



Regina Public Schools
Employee Incident & Investigation Reporting Form
(Administrative Procedure 181 – Employee Injuries (Prevention and Reporting))

To be completed by individual(s) directly involved or injured in the incident along with immediate supervisor. Please return to your completed form (when possible, before you leave the workplace or within 24 hours) to Workplace Health and Wellness at wellness@rbe.sk.ca

| | | |
|--|--|---|
| EMPLOYEE INFORMATION | Employee Name: _____ Employee ID#: _____ | |
| | Job Classification (at time of injury): _____ Facility: _____ | |
| Phone: (W) _____ (H) _____ Supervisor/Principal: _____ | | |
| Employee Group: <input type="checkbox"/> STF/RPSTA <input type="checkbox"/> CUPE 3766 <input type="checkbox"/> CUPE 650 <input type="checkbox"/> CUPE 4643 <input type="checkbox"/> SUN <input type="checkbox"/> SGEU <input type="checkbox"/> Non-Union <input type="checkbox"/> Out of Scope | | |
| INCIDENT DETAILS | Date of Incident: _____ | Date Reported: _____ Time Reported: _____ |
| | Time of Incident: _____ | Who did you report the incident to? _____ |
| | INCIDENT TYPE: <input type="checkbox"/> Near Miss (no injury; no property damage) <input type="checkbox"/> Injury <input type="checkbox"/> Property/Equipment Damage | INCIDENT CATEGORY: (check one – definitions on reverse) <input type="checkbox"/> Struck/Caught/Contact <input type="checkbox"/> Assault/Aggression <input type="checkbox"/> Overexertion <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Repetition <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Environmental Exposures <input type="checkbox"/> Blood/Body Fluid Exposure <input type="checkbox"/> Psychosocial <input type="checkbox"/> Other |
| | INJURY DETAIL: Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No What was injured (list the body part(s))? _____ Check the type of injury? <input type="checkbox"/> Muscle Sprain/Strain <input type="checkbox"/> Scratch/Cut/Scrape <input type="checkbox"/> Bite/Puncture <input type="checkbox"/> Illness/Infection <input type="checkbox"/> Bruise/Redness <input type="checkbox"/> Emotional <input type="checkbox"/> Dislocation/Fracture Will you or have you missed work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, first day off: _____ | MEDICAL TREATMENT DETAIL: <input type="checkbox"/> None <input type="checkbox"/> First Aid on site <input type="checkbox"/> Family Physician/Medi-center/Hospital Name of First Aid Provider/Family Physician or Medical Facility: _____ |
| | Exact Location Where Incident Occurred (i.e., room #, place, program): _____ | |
| | Description of Incident: <i>(Include details of the activity at the time of the incident. Add attachments if necessary.)</i> | |
| Witnesses: _____ | | |



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Is this a: Dangerous Occurrence Serious Incident Fatality

If this incident was a dangerous occurrence, serious incident, or fatality, the following incident investigation sections are to be completed by the Occupational Health Committee.

