JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry **Ministry of Children and Family Development**	Tel. # **604 660-5864**	Location **Crossroads**	Date of Report **November 2, 2010**
Last name of Injured (or ill) Person s.22		First Name s.22	File No.
Years of Service s.22	Time on Present Job	Occupation **Nurse**	Hours Worked in Previous 24 Hour Period **8**
Incident Location (Dept. or Area) **Crossroads**		Date of Incident **November 1, 2010**	Time **4:15 pm**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Punched two to three times on forehead s.79 YCJA **Swelling and redness above right eye. Employee sent home after ice applied and tylenol administered, declined offer of being driven. Left unit approximately one hour after incident occurred.**

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

Were Written Safe Work Procedures Established and Available? Yes ☒ No ☐ N/A ☐	Were they Adequate? Yes ☒ No ☐ N/A ☐	Were these Safe Work Procedures used in Training? Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

s.79 YCJA

Corrective Action Referred To: **NA** Date To Be Completed By: **NA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
NA

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Roy Lucken	**Nurse**	**604-660-5864**
Arthur Bates	**SPO**	**604-775-0462**

Signature of Workers' Representative	Date	Signature of Employer Representative	Date
	NOV Oct 3/2010		Nov 3/10

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5864**

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5800**	**3405 Willingdon Ave Burnaby**	**September 14, 2010**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Office Assistant**	Hours Worked in Previous 24 Hour Period
Incident Location (Dept. or Area) **Clinical Records file room**		Date of Incident **September 2010**	Time

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☐ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
tendinitise in right shoulder. Moving boxes in file room

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
When s.22 **needed to work on a clients file ,he would have to go to the file room and lift the box off of the shelf to retrieve the file.The files have been in boxes for about 1 month awaiting the move of the department**

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

Corrective Measures Taken and/or Recommended

When employee reported that the boxes were to heavy 10 to 14 kg, he was told to put up a sign advising staff that the boxes were heavy to make sure to use correct lifting procedures

He was also told to order a sturdier step stool to stand on so that he would not have a problem lifting boxes on the top shelf

Corrective Action Referred To: Date To Be Completed By:

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Barbara Susheski	**Business Administrator**	**604 6605581**

Signature of Workers' Representative | Date | Signature of Employer Representative | Date

Name(s) of Witness(es) (include phone number):

Name	Phone

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry **Ministry of Children and Family Development**	Tel. # **604 660-5843**	Location **Maples Response Unit**	Date of Report **July 22, 2010**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Child Care Counselor**	Hours Worked in Previous 24 Hour Period **7**
Incident Location (Dept. or Area) **Response Kitchen**		Date of Incident **July 15, 2010**	Time **1:30 pm**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
Sprained right knee.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
Worker s.22 **halted step to step backward and his heel temporarily stuck to the floor, leading to a painful twinge in right knee.**

Were Written Safe Work Procedures Established and Available? Yes ☒ No ☐ N/A ☐	Were they Adequate? Yes ☒ No ☐ N/A ☐	Were these Safe Work Procedures used in Training? Yes ☐ No ☐ N/A ☒

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS
Stop/start movement on a sticky floor.

Corrective Measures Taken and/or Recommended
Direct staff to clean floor when it is sticky or dirty (beyond the daily cleaning that it receives).

Corrective Action Referred To: **N/A** Date To Be Completed By: **N/A**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
N/A

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Dan Luoma	**Child Care Counselor**	**(604) 660-5864**
Stephen Sjoberg	**Social Program Officer**	**(604) 660-5846**

Dan Luoma July 22, 2010 — Signature of Workers' Representative — Date

[signature] July 22/10 — Signature of Employer Representative — Date

Name(s) of Witness(es) (include phone number):

Name	Phone

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5843**	**Response Unit**	**July 22, 2010**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Child Care Counselor**	Hours Worked in Previous 24 Hour Period **7**
Incident Location (Dept. or Area) **Response Kitchen**		Date of Incident **June 22, 2010**	Time **1:00 pm**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
Sprained right thumb

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
s.22 **was lifting the food cart and sprained her right thumb while doing so.**

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☒

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS
Weight of food cart and improper moving technique.

Corrective Measures Taken and/or Recommended
None required.

Corrective Action Referred To: **N/A** Date To Be Completed By: **N/A**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
N/A

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Dan Luoma	**Child Care Counselor**	**(604) 660-5864**
Stephen Sjoberg	**Social Program Officer**	**(604) 660-5846**

Dan Luoma July 22 2010 — Signature of Workers' Representative — Date

July 22/10 — Signature of Employer Representative — Date

Name(s) of Witness(es) (include phone number):

Name	Phone

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5846**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-12-16**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Social Worker**	Hours Worked in Previous 24 Hour Period **7.5**
Incident Location (Dept. or Area) **Response**		Date of Incident **2011-12-07**	Time **9:00 hrs**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
Twisted left ankle. Bruised right shoulder and bruised left knee (medial)

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
As s.22 **entered her office at the beginning of her work day, she tripped and fell on some pillows that had been left inside her office near the doorway entrance.** s.22 **fell forward, sustaining the damage as listed above.** s.22 **was bruised and shaken and saw our first-aid attendant and then later saw her community doctor.**

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☐ No ☒ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS
Obstacles left in the entraance area to s.22 **office. These pillows were left on the floor by Midnight staff who forgot to pick them up after their rest breaks the preceding evening. The Program Coordinator has followed up with the Midnight staff with directions that this is to not occur again.** s.22 **had no way of knowing that these pillows would be on the floor in front of her as she entered her office and therefore she tripped on them and could have been hurt much worse than she was.**

Corrective Measures Taken and/or Recommended

Response PC has directed M staff and all other staff working in Response to not use s.22 **office at any time and certainly not for purposes like rest breaks. The Response PC has identified other areas where this sort of thing would be more appropriate.**

Corrective Action Referred To: **Stephen Sjoberg** Date To Be Completed By: **Dec. 8, 2011**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Stephen Sjoberg	**SPO28**	**604-660-5846**
Arthur Bates	**SPO21**	**604-775-0462**

Signature of Workers' Representative	Date	Signature of Employer Representative	Date
			Dec-16/11

Name(s) of Witness(es) (include phone number):

Name	Phone

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act.* Any questions about the collection, use or disclosure of this information should be discussed with the social worker involved with this agreement.

TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5841	Cottage One	2011-11-18

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counselor	7

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
	2011-11-15	10:00	(•) AM ( ) PM

INCIDENT CATEGORY (CHECK)

- [x] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [x] No Injury or First Aid Only
- [ ] Medical Treatment
- [ ] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS

scraped knee and bruised hand

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 explained she slipped and fell on the linoleum floor at the base stairs in cottage one as her feet were wet.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
( ) Yes ( ) No (•) N/A	( ) Yes ( ) No (•) N/A	( ) Yes ( ) No (•) N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) **EXPLAIN FULLY UNSAFE CONDITIONS**

Slippery shoes from wet ground outside

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Recommend: improving the lighting at the base of the stairs

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

Observations: Lighting in the inside stairwell is borderline - satisfactory, the two rows of slip treads on the top of the stairs closest to the outside edge are either badly worn or varnished over - making most of them ineffective as targets for traction. Several of the bull noses on the stairs are chipped away.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5841
Mark Hadath	BCGEU Shop Steward	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	2011/11/21		2011/11/21

Name	Phone
NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:	
Name	**Phone**
N/A	

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-09-13**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Nurse 4**	Hours Worked in Previous 24 Hour Period **6 hrs. 20 min.**
Incident Location (Dept. or Area) **Crossroads**		Date of Incident **2011-09-10**	Time **1420**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Bruising and swelling to bridge of nose.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **one staff and** s.79 YCJA **at the other staff, punching her in the face several times.**
s.79 YCJA **2nd staff punching her and knocking her head into the wall.** s.79 YCJA
3rd staff punching her in the face and knocking her glasses to the ground. s.79 YCJA

s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

s.79 YCJA

Corrective Action Referred To: **OnOSH Meeting** Date To Be Completed By: **TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CCC**	**604-660-3878**
Christine Brisebois	**N4**	**604-660-5843**

Sept. 14/11 Sept 14/11 Sept 14/11

Signature of Workers' Representative Date Signature of Employer Representative Date

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5503**
	604-660-5820

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-09-13**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Childcare Counsellor**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads	**2011-09-10**	**1420**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Back of head sore, loss of consciousness for approximately 10 seconds, sore arms and neck.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **one staff and** s.79 YCJA **at the other staff, punching her in the face several times.**
s.79 YCJA **2nd staff punching her and knocking her head into the wall.** s.79 YCJA
3rd staff punching her in the face and knocking her glasses to the ground. s.79 YCJA

s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79

Corrective Measures Taken and/or Recommended

s.79 YCJA

Corrective Action Referred To: **OSH Meeting** Date To Be Completed By: **TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CCC**	**604-660-3878**
Christine Brisebois	**N4**	**604-660-5843**

Signature of Workers' Representative	Date	Signature of Employer Representative	Date
	Sept. 14/11		Sept 14/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-3878**
	604-660-5820

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-09-13**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Childcare Counsellor**	Hours Worked in Previous 24 Hour Period **7.5**
Incident Location (Dept. or Area) **Crossroads**		Date of Incident **2011-09-10**	Time **1420**

