## **PSC 38**

Ministry Tel. # Ministry of Children and Family Development			Location Crossroads			Date of Report November 2, 2010		010	
Last name of Injured (or ill) s.22	Person			First Name s.22			File No.		
Years of Service 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 <b>4:15 pm</b>				
Incident Category X Inju (check) or Illne		quipment unction	☐ Mo Vehic		Property Damage	🗌 Fire	Other	Other	
Severity of Injury or Illness (check)	🛛 No Inju	ury or First	Aid Onl	у	🗋 Medical Trea	tment	🔀 Time L	oss	🗋 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 Er	Description of Incident or Employee's Account of Occupational Disease (eg. RSI)								
			s.79 `	YCJA					
Were Written Safe Work Pro	ocedures	Were they	/ Adeau	ate?	~	Were th	ese Safe W	ork P	rocedures
Established and Available? Yes 🛛 No 🗌 N/A 🗌	Joouuroo	•	No 🗌		/A 🗍		Training?	N/A	
Basic Cause (and Contribute	ory Factors	) E	XPLAI	N FU	ILLY UNSAFE C	CONDITIC	DNS		
	s.79 YC	CJA							

÷.

r Recommended		
s.79 YC.	JA	
NA	Date To Be Completed By: NA	
		ines,
		<u>+</u>
Occupation Nurse SPO	<u>Phone</u> 604-660-5864 604-775-0462	
NOV	$\Delta$	
		Nov 3/10
live Date	Signature of Employer Representative	b Date
hone number):	<u>Phone</u> 604-660-5864	
	NA fons. Where applicabl involved in this incider s) who investigated in <u>Occupation</u> Nurse SPO	NA       Date To Be Completed By:       NA         Involved in this incident:       Name       Name         s) who investigated incident:       Phone       604-660-5864         SPO       604-660-5864       604-775-0462         Murse       Signature of Employer Representative         Involved in this incident:       Nurse

Ministry Ministry of Children and Family Development	Tel. # 604 660-5800	Location 3405 Willingdon Ave Burnaby	Date of Report 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 A Clinical Records file room	Area)	Date of Incident September 2010	Time				
Incident Category X Inju (check) or Illne							
Severity of Injury or Illness (check)	☐ No Injury or First Aid Onl	y 🔲 Medical Treatme	nt 🛛 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 Pro Established and Available? Yes ⊠ No □ N/A □	ocedures Were they Adequ Yes 🛛 No 🗌	use	ere these Safe Work Procedures ed in Training? s				
Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS							

staff that the boxes were heavy to mal	ommended xes were to heavy 10 to 14 kg, he was told to put up a sign ake sure to use correct lifting procedures tep stool to stand on so that he would not have a problem	_
Corrective Action Referred To:	Date To Be Completed By:	
equipment, tools, structures, etc., involve		
	o investigated incident: <u>Dccupation</u> <u>Phone</u> Business Administrator 604 6605581	
Signature of Workers' Representative	Date Signature of Employer Representative	Date
Name(s) of Witness(es) (include phone n <u>Name</u>	number): <u>Phone</u>	

#### **PSC 38**

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Ministry Ministry of Children Family Development			Location Maples Response Unit		Date of Report July 22, 2010			
Last name of Injured (	(or ill) Perso s.2			First Name			File No.	
Years of Service	Tim	e on Present Job	)		upation	selor	Hours Wo Previous 2 7	rked in 24 Hour Period
Incident Location (Dept. or Area) Response Kitchen			Date of Incident July 15, 2010			Time 1:30 pm		
	Injury or Illness	Equipment Malfunction	☐ Mo Vehic	otor e	☐ Property Damage	☐ Fire	Other	
Severity of Injury or III (check)	Iness 🛛	No Injury or First	Aid Onl	у [	Medical Tre	atment	Time L	oss 🔲 Fatal *
Nature of Injury or Illness Sprained right knee.								
Were Written Safe Wo Established and Avail Yes ⊠ No □ N			/ Adequ No 🗌		/A 🗌		ese Safe W Training? No □	′ork Procedures N/A ⊠
Basic Cause (and Cor Stop/start movemen			EXPLAI	N FU	LLY UNSAFE	CONDITIO	DNS	

