, hand or foot, but not a finger or toe.

f) Consists of burns to a major portion of the body.

g) Causes the loss of sight in an eye. RRO 1990, Reg. 834, s. 1.

Joint Health and Safety Committees or Health and Safety representatives also have the right to investigate any critical occupational illness. During the SARS outbreak, the Ministry of Labour did confirm that Probable SARS cases were critical injuries. Therefore, when Joint Health and Safety Committees have been notified of critical illnesses, such as Probable SARS, they should immediately initiate their Critical Injury Investigation as per section 9(31) of the Occupational Health and Safety Act.

It is ONA’s position, therefore, that “critically ill” includes any illness or disease, including any occupational illness or infectious disease, which could place life in jeopardy.
B) Key Concepts in the Occupational Health and Safety Act

For more detailed information on worker and employer responsibility under the act, please see the *Occupational Health and Safety Act, Occupational Health and Safety/Workplace Safety and Insurance: A Guide for ONA Members*, the Ontario Ministry of Labour Web site and your collective agreement.

**Duty of employer to notify of death or injury**

Where a person is killed or critically injured from any cause at a workplace, the employer will notify the Ministry of Labour, the Joint Health and Safety Committee, the Health and Safety representative and trade union immediately and in writing within 48 hours (reference: Section 51(1) of the *Occupational Health and Safety Act*).

**Duty of employer to notify of other injuries**

If a person is disabled from performing his or her usual work or requires medical attention because of an accident, explosion or fire at a workplace, but no person dies or is critically injured because of that occurrence, the employer will, within four days of the occurrence, give written notice of the occurrence to the Joint Health and Safety Committee, the Health and Safety representative and the trade union (reference: Section 52(1) of the *Occupational Health and Safety Act*).

If an employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board by or on behalf of the worker, the employer will give notice in writing, within four days of being so advised, to the Joint Health and Safety Committee or the Health and Safety representative and the trade union (reference: Section 52(2) of the *Occupational Health and Safety Act*).

**Right to conduct a fatal or critical injury investigation**

Where a person is killed or critically injured at a workplace from any cause, the Health and Safety representative, or one or more worker members designated by the Joint Health and Safety Committee, may inspect the place where the accident occurred and any machine, device or thing, and must report his or her findings to a director and to the committee (reference: Sections 8(14) and 9(31) of the *Occupational Health and Safety Act*).

Worker representatives may decide to include a management representative in the investigation, but are not required to do so. It should be noted in the Joint Health and Safety Committee’s terms of reference, which each committee should have established, that section 9(31) of the *Occupational Health and Safety Act* states that a Joint Health and Safety Committee worker member has the right to investigate critical injuries/illnesses. Where possible, try to include in the terms of reference the right of a worker member of the Joint Health and Safety Committee to also conduct other accident/illness investigations.
Investigation of other injuries and near misses

Every "near miss" in health and safety statistically moves your institution toward a serious injury. So if you are not investigating accidents and incidents before they become critical, you are missing an opportunity to solve a minor problem before it becomes a serious problem. Committees should identify types of incidents/trends that would be beneficial to investigate and attempt to secure the right to do so. It should be noted, however, that Joint Health and Safety Committees and Health and Safety representatives do not have an explicit legal right to investigate minor incidents under the *Occupational Health and Safety Act*.

Employer response to written recommendations

Accidents and injuries should be investigated to determine causes and create measures to prevent recurrences. Joint Health and Safety Committees should use their findings to develop written recommendations to submit to the employer.

An employer who receives written recommendations from a Health and Safety representative or a Joint Health and Safety Committee will respond in writing within 21 days. A response of an employer will contain a timetable for implementing the recommendations with which the employer agrees and provide reasons why the employer disagrees with any recommendations that the employer does not accept (reference: Sections 8(12) and 9(21) of the *Occupational Health and Safety Act*).