For all other incidents, the following sections are to be completed by the Supervisor/Principal on the day the incident occurred, in consultation with the Employee.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|--|---|--|--|--|--|--|---|---|---|--|---|--------------------------------|---|--|---|--|--|--|---|--|--|---|---|--|---|--------------------------------|--|
| INCIDENT INVESTIGATION DETAILS | <p>Direct Cause(s) of the Incident: (What were the conditions that produced the effect? What happened prior to and immediately after the incident?)</p> <p>Causal Factor/Contributing Factors: What conditions increased the likelihood of the incident, affected the severity of the consequences, etc. (Note: eliminating a contributing factor may not eliminate the effect(s) and/or prevent incidents.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hazardous procedure/method used</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Improper position/posture (ergonomics)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inadequate personal protective equipment</td> <td style="border: none;"><input type="checkbox"/> Incorrect/defective tools</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unsafe design or construction</td> <td style="border: none;"><input type="checkbox"/> Poor/Inclement weather conditions</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hazardous housekeeping or arrangement</td> <td style="border: none;"><input type="checkbox"/> Inadequate lighting/ventilation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inadequate safety guarding of material & equipment</td> <td style="border: none;"><input type="checkbox"/> Failure to Lockout/disabling safety devices</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hazardous Environmental Condition</td> <td style="border: none;"><input type="checkbox"/> Unpredictable actions of others</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inadequate safety procedures/plans in place</td> <td style="border: none;"><input type="checkbox"/> Inadequate communication plan</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Changes in classroom environment</td> <td style="border: none;"><input type="checkbox"/> Lack of inspection/Inspection incomplete</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Uneven/unpredictable walking surface</td> <td style="border: none;"><input type="checkbox"/> Inadequate guarding of material & equipment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Training/job instructions inadequate</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table> <p>Root Cause(s): (What were the fundamental reasons for the event/underlying causes that were not addressed in Regina Public Schools' Safety Management System?)</p> <p>Preventative Measures: (To avoid a recurrence of this incident such as hazard identification, planned inspection, preventative maintenance, safe work procedure, etc.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Develop/Improve Work Procedure</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Apply Lockout/Tag-out</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Perform Housekeeping</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Provide Re-Instruction/Training</td> <td style="border: none;"><input type="checkbox"/> Repair/Replace/Purchase Equipment</td> <td style="border: none;"><input type="checkbox"/> Request a Student Behavior Review</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ergonomic Assessment</td> <td style="border: none;"><input type="checkbox"/> Complete Job Safety/Hazard Analysis</td> <td style="border: none;"><input type="checkbox"/> Install Safety Guard/Device</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Review Personal Protective Equipment</td> <td style="border: none;"><input type="checkbox"/> Contact Health & Wellness for assistance</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Increase/Improve Inspections</td> <td style="border: none;"><input type="checkbox"/> Other</td> <td></td> </tr> </table> | <input type="checkbox"/> Hazardous procedure/method used | <input type="checkbox"/> Improper position/posture (ergonomics) | <input type="checkbox"/> Inadequate personal protective equipment | <input type="checkbox"/> Incorrect/defective tools | <input type="checkbox"/> Unsafe design or construction | <input type="checkbox"/> Poor/Inclement weather conditions | <input type="checkbox"/> Hazardous housekeeping or arrangement | <input type="checkbox"/> Inadequate lighting/ventilation | <input type="checkbox"/> Inadequate safety guarding of material & equipment | <input type="checkbox"/> Failure to Lockout/disabling safety devices | <input type="checkbox"/> Hazardous Environmental Condition | <input type="checkbox"/> Unpredictable actions of others | <input type="checkbox"/> Inadequate safety procedures/plans in place | <input type="checkbox"/> Inadequate communication plan | <input type="checkbox"/> Changes in classroom environment | <input type="checkbox"/> Lack of inspection/Inspection incomplete | <input type="checkbox"/> Uneven/unpredictable walking surface | <input type="checkbox"/> Inadequate guarding of material & equipment | <input type="checkbox"/> Training/job instructions inadequate | <input type="checkbox"/> Other | <input type="checkbox"/> Develop/Improve Work Procedure | <input type="checkbox"/> Apply Lockout/Tag-out | <input type="checkbox"/> Perform Housekeeping | <input type="checkbox"/> Provide Re-Instruction/Training | <input type="checkbox"/> Repair/Replace/Purchase Equipment | <input type="checkbox"/> Request a Student Behavior Review | <input type="checkbox"/> Ergonomic Assessment | <input type="checkbox"/> Complete Job Safety/Hazard Analysis | <input type="checkbox"/> Install Safety Guard/Device | <input type="checkbox"/> Review Personal Protective Equipment | <input type="checkbox"/> Contact Health & Wellness for assistance | | <input type="checkbox"/> Increase/Improve Inspections | <input type="checkbox"/> Other | |
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| <input type="checkbox"/> Increase/Improve Inspections | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|-------------------------------|--|---------------------------|-----------------------------------|-----------------------|
| CORRECTIVE ACTION PLAN | Corrective Actions to be Taken (to prevent future occurrence) | Responsible Person | Target Date for Completion | Completed Date |
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |

| | |
|--|--|
| Employee Signature: Date: | Supervisor/Principal Signature: Date: |
|--|--|



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Purpose of the Incident Report Form:

- To ensure compliance with Workers’ Compensation Board and Occupational Health and Safety legislation, which require timely reporting of occupational injury.
- Information requested on this form will be used by Health and Wellness for the completion of the required WCB Form E1 and to provide information to the Ministry of Labour and Workplace Safety, if required.
- The form also ensures the Principal or Supervisor is aware of, and has followed-up on, the incident/injury and/or property damage that has occurred.