Incident Category (check)	☐ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☒ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Punched on left side of face. Fist grazed as staff able to move back. Glasses knock from her face on onto the floor. Glasses were not broken.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **one staff and** s.79 YCJA **at the other staff, punching her in the face several times.**
s.79 YCJA **2nd staff punching her and knocking her head into the wall.** s.79 YCJA
3rd staff punching her in the face and knocking her glasses to the ground. s.79 YCJA

s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79

Corrective Measures Taken and/or Recommended

s.79 YCJA

Corrective Action Referred To: **OSH Meeting** Date To Be Completed By: **TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CCC**	**604-660-3878**
Christine Brisebois	**N4**	**604-660-5843**

Signature of Workers' Representative	Date	Signature of Employer Representative	Date
B.T. Armstrong	Sept. 14/11	L Brown	Sept 14/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-3878**
	604-660-5503

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5864**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-07-20**
Last name of Injured (or ill) Person s.22		First Name	File No. **C-201107-19**
Years of Service s.22	Time on Present Job	Occupation **CC**	Hours Worked in Previous 24 Hour Period **7.5**
Incident Location (Dept. or Area) **Crossroads Program**		Date of Incident **2011-07-20**	Time **1045**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
Soreness to right shoulder and lower right side muscles.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
s.79 YCJA
s.79 YCJA **Restrained by employee with assistance from other staff**

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS
s.79 YCJA

Corrective Measures Taken and/or Recommended

s.79 YCJA

Corrective Action Referred To: **OSH meeting** Date To Be Completed By: **NA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
NA

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Roy Lucken	**RPN**	**604-660-5864**
Bronwynn Armstrong	**CC**	**604-660-5861**

Signature of Workers' Representative | Date: July 20/11 | Signature of Employer Representative | Date

Name(s) of Witness(es) (include phone number):

Name	Phone
	604-660-5864
s.15, s.22	**604-660-5864**

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**April 28, 2011**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Childcare Counsellor**	Hours Worked in Previous 24 Hour Period **7.5**
Incident Location (Dept. or Area) **Crossroads Program**		Date of Incident **July 4, 2011**	Time **1840**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
Long scratch down back and left side of neck. Abrasions on right knee cap. Stiffness and soreness of torso, shoulders/armpit area and inner thighs.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA , **both fell to the ground.** s.79 YCJA **punched staff several times in head, back, shoulder and neck area.** s.79 YCJA
s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

s.79 YCJA

- refer to OSH committee

Corrective Action Referred To: **Shiftheads to advise staff and refer to OSH meeting** Date To Be Completed By: **July 12, 2011**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Arthur Bates	**SPO**	**604-775-0462**

Signature of Workers' Representative | Date: July 12/11 | Signature of Employer Representative | Date: July 12/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-561-3357**
	604-660-5864

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5800**	**Maples Adolescent Treatment Centre**	**June 15, 2011**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**office assistant**	**7**

Incident Location (Dept. or Area)	Date of Incident	Time
administration area	**June 14, 2011**	**2:15 pm**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness
scraps on both knees and elbow (carpet burn) (no blood)

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)
Employee was inserting filing into 6 boxes, he had 3 boxes on his cart, 2 boxes in front of the desk next to him in line with the cart out of way of the walking path. He placed one box in front of the cart on the floor , in the walking path . Employee got up from his desk to go some where and tripped over the box he placed on the floor.

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS
Employee placing box in the walking path

Corrective Measures Taken and/or Recommended
Donot place boxes on the floor in the path that staff may be walking
Pay attention to where you are walking

Corrective Action Referred To: Date To Be Completed By:

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc.. involved in this incident.
s.22 **and has taken the OSH training**

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Barbara Susheski	**administrative Officer**	**604 6605581**
Bronwyn Armstrong	**child care counsilor**	**604 660 5861**

B Armstrong — June 16/11 — B. Susheski —

Signature of Workers' Representative | Date | Signature of Employer Representative | Date

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604 6605807**

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-05-20**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Childcare Counsellor**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads Program	**2011-05-17**	**2120**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☒ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Swollen and sore jaw, pain in back,right shoulder and arm.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **charged at staff #1 from the back with fists drawn punching her twice in the face causing her to fall to the ground.** s.79 YCJA

s.79 YCJA

s.79 YCJA **a bear hug** s.79 YCJA **staff #2's thumb pulling it back** s.79 YCJA **smashed staff #2 head against the wall**

s.79 YCJA

s.79 YCJA **threw the computer at staff #2.** s.79 YCJA

s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

- staff voiced concern about working with an all female team

Corrective Measures Taken and/or Recommended
-CISD arranged for May 25 for staff involved in incident

s.15, s.79 YCJA

Corrective Action Referred To: **OSH meeting**

Date To Be Completed By: **CISD to be completed May 25 Other recommendation TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
Staff phone Model #M5316
Computer Monitor
Computer Keyboard

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CC**	**604-660-5861**

B Armstrong — Signature of Workers' Representative — 11/05/31 — Date

L Brown — Signature of Employer Representative — 11/05/31 — Date

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5820**
	604-660-3878

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-05-20**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Nurse 4**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads Program	**2011-05-17**	**2120**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☒ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Swelling of Right thumb pad, pain in neck area with movement, slight goose egg on right side of head.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **charged at staff #1 from the back with fists drawn punching her twice in the face causing her to fall to the ground.** s.79 YCJA

s.79 YCJA

s.79 YCJA **bear hug on #2's thumb pulling it back against the wall** s.79 YCJA **staff smashed staff #2 head**

s.79 YCJA

s.79 YCJA **threw the computer at staff #2.** s.79 YCJA

s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

- staff voiced concern about working with an all female team

Corrective Measures Taken and/or Recommended
-CISD arranged for May 25 for staff involved in incident

s.15, s.79 YCJA

Corrective Action Referred To: **OSH meeting**

Date To Be Completed By: **CISD completed May 25**
Other recommendation TBA

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
Staff phone Model #M5316
Computer Monitor
Computer Keyboard

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CC**	**604- 660-5861**

B Armstrong — Signature of Workers' Representative — 11/05/31 — Date

Signature of Employer Representative — 11/05/31 — Date

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5820**
	604-660-3878

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-05-20**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Childcare Counsellor**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads Program	**2011-05-17**	**2120**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☒ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Right elbow and shoulder joint painful with movement.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA s.79 YCJA **charged at staff #1 from the back with fists drawn punching her twice in the face causing her to fall to the ground.** s.79 YCJA s.79 YCJA s.79 YCJA s.79 YCJA **a bear hug staff #2's thumb pulling it back** s.79 YCJA **smashed staff #2 head against the wall** s.79 YCJA **threw the computer at staff #2.** s.79 YCJA s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

- staff voiced concern about working with an all female team

Corrective Measures Taken and/or Recommended
-CISD arranged for May 25 for staff involved in incident

s.15, s.79 YCJA

Corrective Action Referred To: **OSH meeting**

Date To Be Completed By: **CISD to be completed May 25**
Other recommendation TBA

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.
Staff phone Model #M5316
Computer Monitor
Computer Keyboard

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Bronwyn Armstrong	**CC**	**604-660-5861**

B Armstrong — 11/05/31
Signature of Workers' Representative — Date

L Brown — 11/05/31
Signature of Employer Representative — Date

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5864**
	604-660-3878

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**April 28, 2011**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Childcare Counsellor**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads Program	**April 26, 2011**	**1700 hrs.**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness

During a restraint the base of s.22 **right thumb was injured causing pain and swelling.**

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA **injuried her right thumb.**

The area at the base of the right thumb was painful and swollen.

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended
Several members involved in the restraint feel that a CISD will be helpful.

s.79 YCJA

Corrective Action Referred To: **OSH meeting**

Date To Be Completed By: **CISD scheduled for May 4, 2011 - Completed Other recommendations TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Arthur Bates	**SPO**	**604-775-0462**

Signature of Workers' Representative | Date: May 5/11 | Signature of Employer Representative | Date: May 5/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5864**
	604-660-5864
	604-660-5843
	604-660-5864

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5865**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011-04-12**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**Nurse 5**	**7.5**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads	**2011-04-09**	**1900 hrs.**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☐ Other

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☒ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness
Broken nose with possible concussion.

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.79 YCJA

s.79 YCJA

staff causing severe bleeding from the nose

s.79 YCJA

head butted one of the male

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

If proper escort technique was used head butting could not have occurred.

