

## **Element 9: Accidents, Dangerous Occurrences & Refusals to Work**

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## Element 9 Accidents, Dangerous Occurrences and Refusal to Work Investigations

### Legislation

Workplace Safety and Health Act section 7.4(5):

“(i) A procedure for investigating accidents, dangerous occurrences and refusals to work under section 43; ”

### Purpose

To outline the procedures for conducting investigations into accidents and dangerous occurrences at the workplace including who is responsible for investigations, what should be investigated, and what should be reported. This includes incidents in which a worker exercises his or her right to refuse work where he or she believes the work would constitute a danger to his or her safety or health, or to the safety and health of another worker or person. Incidents can include personal injury, occupational illness, fire/explosions, chemical exposure, and near miss incidents (those incidents that could have resulted in any of the above losses). Guidelines for investigating a Refusal to Work Incident can be found at the end of this section (p. 136).

### Required Investigations

Investigations are required for:

- serious incidents (see definition below)
- an accident that injures a person and that results in the person requiring treatment by a medical person
- a dangerous occurrence that had the potential to cause a serious injury

### Definitions

**Accidents:** are any unplanned events that cause injury.

**Dangerous Occurrences:** are any events that could have injured someone, but did not. These are often called ‘near misses’ or ‘near accidents’.

**Dangerous Work** could include:

- a danger that is not normal for the job
- a danger that would normally stop work
- a situation where the worker is not properly trained, equipped, or experienced.

**Incident:** is the term used to describe both accidents and dangerous occurrences.

**Reasonable Grounds** can be determined by asking the question “Would an average worker, with the same training and experience and using honest professional judgement, agree that the disputed work represents an unacceptable risk?”

**Refusal to Work:** is the refusal of a worker to perform work at a workplace where he or she has reasonable grounds to believe and does believe that the particular work is dangerous to his or her safety or health or the safety or health of another worker or any other person.

**Serious (or Reportable) Incident** as described by the Department of Labour and Immigration is an incident that includes any of the following:

- death, or serious injury
- the collapse or structural failure of a building, tower, crane, hoist, temporary construction support system or excavation
- an uncontrolled spill or escape of a toxic, corrosive or explosive substance
- explosion, fire or flooding

**Serious Injury** as described by the Department of Labour and Immigration includes:

- fracture of a major bone
- amputation
- loss of sight
- internal haemorrhage
- third degree burns
- unconsciousness resulting from concussion
- electrical contact or asphyxiation
- poisoning
- cuts requiring hospitalization or time off work
- any injury resulting in paralysis
- any other injury likely to endanger life or cause permanent disability

## **Responsibilities**

**Employers and Supervisors** are responsible for:

- being informed of any accidents/incidents/near misses that occur in their area of responsibility and reporting these to WSH Committees
- establishing a procedure for notifying management, the WSH Committee, and family if necessary
- conducting in a timely manner required incident investigations in consultation with the WSH Committee
- ensuring investigations are conducted in a sensitive, responsive and effective manner in order to minimize the impact of the incident on the worker(s) and witnesses involved
- completing all documentation in accordance with regulatory requirements (such as Workers Compensation Board Reports)

- implementing corrective measures as soon as is practicable to ensure a similar incident does not happen again
- maintaining a record of the incident for the period prescribed by *The Act*, or if there is no prescribed period, for five years after the record is made or comes into the possession of the employer

**Supervisor responsibilities at an incident scene:**

- In the event of a serious incident resulting in injury, ensure proper medical treatment is provided.
- If emergency assistance is required, notify emergency personnel by calling 911 or local emergency number and identify the type of assistance required.
- If necessary, evacuate the area in accordance with emergency requirements.
- In case of a serious incident, notify the Workplace Safety and Health Division of the Department of Labour and Immigration as soon as is practicable.
- Secure the accident scene and maintain it undisturbed. Security, if available at your site, can provide tape to rope off the scene and assist in securing the area.
- Assist the injured worker in filling out and signing a WCB Notice of Injury Form, sign on the appropriate line, and give one copy to worker and one copy to Pay and Benefits.
- Fill out the Supervisor's Incident Summary Report Form (p. 140) and forward it to the WSH Committee for review.

**Worker responsibilities at an incident scene:**

- In the event of a serious incident, assess if medical treatment is required. If emergency assistance is required, notify 911 or the local emergency number and identify yourself, your location, the help required and provide any other information as requested.
- Remain at the scene if it is safe to do so and provide any assistance as needed.
- Notify a supervisor immediately or as soon as is practicable.
- Provide assistance with an investigation.

**WSH Committees** are responsible for:

- participating in an investigation into an accident/incident/near miss, or refusal to work as required and completing the Incident Investigation Summary Report Form (p.145) – copies of the completed form must be sent to the Supervisor, worker, the FSH Safety and Health Unit, and to the Department of Labour and Immigration if the incident is a reportable incident.
- participating in the investigation in a respectful, responsive and sensitive manner.