Corrective Measures Taken and/or I Direct staff to clean floor when it		nd the daily cleaning that it re	ceives).
Corrective Action Referred To: N/	/A	Date To Be Completed By:	N/A
Additional Comments or Observatio equipment, tools, structures, etc., in N/A		ve details of makes & models of	machines,
Name(s) & occupations of person(s) <u>Name</u> Dan Luoma Stephen Sjoberg	) who investigated incide <u>Occupation</u> Child Care Counsele Social Program Offi	<u>Phone</u> or (604) 660-586	
Signature of Workers' Representative	/e Date (	10 Signature of Employer Represe	Tuly 22/10 Intative Date
Name(s) of Witness(es) (include pho <u>Name</u>		hone	 

### **PSC 38**

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Ministry Ministry of Children and Family Development				Location Response Unit		Date of Report July 22, 2010			
Last name of Injured (or ill)	Person s.22			Firs	t Name		File No.		
Years of Service	Time on Pr	esent Job	)	Occupation Child Care Counselor			Hours Worl Previous 24 7		
Incident Location (Dept. or Area) Response Kitchen					e of Incident e 22, 2010		Time <b>1:00 pm</b>		
Incident Category X Inju (check) or Illne		uipment action	│		☐ Property Damage	🗌 Fire	Other		
Severity of Injury or Illness (check)	🛛 No Injur	y or First	Aid Only	/ [	Medical Trea	atment	🗌 Time Lo	SS	☐ Fatal *
Nature of Injury or Illness Sprained right thumb									
Were Written Safe Work Pro Established and Available? Yes 🛛 No 🗌 N/A 🗌		Vere they Yes ⊠	Adequa		/A 🗌	1	ese Safe Wo Training? No ∐	ork F N/A	
Basic Cause (and Contribute Weight of food cart and im				1 FU	LLY UNSAFE (	CONDITIC	DNS		

Corrective Measures Taken and/or R None required.	ecommended		
Corrective Action Referred To: N/A	A Da	te To Be Completed By:	N/A
Additional Comments or Observation equipment, tools, structures, etc., inv N/A		tails of makes & models of	machines,
Name(s) & occupations of person(s) <u>Name</u> <b>Dan Luoma</b> <b>Stephen Sjoberg</b>	who investigated incident: <u>Occupation</u> Child Care Counselor Social Program Officer	<u>Phone</u> (604) 660-586 (604) 660-584	
Signature of Workers' Representative	<u>Swy 22,2010</u> Date Signa	Lure of Employer Represer	$\frac{\sqrt{4} \sqrt{2}}{\sqrt{4} \sqrt{2}}$
Name(s) of Witness(es) (include pho <u>Name</u>	ne number): <u>Phone</u>		

### **PSC 38**

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MinistryTel. #Ministry of Children and604 660-5846Family Development		3	Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report 2011-12-16	
Last name of Injured (or ill)	Person s.22	F	First Name		File No.	
Years of Service s.22	Time on Present Job		Occupation Social Worker		Hours Worked in Previous 24 Hour Period <b>7.5</b>	
Incident Location (Dept. or A Response	Area)		Date of Incident 2011-12-07		Time <b>9:00 hrs</b>	
Incident Category Init (check) or Illne		Moto     Vehicle		☐ Fire	Other	
Severity of Injury or Illness (check)	No Injury or First /	Aid Only	Medical Trea	atment	Time Loss Fatal *	
Nature of Injury or Illness Twisted left ankle. Bruised	d right shoulder and I	bruised l	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 Pro Established and Available? Yes 🖾 No 🗌 N/A 🗌	_	Adequat No 🗌	e? N/A □		ese Safe Work Procedures Training? No 🛛 N/A 🗌	
Basic Cause (and Contribute Obstacles left in the entrace who forgot to pick them up followed up with the Midni knowing that these pillows she tripped on them and c	ance area to s.22 of p after their rest brea ight staff with directions s would be on the floor	ffice. The ks the pi ons that or in fror	receding evening this is to not occ nt of her as she e	left on th J. The Pro ur again. Intered he	e floor by Midnight staff gram Coordinator has s.22 had no way of	

Corrective Measures Taken and/or	Recommended		
	es like rest breaks	f working in Response to not use s.22 office at any . The Response PC has identified other areas where	
Corrective Action Referred To: S	tephen Sjoberg	Date To Be Completed By: Dec. 8, 2011	
Additional Comments or Observatic equipment, tools, structures, etc., in		le give details of makes & models of machines, nt.	
Name(s) & occupations of person(s <u>Name</u> Stephen Sjoberg Arthur Bates	) who investigated in <u>Occupation</u> <b>SPO28</b> <b>SPO21</b>	ncident: <u>Phone</u> 604-660-5846 604-775-0462	
Signature of Workers' Representativ	ve Date	Signature of Employer Representative Date	 
oignature of workers hepresental	ve Dale	Orginalure of Employer hepresentative Date	
Name(s) of Witness(es) (include ph <u>Name</u>	one number):	<u>Phone</u>	

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\* 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.



