Title: Critical Injury	
Document #: 2958	**Issuing Authority:** Chief Human Resources Officer
Last Revised Date: 4/1/2024	**Version Number:** 2.1 (Current)

PURPOSE:
The process to follow if a person is injured, resulting in death or critical injury from any cause at the Brant Community Healthcare System (BCHS).

POLICY STATEMENT:
BCHS will Investigate and report Critical Injuries as defined in the *Occupational Health and Safety* Act R.S. O 1990 c.O.1 (OHSA) in accordance with the requirements of the OHSA, *Ontario Regulation 420/21 – Notices and Reports Under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents.*

Where a **person** is killed or critical injury from any cause at BCHS, a representative from the Organizational Health department at BCHS will notify a Ministry of Labour inspector (MOL), and Joint Occupational Health and Safety Committee (JHSC) representative and trade union (if applicable), immediately of the occurrence by telephone, e-mail or other direct means and BCHS shall, within forty-eight hours after the occurrence, send to a Director of the Ministry of Labour a written report of the circumstances of the occurrence containing such information and particulars as the regulations prescribe.

The prescribed information is as follows:
- Name and address of employer;
- The nature and circumstances of occurrence, and injury sustained;
- Description of machinery or thing involved, other thing involved, if any;
- Time and place of occurrence;
- Name and address of person critically injured or killed;
- Names and addresses of all witnesses;
- Name and address of physician or surgeon, if any, who is attending to or attended to the injured or deceased person; and
- The steps taken to prevent a recurrence.

This information is included in the Critical Injury Reporting Template Appendix to this Procedure. Only Authorized BCHS Members in Organizational Health may complete and forward this information.

DEFINITION (S):

Leader on call – means the BCHS Member who is assigned to make management decisions at BCHS on a weekday between the hours of 17:00 and 7:00 and as arranged for on designated holidays;

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Critical Injury: the Ontario Regulation 834 – Critical Injury – defines critical injury as an injury of a serious nature that:

a) places life in jeopardy;
b) produces unconsciousness;
c) results in a substantial loss of blood;
d) involves the fracture of a leg or arm but not a finger or toe;
e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
f) consists of burns to a major portion of the body; or
g) Causes the loss of sight in an eye.

***PLEASE NOTE**: this definition includes <u>any person</u> that is killed or critically injured at a Workplace.*

JHSC: the JHSC of BCHS for the Workplace as required under the OHSA

Worker Co-Chair: a Worker appointed by the worker members of the JHSC to perform the duties of Co-Chair as described in the OHSA and Terms of Reference of the JHSC**.**

Workplace: all BCHS locations and any land, premises, location or thing at, upon, in or near which a BCHS Member works at BCHS (including through phone and email).

Inspector: an inspector appointed (by the Ministry of Labour) for the purposes of the OHSA and includes a Director.

Certified Member means a committee member who is certified under section 7.6 of the OHSA

Respondent means the BCHS Member who is first aware of the Critical Injury and/or initiates the procedure. They may also have been a witness to the event.

PROCEDURE:

1. **Witness or Respondent to Incident** - will contact switchboard and notify them of the Critical Injury and the location.

2. **No Interference -** Respondent will ensure that no one interferes with the scene and wait until maintenance/security arrives.

3. **Medical Attention to Area** - MRP to call switchboard operator **Who will call a Code (Navy/Blue/Pink) ect.**

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4. **Health and Safety to Area -** Switchboard operator will contact Occupational Health and Safety Services (Occupational Health and Safety Coordinator (OHSC) immediately by telephone/email. Who will attend the area as appropriate.

5. **Maintenance to Area** – if appropriate OCHS will advise switchboard operator to contact Maintenance who shall report to area immediately.

6. **Preserve Conditions –** both Security and Maintenance will secure area, ensuring no one interferes with disturbs, destroys, alters or carries away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been granted by a Inspector, except for the purpose of:
    a) Saving a life or relieving human suffering;
    b) Preventing unnecessary damage to equipment or other property

7. **Response –** Occupational Health and Safety Coordinator or designate will respond immediately to incident and verify the area is secured**.** After hours response follow Appendix B (After Hours Critical Incident Review

8. **Senior Management Contact** - Switchboard operator will contact Leader on Call, to advise of Critical Injury and that maintenance, security and OHSC are following up in accordance with this Policy.