WHEN AN INCIDENT HAPPENS AT WORK, HERE ARE A FEW THINGS TO REMEMBER:

After an incident, both physical and emotional reactions may be experienced. Reactions may occur days/weeks/months after an incident and can vary from minimal to an overwhelmed response including, but not limited to:

| Physical | Emotional |
|---|---|
| <ul style="list-style-type: none"> ○ Headaches ○ Digestive issues ○ Fatigue | <ul style="list-style-type: none"> ○ Racing heart ○ Feeling agitated ○ Insomnia/Trouble sleeping |
| <ul style="list-style-type: none"> ○ Shock ○ Denial ○ Anger ○ Intense Feelings ○ Racing thoughts | <ul style="list-style-type: none"> ○ Withdrawing from others/ activities ○ Guilt ○ Disconnection |

- Don’t isolate yourself.
- Take time to decompress.
- Be patient with yourself.
- Surround yourself with a good network of supportive people including trusted friends, colleagues, family, or community support.
- Support is available! Reach out if you need it.

Principals and other Supervisors play a key role when a workplace incident occurs. Recognizing and appropriately responding to the emotional distress of an employee can help to minimize the impact of a stressful event on an employee. The goal of this checklist is to support employees immediately, and in the days following a workplace incident. This checklist is to be used as a guide when going through an incident investigation report with an employee.

- Show concern for employee well-being.
- Prior to starting to complete the Investigation Reporting Form, ask the employee: How are you doing? Do you need some time? Are you ready to do the incident report? Acknowledge and validate the employee’s feelings of distress.
- Remind the employee that the incident investigation report is not about assigning blame or guilt.
- Use non-judgmental communication which allows the employee to reflect on and process the incident.
- If the employee is ready, work together to complete the Incident Investigation Report Form.
- Encourage:
 - The employee to access their support system (family, friends, community).
 - The employee to seek out trusted colleagues.
 - The employee to take time to decompress.
 - The employee to be patient with themselves.
 - Ask the employee what they need.
 - Offer to check in at a later time.



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Types of Incidents - Definitions

Struck/Caught/Contact

- An incident in which a person has been struck abruptly or forcefully by some object in motion (e.g., box falls off shelf, person pushing cart runs into someone) or a person is contacted non-forcefully by some substance or agent in motion that has an injury-upon contact characteristic (such as being splashed by hot or corrosive solutions).
- An incident in which a person strikes abruptly or forcefully some stationary object in their surroundings (e.g., employee strikes leg against the side of a desk) or comes into contact, non-forcefully, with some stationary substance or agent that has an injury-upon-contact characteristic (such as electrical shock).
- An incident in which a person is:
 - a. trapped in some type of enclosure or a part of a person's body is caught in some type of opening (e.g., caught in an elevator or locked into a refrigerated room).
 - b. caught on some protruding object (e.g., clothing gets hooked onto a handle or catches a hand on a sharp edge).
 - c. pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objectives (e.g., a person jams fingers between a wheeled cart and doorway).

Slip/Trip/Fall

The person either slips or trips or falls.

Overexertion

An incident is one in which a person puts excessive strain on some part of their body (e.g., an employee strains their back or some other part of the body).

Environmental Exposures

An incident in which the employee is exposed to harmful conditions (e.g., toxic gases; fumes or vapors; toxic airborne particles; extremes of heat or cold; oxygen deficient atmospheres; intense light brightness; intense, prolonged noise; molds/spores).

Assault/Aggression

An incident in which the employee is subjected to an untoward action by a student or member of the public (e.g., a student bites or strikes an employee).

Repetition

An incident that develops over a period of time due to the repetitive nature of the task being carried out (e.g., keyboarding).

Blood and Body Fluid Exposures

An incident in which the employee comes in contact with blood or body fluids through a human bite, needle puncture, and/or spitting, etc.

Motor Vehicle Accidents

An incident in which the employee is involved in a motor vehicle accident during the course of work activities.