# Ministry of Children and Family Development

# Joint Incident Investigation Form

The personal information requested on this form is collected under the auth Service Act (CFCS Act). Under certain circumstances, the collected informa <i>Protection of Privacy Act.</i> Any questions about the collection, use or disclose	ation may be subject to disclosure as per the CFCS Act and/or the	Freedom of Information and				
		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 WO	RKED IN PREVIOUS 24-HOURS				
s.22 Child Care C	ounselor 7					
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME				
·	2011-11-15	10:00 O AM				
INCIDENT CATEGORY (CHECK)						
✓ Injury or Illness Equipment Malfund	ction Motor Vehicle Pro	perty Damage				
Fire Other						
SEVERITY OF INJURY OR ILLNESS (CHECK)						
No Injury or First Aid Only Medical Treatment	Time Loss	al				
NATURE OF INJURY OR ILLNESS						
scraped knee and bruised hand						
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION s.22 explained she slipped and fell on the lino wet.	NAL DISEASE (E.G. RSI) leum floor at the base stairs in cottage one	as her feet were				
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADD ESTABLISHED AND AVAILABLE?	EQUATE? WERE THESE SAFE WOR USED IN TRAINING?	K PROCEDURES				
C Yes C No O N/A C Yes C		• N/A				
	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:	TOE	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 a of the stairs closest to the outside edge are eith ineffective as targets for traction. Several of the	er badly worn or varnished over - making m					
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDEN	Т:					
Name	Occupation	Phone				
Dan Aitken	Program Coordinator	604 660-5841				
Mark Hadath	BCGEU Shop Steward	604 660-5843				
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (1997)	(-MM-DD) SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD) 2011/11/2(				

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

Ministry Ministry of Children and Family Development	Tel. # 604 660-5865		Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report 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		Dccupation		Hours Worked in Previous 24 Hour Period <b>6 hrs. 20 min.</b>		
Incident Location (Dept. or A Crossroads	Area)	1	Date of Incident		Time <b>1420</b>		
Incident Category (Check)		☐ Moto Vehicle	or Deroperty Damage	Fire	Other		
Severity of Injury or Illness (check)	No Injury or First A	Aid Only	Medical Trea	atment	⊠ Time Loss │		
Nature of Injury or Illness Bruising and swelling to b							
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. 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 Pro	ocedures Were they	Adequat	e?		ese Safe Work Procedures		
Established and Available? Yes 🛛 No 🗌 N/A 🗌	Yes 🖂	No 🗌	N/A 🗌	Yes 🛛	Training? 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: 0	nOSH Meeting	Date To Be Completed By:	ТВА
Additional Comments or Observation equipment, tools, structures, etc., in			f machines,
Name(s) & occupations of person(s	Occupation	Phone	
Louise Brown Bronwyn Armstrong Christine Brisebois	N7 CCC N4	604-660-5865 604-660-3878 604-660-5843	
	, , , , , , , , , , , , , , , , , , , ,	004-000-3043	
Lofont non	Sipt. 14/11	R	l d
Signature of Workers' Representativ	re Date	Signature of Employer Represe	ntative Date
Name(s) of Witness(es) (include ph Name	one number):	Phone	
s.15, s.22		604-660-5503 604-660-5820	

Ministry Ministry of Children and Family Development	Tel <i>.</i> # 604 660-	5865		Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report 2011-09-13		
Last name of Injured (or ill)	Person s.22			Firs	t Name		File No.	
Years of Service	Time on I	Present Job	)		cupation	ellor	Hours Worked Previous 24 H <b>7.5</b>	
Incident Location (Dept. or / Crossroads	Area)			Date of Incident 2011-09-10			Time <b>1420</b>	
Incident Category Inju (check) or Illne		quipment unction	☐ Mc Vehicl		Property     Damage	☐ Fire	Other	
Severity of Injury or Illness (check)	🗌 No Inj	ury or First	Aid Onl	y   I	⊠ Medical Tre	atment	🛛 Time Loss	Fatal *
Nature of Injury or Illness Back of head sore, loss of	consciou	isness for a	approxi	imat	ely 10 second	s, sore ar	ms and neck.	
Description of Incident or Employee's Account of Occupational Disease (ed. RSI) s.79 YCJA s.79 YCJA one staff and <sub>s.79</sub> 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 Pro Established and Available? Yes ⊠ No □ N/A □	ocedures	Were they Yes 🛛	/ Adequ No 🔲	used in Trai				Procedures
Basic Cause (and Contribut	ory Factors	1				1		· [_]
s.79								

