

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) is committed to ensuring that any person in need of first aid treatment will receive such treatment promptly and efficiently from a certified first aid responder trained in basic Cardiopulmonary Resuscitation (CPR).

TGLN will ensure that all work-related injuries are investigated and that a procedure is in place to determine the root cause so that corrective action can be taken to prevent future occurrences.

The legislative requirements as per the *Occupational Health and Safety Act* (OHSA) and regulations are documented in *Safety Practices and Emergency Procedures Process Instruction, CPI-9-1501*.

This process instruction applies to all employees.

Process:

1. Employees should report hazards and near misses using the Employee Incident Report to prevent injuries from occurring. See *Safety Practices and Emergency Procedures Process Instruction, CPI-9-1501*.
2. Employees injured, in the course of performance of work duties, should seek first aid immediately from a certified first aid responder, or if unavailable, from another employee until medical attention can be attained, if required.
3. First Aid Responders should assess the area to determine if it is safe to enter prior providing first aid.
4. First Aid Responders should not reposition, transport, move or relocate injured persons, by any means, from the location where the injury occurred if there is a risk that such movement could result in further injury to the person.
5. Injured employees must report the injury in person or by telephone to their Manager or the Manager-On-Call (MOC) / Tissue-On-Call (TOC) as soon as possible.
6. Injured employees must also report the injury to the facility in which the injury took place, and complete any documentation required.
7. In cases where the employee is not able to, the employee's First Aid Responders will advise the injured employee's Manager or MOC / TOC of the status of the employee after initial treatment.

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

8. If treatment beyond first aid is required, the Manager or MOC / TC will arrange for transportation to a medical facility immediately. If needed, the Manager or MOC / TOC should also arrange for a person to accompany the injured employee to the medical facility. The Manager or MOC / TOC will also contact the employee's emergency contact.
9. Manager or MOC / TOC will notify Human Resources of the injury within one (1) day.
10. Injured employee completes the Employee Incident Report in conjunction with their Manager or MOC / TOC in person or by telephone. The Manager or MOC / TOC submits the form to Human Resources within 24 hours of the injury. See Exhibit 1.
11. Manager or MOC / TOC investigates the scene where the injury occurred, where possible, using the Incident Investigation Report and/or photos, as needed. The Manager or MOC / TOC submits the completed report to Human Resources.
12. Manager or MOC / TOC and Human Resources will support the injured employee.
13. Injured employees must communicate with their Manager or MOC / TOC about their return to work.

Exposure to the Blood or Bodily Fluid of a Patient with a Signed Consent to Donate Organ and Tissues Form

14. If exposure is via the eyes, irrigate with water, sterile saline or eye wash. Use an eyewash station if available:
 - a. Push hand lever slowly. The further you push the lever, the higher the water pressure;
 - b. Place your eyes into the water;
 - c. Hold your eyes open as wide as possible to permit the water to reach all areas around the eye.
15. If exposure is via the mouth, rinse out thoroughly with water. Do not brush your teeth.
16. If exposure is via the skin (broken or otherwise), encourage bleeding wash liberally with soap and warm water. Cover the exposed area with bandaging, if necessary.
17. Immediately report to a hospital or emergency health care facility within two (2) hours or as soon as possible.
18. Receive testing for HIV, hepatitis B and hepatitis C.

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

19. Health care providers will determine if the use of an HIV PEP kit is necessary. Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally or through sexual intercourse.
20. Health care providers will also indicate when it is safe for the employee to return to work.
21. Employees must report the exposure in person or by telephone to their Manager or the MOC / TOC as soon as possible.
22. Employees complete the Employee Incident Report in conjunction with their Manager or MOC / TOC in person or by telephone. The Manager or MOC / TOC submits the form to Human Resources within 24 hours of the injury. See Exhibit 1.
23. Employees must communicate with their Manager or MOC / TOC about their return to work.
24. Employees should receive follow-up testing and monitoring if necessary.
25. If staff are required to share consented potential donor test results for health and safety reasons, the MOC would be notified and approve the release of the testing report, ensuring that the following steps are taken:
 - a. Ensure the most current Consent Form was used, which includes the provision to share personal health information for health and safety reasons.
 - b. Ensure the testing report is deidentified (e.g. blackline DOB or any other identifiable information).
 - c. Document in the clinical notes that the potential donor testing form was shared for health and safety reasons (including to whom) and any other pertinent information.
 - d. Ensure the serology report is being shared securely (e.g. OneMail). Consult with ServiceDesk, as required.
26. Manager or MOC / TOC and Human Resources will support the injured employee.