**Steps to take when an incident has occurred**

**Injured persons must be attended to immediately and, if necessary, emergency personnel contacted. Once the injured are cared for and the site made safe, serious incidents must be**

**reported to the Workplace Safety and Health Division of the Department of Labour and Immigration by calling 945-3466 or 1-800-282-8069 ext 3446. The scene must not be disturbed until authorized by a safety and health officer from the WSH Division of the Department of Labour and Immigration.**

- Supervisor (and any workers trained in first aid) immediately provides any assistance needed to injured worker(s) and notifies emergency personnel if necessary.
- If incident is considered a 'Reportable Incident', supervisor contacts the Department of Labour and Immigration's WSH Division (WSH Inspectors may take control of investigation). Supervisor secures the Incident Scene until the WSH Inspector arrives.
- Supervisor follows established procedure for notifying the management and, for serious incidents, family emergency contact.
- Injured worker fills out and signs a WCB Notice of Injury (Green) Form to substantiate a WCB claim– supervisor also signs form and keeps one copy and gives worker one copy (if worker unable to fill out form, have someone fill it out for worker).
- If an investigation is required, the supervisor notifies the WSH Committee of the incident and the need for an investigation.
- For incidents requiring investigating, the employer and Committee co-chair(s) begin an incident investigation as soon as is reasonably practicable using the Incident Investigation Report Summary Form (p. 145)
- The Incident Investigation should include the following steps:
  - Interview witnesses
  - Gather physical evidence
  - Assemble information in report
  - Analyze information
  - Develop recommendations
  - Review with committee
  - Forward to employer for action (employer must respond within 30 days)
  - Follow-up
  - File report

The Guidelines for Investigators – Looking for Causes of Incidents Resource (p. 151) can be used as a resource for employers, supervisors and WSH Committees investigating an incident.

The most important step in Incident Investigations is to come up with a set of well-considered recommendations designed to prevent recurrences of similar incidents. The completed report should be discussed at the safety and health committee meeting and the recommendations debated. When the committee is satisfied with the final version of the report, both co-chairpersons should sign it. It should then be sent to the employer for corrective action. The committee should assign members to follow-up. The employer should take appropriate corrective action based on the report and inform the Safety and Health Committee of the action taken.

A summary of the report (without personal information) should be posted in the workplace for the information of workers. A copy of the report should also be kept in the Committee's files

and made available if requested by the Department of Labour's Workplace Safety and Health Division. Note: Names of individuals involved in the incident should be omitted from these versions. Reports must be retained for five years unless otherwise specified in the regulations.

## **Required Incident/Injury Documentation**

- *Supervisors are to complete and submit the following documentation as required:*
  - Sign the WCB Notice of Injury Green Form that worker has filled in – both worker and supervisor signature required and one copy is returned to the injured worker and one copy is sent to Pay and Benefits
  - If medical attention required or worker misses work because of the workplace injury, fill out and send a WCB Form 2 Employer's Incident Report to Human Resources Pay and Benefits (see p. for the WCB Claim Management Process)
  - Supervisor's Incident Report Form (p. 140) to the WSH Committee for review.
  - For incidents requiring investigations, the Incident Investigation Summary Report Form (p.145) in cooperation with the worker or workers involved and the WSH Committee. A WSH Division representative (Department of Labour and Immigration) will be involved when reporting serious incidents. Copies of completed forms are to be submitted to the Supervisor, worker, the FSH Safety and Health Unit, and the Department of Labour and Immigration when the incident is a reportable incident.
  
- *Injured Workers are to complete and submit the following documentation as required:*
  - If worker sustains an injury, a WCB Notice of Injury Green Form must be filled out, signed by worker and supervisor – worker retains one copy and gives a copy to the supervisor
  - If medical attention is required or if the worker loses time off work because of the injury, it is the worker's responsibility to contact the WCB and submit a WCB Form 3 - Worker Incident Report (see p. for the WCB Claim Management Process). It is not recommended that the injury be reported by phone.
  - If worker submits a WCB Report, the supervisor must be informed so he/she can submit a WCB Form 2 Employer's Incident Report to Human Resources Pay and Benefits.
  
- *The Incident Investigation Team (with WSH Committee input) completes and submits the following documentation as required to the supervisor, worker, WSH Committee, FSH Safety and Health Unit, and the Department of Labour and Immigration when the incident is a reportable incident:*
  - Incident Investigation Summary Report Form (p.145)

## **Resource 1: Procedure for Investigating Refusals to Work**

### **Purpose**

Under Section 43 of *The Workplace Safety and Health Act*, a worker may exercise the right to refuse work where the worker has reasonable grounds to believe the work would constitute a danger to his or her safety or health, or to the safety and health of another worker or person. Mandated services, such as those provided under *The Child and Family Services Act*, must be fulfilled. This may require safework plans to be developed prior to providing mandated services in situations deemed to present a high safety and health risk to the worker. The plan can include the assistance of police or another person to reduce the risk level and prevent the creation of a Refusal to Work situation.

### **Procedure**

When a worker exercises the right to refuse dangerous work, the following steps should be taken.