Unresolved health and safety issues

If the Joint Health and Safety Committee cannot agree to put the recommendations regarding what is believed to be a violation of the *Occupational Health and Safety Act* and/or hazardous condition in writing, or if the employer refuses to correct the suspected violation and/or hazardous condition, the worker co-chair or any member of the Joint Health and Safety Committee should immediately call the Ministry of Labour, advising them that there is an unresolved health and safety issue that requires their attention.
C) Conducting an Investigation

Critical injury/illness/accident/exposure causes

Direct Causes

The direct cause of an injury is often easily apparent. If a worker comes in contact with the SARS virus, or if a ceiling lift falls on a worker, these two events can be clearly labelled direct causes of an injury. It is important to remember that the direct cause of an injury only explains how the injury happened, not why.

Indirect Causes

The indirect cause of an injury helps to answer the question of why the injury happened. Inadequate initial training, lack of access to personal protective equipment, supervisor competency and lack of measures and procedures (such as outlined in Section 9 of the “Health Care and Residential Facilities Regulation”) are all examples of indirect causes of injuries. Indirect causes of injuries are also referred to as root causes and can be due to human error, equipment malfunction and environmental factors, among other things.

Occupational illness

In addition to investigating injuries and accidents, Joint Health and Safety Committees and Health and Safety representatives should investigate occupational illnesses. It is important to remember that the occupational illnesses that make workers ill, cause disease and kill workers usually result from exposure to toxic substances and infectious diseases and are often not identified until many years after initial exposure. In part for this reason, and also because of the difficulty of linking a disease to exposure to a specific toxic substance, occupational illness investigations require extensive evidence collection (hospital records, autopsy reports, exposure level reports, interviews, etc.) over an extended period of time.

Gathering evidence

It is important that the investigator gathers as much evidence as possible during the investigation. Evidence can consist of testimony of witnesses or physical objects or things such as samples, photos, writings, e-mails, documents, etc., which are used to prove facts. Statements from accident witnesses, the injured employee and the injured employee’s supervisor at the time of the accident, as well as interviews with all relevant witnesses, should be completed as soon as possible after the accident has occurred when recollections are fresh and most reliable. The Joint Health and Safety Committee or Health and Safety representative can request copies of employer reports, and other resources can also be examined (such as police, paramedic and newspaper reports). The investigator may also take photos of the accident scene or draw diagrams, if necessary, being careful not to disturb any evidence. Other sources the investigator may find useful when gathering evidence include: minutes of Joint Health and Safety Committee meetings; employer health and safety policy and procedures; complaints; incident reports; evidence of worker training (e.g. WHMIS); WSIB reports; Ministry of Labour reports/orders/visits; emergency procedures; maintenance reports; consultant and expert reports, samples and sample analyses.
**Interviewing**

When interviewing a witness, begin by introducing yourself and outlining why you are conducting the interview. Personal comfort has a large effect on how an interview or statement-taking proceeds. It is important to obtain the witness’s personal unassisted recollection of events relevant to the investigation. For that reason, it is preferable to interview the witness alone. However, you may wish to consider allowing him or her to have someone present (friend, relative, union representative) if it will increase his or her comfort level, providing that the person accompanying the witness does not assist him or her in responding. Witnesses will be hesitant to speak if they are fearful that they will be blamed for the injury/accident. Badgering a witness will only make your investigation more difficult.

Try to limit your team of questioners to one or two people. Listen openly to the witness, interrupting as little as possible, and carefully note his or her statements.

In order to identify the cause of the accident, ONA’s *Critical Injury/Illness/Accident/Exposure Investigation Form* provides a list of questions to be used as a reference.

**Recording Witness Information**

You have two choices:

1. The *ONA Witness Statement Form* can be photocopied and used to record all witness statements. Use as many of the *Witness Statement Forms* as necessary to fully record all details reported by each witness (e.g. injured worker, co-worker, supervisor, expert and any other relevant witness). When choosing this method, use the questions contained in the ONA *Critical Injury/Illness/Accident/Exposure Investigation Form* to guide your interview/questioning.

