Gathering the Facts and Documents

Occupational Health and Safety Act (OHSA)

Incident Checklist

Purpose of this checklist:

Having all of the facts is essential to enable the union to enforce health and safety rights. This checklist provides ONA with all of the relevant information required to enforce these rights.

It is very important to provide the union with information in a timely manner in order to assess whether a health and safety appeal is required before the Ontario Labour Relations Board. The *Occupational Health and Safety Act (OHSA*) requires appeals to be filed under a strict 30 calendar-day time limit from the issuance of an order or the refusal to make an order or the decision by a Ministry of Labour, Training, and Skills Development (MLTSD) health and safety inspector.

This checklist is divided into four parts to gather all relevant facts:

1. Contact Information;
2. The Incident Description;
3. The Documents to Collect; and
4. Witness Information.

Part 1 Contact Information

Date Completed/Updated:	

Bargaining Unit:		Local #	

Number of members at the ONA Bargaining Unit:	

Bargaining Unit President name:	

Email:		Phone:	

ONA Joint Health and Safety Committee Rep:	

Email:		Phone:	

Which Union Representative above is the main contact for this issue?	

Contact info for any other union Involved:	

Employer's HR Contact information (who will receive the appeal, if filed):			
Name:			
Address:			
Email:		Phone:	
Fax:			

Part 2 The Incident Description

Facts about the Incident

1. Date of MLTSD inspector's field report or order:	

2. What is the incident? Describe what happened. Please provide as much detail as possible; attach an additional sheet if required.

3. What was the health and safety hazard (e.g. patient, equipment, materials, lack of staff)?

4. Where did the incident occur (unit, area, patient room #)?

5. When did the incident occur (date, time, etc.)?	

6. Was an ONA member injured/ill or at risk of injury/illness (injury includes both physical and/or psychological)?	Yes ☐	No ☐
If yes, please provide contact information in **Section 4: The Witnesses**.		

7. Were other workers, patients or visitors/family members injured/ill or at risk of injury/illness?	Yes ☐	No ☐
If yes, provide contact information in **Section 4: The Witnesses**.		

8. What was the nature of the injury(ies)/illness?

9. a. Was it treated as a critical injury by your employer?	Yes ☐	No ☐
b. If no, should this have been treated as a critical injury?	Yes ☐	No ☐
If you answered yes to either question a or b, in **Appendix A: Notice Requirements**, please complete the section called Notice of Critical Injury.		

c. If this was treated as a critical injury, has or is a worker(s) member(s) of the Joint Health and Safety Committee investigating the critical injury?	Yes ☐ No ☐
If not, why not?	
If yes, is there any documentation from the investigation that you can provide?	

10. If the incident did not result in a critical injury, was a worker disabled from performing usual duties (or even briefly unable to) and/or require medical attention?	Yes ☐ No ☐
If you answered yes, in **Appendix A: Notice Requirements**, please complete the section called Notice of Accident.	

11. List anything that you think would have prevented the incident (e.g. equipment, infection control practices, increased security, personal safety devices or panic alarms, appropriate flagging policy)?

12. Was this related to workplace violence from a patient, visitor/family member or other factors?	Yes ☐ No ☐
If yes, please complete **Appendix B: Incidents of Workplace Violence**.	

Facts about the MLTSD Action or Inaction

1. Was the MLTSD contacted? If yes, who contacted (called or emailed) the MLTSD?	Yes ☐ No ☐
Name of complainant:	
Date of first call to MLTSD?	
Subsequent follow-up calls?	

2. Did the person who called the MLTSD state the call was anonymous?	Yes ☐ No ☐

3. When did the MLTSD inspector conduct a field visit to the workplace?

4.
a. What workplace issues or concerns were identified directly to the inspector?
b. What evidence was sent to the inspector before or after the field visit?