9. **MOL Contact -** OHSC or designate will contact Ministry of Labour (MOL 1-877-202-0008) Inspector immediately, by telephone or other direct means to advise of Critical Injury and to report prescribed information as set out on page 1 of this policy.

10. **Contact Worker Co-Chair -** OHSC or OHN will contact Worker Co-Chair, or if the Worker Co-Chairs is not available, a worker member of the Joint Health and Safety Committee (JHSC), preferably a Certified Member immediately.

11. **Contact BCHS Member's Leader -** OHSC or OHN will contact Leader of the individual directly involved and/or the Leader of the department involved immediately.

12. **Participate in Investigation -** OHSC will participate with MOL and JHSC in incident investigation. JHSC Worker Member will participate with MOL in the incident investigation as assigned by JHSC Worker Co-Chair.

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13. **Prepare Required Reports -** OHSC will complete required template and any other reports requested and ensure any MOL Orders arising from the investigation are implemented and maintained.

14. **OHSC Sends Report -** Send completed Critical Injury Reporting Template Appendix to MOL following the investigation detailing the above prescribed information

RELATED PRACTICES AND / OR LEGISLATIONS:
Occupational Health and Safety Act
Ontario Regulation 420/21 S2 and 59/18 S1 Ontario Regulation 834 – Critical Injury – Defined

REFERENCES:
None.

APPENDICES:
Appendix A: Critical Injury Reporting Template Appendix

Appendix B: After hours critical Incident review

Appendix C: Critical Injury Procedure check List

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Critical Injury Reporting Template Appendix A

[***DATE***]

Industrial Health & Safety Branch
Ministry of Labour
Ellen Fairclough Bldg.
119 King St W, 13th/14th Floor
Hamilton, ON L8P 4Y7

Dear Inspector:

This is a follow-up to a telephone conversation on ***[DATE and TIME]*** with ***[NAME of MOL CONTACT]*** on the provincial reporting line, regarding a potential critical injury to one of our workers. The incident occurred at Brant Community Healthcare, (***Address of location)***, Brantford, Ont. in our ***[DEPARTMENT NAME /PHYSICAL LOCATION]*** on [***DATE***] at approximately [***TIME 24 hr format].*** We became aware of the injury on ***[DATE***] at approximately ***[DATE and TIME],*** and received confirmation of the [***CRITICAL INJURY TYPE i.e. Fracture]*** on ***[DATE and TIME]*** and initiated the call to you. The relevant particulars of the worker are listed below.

Name:
Address:
Bodily Injury Sustained: **[*brief Description of Injury*]**
Description of Events: [***Brief description of Events***]
Description of machinery or thing involved, if any: [***Brief description***]
All Witness(s): ***[include addresses]***
Treating/Attending Physician or Surgeon & address:

Recommendations from JHSC:
The possible critical injury was investigated by ***[Name***] Worker Member JHSC and Co-Chair and [***JHSC Management Member Name***] on [***DATE***] accompanied by ***[RESOURCES SUCH AS GL/OHSC/OHN]*** The injured worker was interviewed, and the location of incident and equipment involved were reviewed. Accordingly, the JHSC investigation team has made the following recommendations for further prevention

1. [***List of recommendations – if any***]

If you have any further questions or comments regarding this matter, we would be happy to discuss them with you.

