# UBC INCIDENT SITE INVESTIGATION GUIDE

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| ROLES:**MANAGER/SUPERVISOR** (employer representative) of the person injured/affected, or who is responsible for the area/work, must investigate and submit a CAIRS report within 48 hours of incident.**WORKER REPRESENTATIVE** (non-management, usually from the JOHSC or LST) must participate in the investigation.**JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE (JOHSC) AND LOCAL SAFETY TEAM (LST) REPRESENTATIVES** assists with the investigation.**INJURED OR AFFECTED WORKER**, if available, provides details to the investigation team and files their own CAIRS report.**SAFETY & RISK SERVICES & FACULTY/DEPARTMENT SAFETY ADVISORS** provides resources and support for all involved in investigations. |

1. **PRELIMINARY INCIDENT INVESTIGATION**

[ ]  Supervisor visits the scene (with a JOHSC/LST member or knowledgeable fellow worker).

[ ]  Ensure the scene is safe or restricted until hazard is removed or properly mitigated.

[ ]  Provide necessary first aid and/or medical treatment.

## Type of Occurrence (If any of 1-8 are checked, contact Safety & Risk Services ASAP)

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| --- | --- | --- | --- |
| **Type** | **Yes** | **Type** | **Yes** |
| 1. Death of a worker
 |[ ]  1. Blasting accident causing injury
 |[ ]
| 1. \*Serious injury to a worker
 |[ ]  1. Dangerous incident involving explosives other than blasting
 |[ ]
| 1. Major structural failure or collapse
 |[ ]  1. Diving incident (over-pressurization, etc.)
 |[ ]
| 1. Major release of hazardous substance
 |[ ]  Minor injury or no injury but with potential for serious injury |[ ]
| 1. Incident of fire or explosion with potential for serious injury
 |[ ]  Injury requiring medical treatment beyond first aid (Physician, ER) |[ ]

\*Serious Injury = Life threatening, traumatic injury, loss of consciousness, permanent change

## Nature Of The Serious Injury (Complete only if there was a serious injury matching below and notify Safety & Risk Services ASAP)

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature** | **Yes** | **Nature** | **Yes** |
| Life threatening/loss of consciousness |[ ]  Punctured lung or serious respiratory condition |[ ]
| Major broken bones in head, spine, pelvis, arms, legs |[ ]  Injury to internal organs or internal bleeding |[ ]
| Major crush injuries or major cut with severe bleeding |[ ]  Injury likely to result in loss of sight, hearing, or touch |[ ]
| Amputation of arm, leg, or large part of hand or foot |[ ]  Injury requiring CPR or other critical intervention |[ ]
| Major penetrating injuries to eyes, head, or body |[ ]  Serious chemical or heat/cold exposure |[ ]
| Severe 3rd degree burns |[ ]  Other: |[ ]

1. **RECORD SCENE INFORMATION & INTERVIEWS**
* **WHAT**, **WHEN,** and **WHERE?**
	+ Concise but detailed description of what happened (photos, measurements, interviews).
	+ Do not include personal identifying information.

## Place, Date, and Time of Incident

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| --- |
| Location (address or coordinates, room & floor number): |
| Date of Incident (YYYY-MM-DD): | Time of Incident (AM/PM): |

## Incident Description and Sequence of Events (Refer to Contributing Factors/Conditions Tool)

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| What work and conditions were underway or in place, before or leading up to the incident event?* 1. What work was underway?
	2. What control(s) was used/available or what PPE was worn?
	3. Was a risk assessment and/or written procedure available and followed?
	4. Was the person working alone?

Past supervised training included (procedures, equipment, etc.): |
| What happened during the incident event and what factors immediately contributed? |
| 1. Environmental/Surrounding conditions
2. Procedures/Practices, or other activities in the space
3. Availability/Functionality of necessary equipment
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|  |
| What work and conditions and emergency procedures followed the event?  |

## Persons Who Participated In the Investigation

|  |  |  |  |
| --- | --- | --- | --- |
| **Representative** | **Job Title** | **Other Persons** | **Job Title** |
| Employer Representative (required) |  | Other |  |
| Worker Representative (required) |  | Other |  |

## Corrective Actions

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| **Action (What was done to ensure the area was safe? Lockout, restrict access, Emergency Responders called, etc.)** | **Assigned To** **(Job title of the person performing the action)** | **Expected Completion Date****YYYY-MM-DD** | **Completed Date****YYYY-MM-DD** |
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|  |  |  |  |

