Hazard and Incident Reporting and Investigation Policy and Procedure

Review your current hazard reporting policies and procedures. Identify how they might need to be adapted to fit psycho-social hazards, like PTSD, if this has not already been done when you were developing your organizations violence and harassment policies and procedures.

# Purpose

Click here to enter text. considers mental health, well-being and psychological safety of its employees to be an important part of a productive, effective and health workplace. Our organization is committed to preventing incidents through the identification and correction of unsafe work practices and other deficiencies that could result in psychological injury.

# Scope

This policy applies to all Click here to enter text. employees in all sectors.

# Definitions

**Incident/Accident**: A workplace incident that results in an employee injury, illness, first aid, medical attention, fatality, serious injury, or near miss. An incident can involve an employee or a member of the public.

**Critical Incident**: An event or series of stressful events that overwhelms an individual’s ability to cope. It disrupts an individuals and organizations ability to function normally.

**Critical Injury**: an injury of a serious nature that

1. Places life in jeopardy
2. Produces unconsciousness
3. Results in substantial loss of blood
4. Involves the fracture of a leg or arm but not a finger or toe
5. Involves the amputation of a leg, arm hand or foot but not a finger or toe
6. Consists of burns to a major portion of the body, or
7. Causes the loss of sight in one eye, R.R.O 1990, Reg 834, s.1.

**Event**: An event is an occurrence that does not result in an injury or illness.

**Near Miss**: An incident that does not result in injury or illness but could have. A serious near miss is defined as a near miss, which could have resulted in a serious injury, critical injury, or fatality.

**Occupational Illness/Injury**: An injury or illness that occurs as a result of work related duties or the work environment and occurs while in the course of employment.

**Lost Time**: A workplace incident that caused injury/illness for which medical treatment was required (family physician/walk-in clinic, physiotherapist, and hospital emergency room) and the injury/illness is such that an employee is unable to return to work at any capacity beyond the day of the incident itself.

# Roles and Responsibilities

## Employee’s shall

* Report all incidents/accidents to their immediate manager
* Seek medical attention immediately, if required
* Participate and cooperate in the Incident Investigation Process

## Managers and Supervisors

Our Managers and Supervisors will:

* Record if a critical incident occurred and resulted in psychological injury
* Ensure the required information is obtained
* Ensure reporting to legal entities (WSIB, MOL) as required
* Ensure all incidents are adequately investigated in a timely manner and recorded
* Participate in the incident investigation and determination of corrective actions
* Evaluate all recommendations stemming from the incident investigation and initiate corrective or preventive actions as required
* Monitor progress of corrective and/or preventative actions
* In case of modified duties, work with employee to accommodate the employee’s restrictions and offer suitable modified work

## JHSC/Health and Safety Representative

* Review all incidents and events and make recommendations, as required
* Participate in the incident investigation or corrective actions as necessary

## Union Representative (if applicable)

* Participate in the incident investigation or corrective actions as required

# Incident Reporting

Employees are required to immediately report all incidents to their manager. All incidents, including recordable and recordable first aid cases, are investigated. The magnitude of the investigation varies according to the severity or potential severity of the incident.

Investigations are completed for all appropriate mental illness events. For serious incidents, notification will be given to all required levels of the Organization. Root causes of incidents and events are identified during the investigation.

Corrective actions are identified in the investigation and tracked to completion for all reported incidents

**Sample Root Cause Analysis:**

**Root Cause Analysis (RCA):** RCA is used to determine the root of the cause of the incident, accident or near miss so as to not place blame on the employee. It is not only to correct immediate issues but prevent them from occurring in the future.

The 5-Why process assists with determining the root cause in addition to the contributing factors. By asking why an event happened and successively asking why to those "why's", the Accident Investigation Team can find the true root cause(s).

* What was the root cause?
* Why did the incident happen?
* How can we prevent this from happening again?

Common Root Causes

* Lack of or weak upper management commitment
* Lack of defined responsibility or accountability for EHS activities
* Inadequate resources (manpower, equipment, supplies)
* Insufficient, inappropriate or inadequate training
* Lack of, outdated or poorly communicated procedure
* Lack of measurements or controls
* Lack of Near Miss Investigations

Key Elements to Root Cause Analysis

* Accurate and complete information
* Description of the sequence of events
* Identification of Contributing Factors to the incident
* Timelines
* Notification of Applicable Management
* Identification of a suitable Root Cause
* Effectiveness Corrective Action

**Determining if an incident/injury is work related**

Determining if Post-Traumatic Stress Disorder or mental illness is work related is handled in the same manner as other occupational injuries or illnesses. If the event or exposure in the work environment either caused or contributed to the resulting condition, or significantly aggravated a pre-existing injury or illness it can be deemed work related. PSTD for first responders, as defined by the Workplace Safety and Insurance Act, is presumed to have arisen out of and in the course of the worker’s employment, unless the contrary is shown. This applies to first responders who are or were diagnosed with Posttraumatic Stress Disorder by a psychiatrist or psychologist.

Where there is a pre-existing mental health condition, the work-relatedness of the ongoing impairment must be assessed by considering the relationship between the pre-existing condition, the work-related illness, and the worker’s impairment, and available clinical evidence. The decision-maker will then consider the significance of the work-related illness and the pre-existing condition relative to each other in order to make an appropriate determination.

Factors to consider when assessing causation may include the following:

Temporal Relationship Was the stressor/exposure remote, recent or co-occurring?