Corrective Measures Taken and/or Recommended	
s.79 YCJA	
Corrective Action Referred To: <b>OSH Meeting</b>	Date To Be Completed By: <b>TBA</b>
Additional Comments or Observations. Where applicabl equipment, tools, structures, etc., involved in this incider	
Name(s) & occupations of person(s) who investigated in	
NameOccupationLouise BrownN7	<u>Phone</u> 604-660-5865
Bronwyn Armstrong CCC Christine Brisebois N4	604-660-3878 604-660-5843
Constrainen Sept. 14/11 1977 Annistraine Sept. 14/11	
Sept. 4/1 Signature of Workers' Representative Date	Signature of Employer Representative Date
orginature of workers the seriative Date	Signature of Employer Representative Date
Name(s) of Witness(es) (include phone number):	
Name	Phone 604-660-3878
s.15, s.22	604-660-5820

Ministry Ministry of Children and Family Development	Tel. # 604 660-586	35		Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report 2011-09-13		
Last name of Injured (or ill) I	ast name of Injured (or ill) Person			Firs	t Name		File No.	
Years of Service s.22	Time on Pre	esent Job			upation	ellor	Hours Worke Previous 24 <b>7.5</b>	
Incident Location (Dept. or A Crossroads	\rea)				e of Incident <b>1-09-10</b>		Time <b>1420</b>	
Incident Category Inju (check) or Illne		ipment ction	☐ Mo Vehicl		☐ Property Damage	🗌 Fire	🛛 Other	
Severity of Injury or Illness (check)	🛛 No Injury	or First A	Aid Only	/ [	⊠ Medical Trea	atment	🛛 Time Los	s 🔲 Fatal *
s.79 YCJA one s.79 YCJA 2nd s 3rd staff punching her in t								
Were Written Safe Work Pro Established and Available? Yes ⊠ No □ N/A □		/ere they es ⊠ N	Adequa	used in			these Safe Work Procedures n Training? 3 No  N/A	
Basic Cause (and Contribute					LLY UNSAFE	<u> </u>		
		s.79						

Corrective Measures Taken and	l/or Recommended		
	s.79 YCJA		
1			
Corrective Action Referred To:	OSH Meeting	Date To Be Completed By:	ТВА
Additional Comments or Observe equipment, tools, structures, etc		ole give details of makes & models o	f machines,
equipment, tools, structures, etc			
Name(s) & occupations of perso	on(s) who investigated in	ncident:	
Name Louise Brown	Occupation N7	Phone 604-660-5865	5
Bronwyn Armstrong Christine Brisebois	CCC N4	604-660-3878 604-660-3878 604-660-5843	3
			)
Loon MAN	Sept.14/1		0
BTALMStrong	Oept. M	11 Now	Septit
Signature of Workers' Represer	itative Date	Signature of Employer Represe	entative Date
Name(s) of Witness(es) (include	phone number);		
Name		<u>Phone</u> 604-660-3878	
s.15, s.22		604-660-5503	· >

Ministry Ministry of Children and Family Development	Tel. # 604 660-5864		Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report 2011-07-20	
Last name of Iniured (or ill)	Person s.22	F	ïrst Name		File No. <b>C-201107-19</b>	
Years of Service s.22	Time on Present Job		Occupation		Hours Worked Previous 24 Hc <b>7.5</b>	
Incident Location (Dept. or A Crossroads Program	Area)		Date of Incident 011-07-20		Time <b>1045</b>	
Incident Category X Inju (check) or Illne		Motor Vehicle	r Property Damage	Fire	Other	
Severity of Injury or Illness (check)	🛛 No Injury or First A	id Only	Medical Trea	atment	Time Loss	☐ Fatal *
Nature of Injury or Illness Soreness to right shoulde	r and lower right side	muscles	S.			
Description of Incident or Employee's Account of Occupational Disease (eg. RSI) s.79 YCJA s.79 YCJA <b>Restrained by employee with assistance from other staff</b>						
Were Written Safe Work Pro Established and Available? Yes 🛛 No 🗌 N/A 🗌		Adequate	uate? Were these Safe Work Pr used in Training? N/A ☐ Yes ⊠ No ☐ N/A [			
Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS s.79 YCJA						