2. Record responses to relevant questions directly on the ONA *Critical Injury/Illness/Accident/Exposure Investigation Form*, using extra space as required.

Record the exact words used by each witness or a synopsis of what he or she has said. When you have finished taking a statement, read it aloud and have the witness attest that it is an accurate account of what he or she has told you. If there are any errors, you should draw a single line through the error and insert the correction above and have the witness initial the correction. The witness should then sign and date the statement and record the time. Where multiple ONA *Witness Statement Forms* are used, the witness should, after attesting that it is accurate, initial each page and sign and date the last page. Provide the witness with a photocopy of his or her statement, if requested.

A good investigator gives all relevant witnesses, including experts, an opportunity to speak about the accident. In the case of a critical or fatal investigation (e.g. SARS), this may mean upwards of 15 (and often many more) people. Such a large investigation will require an investigative team where tasks are split up among multiple investigators. Assigning specific tasks to specific people is a good way to ensure no information or witnesses are left out.
Traumatized witness or victim

Anyone who has seen or been involved in an accident, especially the serious injury or death of a co-worker, will be greatly affected. You may encounter a wide range of reactions, including anger and withdrawal. These reactions are normal and are part of the grieving process.

Photographs and sketches

If you are able, take photographs of the accident scene. Try and take pictures from a number of angles and distances, and also include any equipment and hazardous substances that are present. If taking photographs is not an option, make a sketch. You can also take measurements, if necessary.

Samples

Depending on the type of accident, you may find it useful to retrieve samples or material objects for analysis. In the case of a fatal or critical investigation, it is likely that the government or other official investigator will collect these types of evidence, in which case you should request copies of reports of any analyses conducted.

Note taking

In addition to recording witness statements on the forms, the investigator should use a notebook to record his or her investigative activities, starting each entry with the date, time and setting. Notes should include times, dates, places of interviews and other evidence collected, observations of witness demeanor, condition of interview settings, scenes and other information. These personal notes can be used to prepare the final (more comprehensive) report and committee recommendations. The investigator should take notes of all relevant observations. Taking complete, accurate and orderly notes is essential for recalling information and for ensuring no important evidence is overlooked.

What if you are denied access to an accident scene?

It is your right under the Occupational Health and Safety Act to investigate accidents resulting in critical or fatal injuries/illnesses. Try to gather as much evidence as possible. If you face obstacles, call the government inspector and ask for an order that the worker members of the Joint Health and Safety Committee (or the Health and Safety representative where there is no committee) be allowed to conduct an investigation. Keep in mind that in some instances, another jurisdiction’s investigation may affect your role as an investigator.

After the Critical Injury/Illness/Accident/Exposure Investigation Form is Complete

The investigator should submit the form, any accompanying witness statements and interview documents to the Joint Health and Safety Committee for review. The committee should use the information collected by the investigator to write a report that outlines how and why the accident took place, how severe the accident was and if the accident is likely to recur. The Joint Health and Safety Committee or the Health and Safety representative should also make written recommendations to the employer based on their findings and state the timeline for any follow-up activity. Any progress or recommendations made by the Joint Health and Safety Committee
or the Health and Safety representative should also be communicated to the workers involved in the investigation.

Writing the Critical Injury/Illness/Accident/Exposure Investigation Final Report

After the Critical Injury/Illness/Accident/Exposure Investigation is complete, it will be necessary for the Joint Health and Safety Committee to write a report of its findings. This task is best suited to the worker member(s) who served as investigator/investigative team in conjunction with the rest of the committee.

The report should begin with a cover page and table of contents and then can be broken down into sections and subsections, which may include any or all of the following:

1. Critical Injury/Illness/Accident/Exposure Event
   a) Time and date of accident.
   b) Person(s) involved in accident (victim, witnesses).
   c) Activity being performed at time of accident.
   d) Type and seriousness of injury.
   e) Patients, equipment, materials and supplies involved (or lack of).
   f) Environmental factors.
   g) Personal factors.

