# 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) 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.  **RISK MANAGEMENT SERVICES & FACULTY/DEPARTMENT SAFETY ADVISORS** provides resources and support for all involved in investigations. |

1. **PRELIMINARY INCIDENT INVESTIGATION**

Supervisor visits the scene (with a member of LST 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 Risk Management 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 Risk Management Services ASAP)

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| --- | --- | --- | --- |
| **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): |

## Sequence of Events

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| What was happening leading up to the incident earlier or in previous days:   * 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 emergency procedures followed? |

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

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| What happened 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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## 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 |
|  | |

* **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

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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>

# RISK MANAGEMENT SERVICES SUPPORT INFORMATION

## Risk Management Services:

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

6) SMART Corrective Actions

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