Corrective Measures Taken and/or R	ecommended	
	Coommended	
	- 70 \/	
	s.79 Y0	JA
Corrective Action Referred To: <b>OS</b>	H meeting	Date To Be Completed By: NA
Corrective Action Referred To. 03		Date To Be Completed By: NA
		ive details of makes & models of machines,
equipment, tools, structures, etc., inv	olved in this incident.	
Neme(a) 8 accurations of person(a)	who investigated insid	ont.
Name(s) & occupations of person(s)	<u>Occupation</u>	Phone
	RPN	604-660-5864
Roy Lucken		
Bronwynn Armstrong	CC	604-660-5861
		Σ.,
		0
BAAR	)uls 20/u	Itas helen
Signature of Workers' Representative	<u>Date</u>	Signature of Employer Representative Date
	Duto	
Name(s) of Witness(es) (include pho		
Name		
	t	04-660-5864
s.15, s.22	e	04-660-5864

Ministry Ministry of Children and Family Development	Tel. # 604 660-5865	Location 3405 Willingdon Ave., Burnaby, B.C.		Date of Report April 28, 2011				
Last name of Injured (or ill)	Last name of Injured (or ill) Person			File No.				
	s.22	· •						
Years of Service	Time on Present Job	Occupation	llan	Hours Worked Previous 24 Ho				
s.22		Childcare Counse	llor	7.5				
Incident Location (Dept. or A Crossroads Program	Area)	Date of Incident July 4, 2011		Time <b>1840</b>				
Incident Category Iniu (check) or Illne		otor	☐ Fire	Other				
Severity of Injury or Illness (check)	No Injury or First Aid Or	nly 🔲 Medical Trea	itment	Time Loss	☐ Fatal *			
Nature of Injury or Illness Long scratch down back a								
Description of Incident or Employee's Account of Occupational Disease (eg. RSI) s.79 YCJA s.79 YCJA 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 Pro Established and Available? Yes 🛛 No 🗌 N/A 🗌	ocedures Were they Adeq Yes ⊠ No □			hese Safe Work Procedures Training? No N/A				
Basic Cause (and Contributory Factors) EXPLAIN FULLY UNSAFE CONDITIONS								
s.79 YCJA								
·								

Corrective Measures Taken and	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 Observa equipment, tools, structures, etc.	ations. Where applicable g	give details of makes & models of machines,					
Name(s) & occupations of perso							
<u>Name</u> Louise Brown	Occupation N7	<u>Phone</u> 604-660-5865					
Arthur Bates	SPO	604-775-0462					
ALAS	July 12/110	Blown July 12/11					
Signature of Workers' Represent	tative Date	Signature of Employer Representative / _ Date					
Name(s) of Witness(es) (include Name s.15, s.22	<u> </u>	Phone 604-561-3357 604-660-5864					

Ministry Ministry of Childrer Family Developmer		Tel. # 604 660-5800		Location Maples Adolescent Treatment Centre			Date of Report June 15, 2011		
Last name of Injured	(or ill) Person s.22			First Name			File No.	and the	
Years of Service	Time c	n Present Job		Occupation office assist	tant		Hours Worked in Previous 24 Hour Period <b>7</b>		
Incident Location (De administration area				Date of Incide June 14, 201			Time <b>2:15 pm</b>		
Incident Category (check)	⊠ Injury □ or Illness M	] Equipment alfunction	Mot     Vehicle			] Fire	Other		
Severity of Injury or (check)	Ilness 🛛 No	Injury or First /	Aid Only		al Treatm	nent	Time L	oss	☐ 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.							on the		
Were Written Safe W Established and Ava Yes 🛛 No 🗌			Adequa	1			these Safe Work Procedures n Training? ] No 🗌 N/A 🗌		
Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS         Employee placing box in the walking path       EXPLAIN FULLY UNSAFE CONDITIONS									