   (Photographs and sketches, witness statement forms and interview responses can be included at the end of this section, or attached as an appendix.)

2. Background Information (to include, if any):
   a) Controls and training.
   b) Health and safety measures/procedures/policies/programs.
   c) Legal requirements.
   d) Employee complaints.
   e) Prior similar incidents.
   f) Expert reports.
   g) Ministry orders.

   (Reports, orders, policy documents, etc. can be included at the end of this section, or attached as an appendix.)

3. Findings
   a) Direct causes (hazardous substances, sharps).
   b) Indirect causes (unsafe conditions or acts etc. as noted on page 5).

4. Recommendations
   a) Changes recommended (in order of priority and numbered).
   b) Timetable for implementing changes.

Any conclusions or findings made in the report need to be supported by evidence. Recommendations should be developed out of these conclusions and findings. While a clear
and easy-to-read format is useful, the most important thing is that all aspects of the investigation are covered in the report.

Once the report is approved by the Joint Health and Safety Committee, a copy of it should be sent to the employer, the union Local and the witnesses who request it. A copy of the report should be forwarded to the Ministry of Labour.
Please consult the ONA Guide to Critical Injury/Illness/Accident/Exposure Investigation for information on how to complete this form or the ONA Witness Statement Form, including a definition of critical injury/illness.

Recording Witness Information

You have two choices:

The ONA Witness Statement Form can be photocopied and used to record all witness statements. Use as many of the Witness Statement Forms as necessary to fully record all details reported by each witness (e.g. injured worker, co-worker, supervisor, expert and any other relevant witness). When choosing this method, use the questions contained in this form to guide your interview/questioning.

Record responses to relevant questions directly on this form, using extra space as required.

Name of Injured: ________________________ Phone Number: ______________________
Address: ____________________________________________________________________
Age: ____________________________ Gender: __________________________________
Occupation: ______________________ Seniority: _________________________________
Employment Status:  FT ☐  PT ☐  CA ☐
Unit/Department: ______________________________________________________________
Supervisor: __________________________________________________________________
Date of Accident: _________________   Time: ________________________________
Name of Employer: ____________________________________________________________
Date and time Ministry of Labour and union notified: ______________________________
Date and time certified member of JHSC or H&S representative notified: _______________
Exact Workplace Location of Injury/Illness/Accident/Exposure
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Severity of Injury/Illness

Please elaborate on the nature of the injury/illness (part of body injured, diagnosis if available):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Photo or Diagram

If possible, please take a number of pictures of the scene where the accident occurred. Take both close-ups of the accident scene and a picture of where the accident scene is in relation to the rest of the workplace. Be careful not to disturb the evidence. Write your name and the date the picture was taken on the back of the photograph. If photographs are not an option, please draw a diagram below of the floor plan and room layout of the accident scene, noting where all equipment is located, or in the case of infectious diseases such as SARS, noting where all patients are/were located, and the exact position where the accident/exposure occurred.
Questioning Witnesses/Taking Statements

The investigator should begin by allowing the injured worker, witnesses and supervisor to give an account of the accident in their own words. Listen openly to the witness, with minimal interruptions. After listening to the witness’s brief account of what occurred, explain that you will now ask a number of questions and document the responses in order to better understand the events of the injury/illness/accident/exposure.

The attached questions may be used or adapted to assist you in questioning witnesses. This is only a suggested tool, which may be useful. Remember, your goal is to obtain in as much detail as possible, the witness’s personal account of information relevant to the investigation. As such, you may develop questions not included in this guide.

Document the witness’s responses directly beneath the questions, or on the ONA Witness Statement Form, ensuring that you record the name of the witness and the interviewer and the date/time/location of the interview.