Corrective Measures Taken and/or Recommended

s.79 YCJA

CISD completed on April 20, 2011
Dutch door for main office (would dutch door in nursing station fit Crossroads office door)
Refresher courses in the hands on component of NVCI done every 6 months
Personal safety devices
Code policy

s.79 YCJA

Corrective Action Referred To: **OSH Meeting** Date To Be Completed By:

s.79 YCJA

CISD completed on April 20,2011. Other recommendation TBA

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Rose Lance	**N4**	**604-660-3878**
Christine Brisebois	**N4**	**604-660-5843**

Signature of Workers' Representative — Date: MAY 4, 2011 — Signature of Employer Representative — Date: May 4/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5864**
	604-660-5864

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5864**	**3405 Willingdon Ave., Burnaby, B.C.**	**2011/04/06**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **Child Care Counsellor**	Hours Worked in Previous 24 Hour Period **0**
Incident Location (Dept. or Area) **Crossroads Program**		Date of Incident **2011-04-03**	Time **1830**

Incident Category (check)	☐ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☒ Other Threat/Assault

Severity of Injury or Illness (check)	☐ No Injury or First Aid Only	☐ Medical Treatment	☐ Time Loss	☐ Fatal *

Nature of Injury or Illness

s.22 **reported "no injuries noted at time of incident".**

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

s.22 **Statement:**

s.79 YCJA

s.79 YCJA **pushed me down onto the couch**

and broke the keys off the lanyard s.79 YCJA

s.79 YCJA

s.79 YCJA **hitting other staff** s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

- No lanyards to be used on complex - notice be sent to all staff
- do not issue at time of hire

s.79 YCJA

Positioning of furniture should include a clear exit route
Personal safety device
Code policy for emergency circumstances
If a circumstance arises where 1 staff will be alone staff need to make every effort to remove self from direct contact with youth
Refresher of NVCI every 6 months

Corrective Action Referred To: **OSH meeting** Date To Be Completed By: **Recommendations TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Rose Lance	**N4**	**604-660-3878**
Christine Broisebois	**N4**	**604-660-5843**

Signature of Workers' Representative — Date: May 4/11

Signature of Employer Representative — Date: May 4/11

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5864**

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry **Ministry of Children and Family Development**	Tel. # **604 660-5864**	Location **3405 Willingdon Ave., Burnaby, B.C.**	Date of Report **2011/04/06**
Last name of Injured (or ill) Person s.22		First Name	File No.
Years of Service s.22	Time on Present Job	Occupation **N4**	Hours Worked in Previous 24 Hour Period **7.5**
Incident Location (Dept. or Area) **Crossroads Program**		Date of Incident **2011/04/03**	Time **1830**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☒ Other Assault
Severity of Injury or Illness (check)	☐ No Injury or First Aid Only		☐ Medical Treatment		☐ Time Loss	☐ Fatal *

Nature of Injury or Illness

s.22, s.79 YCJA **scratches to the Lt. forearm and upper lip, stiffness in neck and Lt. forearm as well as nose bleed from Lt. nostril.**

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

Statement from s.22 :

s.79 YCJA **pushed her onto the couch grabbing keys.** s.22, s.79 YCJA **several swings at both staff members. This resulted in scratches to** s.22 **Lt. forearm and upper lip, stiffness in neck and Lt. forearm as well as nose bleed from Lt. nostril.**

Were Written Safe Work Procedures Established and Available? Yes ☒ No ☐ N/A ☐	Were they Adequate? Yes ☒ No ☐ N/A ☐	Were these Safe Work Procedures used in Training? Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

No lanyards to be used on complex - notice be sent to all staff
- do not issue at time of hire
s.79 YCJA
Positioning of furniture should include a clear exit route
Personal safety device
Code policy for emergency circumstances
If a circumstance arises where 1 staff will be alone staff need to make every effort to remove self from direct contact with youth
Refresher of NVCI every 6 months

Corrective Action Referred To: **OSH meeting** Date To Be Completed By: **Recommendations TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Louise Brown	**N7**	**604-660-5865**
Rose Lance	**N4**	**604-660-3878**
Christine Brisebois	**N4**	**604-660-5843**

Signature of Workers' Representative — Date: May 4, 2011 — Signature of Employer Representative — Date: May 4/2011

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604-660-5800**

* If fatal, ensure you contact the local WCB office as per WCB HIS Regulation #6:02(a), local BCGEU office and the Human Resource Department.

Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local OSH Committee; & (4) Local WCB office

JOINT INCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
Ministry of Children and Family Development	**604 660-5864**	**3405 Willingdon Ave, Burnaby, BC**	**March 28, 2011**

Last name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22		**N4**	**8**

Incident Location (Dept. or Area)	Date of Incident	Time
Crossroads Program	**March 24, 2011**	**7:40 pm**

Incident Category (check)	☒ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☒ Other assault, theft, escaping legal custody

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness

s.22 **was assaulted** s.79 YCJA

Description of Incident or Employee's Account of Occupational Disease (eg. RSI)

Statement from s.22 **:**

s.22, s.79 YCJA
s.22
s.22
s.22
s.22
s.79 YCJA
d at s.22 s.79 YCJA
s.22
s.22
s.79 YCJA

hit s.22 **in the left side of the head once with a closed fist.** s.22
s.79 YCJA **dug into her hand** s.22 s.79 YCJA s.22
s.79 YCJA
s.22
s.79 YCJA

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors)
- **2 staff**

s.79 YCJA

- **3rd staff (Nurse) left unit to do drug count**

EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

s.22 **feels that CISD would be helpful. She has been given the number for the Employee Assistance Program.**

s.22 **feels that a button alarm system would have been helpful.**

- **Before leavinig unit staff need to assess stability of unit, youth and discuss with team members**
- **If keys on neck they should be out of the sight of youth**
- **No lanyards that are not tear away**
- **Other possible options for safety of keys ie. wrist lanyards however this could possibly result in back injuries**
- **Staff need to be reminded that their safety needs to be considered vs the immediate gratification of youth (smoke break)**
- **Emergency ringers on other units not working and so delayed response to emergency calls**

Corrective Action Referred To: **PC and OSH meetings**

Date To Be Completed By: **CISD completed Other recommendation TBA**

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this incident.

Name(s) & occupations of person(s) who investigated incident:

Name	Occupation	Phone
Giancarlo M. Laertini	**CCC 21**	**604 660-5864**
Rose Lance	**N4**	**604 660-3878**
Louise Brown	**N7 Program Coordinator**	**604 660-5865**

Signature of Workers' Representative — Date: APR 1 2014 — Signature of Employer Representative — Date: Mar. 30/14

Name(s) of Witness(es) (include phone number):

Name	Phone
s.15, s.22	**604 660-5864**
	604 660-5864

JOINT ACCIDENT INVESTIGATION FORM

PSC 38

Ministry	Tel. #	Location	Date of Report
MCFD	604-660-5865	3405 Willingdon Ave., Burnaby, B.C.	March 16, 2011

Last Name of Injured (or ill) Person	First Name	File No.
s.22		

Years of Service	Time on Present Job	Occupation	Hours Worked in Previous 24 Hour Period
s.22	s.22	Childcare Counsellor	8

Accident Location (Dept. or Area)	Date of Accident	Time
Crossroads Program	March 13, 2011	2310 hrs.

Accident Category (check)	☐ Injury or Illness	☐ Equipment Malfunction	☐ Motor Vehicle	☐ Property Damage	☐ Fire	☒ Other (specify)

Severity of Injury or Illness (check)	☒ No Injury or First Aid Only	☐ Medical Treatment	☒ Time Loss	☐ Fatal *

Nature of Injury or Illness

s.22 was verbally threatened s.79 YCJA

Description of Accident or Employee's Account of Occupational Disease (eg. RSI) (use separate sheet if necessary)

s.22 s.79 YCJA s.22 s.22 s.22

Were Written Safe Work Procedures Established and Available?	Were they Adequate?	Were these Safe Work Procedures used in Training?
Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐	Yes ☒ No ☐ N/A ☐

Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

Corrective Measures Taken and/or Recommended

Staff debriefed event upon return to work with PC. s.79 YCJA

s.22 s.79 YCJA

Corrective Action Referred To: s.22 _____ Date To Be Completed By: __11/_03/17___ _____

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this accident. (Use separate sheet if necessary)

Name(s) & occupations of person (s) who investigated accident:

Louise Brown NT	604-660-5865		
Print Name & Occupation	Phone	Print Name & Occupation	Phone
Signature of Workers' Representative	Apr. 15/11 Date	Signature of Employer Representative	Date

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5841	MATC - 3405 Willingdon Ave., Burnaby, BC, V5G 3H4	2012-02-29

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counsellor	6

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-02-22	6:45	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☐ No Injury or First Aid Only ☑ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Worker stated that her shoulder and upper arm were sore and experienced some inmobility the following day.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

Worker strained shoulder while participating in activity s.79 YCJA

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
○ Yes ○ No ◉ N/A	○ Yes ○ No ◉ N/A	○ Yes ○ No ◉ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

Worker participated in activity that is not a part of her normal daily activity. Did not warm up and used same arm motion in a repetitive manner.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Advised worker to warm up/strech before physical activity. Advise worker to be aware of their physical fitness level and to respect their limitations.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
Speak to employee about how to maintain her physical health before engaging in str	2012-02-27

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Bronwyn Armstrong	Program Coordinator	604 660-5841
Tracey Strain	Child Care Counsellor	604 660-5501

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	2012/02/29		2012/02/29

Name	Phone
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**
N/A	

BRITISH COLUMBIA | Ministry of Children and Family Development

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5864	MATC - Crossroads Program	2012-02-16

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Nurse	

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-02-09	3:30 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☑ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Scratch to R lower back and both forearms

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA s.22 scratched on his R lower back and both forearms.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) **EXPLAIN FULLY UNSAFE CONDITIONS**

Proximity with Client during restraint

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Offer more frequent NVCI refresher sessions for staff.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
OSH Committee, Program Coordinator	2012-02-29

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865
Christine Brisebois	Nurse	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	12-02-21		2012/02/16

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

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TELEPHONE NUMBER: 604 660-5864

LOCATION: MATC - Crossroads Program

REPORT DATE (YYYY-MM-DD):

LAST NAME OF INJURED (OR ILL) PERSON: s.22

FIRST NAME:

FILE No.:

YEARS OF SERVICE: s.22

TIME ON PRESENT JOB:

OCCUPATION: Nurse

HOURS WORKED IN PREVIOUS 24-HOURS: 8HRS

INCIDENT LOCATION (DEPARTMENT OR AREA): 0

INCIDENT DATE (YYYY-MM-DD): 2012-02-27

TIME: 18:15 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Staff's hair was pulled s.79 YCJA

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA Staff's neck and then grabbed and pulled her hair.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? ◉ Yes ○ No ○ N/A

WERE THEY ADEQUATE? ◉ Yes ○ No ○ N/A

WERE THESE SAFE WORK PROCEDURES USED IN TRAINING? ◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

staff to use techniques learned in NVCI.
Add some refresher sessions of NVCI.