Corrective Measures Taken and/or R Donot place boxes on the floor in f Pay attention to where you are wal	the path that staff may be wa	lking
Corrective Action Referred To:	Date	e To Be Completed By:
Additional Comments or Observation equipment. tools. structures. etc inv s.22 and		ils of makes & models of machines,
Name(s) & occupations of person(s) <u>Name</u> Barbara Susheski Bronwyn Armstrong	who investigated incident: <u>Occupation</u> administrative Officer child care counsilor	<u>Phone</u> 604 6605581 604 660 5861
BTAMMS 122 Signature of Workers' Representative	 DateSignatu	Suchecki ire of Employer Representative Date
Name(s) of Witness(es) (include phot <u>Name</u> s.15, s.22	ne number): <u>Phone</u> <b>604 6605</b>	807

Ministry Ministry of Children and Family Development	Tel. # 604 660-	5865		340	ation 5 Willingdon / maby, B.C.	Ave.,	Date of Repor 2011-05-20	t
Last name of Injured (or ill)	Person s.22	·		Firs	t Name		File No.	
Years of Service	Time on I	Present Job	)		cupation Idcare Counse	ellor	Hours Worked Previous 24 H <b>7.5</b>	
Incident Location (Dept. or / Crossroads Program	Area)				e of Incident 1-05-17		Time <b>2120</b>	
Incident Category Inju (check) or Illne		quipment unction	☐ Mc Vehicl		⊠ Property Damage	Fire	Other	
Severity of Injury or Illness (check)	🗌 No Inj	ury or First	Aid Onl	у   [	⊠ Medical Tre	atment	🛛 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 (eq. RSI)								
s.79 \	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 h #2's thumb pulling it back against the wall			s.79		79 YCJA		smashed stat	staff ff #2 head
s.7	79 YCJA	s.7	79 YCJA	1	hrew the com	puter at s	staff #2. s.79	9 YCJA
Were Written Safe Work Pro Established and Available? Yes 🛛 No 🗌 N/A 🗍	ocedures	Were they Yes ⊠	/ Adequ No □		/A 🗌		ese Safe Work Training? No 🗌 N/A	Procedures
Basic Cause (and Contribut	ory Factors	s) E	EXPLAI	N FU	LLY UNSAFE	CONDITIC	DNS	
s.79 YCJA								
- staff voiced concern abo	ut working	g with an a	ll femal	e tea	am			

Corrective Measures Taken and -CISD arranged for May 25 for		lent	
	s.15, s.79 Y	CJA	
Corrective Action Referred To:	OSH meeting	Date To Be Completed By:	CISD to be completed May 25 Other recommendation TBA
Additional Comments or Observa equipment, tools, structures, etc. Staff phone Model #M5316 Computer Monitor Computer Keyboard		ole give details of makes & models of nt.	machines,
Name(s) & occupations of perso <u>Name</u> Louise Brown Bronwyn Armstrong	n(s) who investigated in <u>Occupation</u> <b>N7</b> CC	ncident: <u>Phone</u> 604-660-5865 604-660-5861	
BTASMSND Signature of Workers' Represent	tative Date	Signature of Employer Represe	11/05/31 Intative Date
Name(s) of Witness(es) (include <u>Name</u> s.15, s.22	phone number):	<u>Phone</u> 604-660-5820 604-660-3878	

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

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Ministry Ministry of Children and Family Development	Tel. #   <b>604 660-</b> {	5865		340	ation 5 Willingdon / naby, B.C.	Ave.,	Date of Rep 2011-05-20	
Last name of Injured (or ill)	Person s.22			Firs	t Name		File No.	
Years of Service s.22	Time on F	Present Job	)		cupation rse 4		Hours Work Previous 24 <b>7.5</b>	ked in I Hour Period
Incident Location (Dept. or Crossroads Program	Area)				e of Incident 1-05-17		Time <b>2120</b>	
Incident Category Initiation (check)		quipment unction	Vehicle		⊠ Property Damage	🗌 Fire	Other	
Severity of Injury or Illness (check)	🗌 No Inji	ury or First	Aid Only	y   [	⊠ Medical Trea	atment	🛛 Time Lo	ss 🔲 Fatal *
Nature of Injury or Illness Swelling of Right thumb p	ad, pain in	n neck area	a with m	iove	ment, slight g	oose egg	on right sid	e of head.
Description of Incident or Employee's Account of Occupational Disease (ed. 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 h #2's thumb pulling it back against the wall	-		s.79 `	s.7	s.79 YCJA 79 YCJA hrew the com	outor at c		staff staff #2 head
S. /	′9 YCJA	s.7	79 YCJA		intew the com	puter at s	oldii #2.	s.79 YCJA
Were Written Safe Work Pro Established and Available? Yes ⊠ No □ N/A □	ocedures	Were they Yes ⊠	v Adequa		/A 🗌		Training?	ork Procedures
Basic Cause (and Contribut	ory Factors	s) E	EXPLAIN	1 FU	LLY UNSAFE (	CONDITIC	DNS	
	s.79 Y	(CJA						
- staff voiced concern abo	_		ll female	e tea	am			
- staff voiced concern abo	_		ll femal	e tea	am			
- staff voiced concern abo	_		ll femal	e tea	am			