Record the exact words used by each witness or a synopsis of what he or she has said. When you have finished taking a statement, read it aloud and have the witness attest that it is an accurate account of what he or she has told you. If there are any errors, you should draw a single line through the error and insert the correction above and have the witness initial the correction. The witness should then sign and date the statement and also record the time. Where multiple ONA Witness Statement Forms are used, the witness should, after attesting that it is accurate, initial each page and sign and date the last page. Provide the witness with a photocopy of his or her statement, if requested.

After the Critical Injury/Illness/Accident/Exposure Investigation Form is Complete

The investigator submits the form and all accompanying witness statements and interview documents to the Joint Health and Safety Committee for review. The committee should use the information collected by the investigator to determine why the accident took place, how severe the accident was and if the accident is likely to recur. The committee should then make written recommendations to the employer based on its findings and state the timeline for any follow-up activity.

In smaller organizations where there is no Joint Health and Safety Committee, the Health and Safety representative/investigator should make written recommendations based on the information collected in this form to the employer.
Suggested Interview Questions for Witnesses
(e.g. injured worker, supervisor, co-worker, expert)

Use only the sections that are applicable to guide your interview. Either document the witness’s responses directly beneath the questions or on the ONA Witness Statement Form, ensuring that you record the name of the witness and the interviewer and the date/time/location of the interview. After the interview is complete, both the interviewer and the witness should sign and date the document, and also record the time of the interview. If using the ONA Witness Statement Forms, the witness should initial each form and sign, date and record the time on the last form.

Name of Witness: ________________________________________________________________

Position of Witness: ______________________________________________________________

Witness’s Supervisor: _____________________________________________________________

Date/Time/Location of Interview: ___________________________________________________

Name of Interviewer: ______________________________________________________________

Injury/Illness/Accident/Exposure Event

1. Please name all people that you are aware of who witnessed and/or were exposed to the injury/illness/accident/exposure. Where exactly were they in relation to the victim/you?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Describe how and what you were doing when the injury/illness/accident/exposure happened. Where exactly were you in relation to the victim?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. What were you/the worker doing just before the incident occurred? Describe the activity, as well as the patient, equipment, material and supplies involved. Be specific.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
4. Please describe the work area.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

5. What (in exhaustive detail) happened (for example, when re-capping sharp, worker obtained a needlestick injury to her left hand)? Please assume I know absolutely nothing about the task you were performing and walk me through it, step by step
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

6. What was the injury/illness/accident/exposure?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

7. What object or substance directly harmed you/the worker (for example, concrete floor, sharp, ceiling lift, infectious disease, e.g. SARS)?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

8. In the case of infectious disease, which colleagues were exposed to and which cared for infected patients?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

9. When did you/the worker/colleagues provide care to the infected patients and for what length of time?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Equipment and Protective Devices


______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

11. Are you aware of whether you/the worker were required by the employer or the Occupational Health and Safety Act to wear or use any protective clothing, equipment or device?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

12. Were the equipment, materials and protective devices needed provided by the employer? What were they?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

13. Did you/the worker/colleagues perform a fit check prior to putting on the equipment?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

14. Was the equipment a proper fit?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
15. Were the equipment, materials and protective devices provided by the employer maintained and in good condition? How often was the equipment inspected for damage and deterioration? By whom? Was the equipment stored in a convenient, clean and sanitary location when not in use?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

16. Were you/the worker(s) trained in the care, use and limitations of any protective clothing, equipment or device before wearing or using it for the first time and at regular intervals thereafter? Please describe the type and length of any training (e.g. video, in-person, etc.).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

17. What other related training have you/the employee received?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

18. Was there equipment failure?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

19. Did the location of the equipment create or contribute to the hazard?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
20. Were the equipment, materials and protective devices provided by the employer used as prescribed under the “Health Care and Residential Facilities Regulation” or “Industrial Regulations” of the Occupational Health and Safety Act? Were other related prescribed measures and procedures carried out in the workplace?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Sharps