Mechanism Is it physically or psychologically plausible that they are related?

Contiguity Is there a clear relationship between cause and effect?

 Is there a cumulative stressor/exposure effect?

Consistency Have similar stressors/exposures impacted others?

Specificity Are there other explanatory factors?

Coherence Is the case consistent with clinical knowledge/medical literature?

Click here to enter text.

Has the mental illness or PTSD been diagnosed by a psychiatrist or psychologist

Was the person exposed to a trauma during the course of employment?

YES

YES

NO

Does the worker have a pre-existing mental illness or PTSD?

Considered Work Related injury or illness

YES

YES

Clinical evidence to be evaluated

Submit Form 7 to WSIB

*Figure 1: Sample Work-Relatedness Process*

For employees who experienced a work related mental illness such as PTSD, Click here to enter text. provides transitional modified duty or a return to work program. The Return to Work procedures are outlined in the Recovery and Return to Work Procedures.

# **Screening**

Click here to enter text. recognizes that early intervention is important for the effective treatment and prevention of PTSD. Screening protocols have been developed and implemented to help identify workers who are potentially at risk for developing PTSD and assist with potential hazard and incident reporting.

According to the CSA Standard CSA-Z1003-13, Psychosocial Risk Factors (PSRs) are organizational factors that impact organization health and the health of the employee:

* Psychological Support
* Organizational Culture
* Clear Leadership & Expectations
* Civility and Respect
* Psychological competencies & Requirements
* Growth & Development
* Recognition & Reward
* Involvement & influence
* Workload Management
* Engagement
* Balance
* Psychological Protection
* Protection of Physical Safety

Workplace issues that negatively affect mental health include:

* Stigma and discrimination
* High demand/Low control and High effort/Low reward relationships
* Harassment, violence, bullying, and mobbing
* Substance use, misuse, and abuse at work
* Non-supportive work environment
* Inadequate benefits and resources

In a prevention effort, self-screening tools will be made available for all employees in the Screening Protocol Procedure. Our organization is also committed to developing and implementing organizational self-assessments to self-identify potential hazardous areas as part of our PTSD Prevention Plan.

# Medical Confidentiality

All persons involved in the incident investigation process are required to maintain appropriate confidentiality of all medical or private information, consistent with Click here to enter text. requirements and applicable provincial laws.

# Training

Click here to enter text. is committed to providing PTSD and anti-stigma awareness training to all Sr. Leadership, Managers, Supervisors and Workers within our organization. Our organization will develop, implement and maintain the awareness training program so that all staff are familiar with the signs and symptoms of PTSD as well as all of our policies and procedures related to prevention, reporting, intervention and return to work. The Sr. Leadership team requires that all employees are involved and participate in this training program.

# Evaluation

All components and changes to this policy and program shall be reviewed with the Joint Health and Safety Committee or Health and Safety Representative and communicated as required.

# Reporting and Recordkeeping

All incident investigations and associated documents will be maintained with the organization’s HR manager.

## Notification of Injury/Illness

As part of your organizational Prevention Plan you will want to establish reporting procedures for PTSD. It is important to consider your existing accident and incident reporting procedures and explore if it can be expanded to include mental health concerns like traumatic mental stress or Post Traumatic Stress Disorder. It is recommended for mental health critical illness and injury, including PTSD that your JHSC or Health and Safety Representative be made aware of these incidents in the same manner as other occupational injury and illness. This however, is considered a best practice and not a legal requirement as set out in the OHSA.

When considering how to implement notification or internal reporting procedures in your workplace you may want to explore how you currently meet the requirements set out in Section 51 and 52 of the Occupational Health and Safety Act (OHSA). These sections require that you notify the Ministry of Labour, JHSC or H&S representative and trade union (if applicable) if an employee is critically injured, disabled from performing their own work or receives medical attention resulting from an incident. The details required in these reports, and the parties who must be notified are based on the severity of the injury and are outlined in the OHSA and in Section 5 of the Industrial Establishment Regulation. Of particular importance is the necessity in S 5(2)(j) to include steps to prevent further illness.

Reporting a Post-Traumatic Stress Disorder through required channels is handled in the same manner as other injuries or illnesses. There are no special requirements set out by the WSIB at this time. When an injury or illness occurs, the employer must submit a Form 7 Report of Injury/Illness within three days.

Death or Critical injuries will require notification immediately to the Ontario Ministry of Labour, by phone or other direct means, and written notification within 48 hours.

In many cases, an employee with PTSD will require time off from work, but in some instances, it may be possible to accommodate them with alternate work as they are receiving treatment. The same WSIB Form 7 is used regardless of whether the ill/injured employee loses time from work (Lost Time Injury), or only seeks medical attention (No Lost Time Injury). The employee will be sent a Form 6 by the WSIB for completion following the employer’s submission of the claim.

**Serious Injury-Ministry of Labour Health & Safety Contact Centre**

Toll-free: 1-877-202-0008
TTY: 1-855-653-9260
Fax: 905-577-1316

Call any time to report critical injuries, fatalities or work refusals.

Call 8:30 a.m. – 5:00 p.m., Monday – Friday, for general inquiries about workplace health and safety.

In an emergency, always call 911 immediately.

Need other languages?

The Health & Safety Contact Centre (1-877-202-0008) provides services in many languages.

[http://www.labour.gov.on.ca/english/feedback/index.php#hsic](http://www.labour.gov.on.ca/english/feedback/)