- **Refusing worker removes him/herself from dangerous situation**

If the refusing worker believes that the assigned work presents a danger to his or her safety or health, the refusing worker should remove his/herself from the immediate danger area. This also applies to workers working in a client's home. If the worker is providing care to a vulnerable client such as a child, the worker must make every effort to ensure the safety and health of the client when refusing to work. One possibility is for the worker to call police from outside the home to notify them of the situation and to request assistance in ensuring that the vulnerable client is safe.

- **Refusing worker reports to supervisor**

The refusing worker must inform his or her immediate supervisor as soon as is possible that **the work is being refused for safety and health reasons**. Refusing to work applies only to safety and health issues and is an individual decision (not a group decision). A Refusal to Work form should be completed (p. 139).

- **If dangerous condition not remedied**

If the dangerous condition is not remedied immediately, the person who receives the report of refusal to work or a person designated by that person shall immediately inspect the workplace in the presence of the worker and either the worker co-chairperson of the WSH Committee or, if there is no Committee, the WSH Representative or another worker selected by the worker refusing the work.

- **If dangerous condition not remedied after inspection**

If the supervisor, the WSH Committee co-chair and the worker cannot come to a satisfactory resolution, then the Committee as a whole will be called to investigate and supply a reasonable and agreeable approach to the refusing person. The refusing worker must remain available for work or do any other work assigned to them until the matter is resolved. No party can order the worker to return to the refused work except for a Health & Safety Officer of Manitoba Labour and Immigration.

- **If Refusing Worker not satisfied with Committee's decision**

If the refusing worker is not satisfied with the WSH Committee's decision, anyone affected by the refusal shall contact a Safety and Health Officer within the Department of Labour and Immigration at 945-3446 or toll-free at 1-800-282-8069 (after hours call 945-0581). The Safety and Health Officer will render a written decision and provide the refusing worker, the employer and the co-chairpersons of the WSH Committee or the representative with a copy of the report.

- **If anyone affected by the decision is not satisfied with Safety and Health Officer's decision**

Anyone affected by the decision may appeal the order within 14 days by writing to the Director of the Workplace Safety and Health Division.

## **Additional provisions**

- The refusing worker may continue to refuse work or to do particular work until the dangerous condition is remedied.
- The refusing worker should remain at the employer's worksite (if safe to do so) and available for other work until the matter is resolved. In the situation of a worker working off-site, the worker should return on-site unless instructed differently by a supervisor. Where the refusing worker is working in a client's home, the worker should leave the home immediately if he/she believes that remaining inside the client's home presents an unacceptable risk to the worker. If the worker is providing care to a vulnerable client such as a child, the worker must make every effort to ensure the safety and health of the client when refusing to work. One possibility is for the worker to call police from outside the home, and call police to notify them of the situation.
- The refusing worker is entitled to be paid the same wages and benefits that he or she would have received had the worker continued to work, in accordance with legislation and length of assignment.
- The supervisor may not assign the work to another worker unless the new worker has been advised by the refusing worker or by a Safety and Health Officer of the work refusal and the reason for it.

## Responsibilities

### Supervisor/Employers:

- Must remedy the dangerous situation immediately upon notification
- Where it cannot be remedied immediately upon inspection, take any action necessary to remedy the dangerous condition or ensure such action occurs
- Make a record of the investigation and report to the WSH Committee

### Workplace Safety and Health Committees:

- Where a dangerous condition cannot be immediately resolved, the worker co-chair of the Committee or designate will participate in an inspection of the workplace in the presence of the worker and supervisor
- Upon inspection, take any action necessary to remedy the dangerous condition or ensure such action occurs

### Workers:

- Notify supervisor immediately if worker believes that the work presents an unacceptable risk of harm to the worker or to another person and state that he/she is refusing the work for safety and health reasons
- During refusal the worker must remain at the workplace unless the employer advises otherwise or if the worker believes that the work presents an immediate danger to his or her health or safety

## Reporting

Any refusals to work should be recorded using the Refusal to Work Form (p. 139) and reported to the WSH Manager Co-Chair for inclusion in the Committee's minutes and to the FSH Safety and Health Unit. The report should include information describing the worker, the nature of the work refused, who the refusal was reported to, and how the refusal was addressed by the supervisor, and any other steps taken in the process of resolving the refusal. The worker's name should be kept confidential

**Resource 2: Refusal to Work Report Form**

This form is used for the sole purpose by an employee who is exercising their Right to Refuse.  
**This form is confidential once filled in.**

A work refusal is defined as a situation where an employee exercises his/her Right to Refuse where he/she has reasonable grounds to believe that the work constitutes a danger to his/her safety or health or the safety or health of another person.

Right to Refuse Forms are required to be submitted to the Manager of the Safety and Health Unit the day of the work refusal. The Manager of the Safety and Health Unit or the Safety and Health Coordinator will normally conduct the investigation.