5. Who did the MLTSD inspector speak to during their field visit?

6.	
a. Which members (i.e. worker and/or employer) of the Joint Health and Safety Committee accompanied the inspector?	
b. Was the complainant in attendance? If not, please provide reason.	Yes ☐ No ☐

7. Did the inspector record the interview?	Yes ☐ No ☐ Unsure ☐

8. What did the ONA members say to the inspector when interviewed?

9. Did the inspector issue an order in the field visit report? Yes ☐ No ☐

10. What, if anything, is missing from the inspector's order and/ or field visit report that you think should have been written?

Other Key Facts

1. Was this incident or like incident discussed or the risks leading up to the incident or like incident discussed at the Joint Health and Safety Committee?

If so, when?		Please describe and attach minutes.

2. What health and safety training related to the incident was offered by the hospital prior to the incident? Please list all training provided and the method used (i.e. online, in person, etc.)

3. Were these health and safety concerns raised with the supervisor? If so, when and how?

4. What could have been done by the employer/supervisor or others to prevent the incident?

5. Any other key facts or issues you think are important for ONA to know (e.g. any Professional Responsibility Workload Forms filed)?

6. Was a grievance filed related to this issue? If so, please include the grievance number(s).

Part 3 The Key Documents

The following documents are required to fully assess an appeal.
Please circle yes or no if the following documents are attached.
If not attached, please indicate when the documents will be sent to ONA.

The MLTSD inspector's:	Field visit report	Prior MLTSD orders related to unit/incident/or other similar incidents:	Yes ☐ No ☐
	Yes ☐ No ☐	Notice of critical incident, if relevant:	Yes ☐ No ☐
	Orders	Notice of accident or illness and any information provided with the notice:	Yes ☐ No ☐
	Yes ☐ No ☐	Joint Health and Safety Committee minutes where issues/incident discussed:	Yes ☐ No ☐
Copy of ONA's complaint to the MLTSD:	Yes ☐ No ☐	Any prior health and safety relevant Minutes of Settlement?	Yes ☐ No ☐
Notes from meeting with MLTSD inspector:	Yes ☐ No ☐	Workload (PRWRF) complaints related to unit and/or incident:	Yes ☐ No ☐
Incident report:	Yes ☐ No ☐	Joint Health and Safety Committee recommendations made pertaining to the issues/incident.	Yes ☐ No ☐
Policy related to incident (e.g. workplace violence prevention):	Yes ☐ No ☐	Any employer response to relevant recommendations?	Yes ☐ No ☐
Procedure(s) facility-wide or on unit related to incident (e.g. the flagging procedure):	Yes ☐ No ☐	Any other relevant documents?	Yes ☐ No ☐
		Please attach and list.	

Part 4 The Witnesses

1. What is the name of the worker directly involved in the incident?
   Please list all that apply and include the name of their union if unionized.

Name:			
Phone:			
Email:			
FT or RPT or casual			
Unit:		Position:	
ONA member?	Yes ☐ No ☐		
If no, please indicate their union or if they are non-union			

2. Who from the Bargaining Unit spoke with the ONA member directly affected by the incident?

Name:	
Phone:	
Email:	

3. Who were the witnesses to the incident? Please list with email, phone number and relevance to the incident:

(i) Name:			
Phone:		Email:	
(ii) Name:			
Phone:		Email:	
(iii) Name:			
Phone:		Email:	

4. Other key relevant workers involved with the incident:

5. Please add any other comments, which may assist in understanding the incident.

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Appendix A Notice Requirements

Notice of Critical Injury

Notification Required for Critical Injuries. Please complete the questions below if this incident involved a critical injury and/or you believe that this incident should have been treated as a critical injury by your employer.

1. Check mark any and all of the criterion for a critical injury relevant to this incident. Injury of a serious nature that:	☐	Places life in jeopardy;
	☐	Produces unconsciousness;
	☐	Substantial loss of blood; Fracture of a leg or arm but not a finger or toe;
	☐	Amputation of leg, arm, hand or foot, but not finger or toe;
	☐	Consists of burns to a major portion of the body; Causes the loss of sight.