### ENTER INTO CAIRS WITHIN 48 HOURS: <https://www.cairs.ubc.ca/public_page.php>

# CONTRIBUTING FACTORS / CONDITIONS TOOL

1. **EVALUATE FINDINGS AND DETERMINE DIRECT CAUSES**

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| **Task Related Causes** |
| [ ] Lifting overhead | [ ] Twisting the trunk |
| [ ] Heavy load - Push | [ ] Heavy load - Lift |
| [ ] Awkward load to handle | [ ] Heavy load - Pull |
| [ ] Sharp edges on load | [ ] Hot load |
| [ ] Stooping | [ ] Repetitive motion |
| [ ] Incorrect tool | [ ] Extended reach |
| [ ] Procedures not followed | [ ] Rushing |
| [ ] Other (specify below) | [ ] Lifting |
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| **Environment Related Causes** |
| [ ] Variations in floor surface | [ ] Housekeeping |
| [ ] Wet / Slippery | [ ] Cold / Hot |
| [ ] Personal Protective Equipment restrictions | [ ] Vision obstructed |
| [ ] Noise | [ ] Limited space / Constrained posture |
| [ ] Other (specify below) | [ ] Lighting |
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| **Organizational Related Causes** |
| [ ] Excessive workload | [ ] Poor communication |
| [ ] Planning inadequate | [ ] Job / Skill training inadequate |
| [ ] Poor job design / work layout | [ ] Staffing inadequate |
| [ ] Previous condition not corrected/identified | [ ] Standard Operating Procedures not available/inadequate |
| [ ] Other (specify below) |  |
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| **Equipment Related Causes** |
| [ ] High force equipment | [ ] Defective equipment |
| [ ] Signage / Labeling inadequate | [ ] Preventative maintenance / inspections inadequate |
| [ ] Equipment vibration | [ ] Material / Equipment failure |
| [ ] Proper equipment unavailable/inadequate | [ ] Incorrect equipment |
| [ ] Other (specify below) | [ ] Guarding inadequate |
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| **Human Related Causes** |
| [ ] Knowledge / Skill / Experience lacking | [ ] Illness |
| [ ] Personal distraction | [ ] Language difficulties |
| [ ] Pre-existing condition | [ ] Physical limitations (reach, height, etc.) |
| [ ] Other (specify below) | [ ] Fatigue |
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* **ENTER INTO CAIRS:** <https://www.cairs.ubc.ca/public_page.php>

# CORRECTIVE ACTION PLAN

1. **DEVELOP FULL INVESTIGATION REPORT AND CORRECTIVE ACTION PLAN**
* **HOW** can recurrence of similar incidents be prevented, and who will be responsible?
	+ Do not include personal identifying information.

## Determination of Causes of Incident (Refer to Contributing Factors/Conditions Tool)

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| **WHY** did the event occur?Evaluate findings and determine cause(s) that may result in a recurrence. |

## Corrective Actions

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| --- | --- | --- | --- |
| **Action****(Using identified contributing factors/ conditions, provide Corrective Actions that will prevent recurrence of incident)** | **Assigned To** **(Job title of the person performing the action)** | **Expected Completion Date****YYYY-MM-DD** | **Completed Date****YYYY-MM-DD** |
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* **END OF INVESTIGATION REPORT - ENTER RECORDED INFORMATION INTO CAIRS** <https://www.cairs.ubc.ca/public_page.php>

# SAFETY & RISK SERVICES SUPPORT INFORMATION

## Safety & Risk Services:

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| --- | --- |
| **Position** | **Phone Number** |
| SRS General Reception (8:30 AM – 4:30 PM, Monday – Friday) | 604-822-2029 |
| SRS Occupational & Research Safety Associate – Incident Investigations and CAIRS | 604-822-2250 |
| For assistance with custom work specific guides, please contact Safety & Risk Services. |

**FREQUENTLY ASKED QUESTIONS AND COMMON PITFALLS**

**What is an investigation?**

An investigation is a fact finding process that identifies any unsafe conditions, acts, or procedures that may have contributed to the injury/illness to the individual, why or how it may have happened, and prevents others from being injured/affected in the same manner.

**What if I was not around when the incident happened?**

If you are not physically present the moment your worker is involved in an incident, you are still required to conduct an investigation through gathering details, and submit a CAIRS report.

* **Reminder:** A supervisor must be designated prior to leaving who will be responsible for filing an incident report in CAIRS if your worker is involved in an incident.

# What if I have no jurisdiction over the area where the incident happened?

If your employees work in a building or area where you have no jurisdiction, you are still required to submit a CAIRS report since your worker was involved.  You may need to contact a supervisor in the area where the incident occurred and collaborate on the incident investigation.  To facilitate this process, contact a member of your [JOHSC](http://safetycommittees.ubc.ca/johsc/find-your-johsc/) or [SRS](http://rms.ubc.ca/contact-us/staff-directory/).

# What if I have difficulty finding root causes or corrective actions?

Root Causes are associated to systems, standards, and compliance. If you are struggling with identifying root causes and corrective actions, contact a member of your LST, JOHSC, or SRS for assistance.

* When recording your investigation findings in CAIRS, it is good practice to note key factors that did not contribute.  By documenting what did and did not contribute, you are showing what was investigated and proving your method.

# What if it is a Personal Health Issue or Pre-Existing Condition?

**Personal health conditions or illnesses and first aid are confidential.**

If it was an illness, you may indicate in a general way that it was a medical condition (no detail about the nature of the condition).  Indicate what was investigated to rule out causative work or facility factors. Pre-existing conditions, although they may contribute, should not lead the incident investigation; instead focus on the details of the work that aggravated the condition.

As a proactive measure, you can send your employee to [Occupational and Preventive Health](http://www.hr.ubc.ca/wellbeing-benefits/workplace-health/occupational-preventive-health/) where the employee can disclose any conditions they may have to a health care worker and accommodations can be made along with conducting a job hazard assessment.

* **Reminder:** It is good practice to record immediate response to the injury/wound (called Employer provided First Aid), but not specific details of the treatment (confidential to a first aid record).

**What other considerations should I think about?**

* **Do not include names or identifiers in the report unless the field specifically asks for it**.
* You will have to be able to prove your causes determined. Causes should not blame the worker, witnesses, or anyone else. The goal is to see what happened in the chain of events/system, and what can be done to eliminate or reduce the risk.
* Conducting court room interviews and using signed statements are not appropriate in your investigations.
* Be careful to not neglect the personal feelings of others.

# UBC CENTRALIZED ACCIDENT / INCIDENT REPORTING SYSTEM (CAIRS) QUICK TIPS ww.cairs.ubc.ca

 6) SMART Corrective Actions