CORRECTIVE ACTION REFERRED TO: OSH Committee

TO BE COMPLED BY (YYYY-MM-DD): 2012-04-03

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865
Christine Brisebois	Nurse 4	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE: [signature] LPN

DATE (YYYY-MM-DD): 12-03-01

SIGNATURE OF EMPLOYER'S REPRESENTATIVE: [signature]

DATE (YYYY-MM-DD): 12/03/01

Name	Phone
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**
s.15, s.22	604 660-5864

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5846	Maples Response Program	2012-03-26

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Nurse	0 HOURS

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
Maples' GP's Office	2012-03-26	12:20	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☐ No Injury or First Aid Only ☑ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Bruising and pain to left jaw area.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA

s.79 YCJA punched worker in the left jaw area.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
s.79 YCJA	2012-03-26

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

Hallway outside of GP's office is surrounded by locked doors.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Bronwyn Armstrong	Program Coordinator/Shop Steward	604 660-5841
Stephen Sjoberg	Program Coordinator	604 660-5846

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
B Armstrong	2012/03/26		2012/03/26

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
000 000-0000	3405 Willindon Ave. Burnaby, B.C. V5G 3H4	2012-06-21

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Youth worker	8

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-06-21	5:45 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☐ No Injury or First Aid Only ☑ Medical Treatment ☑ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.79 YCJA stepped on s.22 foot s.79 YCJA Seen by unit nurse. Foot pain resulted and hurts to move it.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 s.79 YCJA s.79 YCJA s.22 stepped on her foot. s.22 immediately yelled out and went to investigate her injures. A couple of hours later the pain had increased to the point where she felt it necessary to have a first aid attendant look at it.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) **EXPLAIN FULLY UNSAFE CONDITIONS**

Unsafe act by other -Unsafe Conditions due to inadequate footwear.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA Worker changed foot wear to something more protective. Program Coordinator to follow up with Staff team to be made aware of need to be mindful of youth running on the unit and need to provide direction to clientele not to do same. Possibly set up no running signs.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
OHS Committee, Program Coordinator, Program Manager	2012-07-21

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Michael, Short	Program Coordinator	604 660-5846

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	2012-06-25		

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**
s.22	606 660-5843

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5846	Maples Response Unit	2012-05-29

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counsellor	7.78

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-05-25	9:05	(•) AM ( ) PM

INCIDENT CATEGORY (CHECK)

[✓] Injury or Illness [ ] Equipment Malfunction [ ] Motor Vehicle [ ] Property Damage

[ ] Fire [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

[✓] No Injury or First Aid Only [ ] Medical Treatment [ ] Time Loss [ ] Fatal

NATURE OF INJURY OR ILLNESS

Bruising and broken skin near right thumb.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 s.79 YCJA s.22 s.79 YCJA struck her on the right hand by the thumb, causing some scratching and bruising to the area around the thumb.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
( ) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) — EXPLAIN FULLY UNSAFE CONDITIONS

s.22 s.79 YCJA s.79 YCJA s.22 an inordinate amount of force.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.22 s.79 YCJA s.79 YCJA 'return' the keys in an unsafe manner.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
Stephen Sjoberg	2012-05-30

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Stephen Sjoberg	SPO 28	604 660-5846
Arthur Bates	CCN 21	604 775-0462

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	2012-05-31		2012-05-30

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**

BRITISH COLUMBIA | Ministry of Children and Family Development

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5846	Maples Response Program	2012-05-30

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counsellor	7.0

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-05-28	13:00	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.22 twisted and strained her right ankle.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA s.22 was running across the sand and twisted her right ankle

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) **EXPLAIN FULLY UNSAFE CONDITIONS**

Poor, unsupportive footwear and an unstable surface.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.22 has been informed of the job expectation that she wear required footwear while on the job.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
Stephen Sjoberg	2012-06-04

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

It is the employer's expectation that employees wear proper footwear while on the job.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Stephen Sjoberg	SPO28	604 660-5846
Marzie De Pangher	CCN18	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
Marzie De Pangher	2012-06-19		2012-06-19

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5864	Crossroads Program	2012-06-11

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
	s.22	Shift Supervisor / Child Care Counsellor	7.78HRS

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-06-06	10:45 (•) AM ( ) PM

INCIDENT CATEGORY (CHECK)

- [x] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [ ] No Injury or First Aid Only
- [x] Medical Treatment
- [ ] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS

burn to staff's Right lower stomach area - s.22 refused medical treatment.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA a cup of coffee s.79 YCJA
s.79 YCJA threw the contents of the cup at staff from about two feet away. the coffee covered staff's stomach area below his Right chest area down to his waist.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) — EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA threw a hot cup of coffee at staff

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
s.79 YCJA	2012-06-15

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
			2012/04/02

NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:

Name	Phone
s.15, s.22	604 660-5865

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Joint Incident Investigation Form

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TELEPHONE NUMBER

LOCATION: Crossroads Program

REPORT DATE (YYYY-MM-DD): 2012-06-15

LAST NAME OF INJURED (OR ILL) PERSON: s.22

FIRST NAME

FILE No.

YEARS OF SERVICE

TIME ON PRESENT JOB

OCCUPATION: Child Care Counsellor

HOURS WORKED IN PREVIOUS 24-HOURS: 8.75HRS

INCIDENT LOCATION (DEPARTMENT OR AREA): 0

INCIDENT DATE (YYYY-MM-DD): 2012-06-14

TIME: 6:15 (◉ AM ○ PM)

INCIDENT CATEGORY (CHECK)

- [x] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [ ] No Injury or First Aid Only
- [x] Medical Treatment
- [x] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS

Bitten L thumb, neck/throat are as s.22 was choked. s.22 was also punched several times but not noted in the Nursing assessment as to impact on s.22 physical health.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 s.79 YCJA hit him (throwing his fists at s.22 as you would swing a Hammer) s.22 s.22 s.22 s.22 s.79 YCJA s.22 s.22 s.22 s.22 s.79 YCJA s.22 his Left thumb bitten s.79 YCJA s.22 s.22, s.79 YCJA s.22 s.22 s.79 YCJA s.22

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? (◉ Yes ○ No ○ N/A)

WERE THEY ADEQUATE? (◉ Yes ○ No ○ N/A)

WERE THESE SAFE WORK PROCEDURES USED IN TRAINING? (◉ Yes ○ No ○ N/A)

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA

CORRECTIVE ACTION REFERRED TO:

s.79 YCJA

TO BE COMPLED BY (YYYY-MM-DD): 2012-06-22

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865
Christine Brisebios	Nurse	

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5843	Maples Adolescent Treatment Centre	2012-07-12

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Psychiatric Nurse	8 HOURS

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-06-01	14:45 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Cut to nail bed of left index finger.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

While slicing vegetables in the kitchen with a large kitchen knife, s.22 inadvertently cut down on the nail bed of her left index finger.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) **EXPLAIN FULLY UNSAFE CONDITIONS**

Carelessness. s.22 reports that: the knife that she was using was very sharp, there were no distractions and the cutting board surface was smooth and even.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Writer spoke to s.22 and she said that she will ensure that she is more focused when she is using sharp implements to prepare food.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
s.22 who is going to use more caution when using sharps in the kitchen or	2012-07-12

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

N/A

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Christine Brisebois	Psychiatric Nursee	604 660-5843
Stephen Sjoberg	SPO28	604 660-5846

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	12.07.12		

Name	Phone
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
000 000-0000	Maples Adolescent Treatment Centre Burnaby	2012-08-01

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Shift supervisor/ Child Care Counsellor	7.78

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-07-31	18:30	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☑ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Bruising and swelling to hand and forearm

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

During a 40 minute restraint s.79 YCJA above injuries occurred

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA No staff available to take over in a long restraint as on outings and one other unit closed.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Staff to be aware of staffing levels for safety

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
N/A	

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

N/A

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Elisa Stewart	Acting Nurse 7	60,476,601,489

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
			2012-08-01

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone
s.22	604 660-3878
	604 660-3878
	604 660-5843

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TELEPHONE NUMBER: 000 000-0000

LOCATION: Maples Adolescent Treatment Centre Burnaby

REPORT DATE (YYYY-MM-DD): 2012-08-01

LAST NAME OF INJURED (OR ILL) PERSON: s.22

FIRST NAME:

FILE No.:

YEARS OF SERVICE: s.22

TIME ON PRESENT JOB:

OCCUPATION: Shift supervisor/ Child Care Counsellor

HOURS WORKED IN PREVIOUS 24-HOURS: 7.78

INCIDENT LOCATION (DEPARTMENT OR AREA): 0 MAPLES ROADS

INCIDENT DATE (YYYY-MM-DD): 2012-07-31

TIME: 18:30 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☐ No Injury or First Aid Only ☑ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

Bite to right wrist with broken skin, Bruising and pain to both knees and elbows

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

During a 40 minute restraint s.79 YCJA above injuries occurred

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? ◉ Yes ○ No ○ N/A

WERE THEY ADEQUATE? ◉ Yes ○ No ○ N/A

WERE THESE SAFE WORK PROCEDURES USED IN TRAINING? ◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) — EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA No staff available to take over in a long restraint as on outings and one other unit closed.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Staff to be aware of staffing levels for safety

CORRECTIVE ACTION REFERRED TO:

TO BE COMPLED BY (YYYY-MM-DD):

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Elisa Stewart	Acting Nurse 7	60,476,601,489

SIGNATURE OF WORKER'S REPRESENTATIVE

DATE (YYYY-MM-DD):

SIGNATURE OF EMPLOYER'S REPRESENTATIVE

DATE (YYYY-MM-DD): 2012-08-01

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone
s.15, s.22	604 660-3878
	604 660-3878
	604 660-5843

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5864	MATC - Crossroads Program	2012-08-27

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counsellor	12

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-08-26	7:30	(•) AM ( ) PM

INCIDENT CATEGORY (CHECK)

- [x] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [x] No Injury or First Aid Only
- [ ] Medical Treatment
- [ ] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS

Sore neck

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA s.22 neck and forced her head to her knees when she was getting food out of the refrigerator. s.79 YCJA

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

s.79 YCJA cornered staff in the kitchen area

Contributory Factors:

Staffing levels: ran with four staff as per usual, however on this day no male staff were on the unit.

s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Staff need to always take the time to assess youth when interacting with them, never turn your back on the client.

Staff to be mindful of clients mental health and unpredictability.

Have the radio readily available use - why wasn't the radio used in this case?

s.79 YCJA

Staffing: ensure there are male staff to support the clinical needs of our male clients on the Crossroads unit.

s.79 YCJA

CORRECTIVE ACTION REFERRED TO:

s.79 YCJA

TO BE COMPLED BY (YYYY-MM-DD)

2012-08-30

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

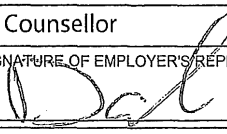
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5864
Marzie De Pangher	Child Care Counsellor	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

SIGNATURE OF EMPLOYER'S REPRESENTATIVE



DATE (YYYY-MM-DD)

Aug 23/12

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
	3405 Willingdon Avenue Burnaby BC V5G 3H4	2012-09-04

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Nurse 5	0

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-08-31	18:55	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☐ No Injury or First Aid Only ☐ Medical Treatment ☑ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.22 Right wrist was struck s.79 YCJA

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.79 YCJA

s.79 YCJA formed a tight fist, raised his arm, and struck the shift head on her wrist. s.79 YCJA

s.79 YCJA

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

Unsafe act of Client (basic cause)
Contributory factors:

s.22, s.79 YCJA

s.22, s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA

CORRECTIVE ACTION REFERRED TO:

s.79 YCJA

TO BE COMPLED BY (YYYY-MM-DD)

2012-09-04

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5856

SIGNATURE OF WORKER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

SIGNATURE OF EMPLOYER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:

Name	Phone

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5843	Maples Response program	2012-10-02

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		Child Care Counsellor	0

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-09-17	10:30 (•) AM ( ) PM

INCIDENT CATEGORY (CHECK)

- [x] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [ ] Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [x] No Injury or First Aid Only
- [ ] Medical Treatment
- [ ] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS

Twisted ankle, resulting in pain and swelling in the ankle area.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 was walking toward the school on the grass beside the parking lot. s.22 was distracted by another colleague and inadvertantly stepped into an indent in the grass and rolled over her ankle (hyperextension). The indent was just between the curb and the grass and was about 2 ' long by 6" wide.

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A	(•) Yes ( ) No ( ) N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) — EXPLAIN FULLY UNSAFE CONDITIONS

Unsafe Condition: Uneven ground, covered in grass making it less easy to see.

Personal Factor: Employee was distracted by another employee.

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

Response Program Coordinator will send a note to staff to ensure that they try to walk along the paved area of the parking lot as the grassy sections dividing it are quite uneven.

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)
Response Program Coordinator	2012-10-12

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

N/A

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Stephen Sjoberg	SPO 28	604 660-5846
Tracey Strain	CCCN 18	604 603-8319

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	2012-10-03		2012-10-12

Name	Phone
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**

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TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5856	Crossroads Program 3405 Willingdon Avenue Burnaby BC	2012-09-25

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
s.22		CCC	7.78

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-09-20	21:40 ◯ AM ◉ PM

INCIDENT CATEGORY (CHECK)

- ☑ Injury or Illness
- ☐ Equipment Malfunction
- ☐ Motor Vehicle
- ☐ Property Damage
- ☐ Fire
- ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

- ☑ No Injury or First Aid Only
- ☐ Medical Treatment
- ☐ Time Loss
- ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.79 YCJA s.22 s.22 striking them with her fists and kicking them.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22
s.79 YCJA s.22
s.79 YCJA s.22 hit s.22 several times in her Right arm. s.79 YCJA
s.22 s.79 YCJA was hit in the Right arm and shoulder
area. s.22 s.79 YCJA s.22 struck s.79 YCJA in the head a couple of times. s.79 YCJA s.22
s.22
s.22 s.22 s.22
s.79 YCJA s.22 s.22
s.22 s.22
s.22

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ◯ No ◯ N/A	◉ Yes ◯ No ◯ N/A	◉ Yes ◯ No ◯ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

Client

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA
s.79 YCJA staff with long hair are now required to keep their hair up (as opposed to hanging loosely).

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865

SIGNATURE OF WORKER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

SIGNATURE OF EMPLOYER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

BRITISH COLUMBIA | Ministry of Children and Family Development

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TELEPHONE NUMBER: 604 660-5865

LOCATION:

REPORT DATE (YYYY-MM-DD): 2012-09-25

LAST NAME OF INJURED (OR ILL) PERSON: s.22

FIRST NAME:

FILE No.:

YEARS OF SERVICE:

TIME ON PRESENT JOB: s.22

OCCUPATION: Nurse

HOURS WORKED IN PREVIOUS 24-HOURS: 11.50HRS

INCIDENT LOCATION (DEPARTMENT OR AREA): 0

INCIDENT DATE (YYYY-MM-DD): 2012-09-23

TIME: 14:00 ○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.79 YCJA s.22 pulling s.22 hair, punching and kicking her.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 s.22 s.22

s.79 YCJA s.22

s.79 YCJA to punch, kick, and pull female staff's hair. s.79 YCJA was kicking, and

s.79 YCJA

attempting to scratch female s.22 and s.22

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? ◉ Yes ○ No ○ N/A

WERE THEY ADEQUATE? ◉ Yes ○ No ○ N/A

WERE THESE SAFE WORK PROCEDURES USED IN TRAINING? ◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

Client

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA Nurses on Crossroads are to review their process of administering medication s.79 YCJA

CORRECTIVE ACTION REFERRED TO: Crossroads N5 will review their practice of administering medication s.79 YCJA

TO BE COMPLED BY (YYYY-MM-DD): 2012-09-28

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:	
Name	**Phone**

BRITISH COLUMBIA | Ministry of Children and Family Development

Joint Incident Investigation Form

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the social worker involved with this agreement.

TELEPHONE NUMBER	LOCATION	REPORT DATE (YYYY-MM-DD)
604 660-5856	Crossroads Program 3405 Willingdon Avenue Burnaby BC	2012-09-25

LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		

YEARS OF SERVICE	TIME ON PRESENT JOB	OCCUPATION	HOURS WORKED IN PREVIOUS 24-HOURS
	s.22	Nurse	7.78

INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-09-20	21:40	○ AM ◉ PM

INCIDENT CATEGORY (CHECK)

☑ Injury or Illness ☐ Equipment Malfunction ☐ Motor Vehicle ☐ Property Damage

☐ Fire ☐ Other

SEVERITY OF INJURY OR ILLNESS (CHECK)

☑ No Injury or First Aid Only ☐ Medical Treatment ☐ Time Loss ☐ Fatal

NATURE OF INJURY OR ILLNESS

s.79 YCJA s.22 s.22 striking them with her fists and kicking them.

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI)

s.22 s.79 YCJA s.22

s.79 YCJA s.22 hit s.22 several times in her Right arm. s.79 YCJA
s.22 s.22 s.79 YCJA was hit in the Right arm and shoulder
area s.22 s.79 YCJA s.22 struck s.79 YCJA in the head a couple of times. s.79 YCJA
s.22
s.22 s.79 YCJA s.22 s.22
s.22 s.22
s.79 YCJA began striking s.22 in the head several times. s.22
s.22
s.79 YCJA

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE?	WERE THEY ADEQUATE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?
◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A	◉ Yes ○ No ○ N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS

Client

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED

s.79 YCJA
s.79 YCJA staff with long hair are now required to keep their hair up
(as opposed to hanging loosely).

