



# Accident/Incident Investigation Policy

## Policy Statement

All employees of SKRM Services Ltd must report any accidents or other incidents that result in an injury or property damage to their immediate supervisor. Such reports must be made as soon as possible. Any incidents that had the potential to cause property damage or serious injury but did not should also be reported. Management must receive a report of all accidents or incidents from supervisors as soon as possible. Each report will undergo analysis to determine the cause of the accident or incident and to see if any steps should be taken to prevent further injury or damage from occurring in the future.

## Definitions

An **incident** is an unplanned, undesired event that adversely affects completion of a task or, An **occurrence**, condition, or situation arising in the course of work that resulted in or could have resulted in injuries, illnesses, damage to health, or fatalities.

- A **Critical Injury** is any serious injury that:
  - a) Exposes a life to jeopardy;
  - b) Results in unconsciousness;
  - c) Causes substantial blood loss;
  - d) Causes the fracture of an arm or leg but not a toe or finger;
  - e) Causes the amputation of an arm, leg, foot or hand but not a toe or finger;
  - f) Results in burns to a major portion of the body; or
  - g) Results the loss of eyesight to at least one eye.
- **First Aid** involves injuries that are more minor that can be treated on the jobsite without any employee losing days.
- An **Incident** is an occurrence resulting in property damage without any injury to employees or other persons.
- **Lost Time Injury (LTI)** is an injury serious enough that an employee is prevented from going to work on the next day.
- **Medical Aid** is defined as an injury not serious enough to require the employee to take any more than the day of the injury itself off of work, but serious enough to require medical treatment from a physician.
- A **Near Miss** constitutes an event in which an injury or damage might have taken place if conditions had been somewhat different.
- **Occupational Illness** is those medical conditions in which an employee suffers damage to their health from exposure to any workplace chemical, biological or physical agents.



## **Role of Supervisor in an Accident Investigation**

Both, the Site Health and Safety Coordinator and the immediate Supervisor must participate in thorough investigations and reporting, on an Accident Investigation Form of all incidents or accidents involving employees. They must also take witness statements and gather any and all other relevant information, and take care to see that any injured person receives needed medical treatment.

Supervisors should forward all such forms, statements and information gathered, to the Health and Safety Department / Responsible Person. If an employee requiring First Aid later needs further medical aid, the supervisor should notify the Health and Safety Department and have the treating doctor or therapist complete a Functional Abilities Form.

The supervisor should maintain contact with the injured employees as often as needed, or a minimum of weekly contact. Assistance is available from the Health and Safety Department.

### **Step by Step Procedure:**

1. A worker reports an accident at work to a supervisor.
2. Any first aid needed is provided.
3. The injured worker is taken to a hospital or doctor's office for further medical treatment.
4. The employee is provided with an Ensure Return to Work package.
5. Steps are taken, when there is a critical injury, to eliminate the hazard that caused the accident if that can be done, or guard the scene of the accident to prevent further injuries.
6. Preparation an Accident/Incident Report form spelling out the causes of the incident after an investigation.  
A copy of the report form should be sent to the Health and Safety Department.
7. Report all incidents or accidents including placing them in the following categories:
  - First Aid
  - Incidents and Near Misses
  - Lost Time Injuries
  - Medical Aid

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_