



Ace Acumen Academy Incident & Accident Investigation Policy

Policy Title:	INCIDENT & ACCIDENT INVESTIGATION	Area of Responsibility: H&S, HR, COMPLIANCE
Policy Section:	HEALTH & SAFETY, HUMAN RESOURCES, COMPLIANCE, SENIOR ADMINISTRATION	Pages: 10
Effective Date:	2023/08/09	
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Policy Statement

AAA requires all employees to immediately report to their supervisor all incidents, or accidents that result in injury or property damage, and all near misses with the potential for serious injury or property damage.

Supervisors will report the incident / accident promptly to management to ensure timely submission to appropriate authorities. Each incident/ accident will be analyzed to determine causes and contributing factors and the analysis will be used to reduce or eliminate the risk of further incident.

Purpose

To investigate all incidents/accidents in order to determine the cause and what corrective actions need to be implemented to prevent a recurrence. To document all incidents/ accidents involving Ace Acumen Academy staff and students, or visitors, third party contractors who are on Ace Acumen Campus properties.

Responsibilities

Employees

All employees shall report all incidents/accidents to their immediate manager. If the Manager is not present, report to the Campus Safety Coordinator or Security. An Incident Report and Investigation Form must be completed and signed by the employee involved and the Manager of the employee. If an employee witnesses an incident, Security must be informed immediately.

Managers

When an employee reports an injury to their Manager, the Manager must investigate the incident immediately and complete the Incident Report and Investigation Form. This must be sent to the Campus Safety Coordinator within 24 hours.

If the injury is Health Care or Lost Time, the Manager must immediately contact the Human Resource Coordinator. The Human Resource Coordinator will complete appropriate WSIB forms

and work, in coordination with the Manager of the employee, to track the employee's status and implement the Return to Work/Accommodated work plans if required.

If the injury is a Critical Injury, a Fatality or if Emergency Medical Services (EMS) is required, the scene of the injury must be preserved and the Manager must contact Security/ ensure Security is called.

If an employee reports damage to property, the Manager must complete an Incident Report and Investigation Form, and notify Security.

Managers are responsible to ensure that their employees attend all required health and safety training sessions and work in collaboration with the JHSC and Campus Safety Coordinator to determine what training is required for each employee.

The manager should contact the injured worker as frequently as the injury deems, or at least once a week. If the manager requires assistance, they should contact the Campus Safety Department.

Faculty

When a student is injured while in class, an assessment of the incident is required to determine the appropriate response. If the injury requires first aid, refer the student to the First Aid Delegate, at the Reception/ Advisor desks or Security. If immediate medical aid is required, the Faculty must call Security. As the person in charge, the Faculty must investigate the incident and complete the Incident Report and Investigation Form and submit to their Program Coordinator and the Campus Safety Coordinator within 24 hours

Joint Health and Safety Committee (JHSC)

The JHSC is provided with a log of all injury reports on a monthly basis. The JHSC reviews the logs and can provide further feedback on the investigation and make recommendations for corrective action.

The JHSC will also review all Incident Recommendation Follow-up Forms.

When an incident occurs that involves a Critical Injury or Fatality, one member of the JHSC will be called, as part of the Critical Injury Protocol, to assist with the investigation.

Procedure - Reporting of Incidents

1. The employee reports a work related incident/ accident.
2. Administer first aid as required.
3. Section 1 to 3 of the Form should be completed with the affected party present, whenever possible. For incidents involving injury, the initial investigation into the injury and the Forms shall be completed by the Manager (for employees), or staff member in charge for all other incidents.
4. Whenever possible, ensure that the individual who is injured signs the incident report.
5. Arrange for transportation for injured employee to medical treatment if required.
6. Eliminate the hazard if possible or guard the accident scene if the worker is critically injured.
7. Investigate the cause of the accident and report findings in the Incident/ Accident Report form. Ensure all areas of the form are completed.
8. Send a copy of the form to the Campus Safety Department, arshdeep.singh@canadaacumen.ca
9. The report is reviewed by the Chairs and Certified members of the JHSC.
10. Report all incidents/ accidents as follows:

- Lost Time Injuries
- Medical Aid
- First Aid
- Incidents
- Near Misses
- Occupational Illness
- Critical Injury

Investigations Procedure

The following investigation steps apply to all investigations:

Assess the scene and document everything about the scene that seems pertinent. This may include:

- Environmental conditions (condition of ground, weather if outside, lighting, wet floor signs present, road condition, crowding, air quality, etc.)
- Hazards in area (electrical, mechanical, physical, chemical)
- Hazards specific to affected individuals (carrying heavy load, inappropriate action, medical condition, footwear).
- Witnesses in the area.