CORRECTIVE ACTION REFERRED TO:	TO BE COMPLED BY (YYYY-MM-DD)

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865

SIGNATURE OF WORKER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

SIGNATURE OF EMPLOYER'S REPRESENTATIVE

DATE (YYYY-MM-DD)

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone

BRITISH COLUMBIA | Ministry of Children and Family Development

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TELEPHONE NUMBER: 000 000-0000

LOCATION: 3405 Willingdon ave

REPORT DATE (YYYY-MM-DD): 2012-09-26

LAST NAME OF INJURED (OR ILL) PERSON: s.22

FIRST NAME:

FILE No.:

YEARS OF SERVICE: s.22

TIME ON PRESENT JOB:

OCCUPATION: nurse

HOURS WORKED IN PREVIOUS 24-HOURS: 7.78

INCIDENT LOCATION (DEPARTMENT OR AREA): 0

INCIDENT DATE (YYYY-MM-DD): 2012-09-25

TIME: 9:55 (AM / PM)

INCIDENT CATEGORY (CHECK)

- [ ] Injury or Illness
- [ ] Equipment Malfunction
- [ ] Motor Vehicle
- [ ] Property Damage
- [ ] Fire
- [x] Other: assault

SEVERITY OF INJURY OR ILLNESS (CHECK)

- [x] No Injury or First Aid Only
- [ ] Medical Treatment
- [ ] Time Loss
- [ ] Fatal

NATURE OF INJURY OR ILLNESS: Soreness in right upper arm

DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEASE (E.G. RSI): s.22 was struck in the right upper arm s.79 YCJA

WERE WRITTEN SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? (Yes / No / N/A): Yes

WERE THEY ADEQUATE? (Yes / No / N/A): Yes

WERE THESE SAFE WORK PROCEDURES USED IN TRAINING? (Yes / No / N/A): N/A

BASIC CAUSE (AND CONTRIBUTORY FACTORS)

EXPLAIN FULLY UNSAFE CONDITIONS: s.79 YCJA

CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED: Staff education around awareness of physical proximity s.79 YCJA Better and more frequent self defence training could be offered by the employer.

CORRECTIVE ACTION REFERRED TO: OSH committee

TO BE COMPLED BY (YYYY-MM-DD):

ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC. INVOLVED IN THIS INCIDENT.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Occupation	Phone
Jordan Griggs	Shift supervisor	604 660-5864
Marzie De Pangher	child care counselor	604 660-5843

SIGNATURE OF WORKER'S REPRESENTATIVE: Marzie De Pangher

DATE (YYYY-MM-DD): 2012-09-27

SIGNATURE OF EMPLOYER'S REPRESENTATIVE: Jordan Griggs

DATE (YYYY-MM-DD): 2012-09-27

NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:

Name	Phone
s.15, s.22	660 5864

BRITISH COLUMBIA | Ministry of Children and Family Development

OSH Joint Incident Investigation Form

PSC 38 Equivalent

This form must be initiated immediately after notification.

This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

MCFD TRACKING NUMBER

INCIDENT LOCATION INFORMATION

REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	TIME OF INCIDENT		
604-660-5843	2012-10-02	2012-10-02	4:20 PM	TO	421 PM

ADDRESS OF INCIDENT (street address, city/town)	EXACT LOCATION OF INCIDENT (parking lot, meeting room etc)
3405 Willingdon Avenue	Willingdon & Goard Way intersection

PEOPLE INVOLVED

	NAME OF PERSON INCIDENT REPORTED TO	PHONE NUMBER (if different than reporting office)
1)	Stephen Sjoberg	604-660-5846

	NAME OF PERSON DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22	Child Care Counsellor	604-660-5843

	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)	INVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)				

INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

- ☐ Violence Related Incidents
- ☑ Environmental Incidents
  - ☐ Indoor Air Quality (i.e. scents, fumes, temperatures)
  - ☐ Chemical Exposure
  - ☐ Biological (i.e. molds, fungi)
  - ☐ Blood/Body Fluids (i.e. Needle Stick, contact with BBF)
  - ☐ Spill/Release of Hazardous Substance
  - ☑ Other
    - PLEASE SPECIFY: s.79 YCJA
- ☐ General Incidents

SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

☑ No Physical Injury ☐ First Aid Only ☐ Medical Intervention (Dr. Clinic, Ambulance) ☑ Time Loss (Not including day of injury) # of Days Loss: ____

☐ Fatal

TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

☐ Knocks, Scrapes, Abrasions, Bruises	☐ Muscle/Tendon Strains	☐ Sprains	☐ Medical Sensitivity (scents, chemicals)	☑ Post Traumatic Stress
☐ Muscle/Tendon Tears	☐ Fractures	☐ Lacerations/Cuts	☐ Disease	☐ Burns
☐ Other				

BODY PART(S) INJURIED OR AFFECTED (CHECK ALL THAT APPLY)

☐ Upper	☐ Mid Body (including arms)	☐ Lower Body

PHYSICAL SURROUNDINGS DETAILS (IF APPLICABLE)

Object/Equipment/Substance inflicting injury or damage	Environmental Conditions at time of incident (i.e. lighting, sound, chemical exposure)	Office Structures implicated in incident (i.e doors)
N/A	Dry and clear in mid-day	

DESCRIPTION OF INCIDENT

Who, What, Where, When, Why - Employee's Account (be specific as possible with worker's names, times, locations and use initials for client names)

s.22

s.79 YCJA

oncoming bus and s.22 had to physically step in to the lane while waving her arms to alert the bus driver who saw her and s.79 YCJA and stopped just in front of them.

ANALYSIS

Immediate Basic Cause(s)
(What triggered the incident - i.e. fall from height, caught in machinery, child removal etc.)

1) s.79 YCJA

Underlying Cause and Contributing Factors
(What allowed the condition to exist – i.e. inadequate training, lack of written work procedures; worker not being monitored; poor lighting; defective equipment; working alone, no orientation, noise etc.)

a) s.79 YCJA

b)

ADDITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.

In future, Response staff are going to ensure that clients from small towns have a chance to orient themselves to the busy roadways in the lower mainland. This can be done by front loading and then escorting the youth to the corner of Canada Way and Willingdon (the busiest intersection in BC) to watch the traffic and observe how pedestrians safely navigate their way across Canada Way and/or Willingdon Avenue.

OSH COMMITEE JOINT INVESTIGATORS

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Signature	Occupation	Phone
Stephen Sjoberg		SPO28	604 660-5846
Tracey Strain		CCN 18	604 603-8319

BRITISH COLUMBIA | Ministry of Children and Family Development

OSH Joint Incident Investigation Form

PSC 38 Equivalent

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MCFD TRACKING NUMBER

INCIDENT LOCATION INFORMATION

REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	TIME OF INCIDENT		
604-660-5841	2012-12-26	2012-12-27	1830 PM	TO	1,845

ADDRESS OF INCIDENT (street address, city/town)	EXACT LOCATION OF INCIDENT (parking lot, meeting room etc)
3405 Willingdon Avenue, Burnaby BC	Crossroads Unit hallway

PEOPLE INVOLVED

	NAME OF PERSON INCIDENT REPORTED TO	PHONE NUMBER (if different than reporting office)
1)	Alison Bergum	
2)	Christine Brisebois	604-660-5843
3)	Michelle Warry	604-660-5857
4)	Jody Al-molky	604-660-5815

	NAME OF PERSON DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22	Child Care Counsellor	604-660-5864

	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)	INVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)	s.15, s.22	Nurse	604-660-5800	Witnessed event through the glass of the Staff office. Participated in restraint.
2)		Nurse		Overheard interaction through nursing office. Participated in restraint of client.

INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

☑ Violence Related Incidents	☑ Verbal Threat (i.e. abusive swearing, physical harm, veiled or perceived) ☐ Written Threat (i.e. abusive swearing, physical harm, veiled or perceived) ☐ Bomb Threat (i.e. written, verbal) ☐ Weapon Threat ☑ Intimidating Behaviour (i.e. stalking, infringement on physical space) ☑ Aggressive Behaviour (slamming fist, kicking door, damaged property) ☑ Physical Assault (i.e. physical injury) ☐ Animal Related (i.e. attacked, menacing behaviour) ☐ Vehicular Assault ☐ Worker to Worker (i.e. actual or perceived threats, intimidation) ☐ Other	☐ Environmental Incidents	☐ General Incidents

SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

☐ No Physical Injury ☐ First Aid Only ☑ Medical Intervention (Dr. Clinic, Ambulance) ☐ Time Loss (Not including day of injury) ☐ Fatal

TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

☐ Knocks, Scrapes, Abrasions, Bruises	☑ Muscle/Tendon Strains	☐ Sprains	☐ Medical Sensitivity (scents, chemicals)	☐ Post Traumatic Stress
☐ Muscle/Tendon Tears	☐ Fractures	☐ Lacerations/Cuts	☐ Disease	☐ Burns
☐ Other				

BODY PART(S) INJURIED OR AFFECTED (CHECK ALL THAT APPLY)

☑ Upper	☐ Head	☐ Ear	☐ Eyes	☑ Neck
☐ Mid Body (including arms)	☐ Lower Body			

PHYSICAL SURROUNDINGS DETAILS (IF APPLICABLE)

Object/Equipment/Substance inflicting injury or damage	Environmental Conditions at time of incident (i.e. lighting, sound, chemical exposure)	Office Structures implicated in incident (i.e doors)

DESCRIPTION OF INCIDENT

Who, What, Where, When, Why - Employee's Account (be specific as possible with worker's names, times, locations and use initials for client names)

s.79 YCJA s.22 s.22 s.22 s.22 s.22 s.22 s.79 YCJA s.22 grabbed s.22 around the neck and stated “I’m going to choke you till you’re blue.” s.22 s.79 YCJA grab his head and neck and tried to pull s.22 towards her s.22 s.79 YCJA s.22 fell to the ground. s.79 YCJA

ANALYSIS

Return to Basic Causes

1) Immediate Basic Cause:

Causes include the aggressive / assaultive acts of the youth, possible contagion factor of other youth who was activated.