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Employee Incident Report	-----	Human Resources	Human Resources	16 years

References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. J3.200 (2)
- Needlestick Injury and Blood/Bodily Fluid Exposure Policy Statement and HIV PEP Kit Dispensing Guideline, https://scp.in1touch.org/document/3633/REF_Needlestick_Policy_20151216.pdf
- TGLN Corporate Processing a Freedom of Information (FOI) Request Guideline

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Exhibit 1: Sample Employee Incident Report

Page 1



Employee Incident Report

Incident Code:
(Populated by HR)

**To be completed by employee with assistance from Manager/MOC and submitted by Manager/MOC to Human Resources.*

Report Type	Definition	Sections to Complete
<input type="checkbox"/> First Aid only	An injury requiring a one-time treatment and/or subsequent observation of minor cuts, scratches, etc. by a first aid responder with no further medical attention sought.	1-8, 10-13
<input type="checkbox"/> Medical Aid/Healthcare	An incident resulting in a visit to a doctor, dentist or other health care provider for the purpose of diagnosing and prescribing medical care as a result of an injury at work.	1-13
<input type="checkbox"/> Occupational Disease	A condition that results from exposure in a workplace to a physical, chemical, or biological agent to the extent that the normal physiological mechanisms are affected and the health of the employee is impaired.	1-10, 12, 13
<input type="checkbox"/> Critical Injury	An injury of serious nature that specifically: a) Places life in jeopardy; b) Produces unconsciousness; c) Results in substantial loss of blood; d) Involves the fracture of a leg or arm (including wrist, hand, ankle or foot) but not the fracture of a single finger or toe; e) Involves the amputation of a leg, arm, hand or foot but not the amputation of a single finger or toe; f) Consists of burns to a major portion of the body; or g) Causes the loss of sight in an eye.	1-13
<input type="checkbox"/> Property Damage	An incident that results only in damage to TGLN facilities, equipment, tools or vehicles without injury to an employee.	1-2, 4, 7-8, 10-13
<input type="checkbox"/> Minor Injury – no treatment	An injury where no first aid treatment or healthcare treatment is required.	1-2, 4-8, 10-13
<input type="checkbox"/> Hazard – no injury	Any condition or practice or thing that has the potential for harming people, or damaging equipment, materials or the environment.	1-2, 4, 10-13
<input type="checkbox"/> Incident/Near Miss – no injury	An undesired event or unusual occurrence that is caused by one or more hazards in the workplace. Typical near-miss incidents occur when someone interacts with a hazard but does not require any medical intervention (i.e. someone almost slipping or losing their balance on a wet floor).	1-2, 4, 7, 8, 10-13
1. Employee Identification		
Last Name	First Name	
Title	Department	

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Page 3

Employee Incident Report

<p>7. What was the employee doing at the time of the event? Please explain and include the exact sequence of events leading up to the incident.</p>	
<p>8. Was the employee using materials or equipment at the time of the incident? If yes, include details of weight, size, and type of equipment used.</p>	
<p>9. a) Did employee seek medical attention?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b) Do you anticipate this injury will result in a lost time claim? (lost time occurs if the employee is suspected to be absent for more than the day of the incident)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c) Was medical care provided at the emergency department?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d) Did the employee visit their family physician? If yes, provide the name and address of Hospital/Clinic and Doctor contact information including phone number below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Page 4

Employee Incident Report

10. What conditions contributed to the critical injury, incident/near miss, minor injury, property damage, hazard, first aid, occupational disease or medical aid/healthcare situation? (please check the appropriate boxes)

<p>Equipment / Material:</p> <input type="checkbox"/> Defective materials or equipment <input type="checkbox"/> Equipment not guarded <input type="checkbox"/> Improper use <input type="checkbox"/> Improperly labeled or identified <input type="checkbox"/> Machine or equipment has missing safety components <input type="checkbox"/> Toxic products <input type="checkbox"/> Wrong material or equipment chosen	<p>Individual:</p> <input type="checkbox"/> Distraction, teasing, willful misconduct <input type="checkbox"/> Hazardous personal attire <input type="checkbox"/> Personal protective equipment not worn <input type="checkbox"/> Pre-existing medical condition <input type="checkbox"/> Unsafe action by an employee <input type="checkbox"/> Unsafe action by a non-employee
<p>Area / Environment:</p> <input type="checkbox"/> Dirty, disorderly <input type="checkbox"/> Fire, explosion, atmospheric hazard <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Improper ventilation <input type="checkbox"/> Noise <input type="checkbox"/> Heat <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Outside hazardous condition <input type="checkbox"/> Slippery surface <input type="checkbox"/> Uneven surface or slope <input type="checkbox"/> Unsafe design or arrangement	<p>Work Methods or Procedures:</p> <input type="checkbox"/> Hazardous method or procedure <input type="checkbox"/> Not followed <input type="checkbox"/> Not known <input type="checkbox"/> Operating without authority <input type="checkbox"/> Working at unsafe speed
	<p>Duties:</p> <input type="checkbox"/> Inappropriate work methods or procedures <input type="checkbox"/> Repetitive movement <input type="checkbox"/> Unsafe body posture or position
	<p>Other: _____ _____</p>

11. Property damage – Did a critical injury, incident/near miss, minor injury, hazard, first aid, or medical aid/healthcare situation result in property damage? Yes No
 Provide details of damage sustained to property.

Operations Process Instruction Manual

Worker Injury and Exposure Process Instruction

Page 5

Employee Incident Report

12. Witness Identification (If more than 2 witnesses, please attach additional pages)			
Last Name	First Name	Title	Telephone No.
Last Name	First Name	Title	Telephone No.
13. Workplace Parties' Signatures			
Employee Signature		Date	
Manager Signature		Date	

Manager to submit completed form to Human Resources at workplaceincident@giftoflife.on.ca within 24 hours of incident.