2. Please check any and all parties who were notified.

For each party notified, indicate who was notified, time/day and by what method.			
Union:	☐	Who?	
		Time/Day?	
		Method?	
MLTSD:	☐	Who?	
		Time/Day?	
		Method?	
Joint Health and Safety Committee:	☐	Who?	
		Time/Day?	
		Method?	

a. Was the Joint Health and Safety Committee and ONA notified within 48 hours?	Yes ☐ No ☐

b. If yes, please check any and all information provided by the employer with this notification.	Yes	No	
	☐	☐	The name, address, and type of business of the employer;
	☐	☐	The name of the worker;
	☐	☐	The nature of the bodily injury or occupational illness;
	☐	☐	The address of the worker,
	☐	☐	The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved;
	☐	☐	The time, date and place of the occurrence; and
	☐	☐	The names and address of the legally qualified medical practitioner, registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991* or medical facility that is attending to or attended to the worker.
	☐	☐	The steps taken to prevent a recurrence or further illness.

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Notice of Accident

Notification required for injuries that cause a worker to be disabled from performing their usual duties (even if unable to briefly) and/or requiring medical attention.

1.

a. Was the Joint Health and Safety Committee and ONA notified within four days?	Yes ☐	No ☐	
b. If yes, please check any and all information provided by the employer with this notification.	Yes	No	
	☐	☐	The name, address, and type of business of the employer;
	☐	☐	The name of the worker;
	☐	☐	The nature of the bodily injury or occupational illness;
	☐	☐	The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved; and
	☐	☐	The time, date and place of the occurrence;
	☐	☐	The names and addresses or other contact information of any witnesses to the occurrence; and
	☐	☐	The steps taken to prevent a recurrence or further illness.

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Appendix B Incidents of Workplace Violence

1. Does your employer have appropriate security to have responded in this situation?	Yes ☐ No ☐
2. Can security put their hands on a patient?	Yes ☐ No ☐
3. Does your employer have personal panic alarms linked to security with GPS/locating type ability?	Yes ☐ No ☐
4. Does your employer have a flagging system that identifies alerts and tracks patients with a history of violent behaviour?	Yes ☐ No ☐
5. Did this patient or person have a history of violent behaviour?	Yes ☐ No ☐
a. If yes, was the patient previously flagged?	Yes ☐ No ☐
b. If previously flagged, was this information provided to all staff at risk before the incident?	Yes ☐ No ☐
6. Did your manager perform a risk assessment prior to the incident (e.g. increase in acuity)?	Yes ☐ No ☐
7. Does your employer have a police transfer of information protocol or memorandum of understanding that was applied in this situation?	Yes ☐ No ☐
8. Was this patient assessed and provided appropriate treatment in a timely manner by the appropriate health-care provider (i.e. psychiatrist, physician, etc)? If no, please explain.	Yes ☐ No ☐
9. Were workers in this unit appropriately trained in de-escalation, self-protection, and self- defense?	Yes ☐ No ☐
10. Did a shortage of staffing in any way contribute to the incident?	Yes ☐ No ☐
11. Did the layout or other aspects of the unit in any way contribute to the incident?	Yes ☐ No ☐
12. Did any clinical practices or other processes established by your employer/supervisor contribute to this incident?	Yes ☐ No ☐
13. Was there anything that your supervisor could have done differently to protect the workers?	Yes ☐ No ☐
a. If yes, please list what your supervisor could have done to better protect the workers.	

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PROVINCIAL OFFICE
85 Grenville St. • Toronto ON M5S 3A2
Tel: (416) 964-8833 • Toll-free: 1-800-387-5580
Email: onamail@ona.org • Website: www.ona.org

 @Ontario.Nurses    @OntarioNurses