	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident)	Actioned by	Completion Date
A)	Staff directed to maintain safe physical distances, increasing distance s.79 YCJA to decrease potential physical harm. s.79 YCJA	Alison Bergum	2013-01-04
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		
B)	Query whether current Progressive Intervention training includes hold releases and defensive stances. Alison to follow up with PI training coordinator. Ensure all staff have current and up to date training and opportunities to practice are made regularly by shiftheads. Plan to discuss with standing unit program coordinator upon return.	Alison Bergum	2013-01-11
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		
C)	Where appropriate or indicated the separation of aggressor from other, activated youth, proactively as a means of avoiding or reducing agitation by mirroring others. This includes the use of current designated resource of unoccupied unit.	Alison Bergum	2013-01-03
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		

ADDITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Signature	Occupation	Phone

OSH COMMITEE JOINT INVESTIGATORS

Name	Signature	Occupation	Phone
Alison Bergum		Program Coordinator	604 660-5841
Arthur Bates		SPO	604 775-0462

Keep Original and Forward a copy of the interim report to:

(1) Local JOSH Committee co-chairs for committee discussion and further recommendations.

Keep Original and Forward a copy of the completed report to:

(1) Employer for their review and action;
(2) BCGEU Area Office
(3) Regional MCFD OSH Advisor
(4) Local WorkSafeBC Office if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy.

SIGNATURE OF WORKER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) _____

SIGNATURE OF EMPLOYER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) _____

BRITISH COLUMBIA | Ministry of Children and Family Development

OSH Joint Incident Investigation Form

PSC 38 Equivalent

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MCFD TRACKING NUMBER

INCIDENT LOCATION INFORMATION

REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	TIME OF INCIDENT		
604-660-5800	2012-12-28	2012-12-28	1645 PM	TO	1,717 PM

ADDRESS OF INCIDENT (street address, city/town)	EXACT LOCATION OF INCIDENT (parking lot, meeting room etc)
3405 Willingdon Ave. Burnaby, BC	Crossroads Unit: Staff Office

PEOPLE INVOLVED

	NAME OF PERSON INCIDENT REPORTED TO	PHONE NUMBER (if different than reporting office)
1)	Alison Bergum	604-660-5841
2)	Elisa Stewart	604-660-3878
3)	Jody Al-molky	604-660-5815

	NAME OF PERSON DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22	Nurse	

	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)	INVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)		Nurse		Provided First Aid treatment
2)		Shift Supervisor		Responded to incident, involved in restraint
3)		Child Care Counsellc		Witnessed assault, responded and involved in restraint.
4)	s.15, s.22	Child Care Counsellc		Witnessed assault, responded and involved in restraint.
5)		Child Care Counsellc		Witnessed assault, responded and involved in restraint.
6)		Child Care Counsellc		Working on shift at the time. Did not witness assault as off unit supervising another youth.

INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

- [x] Violence Related Incidents
  - [x] Verbal Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Written Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Bomb Threat (i.e. written, verbal)
  - [ ] Weapon Threat
  - [ ] Intimidating Behaviour (i.e. stalking, infringement on physical space)
  - [x] Aggressive Behaviour (slamming fist, kicking door, damaged property)
  - [x] Physical Assault (i.e. physical injury)
  - [ ] Animal Related (i.e. attacked, menacing behaviour)
  - [ ] Vehicular Assault
  - [ ] Worker to Worker (i.e. actual or perceived threats, intimidation)
  - [ ] Other
- [ ] Environmental Incidents
- [ ] General Incidents

SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [ ] No Physical Injury
- [x] First Aid Only
- [x] Medical Intervention (Dr. Clinic, Ambulance)
- [x] Time Loss (Not including day of injury) # of Days Loss: 4
- [ ] Fatal

TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [x] Knocks, Scrapes, Abrasions, Bruises
- [ ] Muscle/Tendon Strains
- [ ] Sprains
- [ ] Medical Sensitivity (scents, chemicals)
- [ ] Post Traumatic Stress
- [ ] Muscle/Tendon Tears
- [ ] Fractures
- [ ] Lacerations/Cuts
- [ ] Disease
- [ ] Burns
- [ ] Other

BODY PART(S) INJURIED OR AFFECTED (CHECK ALL THAT APPLY)

- [x] Upper
  - [x] Head
  - [ ] Ear
  - [ ] Eyes
  - [ ] Neck
- [x] Mid Body (including arms)
  - [ ] Right Shoulder
  - [x] Right Arm
  - [ ] Right Elbow
  - [ ] Right Wrist
  - [x] Right Hand/Fingers
  - [ ] Left Shoulder
  - [x] Left Arm
  - [ ] Left Elbow
  - [ ] Left Wrist
  - [x] Left Hand/Fingers
  - [ ] Upper Back
  - [ ] Mid Back
  - [ ] Lower Back
- [ ] Lower Body

PHYSICAL SURROUNDINGS DETAILS (IF APPLICABLE)

Object/Equipment/Substance inflicting injury or damage	Environmental Conditions at time of incident (i.e. lighting, sound, chemical exposure)	Office Structures implicated in incident (i.e doors)

DESCRIPTION OF INCIDENT

Who, What, Where, When, Why - Employee's Account (be specific as possible with worker's names, times, locations and use initials for client names)

s.79 YCJA

s.22 s.22

turned and began punching s.22 numerous times in the head. s.22 put her arms up to cover her face and head in a defensive move s.79 YCJA made contact with s.22 left and right arm and hand s.79 YCJA

s.22 s.22 s.79 YCJA

s.22

ANALYSIS

Return to Basic Causes

1) Immediate Basic Cause:

Aggressive Act of Client

	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident)	Actioned by	Completion Date
A)	s.79 YCJA	Dan Aitken	2013-01-11
	Employer's Response to Recommendation — Implemented in Workplace ☐ Yes ☐ No — Comments		
B)	Recognition of early signs of aggression and taking steps to remove specific staff if being targeted.	Shift Supervisors	2013-01-11
	Employer's Response to Recommendation — Implemented in Workplace ☐ Yes ☐ No — Comments		
C)	s.79 YCJA	Everyone	2013-01-31
	Employer's Response to Recommendation — Implemented in Workplace ☐ Yes ☐ No — Comments		
D)	s.79 YCJA	Clinical Team	2013-01-18
	Employer's Response to Recommendation — Implemented in Workplace ☐ Yes ☐ No — Comments		
E)	Employer to review staffing needs including taking steps to reduce overtime (ie. increasing auxiliary staff list).	Management Team	2013-01-31
	Employer's Response to Recommendation — Implemented in Workplace ☐ Yes ☐ No — Comments		

ADDITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.

JOSH investigators wished to interview all parties involved however proceeded with investigation without doing so due to staff being off / unavailable and to ensure a timely process.

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Signature	Occupation	Phone
Alison Bergum		Program Coordinator	604 660-5841

OSH COMMITEE JOINT INVESTIGATORS

Name	Signature	Occupation	Phone
Arthur Bates		SPO	604 775-0462
Christine Brisebois		Nurse	604 660-5843

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(1) Local JOSH Committee co-chairs for committee discussion and further recommendations.

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SIGNATURE OF WORKER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) _____

SIGNATURE OF EMPLOYER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) _____

BRITISH COLUMBIA | Ministry of Children and Family Development

OSH Joint Incident Investigation Form

PSC 38 Equivalent

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This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

MCFD TRACKING NUMBER

INCIDENT LOCATION INFORMATION

REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	TIME OF INCIDENT			
604-660-5800	2012-12-28	2012-12-28	1000 AM	TO	1,030 AM	

ADDRESS OF INCIDENT (street address, city/town)	EXACT LOCATION OF INCIDENT (parking lot, meeting room etc)
3405 Willingdon Ave, Burnaby BC	Crossroads Unit Hallway

PEOPLE INVOLVED

	NAME OF PERSON INCIDENT REPORTED TO	PHONE NUMBER (if different than reporting office)
1)	Alison Bergum	

	NAME OF PERSON DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22	Shift Supervisor: Child Care Cou	

	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)	INVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)		Child Care Counsellc		Involved in the interaction and restraint.
2)	s.15, s.22	Child Care Counsellc		Involved in the restraint.
3)		Child Care Counsellc		Involved in the restraint.
4)		Nurse		Witness.

INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

- [x] Violence Related Incidents
  - [ ] Verbal Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Written Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Bomb Threat (i.e. written, verbal)
  - [ ] Weapon Threat
  - [x] Intimidating Behaviour (i.e. stalking, infringement on physical space)
  - [x] Aggressive Behaviour (slamming fist, kicking door, damaged property)
  - [ ] Physical Assault (i.e. physical injury)
  - [ ] Animal Related (i.e. attacked, menacing behaviour)
  - [ ] Vehicular Assault
  - [ ] Worker to Worker (i.e. actual or perceived threats, intimidation)
  - [ ] Other
- [ ] Environmental Incidents
- [ ] General Incidents

SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [ ] No Physical Injury
- [x] First Aid Only
- [ ] Medical Intervention (Dr. Clinic, Ambulance)
- [ ] Time Loss (Not including day of injury)
- [ ] Fatal

TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [ ] Knocks, Scrapes, Abrasions, Bruises
- [ ] Muscle/Tendon Strains
- [ ] Sprains
- [ ] Medical Sensitivity (scents, chemicals)
- [ ] Post Traumatic Stress
- [ ] Muscle/Tendon Tears
- [ ] Fractures
- [ ] Lacerations/Cuts
- [ ] Disease
- [ ] Burns
- [x] Other

PLEASE SPECIFY

Swelling and reddened area to right knee, soft tissue area.

BODY PART(S) INJURIED OR AFFECTED (CHECK ALL THAT APPLY)

- [ ] Upper
- [ ] Mid Body (including arms)
- [x] Lower Body
  - [ ] Buttocks
  - [ ] Hip
  - [ ] Right Leg
  - [x] Right Knee
  - [ ] Right Foot/Toes/Heel
  - [ ] Left Leg
  - [ ] Left Knee
  - [ ] Left Foot/Toes/Heel

PHYSICAL SURROUNDINGS DETAILS (IF APPLICABLE)

Object/Equipment/Substance inflicting injury or damage	Environmental Conditions at time of incident (i.e. lighting, sound, chemical exposure)	Office Structures implicated in incident (i.e doors)

DESCRIPTION OF INCIDENT

Who, What, Where, When, Why - Employee's Account (be specific as possible with worker's names, times, locations and use initials for client names)

s.79 YCJA

s.22

landed heavily on his right knee. Initially deferred nursing assessment however later accepted ice and had nursing assessment.

ANALYSIS

Return to Basic Causes

1) Immediate Basic Cause:

Aggression and escalating agitation of youth initiated the need for a restraint.

	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident)	Actioned by	Completion Date
A)	s.79 YCJA	Alison Bergum	2013-01-11
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		
B)	Ensure appropriate pass over of information s.79 YCJA s.79 YCJA Plan to discuss and review communication methods with standing program coordinator upon his return.	Alison Bergum	2013-01-11
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		
C)	Review of staffing practice during holiday periods including the clinical team. Identify need for consistency in order to follow primary model. Plan to recommend greater consistency of regular staff during critical periods at Program Operations Committee.	Alison Bergum	2013-01-23
	Employer's Response to Recommendation Implemented in Workplace ☐ Yes ☐ No Comments		

ADDITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.

Have OSH committee to review presence of police weapons on the unit / any previous policy around same.

OSH COMMITEE JOINT INVESTIGATORS

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Signature	Occupation	Phone
Alison Bergum		Program Coordinator	604 660-5841
Arthur Bates		SPO	604 775-0462

Keep Original and Forward a copy of the interim report to:

(1) Local JOSH Committee co-chairs for committee discussion and further recommendations.

Keep Original and Forward a copy of the completed report to:

(1) Employer for their review and action;
(2) BCGEU Area Office
(3) Regional MCFD OSH Advisor
(4) Local WorkSafeBC Office if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy.

SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)

BRITISH COLUMBIA | Ministry of Children and Family Development

OSH Joint Incident Investigation Form

PSC 38 Equivalent

This form must be initiated immediately after notification.

This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

MCFD TRACKING NUMBER

INCIDENT LOCATION INFORMATION

REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	TIME OF INCIDENT		
604 660-5846	2012-12-28	2012-12-28	17:30 PM	TO	1,750 PM

ADDRESS OF INCIDENT (street address, city/town)	EXACT LOCATION OF INCIDENT (parking lot, meeting room etc)
3405 Willingdon Avenue	Crossroads' staff lounge (bubble room)

PEOPLE INVOLVED

	NAME OF PERSON INCIDENT REPORTED TO	PHONE NUMBER (if different than reporting office)
1)	Elisa Stewart	604-660-1489
2)	Alison Bergum	604-660-5841

	NAME OF PERSON DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22	Child Care Counselor	604-660-5843

	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Leader, Office Manager)	PHONE NUMBER (if different than reporting office)	INVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)	s.15, s.22	Child Care Counselo	604-660-5864	Was part of restraint that led to s.22 injuries
2)		Child Care Counselo	604-660-3878	Was part of restraint that led to s.22 injuries
3)		Child Care Counselo	604-660-3878	Was part of restraint that led to s.22 injuries
4)		Child Care Counselo	604-660-5864	Was part of restraint that led to s.22 injuries

INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

- [x] Violence Related Incidents
  - [ ] Verbal Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Written Threat (i.e. abusive swearing, physical harm, veiled or perceived)
  - [ ] Bomb Threat (i.e. written, verbal)
  - [ ] Weapon Threat
  - [x] Intimidating Behaviour (i.e. stalking, infringement on physical space)
  - [x] Aggressive Behaviour (slamming fist, kicking door, damaged property)
  - [x] Physical Assault (i.e. physical injury)
  - [ ] Animal Related (i.e. attacked, menacing behaviour)
  - [ ] Vehicular Assault
  - [ ] Worker to Worker (i.e. actual or perceived threats, intimidation)
  - [ ] Other
- [ ] Environmental Incidents
- [ ] General Incidents

SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [ ] No Physical Injury
- [ ] First Aid Only
- [ ] Medical Intervention (Dr. Clinic, Ambulance)
- [x] Time Loss (Not including day of injury) # of Days Loss:
- [ ] Fatal

TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)

- [x] Knocks, Scrapes, Abrasions, Bruises
- [ ] Muscle/Tendon Strains
- [ ] Sprains
- [ ] Medical Sensitivity (scents, chemicals)
- [ ] Post Traumatic Stress
- [ ] Muscle/Tendon Tears
- [ ] Fractures
- [x] Lacerations/Cuts
- [ ] Disease
- [ ] Burns
- [ ] Other

BODY PART(S) INJURIED OR AFFECTED (CHECK ALL THAT APPLY)

- [ ] Upper
- [x] Mid Body (including arms)
  - [ ] Right Shoulder
  - [ ] Right Arm
  - [ ] Right Elbow
  - [x] Right Wrist
  - [ ] Right Hand/Fingers
  - [ ] Left Shoulder
  - [ ] Left Arm
  - [ ] Left Elbow
  - [ ] Left Wrist
  - [ ] Left Hand/Fingers
  - [ ] Upper Back
  - [ ] Mid Back
  - [ ] Lower Back
- [x] Lower Body
  - [ ] Buttocks
  - [ ] Hip
  - [ ] Right Leg
  - [ ] Right Knee
  - [ ] Right Foot/Toes/Heel
  - [x] Left Leg
  - [ ] Left Knee
  - [x] Left Foot/Toes/Heel

PHYSICAL SURROUNDINGS DETAILS (IF APPLICABLE)

Object/Equipment/Substance inflicting injury or damage	Environmental Conditions at time of incident (i.e. lighting, sound, chemical exposure)	Office Structures implicated in incident (i.e doors)
Abrasions from carpet below youth's legs that were being held during the restraint.	Well lit office space that was cramped	Chairs and desks in the office

DESCRIPTION OF INCIDENT

Who, What, Where, When, Why - Employee's Account (be specific as possible with worker's names, times, locations and use initials for client names)

s.22 s.22 s.79 YCJA s.22 s.22 s.22

sustained bruising to the side of her left leg and ankle and a small cut on top of her right wrist.

ANALYSIS

Return to Basic Causes

1) Immediate Basic Cause:

Youth was in a highly agitated state, after being restrained earlier in the shift and seemed unable to bring fdown her affective response. Youth wound up lunging at a staff in the staff office and started punching her in the head necessitating her restraint.

	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident)	Actioned by	Completion Date
A)	s.79 YCJA 2) Review restraint techniques with staff and incorporate them into in-service sessions during slow periods in a shift. s.79 YCJA	1) Dan Aitken/Jody Al-Molky/ Tom Jensen/Crossroads' Shift Supervisors (in-progress) 2) Stephen Sjoberg - NVCI trainer who will ensure that shift supervisors are reviewing NVCI techniques with their staff. (in-progress) 3) Crossroads clinical team (in-progress)	Current for all

Employer's Response to Recommendation

Implemented in Workplace ☐ Yes ☐ No Comments

ADDITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.

OSH COMMITEE JOINT INVESTIGATORS

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:

Name	Signature	Occupation	Phone
Stephen Sjoberg		SPO 28	604 660-5843
Tracey Strain		CCN 18	604 603-8319

Keep Original and Forward a copy of the interim report to:

(1) Local JOSH Committee co-chairs for committee discussion and further recommendations.

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(1) Employer for their review and action;
(2) BCGEU Area Office
(3) Regional MCFD OSH Advisor
(4) Local WorkSafeBC Office if requested.

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SIGNATURE OF WORKER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) _____

SIGNATURE OF EMPLOYER'S REPRESENTATIVE _____ DATE (YYYY-MM-DD) 2013-01-09