Corrective Measures Taken and/or -CISD arranged for May 25 for sta		nt	
	s.15, s.79 YCJ/	A	
Corrective Action Referred To: 0	SH meeting	Date To Be Completed By:	CISD completed May 25 Other recommendation
Additional Comments or Observatio equipment, tools, structures, etc., in Staff phone Model #M5316 Computer Monitor Computer Keyboard			ТВА
Name(s) & occupations of person(s) <u>Name</u> Louise Brown Bronwyn Armstrong	) who investigated inc <u>Occupation</u> N7 CC	ident: <u>Phone</u> 604-660-5865 604- 660-5861	
BTALUMSTV BM Signature of Workers' Representativ	<u>  (/05/31</u> ve Date	Signature of Employer Represe	11 <u>05 3</u> ntative Date
Name(s) of Witness(es) (include pho <u>Name</u> s.15, s.22	one number):	<u>Phone</u> 604-660-5820 604-660-3878	

Ministry Ministry of Children and Family Development	Tel. # 604 660-	5865		340	ation 5 Willingdon / maby, B.C.	Ave.,	Date of Repo 2011-05-20	rt
Last name of Injured (or ill)	Person s.22			Firs	t Name		File No.	
Years of Service s.22	Time on	Present Job	)		cupation Idcare Counse	ellor	Hours Worke Previous 24 ł <b>7.5</b>	
Incident Location (Dept. or <i>Crossroads Program</i>	Area)				e of Incident 1-05-17		Time <b>2120</b>	
Incident Category Inju (check) or Illne		Equipment Function	U Mot Vehicle		⊠ Property Damage	🗌 Fire	Other	
Severity of Injury or Illness (check)	🗌 No Inj	jury or First	Aid Only	/ [2	Medical Trea	atment	🛛 Time Loss	Fatal *
Nature of Injury or Illness <b>Right elbow and shoulder joint painful with movement.</b> Description of Incident or Employee's Account of Occupational Disease (eq. RSI)								
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 h #2's thumb pulling it back against the wall	ua		s.79 \	YCJA s.1	79 YCJA		smashed sta	staff aff #2 head
s.7	′9 YCJA	S.	79 YCJA	t	hrew the com	puter at s	staff <b>#2.</b> s. <sup>-</sup>	79 YCJA
Were Written Safe Work Pro Established and Available? Yes ⊠ No □ N/A □	ocedures	Were they Yes ⊠	/ Adequa		′A 🗍		ese Safe Work Training? No ☐ N/	Procedures
Basic Cause (and Contribut	ory Factors	s) E	EXPLAIN	IFU	LLY UNSAFE (	CONDITIC	DNS	
	s.79 YCJ/	٩						
- staff voiced concern abo	ut working	g with an a	ll female	e tea	ım			

Corrective Measures Taken and/or Recommended -CISD arranged for May 25 for staff involved in incide	ent	
s.15, s.79 YCJ/	Ą	,
Corrective Action Referred To: <b>OSH meeting</b>	Date To Be Completed By:	CISD to be completed May 25 Other recommendation TBA
Additional Comments or Observations. Where applicable equipment, tools, structures, etc., involved in this incident Staff phone Model #M5316 Computer Monitor Computer Keyboard		machines,
Name(s) & occupations of person(s) who investigated incomeNameOccupationLouise BrownN7Bronwyn ArmstrongCC	bident: <u>Phone</u> <b>604-660-5865</b> <b>604-660-5861</b>	
VSTAMSTODD 11/05/31 Signature of Workers' Representative Date	Signature of Employer Represen	<u>1/05/3/</u> ntative Date
Name(s) of Witness(es) (include phone number): <u>Name</u> s.15, s.22	<u>Phone</u> 604-660-5864 604-660-3878	