Yours truly,

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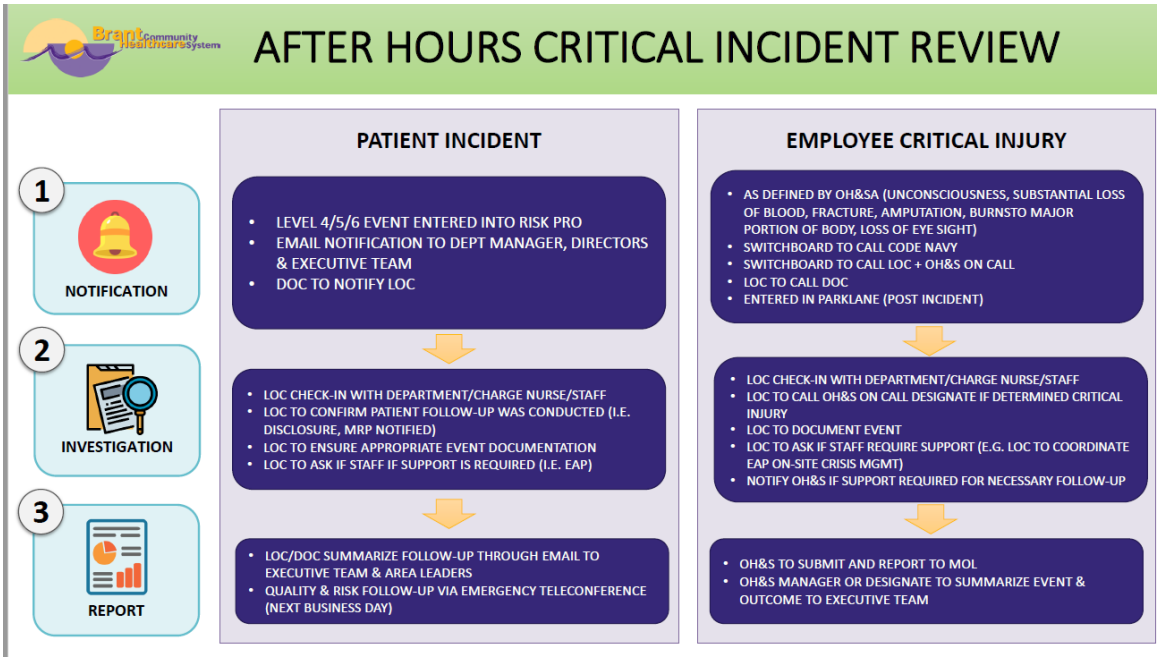
INSERT NAME
Occupational Health and Safety Coordinator

cc: JHSC
OH&S Team

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Appendix B After Hours Critical Incident Review



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Appendix B: Critical Injury Checklist

Critical Injury Procedure		
Date of Critical Injury:		
MOL Incident #:		
Participants in Attendance/Notified		
Name of individual injured:	Name of witnesses:	
H&S Coordinator:	Security:	
Maintenance:	Manager/Supervisor:	
Director:		
Case Review		
1 . Meets definition under the Occupational Health and Safety Act of "Critical Injury" as defined below. To do so, the following questions must be answered:		
a) Does the occurrence meet the OHSA definition of a Critical Injury? *"Ontario Regulation 834 defines critical injury as an injury of a serious nature that* *a. Places a life in jeopardy* *b. Produces unconsciousness* *c. Results in a substantial loss of blood* *d. Involves the fracture of a leg or arm but not a finger or toe* *e. Involves the amputation of a leg, arm, hand or foot but not a finger or toe* *f. Consists of burns to a major portion of the body or* *g. Causes the loss of sight in an eye*		☐Yes ☐No
If the answer to A is YES, this is a "Critical Injury" for Brant Community Healthcare System (BCHS).		
Procedure to be followed: 1. Witness or respondent contacts switchboard 2. Witness or respondent will ensure no interference with the scene until maintenance/security arrive 3. MRP to call switchboard who will call a code Navy/Blue 4. Health & Safety to area 5. Maintenance to area 6. Preserve Conditions 7. Contact MOL reporting line 1-877-202-0008 8. Contact Worker Co Chair (Cathy Cleverdon) 9. Contact Employee/Contractors Manger/Supervisor 10. Participate in investigation 11. Prepare required reports for Ministry of Labour (Organizational Health to complete)		 ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No

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12. Send Required reports to Ministry of Labour (Organizational Health to complete)	☐Yes ☐No
Required Information For Ministry of Labour reporting	
1. Location of incident 2. Department 3. Date 4. Time 5. When became aware of incident 6. Name of staff/contractor involved 7. Address of staff/contractor 8. Bodily injury sustained 9. Description of events 10. Machinery/equipment involved 11. Witnesses 12. Attending Physician	
Recommendations from Joint Health & Safety Committee	

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