Interviews

As quickly as possible after the incident, ask the affected individual and all witnesses how the incident occurred. Ask the questions, how, what, where, why, when and who was involved. If required, ask Security to assist with witnesses.

Contributing Factors

- Determine what factors contributed to the incident. This may include wet conditions, faulty equipment, human error, lack of training, fatigue, etc.
- Section 4 of the Incident Report and Investigation Form must be completed. Any recommendations or corrective actions documented in section 4 will be communicated to responsible parties by the Campus Safety Coordinator. If further recommendations are suggested, this will be documented on the Incident Recommendation Follow-Up form by the Campus Safety Coordinator or the Manager of the area. This documentation will be filed with the incident report. All investigation notes are to be submitted to the Campus Safety Coordinator to be filed with the report.
- The Manager, Health, Safety and Wellness will review all Forms and determine if additional investigation is required. If additional investigation is required, this will be completed by the Campus Safety Coordinator or designate and the Manager of the area where the incident occurred. A JHSC member may also be asked to join in the investigation. This should be completed within one week of the incident and be documented in the file and placed with the incident report.
- Investigation notes will be used to write required agency communications in the event of Critical Injury or Fatality, Lost Time Injuries or Environmental Releases.

Definitions

Incident: An event that occurs involving an employee, student or member of the public that results in

or could result in injury or financial loss or damage to College property as defined below.

Injury:

- **First Aid Injuries:** An injury that requires onsite first aid by Security or Departmental First Aid Delegate.
- **Health Care Injuries:** An injury that requires onsite medical evaluation/care from an offsite Medical Professional.
- **Lost time Injuries:** An injury that requires lost time from work the day of or beyond the day of the injury, for employees.

Critical Injury: An injury of a serious nature that:

- places life in jeopardy; produces unconsciousness; results in substantial loss of blood; involves the fracture of a leg or arm, but not a finger or toe; involves the amputation of a leg, arm, hand or foot but not a finger or toe; consists of burns to a major portion of the body; or causes the loss of sight in one eye; Fatality: An injury causing death.

Near Miss

- An incident or occurrence that did not cause injury but had the potential to cause harm.

Occupational Illness

- An incident involving an exposure to an employee of a chemical or biological substance or an exposure to noise, through the course of employment, which causes an occupational illness.

Property Damage

- An incident that results in damage to College property or the property of employees, students or members of the public while that property is on Ace Acumen College property.

Fire

- An incident that caused a fire on College property.

Environmental Releases

- An incident that results in a release of hazardous materials, hazardous waste or sewage to the environment.

Employee

- Any individual who receives payment from the College for work performed. This includes full- time, part-time, contractual, and work study employees. Contractors and subcontractors performing work on College property are also considered employees of the College while on-site.

Public

- Individuals who are not employees of the College, including students/clients (full and part time),

facility fee-payers (e.g. recreational facility users)

*Ontario has launched a new toll-free number – **1-877-202-0008** – to report workplace health and safety incidents or unsafe work practices.*

INCIDENT REPORT & INVESTIGATION FORM

Section 1 – Affected Individual’s Information

Please PRINT

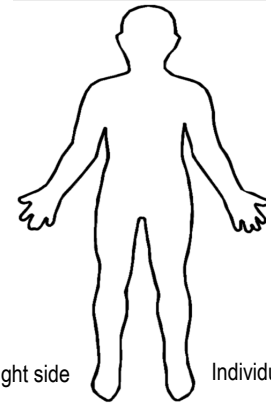
First Name		Last Name		Date of Birth dd / mm / yyyy	
Home Address <i>(include street number, street name, apt no. (if applicable), city, province and postal code)</i>				Home Telephone / Cell Phone Number	Work Extension
Occupation and Department at College <i>(Employee)</i>		Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Employee <input type="checkbox"/>	Student <input type="checkbox"/>
				Public <input type="checkbox"/>	Contractor <input type="checkbox"/>
Student ID OR Employee ID Number		Program at College <i>(Student)</i>		Reason on Campus <i>(public or contractor)</i>	