**Please complete the following information:**

Name of Employee Exercising the Right to Refuse:

Telephone Number:

Date and Time of Right to Refuse:

Supervisor that the Right to Refuse was reported to:

**Explain in detail why you are exercising your Right to Refuse (please feel free to use additional paper if needed):**

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Employee Signature:

Supervisor Signature:

Date:

**Investigation Process (to be completed by Manager of Safety and Health Unit):**

Date and Time Report submitted to Manager of Safety and Health Unit:

Follow up action taken:



**Resource 3: Supervisor’s Incident Report Form**

**Instructions:**

This information is collected under the authority of the *Workplace Safety and Health Act C.C.S.M c. W210*. . **This form is confidential once filled in.**

Sections 1 to 9 are to be filled out by the supervisor (or a person acting on behalf of the supervisor) as soon as possible after the incident. Supervisor and Worker to sign at the bottom of Section 9.

Once the supervisor has completed the appropriate section, please send to the Workplace Safety and Health Committee for review and action.

Once the Workplace Safety and Health Committee has completed Section 10, please send the form to the Safety and Health Unit for review. The Safety and Health Unit completes Sections 11 and 12.

If this is a serious incident, submit a copy to the Workplace Safety and Health Division of the Department of Labour and Immigration.

**1. Incident Number (to be assigned by Safety and Health Unit):**

**2. Details of Occurrence:**

Is this a Serious (reportable) Incident\* as defined by the Department of Labour and Immigration?

No      Yes

\*A Serious Incident (as defined by the Department of Labour and Immigration) includes the following: death or serious injury; collapse or structural failure of a building, tower, crane, hoist, temporary construction support system or excavation; uncontrolled spill or escape of a toxic, corrosive or explosive substance; and explosion, fire or flooding.

**If yes, report the incident immediately or as soon as possible to the Department of Labour and Immigration (204-945-3446; toll-free in Manitoba 1-800-282-8069; after hours 204-945-0581)**

Department of Labour and Immigration Contacted:      Date and Time: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Name of division/unit: \_\_\_\_\_

Location of incident:

On-Site      Address: \_\_\_\_\_

Off-site      Address or approximate location: \_\_\_\_\_

Was first aid administered?            Yes        No

If yes, by whom? \_\_\_\_\_

Was worker advised of right to consult a doctor?    Yes    No    NA    Don't Know

Did the worker see a physician or go to the hospital?    Yes    No    Don't Know

Was a WCB Notice of Injury (green) Form completed?    Yes    No    Don't Know

Was a WCB Worker Incident Report Form completed?    Yes    No    Don't Know

Was a WCB Employer's Incident Report Form completed?    Yes    No    Don't Know

**3. Details of worker, supervisor and witness(es):**

Worker's name:            \_\_\_\_\_ Employee # \_\_\_\_\_

Worker's job title:            \_\_\_\_\_

Length of time in current position:            \_\_\_\_\_

Immediate supervisor's name and contact information:            \_\_\_\_\_

Witness(es) name and contact information:            \_\_\_\_\_

\_\_\_\_\_

**4. Incident type** (check all applicable boxes):

- |                                       |                                            |
|---------------------------------------|--------------------------------------------|
| Verbal/physical assault by client     | Fire – burn/smoke inhalation               |
| Verbal/physical assault by non-client | Explosion – burn/injury                    |
| Struck/hit by object                  | Extreme Temperatures (refer to the ACGIH)  |
| Cut/scraped                           | Noise exposure                             |
| Fall/trip from same level             | Electrical current                         |
| Fall from elevation/stairs            | Caught in/under/between machinery          |
| Chemical or biological spill          | No injury - equipment/property damage only |
| Biological – e.g. animal, mould       | Near Miss                                  |
| Vehicle accident                      |                                            |
| Other (describe) _____                |                                            |

1. **Nature of Injury** (do not complete when property damage only): Please describe the type of injury the worker sustained:

2. **Description of incident:** Please describe the activity being performed at the time of the incident and how the incident occurred (if more space needed, attach additional sheets to this document):

3. **For verbal/physical assault by client or non-client, please provide the following information:**

Type of Assault:

Verbal      Physical

Name and address of suspect if known: \_\_\_\_\_

\_\_\_\_\_

Suspect is a:

Client      Employee      Other

Was suspect involved in previous violent incidents?    Yes      No      Not Known

Was Police called?      Yes      No

4. **Immediate Corrective action taken:** (if applicable):

**9. Supervisor's recommendation for further action:**

Supervisor, please indicate whether this incident requires investigation by the Workplace Safety and Health Committee and/or the Safety and Health Unit. All serious incidents\*, and incidents that have or could result in injury should be investigated for the cause of the incident. If the cause is easily identified and corrected immediately, a formal incident investigation may not be necessary.

- No further action required – cause identified and corrected
- Department of Labour and Immigration required Investigation. Complete an Incident Investigation Summary Report Form (p.145).
- Supervisor determined investigation required to determine root cause of incident and to prevent further occurrences. Complete an Incident Investigation Summary Report Form (p.145).