21. If a sharp was involved, please state the part of the handling process that led to the injury: re-capping, veno puncture/arterio puncture, sharps disposal, etc. Please be as specific as possible.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

22. Describe the type of needle devices used at the time of the accident (e.g. conventional or safety-engineered and brand).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

23. Where was the sharps container located in conjunction with the location of the injury/accident?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Hazardous Substances

24. Were hazardous substances involved?

____________________________________________________________________
____________________________________________________________________
25. Were they clearly labeled?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

26. How many workers were exposed to the hazard?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

27. How many workers routinely come in contact with the hazard?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

28. Were Material Safety Data Sheets (MSDS) accessible to you/the worker?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

29. Has an assessment for the hazard been done?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

30. Is there a Health and Safety program designed to control the hazard(s) that resulted in this accident?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
31. Are controls and training to educate workers about hazardous substances currently in place?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

32. Does your supervisor/employer regularly advise you of new hazards?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

33. When were you/the injured worker last trained, by whom, where, for how long and what type of training was it (e.g. video or in-person, etc.)?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Occupational Illness

34. What substance(s) has the worker been exposed to?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

35. What level of exposure to the toxic substances has the worker had?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

36. Was air quality measured and, if so, by whom? (Attach a copy of the report.)

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Page 10 of 18
37. Was the location of the exposure disturbed or different prior to the measurement?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

38. In the case of a fatality, what was the exact cause of death? Were other diseases present? (If the worker died of cancer, has the latency requirement been met?)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

39. Are people who worked in the same area still alive? Are they well? If they are sick, what disease do they have? If some have died, what was their cause of death?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Environmental Factors

40. Did any of the following environmental factors play a role in the accident: noise, lighting, ventilation, work space, patient or public aggression?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Personal Factors

41. How experienced were you/the employee in the task or work area? How long have you worked at the task and in the work area?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
42. Was worker stress a factor in the injury/illness/accident?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

43. Was the work too physically demanding for the worker?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

44. When, in relation to the injured worker’s shift/hours at work, did the injury/illness/accident occur? (For example, 30 minutes before the shift change, or during the second hour of overtime, or after a day and night shift with no time off in between?)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

45. What workload or hours of work did you/the worker perform? Had it increased? Was overtime involved?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Employee Complaints

46. Are there any employee complaints connected with the cause of the injury/illness/accident? What are the complaints and are they associated with a specific time or area?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Management Awareness

47. Were any supervisors present when the injury/illness/accident occurred?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

48. When and where were the supervisors when the injury/illness/accident occurred? What did they do in response to the injury/illness/accident?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

49. Were any supervisors aware beforehand of the problem that led to the injury/illness/accident?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

50. How do you know that the supervisors were aware of the problem?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

51. Do supervisors normally advise you/the worker/colleagues about hazards in the workplace?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Joint Health and Safety Committee

52. Are you/the worker aware of the activities of the Joint Health and Safety Committee in the hospital? Please list some of the committee’s recent activities.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

53. Please name the worker co-chair of the Joint Health and Safety Committee, or a Joint Health and Safety Committee representative in the hospital/facility.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Indirect Cause

54. The causes of injuries are not always direct. The questions in this form have been designed to help elicit information on the root cause of the injury (for example, while a nurse’s exposure to SARS patients may have been the direct cause of his or her critical injury, a lack of personal protective equipment, or ill-fitting equipment, or inappropriate health and safety procedures may have indirectly led to the injury). Do you have any further comments on the cause of the injury under investigation?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Policy