Section 2 – Incident Information

Location of Incident <i>(Campus or Off-site Location, Room #, Staircase location, Parking Lot information)</i>		Date of Incident dd / mm / yyyy		Time of Incident hh:mm	
				<input type="checkbox"/> AM <input type="checkbox"/> PM	
Was the accident / illness:		Type of incident <i>(Please check all that apply)</i>			
<input type="checkbox"/> Sudden Specific Event/Occurrence		<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Slip or Fall	<input type="checkbox"/> Bruise	
<input type="checkbox"/> Gradually Occurring Over Time		<input type="checkbox"/> Overexertion <i>(strain/sprain)</i>	<input type="checkbox"/> Harmful Substance/Environmental	<input type="checkbox"/> Motor Vehicle Incident	
<input type="checkbox"/> Occupational Disease		<input type="checkbox"/> Repetitive Injury	<input type="checkbox"/> Assault	<input type="checkbox"/> Needle Stick	
		<input type="checkbox"/> Burn	<input type="checkbox"/> Other	<input type="checkbox"/> Bodily Fluid Splash	
Area of Injury - Please check all that apply or mark drawing below:					
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper back	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hip	<input type="checkbox"/> Ankle		
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower back	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Foot		
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe(s)		
<input type="checkbox"/> Ear(s)		<input type="checkbox"/> Pelvis	Left <input type="checkbox"/> Right <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	
		<input type="checkbox"/> Forearm		<input type="checkbox"/> Lower Leg	

Other (please describe)

Area of Injury - Please mark the drawing to the right with circles or 'X's indicating the injury. *Imagine the person is standing in front of you, facing you.



Individual's right side

Individual's left side

Section 2 - Incident Information Continued

Description of Incident (Describe what happened to cause the incident and what the worker/student was doing at the time. Detail what the injury is and any other contributing factors to the incident.)

Type of Care Provided:		
First Aid by Admin Staff or Faculty <input type="checkbox"/>	Health Care at Clinic <input type="checkbox"/> Clinic Information	EMS Called <input type="checkbox"/>
First Aid by Student <input type="checkbox"/>	Health Care at Hospital <input type="checkbox"/> Hospital Information	Near Miss <input type="checkbox"/>
First Aid by Security <input type="checkbox"/>	Health Care at Practitioner's Office <input type="checkbox"/> Practitioner's Name and Phone Number	WSIB Reportable <input type="checkbox"/>
First Aid by Other <input type="checkbox"/> Specify Other		Critical Injury <input type="checkbox"/>

Section 3 – Reporting Individual's Information

Name of Person The Incident Was Reported To:		Home Telephone / Cell Phone Number	Work Number
Occupation and Department at College		Manager / Supervisor of Area	
Reported to College Personnel (if significantly different from time incident occurred, please provide explanation)		Witness information	
Date	Time	Name of Witness	Phone Number of Witness

dd / mm / yyyy	hh:mm		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

Section 4 – Incident Investigation

Root Cause – What substandard actions and conditions caused or could cause the event? Were there any contributing factors?	
Witness Accounts	
Name of Witness	Witness Account <i>(if more room is required, please attach a separate piece of paper)</i>
Have there been prior similar incidents? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Immediate Steps Taken To Prevent A Recurrence	Person Responsible	Date Completed
1.		
2.		
3.		
Further Action Recommended <i>(Complete an Incident Recommendation Follow-up Form)</i>	Person Responsible	Timeline for Completion
1.		
2.		
3.		

Section 5 – Authorization

Signature of Injured Person (if possible)	Print Name	Day	Month	Year
		Date:		
Signature of Incident Investigator (Faculty/ Manager/ Security)	Print Name	Day	Month	Year
		Date:		
Signature of Manager or Director (if not the Investigator)	Print Name	Day	Month	Year
		Date:		
Signature of Campus Safety Coordinator	Print Name	Day	Month	Year
		Date:		

Email- send to Campus Safety Coordinator within 24 hours.

Tel: 416-756-7227
 Email: HealthAndSafety@canadaacumen.ca
 Jay.Wilmot@canadaacumen.ca

PLEASE NOTE: *The information on this Incident Report Form may be provided to the College’s Insurance Carrier. If you would like a copy of this incident report, please contact the Campus Safety Department.*

Incident Recommendation Follow-up Form (To be completed by Manager/Director of Area)

Incident	
Affected Individual	
Incident Date	

Further Recommended Action	Person Responsible	Date Completed
1.		
2.		
3.		
4.		