**Investigation team to consist of:**

- Supervisor
- Workplace Safety and Health Committee co-chairs
- Safety and Health Unit Representative (Safety and Health Manager 948-3396)
- Other \_\_\_\_\_

**Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**5. Workplace Safety and Health Committee:**

- Department of Labour and Immigration required Investigation. Complete an Incident Investigation Summary Report Form (p.145).
- After review, determined that no further action required – cause identified and corrected.
- After review determined that corrective action required (please give details of corrective action required):
  
- After review determined that investigation required (if investigation required, conduct investigation with supervisor (and Safety and Health Coordinator if necessary) and complete the Incident Investigation Summary Report Form (p.145)

**Worker co-chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager co-chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**11. Safety and Health Unit, Human Resources, Family Services and Housing:**

- After review of incident and corrective action(s) taken, determined that no further action required
- After review of incident and corrective action(s) taken, determined that additional corrective action required (please give details of additional corrective action required):

Safety and Health Coordinator (sign and date) \_\_\_\_\_

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**12. Safety and Health Unit follow-up:**

- All necessary immediate and long-term corrective action taken.

**Safety and Health Coordinator/Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Resource 4: Incident Investigation Summary Report Form

Service Sector:

Employer Name: Government of Manitoba

Department: Family Services and Housing

Name of Branch/Unit:

Injury: Yes No

Date and time of Incident

**Instructions:**

This information is collected under the authority of the *Workplace Safety and Health Act C.C.S.M c. W210*. . **This form is confidential if any personal information is contained in it.** If an incident investigation is recommended by the supervisor or by the WSH committee, the WSH committee in consultation with the supervisor should conduct an incident investigation and complete this form. The Supervisor’s Incident Report form should be attached to this form. For guidelines in filling out this form, please refer to Resource 29: Guidelines for Investigators Looking for Causes of Incidents

**Incident Number:**

**Date of Incident:**

**Investigating Team** (please indicate whether supervisor, committee member, Safety & Health Staff, Department of Labour, or other):

**PART 1 – PARTICULARS**

Did the incident involve injury?                      Yes                      No

If yes,  
Name of Injured worker:

Employee # \_\_\_\_\_

Injured Worker’s Occupation/Job Title:  
\_\_\_\_\_

Supervisor’s Name:

Did the incident involve property damage?    Yes                      No

Was first aid rendered?                      Yes                      No

If yes, by whom (if outside emergency assistance was required, provide details):

\_\_\_\_\_  
\_\_\_\_\_

**PART 2 – DESCRIPTION OF INCIDENT**

**Describe the incident in detail:**

**PART 3 – EVIDENCE (list of photos, videos, physical evidence) Please attach any documents such as sketches of scene to this document)**

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**Persons with information – Worker Statement Summary**

Date and Time Interviewed:

**Persons with information – Witness Statement Summary**

Name: \_\_\_\_\_

Date and Time Interviewed: \_\_\_\_\_

Job position: \_\_\_\_\_

Did you witness the incident?    Yes                      No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

**Persons with information – Witness Statement Summary**

Name: \_\_\_\_\_

Date and Time Interviewed: \_\_\_\_\_

Job position: \_\_\_\_\_

Did you witness the incident?    Yes                      No

Name of Interviewer: \_\_\_\_\_

Summary of Statement:

## PART 4 – CAUSE OF INCIDENT

**Incident Causation** (please refer to Resource 29 Guidelines for Investigators - Looking for Causes of Incidents)

What was the **direct cause** of the incident?

A slip

What were the **indirect causes** of the incident?

**1) Task** (explore the actual work procedure being used at the time of the incident):

**2) Material** (explore the equipment and substances being used at the time of the incident):

**3) Worker** (explore the physical and mental conditions of the individuals involved in the incident):

**4) Management** (explore any failures in the management system to identify hazards, assess risk, implement controls, and inform and train the workers):

**5) Environment** (explore the physical environment including poor housekeeping; the presence of noise; inadequate lighting; inappropriate temperature; and toxic or hazardous gases, dusts, or fumes present at the time of the incident):

**PART 5 – CORRECTIVE ACTION**

**Corrective actions to prevent recurrence:**  
.

**Target date for corrective action:**

**Corrective action completed:**

**Date completed:**

**Signature:** \_\_\_\_\_

**PART 5 – REPORT REVIEW**

**Date report completed:**  
**Signature of Investigators:**

Signature of Manager co-chair: \_\_\_\_\_

Signature of Employee co-chair: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Investigator Comments:

**Distribute completed report to:**

Manager co-chair of WSH Committee

Supervisor

Worker

FSH Safety and Health Unit 500-326 Broadway Ave (phone: 948-3396)

Date Investigation Closed: \_\_\_\_\_

Signature of Person Closing Investigation: \_\_\_\_\_

## **Resource 5: Guidelines for Investigators - Looking for Causes of Incidents**

WSH Incident Investigations should identify safety and health problems and help prevent future incidents. They should not be blame fixing exercises. Each incident usually has several contributing factors, not all of which are obvious. **The purpose of an investigation is to determine all direct and indirect causes** of an incident. The committee and employer should try to find if there were any symptoms of a problem before the incident and should attempt to separate facts from opinion as much as possible and avoid jumping to conclusions.