55. A lack of adequate health and safety policies may also be considered an indirect cause of an injury/accident. Which of the following health and safety measures and procedures does the employer have in place (as laid out in Section 9(1) of Regulation 67/93 “Health Care and Residential Facilities” of the Occupational Health and Safety Act)?
<table>
<thead>
<tr>
<th>In Place</th>
<th>Measures/Procedures/Policy/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>(Please specify where you know if the item listed below is in the form of a measure/procedure/policy/program or all)</em></td>
</tr>
<tr>
<td>Yes</td>
<td>Safe work practices</td>
</tr>
<tr>
<td>Yes</td>
<td>Safe working conditions</td>
</tr>
<tr>
<td>Yes</td>
<td>Proper hygiene practices and the use of hygiene facilities</td>
</tr>
<tr>
<td>Yes</td>
<td>The control of infections</td>
</tr>
<tr>
<td>Yes</td>
<td>Immunization and inoculation against infectious diseases</td>
</tr>
<tr>
<td>Yes</td>
<td>The use of appropriate antiseptics, disinfectants and decontaminants</td>
</tr>
<tr>
<td>Yes</td>
<td>The hazards of biological, chemical and physical agents present in the workplace, including the hazards of dispensing or administering such agents</td>
</tr>
<tr>
<td>Yes</td>
<td>Measures to protect workers from exposure to a biological, chemical or physical agent that is or may be a hazard to the reproductive capacity of a worker, the pregnancy of a worker or the nursing of a child of a worker</td>
</tr>
<tr>
<td>Yes</td>
<td>The proper use, maintenance and operation of equipment</td>
</tr>
<tr>
<td>Yes</td>
<td>The reporting of unsafe or defective devices, equipment or work surfaces</td>
</tr>
<tr>
<td>Yes</td>
<td>The purchasing of equipment that is properly designed and constructed</td>
</tr>
<tr>
<td>Yes</td>
<td>The use, wearing and care of personal protective equipment and its limitations</td>
</tr>
<tr>
<td>Yes</td>
<td>The handling, cleaning and disposal of soiled linen, sharp objects and waste</td>
</tr>
</tbody>
</table>
56. Does the employer, on the advice of the Joint Health and Safety Committee or Health and Safety representative, review and revise the measures and procedures for the health and safety of workers at least once a year? When was the last time the policies listed in question 55 were reviewed and revised?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

57. Is the Joint Health and Safety Committee or Health and Safety representative regularly consulted on the development of any new health and safety and/or infection control policies, measures, procedures and programs?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

58. Is there any training/instruction in health and safety policy, procedures and protective measures that is directly related to the injury/illness/accident? How do you know about this training/instruction?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

59. Did you feel competent after the training you received in health and safety policy, procedures and protective measures?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Knowledge of Prior Similar Incidents**

60. Are you aware of any prior similar incidents?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
61. Are you aware if any prior similar incidents have been reported?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

62. When and to whom were the prior similar incidents reported? What was done in response?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Expert Reports

63. Are you aware of any consultants that have come in and studied this accident or any related issues?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

64. Are you aware of any reports of this accident or any related issues? Can I have a copy?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

65. Are you aware of any other Ministry or body that has also conducted some form of investigation or study into any related accidents or related issues now or in the past (such as Public Health, the Police, the Centre for Disease Control, etc.)?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
66. Are you aware of any Ministry of Labour orders that have been issued in the past for similar infractions/hazards?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Recommendations

67. Have any changes been made as a result of the injury?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

68. What changes are planned as a result of the injury?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

69. What do you think should happen to correct the problem?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature of Witness: ____________________________________________________
Date: __________________________________________________________________

Signature of Interviewer: _________________________________________________
Date: __________________________________________________________________
Witness Statement Form

Please photocopy this form and use it to record the witness’s responses to the interview questions.

Time of Interview: __________________  Date of Interview: ____________________________

Place of Interview: ________________________________________________________________

Name of Witness: ________________________________________________________________

Address of Witness: ______________________________________________________________

Phone Number and E-mail of Witness: ________________________________________________

Name of Interviewer: ______________________________________________________________

Witness Statement:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is this an accurate account of what you just told me? _________________________________

Witness Signature  Interviewer Signature

Date: ___________________________  Date: ___________________________