**Direct causes** usually occur immediately before the incident. **Indirect causes** set the stage for an incident and can include: lack of training and supervision; inadequate tools, equipment and materials; departures from safe work procedures; inexperienced employer or worker; weaknesses in the safety management program; or equipment design flaws.

The following simple model identifies causes of any accident grouped into five categories - **Task, Material, Environment, Workers, and Management**. Possible causes in each category should be investigated. Each category is examined more closely below. Remember that these are sample questions only - this is not a comprehensive checklist. Also, these are questions intended for the investigator to assess root causes. They should not necessarily be used for witness interviews as they could be intimidating.

### Task

Here the actual work procedure being used at the time of the accident is explored. Members of the accident investigation team will look for answers to questions such as:

- Was a safe work procedure used?
- Had conditions changed to make the normal procedure unsafe?
- Were the appropriate tools and materials available?
- Were they used?
- Were safety devices working properly?
- Was lockout used when necessary?

For most of these questions, an important follow-up question is "If not, why not?"

### Material

To seek out possible causes resulting from the equipment and materials used, investigators might ask:

- Was there an equipment failure?
- If so, what caused it to fail?
- Was the machinery poorly designed?
- Were hazardous substances involved?
- If so, were they clearly identified?
- Was a less hazardous alternative substance possible and available?
- Was the raw material substandard in some way?
- Should personal protective equipment (PPE) have been used?

- If so, was the PPE used?

Again, each time the answer reveals an unsafe condition, the investigator must ask why this situation was allowed to exist.

## Environment

Components of the physical environment, especially sudden changes to that environment, are factors that need to be identified. The situation at the time of the accident is what is important, not what the "usual" conditions were. For example, accident investigators may want to know:

- What were the weather conditions?
- Was poor housekeeping a problem?
- Was it too hot or too cold?
- Was noise a problem?
- Was there adequate light?
- Were toxic or hazardous gases, dusts, or fumes present?

## Worker(s)

The physical and mental condition of those individuals directly involved in the event must be explored. The purpose for investigating the accident is not to establish blame against someone but the inquiry will not be complete unless personal characteristics are considered. Some factors will remain essentially constant while others may vary from day to day:

- Were workers experienced in the work being done?
- Had they been adequately trained?
- Can they physically do the work?
- What was the status of their health?
- Were they tired?
- Were they under stress (work or personal)?

## Management

Management holds the legal responsibility for the safety of the workplace and therefore the role of supervisors and higher management must always be considered in an accident investigation. Answers to any of the preceding types of questions logically lead to further questions such as:

- Were safety rules communicated to and understood by all employees?
- Were written procedures available and enforced?
- Was there adequate supervision?
- Were workers trained to do the work?
- Had hazards been previously identified?
- Had procedures been developed to overcome them?
- Were unsafe conditions corrected?
- Was regular maintenance of equipment carried out?

- Were regular safety inspections carried out?

This model of accident investigations provides a guide for uncovering all possible causes and reduces the likelihood of looking at facts in isolation. Some investigators may prefer to place some of the sample questions in different categories. Categories are not important, however, as long as each pertinent question is asked. Obviously there is considerable overlap between categories; this reflects the situation in real life. Again it should be emphasized that the above sample questions do not make up a complete checklist, but are examples only.

**Resource 6: Workers Compensation Board (WCB) Claim Management Process**

ACTIONS	Employee reported injury* <b>did not</b> seek medical attention <b>no</b> time loss	Employee reported WCB injury requiring medical attention <b>no</b> time loss	Employee reported WCB injury requiring medical attention <b>with</b> time loss	WCB Decision	IF WCB claim is APPROVED	IF WCB claim is DENIED
<b>Employee</b>	<p>Employee completes green card and submits it to supervisor.</p> <p>If at a later date, employee seeks medical attention or misses time, follow the process in the next columns.</p>	<p>Employee notifies supervisor, completes WCB Worker Incident Report, submits report to WCB and provides supervisor with a copy.</p>	<p>Employee notifies supervisor, completes WCB Worker Incident Report, submits report to WCB and provides supervisor with a copy.</p> <p>Employee keeps in contact with supervisor to advise of recovery.</p> <p><u>Employee notifies WCB when back to work</u> – failure to notify WCB may result in penalty imposed against the employee.</p>		<p>Employee provides manager/supervisor with updates of condition.</p> <p><u>Employee notifies WCB when back to work</u> – failure to notify WCB may result in penalty imposed against the employee.</p>	<p>Employee provides manager/supervisor updates of condition.</p> <p>Employee notifies manager/supervisor if appealing WCB decision.</p> <p>Employee provides medical certification.</p> <p>Employee may pursue applying for EI and/or Long Term Disability (LTD) benefits.</p>

ACTIONS	Employee reported injury <u>did not</u> seek medical attention <u>no</u> time loss	Employee reported WCB injury requiring medical attention <u>no</u> time loss	Employee reported WCB injury requiring medical attention <u>with</u> time loss	WCB Decision	IF WCB claim is APPROVED	IF WCB claim is DENIED
<p><b>Manager/Supervisor</b></p>	<p>Supervisor submits green card to Pay and Benefits. If at a later date, employee seeks medical attention or misses time, follow the process in the next column.</p> <p>The WCB Employer's Incident Report has to be submitted to Pay and Benefits as soon as notification of time missed or medical attention is received.</p>	<p>Supervisors submit completed Employer's Incident Report to Pay and Benefits within 3 days from employee notification.</p> <p>EFFECTIVE JULY 1, 2006 – PENALTY FOR LATE REPORTING IS \$225 PER OCCURRENCE.</p>	<p>Supervisor completes WCB Employer's Incident Report, and submits completed Worker Incident Report to Pay and Benefits <u>within 3 days from employee notification.</u></p> <p>Upon confirmation of employee's return to work, manager/supervisor phones or sends email notification to Pay and Benefits.</p> <p>EFFECTIVE JULY 1, 2006 – PENALTY FOR NOT REPORTING EMPLOYEE'S RETURN TO WORK &gt;= \$225 PER OCCURRENCE.</p>		<p>Manager/Supervisor advised by Human Resource Consultant (HRC) of WCB decision and follows up with employee to get an update of employee's condition.</p> <p>Manager/Supervisor maintains ongoing contact with employee. Supervisor develops a return to work plan with employee and HRC, when appropriate.</p> <p>Upon confirmation of employee's return to work, manager/supervisor phones or sends email notification to Pay and Benefits.</p>	<p>Manager/Supervisor advised by HRC of WCB decision and follows up with employee to get an update of employee's condition.</p> <p>Supervisor forwards medical information to HR if necessary.</p> <p>Manager/Supervisor advises employee of EI benefits, contacts HRC of employee's decision, and to arrange for the preparation of a Record of Employment if applicable.</p>

ACTIONS	Employee reported injury <b>did not seek medical attention no time loss</b>	Employee reported WCB injury requiring medical attention <b>no time loss</b>	Employee reported WCB injury requiring medical attention <b>with time loss</b>		IF WCB claim is APPROVED	IF WCB claim is DENIED
<p><b>Pay and Benefits</b></p>	<p>Pay and Benefits files green card in employee file.</p> <p>If, at a later date, employee seeks medical attention or misses time, a complete WCB report needs to be submitted to WCB (see next column for details).</p>	<p>Pay and Benefits completes wage information section of the WCB Employer’s Incident Report, and <b>faxes to WCB within 5 days</b> of employee notification to supervisor.</p> <p>Pay and Benefits sends original report to WCB.</p> <p><u>Billing Coordinator</u> provides a copy to the HR Consultant and enters WCB incident into the Central WCB log.</p>	<p>Pay and Benefits completes wage information section of the WCB report, and <b>faxes to WCB within 5 days</b> of employee notification to supervisor.</p> <p>Pay and Benefits sends original report to WCB, provides all WCB correspondences to HRC.</p> <p><u>Pay and benefits notifies WCB and HRC when employee returns to work.</u></p> <p><u>Billing Coordinator</u> notifies timekeeper, monitors sick leave credits, provides a copy to HR Consultant and enters WCB incident into the Central WCB log.</p>	<p><b>WCB Decision</b></p>	<p>Pay and Benefits processes WCB decision in SAP and sends a copy of the decision to HRC.</p> <p><u>Upon confirmation of employee’s return to work, Pay and Benefits sends notification to WCB.</u></p>	<p>Pay and Benefits processes WCB decision in SAP, sends a copy of the decision to HRC.</p>

Billing coordinator submits WCB Firm Experience Statements, monthly WCB benefits and admin costs (per cost centre) to Human Resources Information.

ACTIONS	Employee reported injury <u>did not</u> seek medical attention <u>no</u> time loss	Employee reported WCB injury requiring medical attention <u>no</u> time loss	Employee reported WCB injury requiring medical attention <u>with</u> time loss		IF WCB claim is APPROVED	IF WCB claim is DENIED
<p><b>HR Consultant (HRC)</b></p>		<p>HRC reviews report, nature of injury, assesses for possible unsafe conditions, and follows up with supervisor if required.</p> <p>HRC reviews WCB log annually for trends.</p>	<p>HRC reviews report, nature of injury, assesses for possible unsafe conditions, and follows up with supervisor if required.</p> <p>HRC reviews other WCB correspondences and follows up with employee or supervisor if required.</p> <p>If employee is back to work, further HRC action may not be required.</p>	<p><b>WCB Decision</b></p>	<p>HRC contacts/advises employee's supervisor/manager of WCB decision and to follow up with the employee.</p> <p>HRC requests from supervisor periodic updates on the employee's condition.</p> <p>HRC uses discretion if follow up with WCB is necessary.</p> <p>HRC works with supervisor and manager to develop a return to work plan.</p>	<p>HRC contacts employee's supervisor/manager and advises supervisor of WCB decision.</p> <p>HRC requests supervisor to contact employee to verify if employee is returning to work. If employee is appealing WCB decision and planning to stay on sick leave, HRC requests a medical certificate.</p> <p>HRC notifies Pay and Benefits to issue a Record of Employment and process necessary action in SAP.</p> <p>HRC and manager work on developing a return to work plan. Follow up using Sick Leave/Long Term Disability Process.</p>

## **Resource 7: Guidelines for Filing a WCB Claim**

### **Green WCB Notice of Injury Form**

The green WCB Notice of Injury form should be filled out as soon as possible by an injured worker regardless of whether or not the worker feels that the injury warrants reporting to the WCB. This form is important for establishing a claim. Once the worker has filled out and signed the form, he/she should have his/her supervisor sign the form. Both the injured worker and the supervisor will retain one copy of the completed and signed form. In the event that the worker proceeds with a WCB claim, information from the green form will be used to establish that the injury happened at the workplace, details of the incident, the date of the incident, and any witnesses to the incident that resulted in the injury to the worker. If the worker or supervisor believes that the injury should be reported to the WCB (usually if the injury required medical treatment or resulted in time loss), then the supervisor/employer and the worker will submit a formal injury claim as follows. A copy of the completed Notice of Injury form should be faxed (204-948-4656) or sent to the Safety and Health Unit (500-326 Broadway, Winnipeg, R3C0S5) by the injured worker's supervisor.

### **How to file a claim with the WCB (Employers)**

Workers Compensation Act requires employers to provide the WCB with a fully completed Employer's Incident Report within 5 business days of becoming aware of a workplace injury. Forms can be accessed at the following website: <http://www.wcb.mb.ca/employers/forms.html> or you can obtain the paper forms by calling 954-4922. Completed forms can be sent by phone, Internet, fax or mail.

#### **By phone:**

Call WCB in Winnipeg at 954-4100, and a Claim Information Representative will take accident details. Outside Winnipeg, call toll free, 1-800-362-3340.

#### **By internet:**

You can register to access a secure Internet application that will provide you with access to WCB Accident Report forms that can be submitted over the web 24 hours a day, seven days a week. For more information about this online service for employers go to: [http://www.wcb.mb.ca/online\\_services/reporting.html](http://www.wcb.mb.ca/online_services/reporting.html)

#### **By fax:**

Fax your completed Employer's Incident Report Form to the WCB at 954-4999, or toll free outside of Winnipeg 1-877-872-3804.

#### **By mail:**

Mail your completed Employer's Incident Report Form to The Workers Compensation Board of Manitoba, 333 Broadway, Winnipeg, MB R3C 4W3.

**Note:**

If the WCB learns about an injury in your workplace from either your worker or their healthcare provider, they will contact you to obtain your report of the injury. In certain instances, they will telephone you unless you have specified that you prefer to be notified by fax, letter, or through the Internet if you are a registered user of the Online Accident Reporting System.

If you have not previously provided the WCB with your preferred method of communication and you would like the WCB to notify you as soon as they learn about an injury in your workplace, please call the Claim Information Centre at 954-4100 or toll free at 1-800-362-3340 to provide them with your claims contact information.

As an employer, if you do not agree with an assessment decision, you have the right to appeal it. To appeal a decision, send a letter to the Assessment Committee at the following address:

**Assessment Committee****210-363 Broadway****Winnipeg, MB R3C 3N9****How to file a claim with the WCB (Workers)**

Report the injury to your employer as soon as possible. Your employer must also report the injury to the WCB within 5 days of the day of the injury or within 5 days of the day you advised your employer of the injury - whichever is sooner.

If you miss time from work or see a healthcare provider because of a work-related injury, you must report the injury to the WCB. Forms can be accessed at the following website: <http://www.wcb.mb.ca/workers/forms.html> or you can obtain the paper forms by calling 954-4922. You can submit completed forms by phone, fax or mail.

**By phone:**

Call WCB in Winnipeg at 954-4100, and a Claim Information Representative will take injury details. Outside Winnipeg, call toll free, 1-800-362-3340.

**By fax:**

Fax your completed Worker's Incident Report to the WCB at 954-4999, or toll free outside of Winnipeg 1-877-872-3804.

**By mail:**

Mail your completed Worker's Incident Report to the Workers Compensation Board of Manitoba, 333 Broadway, Winnipeg, MB R3C 4W3.

Be sure to get medical attention. Let your doctor know that you will be making a WCB claim. Your doctor will then complete a medical report on your injury and fax it to WCB at 954-4999 or toll free outside Winnipeg at 1-877-872-3804. Be sure to follow the advice of your medical professional. Take your medications and participate in any physical rehabilitation programs they prescribe. An active recovery is the best way to

minimize the negative effects of your injury. Your WCB benefits may be stopped if you aren't following your doctor's treatment plan.

Keep in contact with your employer and let them know how you're recovering. Keeping in touch can really help to ease your return to work.

There is an appeal process for decisions made by the WCB. If you are concerned about decisions related to your claim, you should first discuss your concerns with your WCB case manager. If no resolution is possible, the next step is to contact:

The Review Office  
Box 1042  
Winnipeg MB R3C 2X4