Ministry Ministry of Children and Family Development	Tel. # 604 660-5865	Location 3405 Willingdon / Burnaby, B.C.	Ave.,	Date of Report April 28, 2011				
Last name of Iniured (or ill) Person s.22								
Years of Service     Time on Present Job     Occupation     Hours Worked in Previous 24 Hour Perior       s.22     Childcare Counsellor     7.5								
Incident Location (Dept. or Area)     Date of Incident     Time       Crossroads Program     April 26, 2011     1700 hrs.								
Incident Category Inju (check) or Illne								
Severity of Injury or Illness (check)	No Injury or First	Aid Only	Medical Tre	atment	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 Er	mplovee's Account of (	Decupatio						
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 Pro Established and Available? Yes ⊠ No □ N/A □	,	∕ Adequat No □	N/A 🗌	1	ese Safe Work F Training? No			
Basic Cause (and Contribute	ory Factors) E	XPLAIN	FULLY UNSAFE	CONDITIC	ONS			
		s.79 YCJ	IA					

Corrective Measures Taken and Several members involved in		t a CISD will be helpful.	
	s.79	9 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 Observ equipment, tools, structures, etc		able give details of makes & models of dent.	f machines,
Name(s) & occupations of person Name Louise Brown Arthur Bates	on(s) who investigated <u>Occupation</u> N7 SPO	l incident: <u>Phone</u> 604-660-5865 604-775-0462	
Signature of Workers' Represent	tative May 5 (	Signature of Employer Represent	May 8/11 ntative Date
Name(s) of Witness(es) (include <u>Name</u> s.15, s.22	phone number):	<u>Phone</u> 604-660-5864 604-660-5864 604-660-5843 604-660-5864	

Ministry Ministry of Children and Family Development	Tel. # 604 660-58	865		34(	cation 95 Willingdon A rnaby, B.C.	ve.,	Date of Re 2011-04-1		
Last name of Injured (or ill)	Person s.22			Firs	st Name		File No.		
Years of Service s.22	Time on P	resent Job	)		cupation rse 5		Hours Wo Previous 2 <b>7.5</b>		
Incident Location (Dept. or A Crossroads	Area)				e of Incident 1-04-09		Time <b>1900 hrs.</b>		
Incident Category Inju (check) or Illne		uipment nction	☐ Mo Vehicl		Property     Damage	☐ Fire	Other		
Severity of Injury or Illness (check)	🔲 No Inju	ry or First	Aid Onl	У	⊠ Medical Trea	ıtment	🛛 Time L	oss	☐ Fatal *
Nature of Injury or Illness Broken nose with possible	e concussio	on.							
Description of Incident or Employee's Account of Occupational Disease (eg. RSI)									
staff causing severe bleed		YCJA 1e nose			s.79 YC		d butted or	ne of	the male
Were Written Safe Work Pro Established and Available? Yes ⊠ No □ N/A □		Were they Yes 🛛	∕ Adequ No □		/A 🗌		ese Safe W Training? No □	ork F N/A	
Basic Cause (and Contribute	ory Factors)	E	EXPLAII	N FL	ILLY UNSAFE C	CONDITIC	ONS		
s.79 YCJA									
lf proper escort technique	was used I	head butt	ing cou	ild n	ot have occurre	ed.			

	l/or Recommended		
	s.79 YCJA		
CISD completed on April 20, 2 Dutch door for main office (w Refresher courses in the hand Personal safety devices Code policy	ould dutch door in nur	sing station fit Crossroads office /Cl done every 6 months	e door)
	5.79 TOJA		
Corrective Action Referred To:	OSH Meeting	Date To Be Completed By:	s.79 YCJA
			CISD completed o April 20,2011. Other recommendation TBA
equipinent, tools, structures, etc	., involved in this incider	lt.	
	., involved in this inclaer	.t.	
Name(s) & occupations of perso <u>Name</u> Louise Brown Rose Lance			
Name(s) & occupations of person Name Louise Brown Rose Lance Christine Brisebois	on(s) who investigated in <u>Occupation</u> N7 N4 N4 N4 N4	cident: <u>Phone</u> 604-660-5865 604-660-3878	May41

#### **PSC 38**

s.22       Child Care Counsellor       0         Incident Location (Dept. or Area)       Date of Incident       Time         Crossroads Program       Date of Incident       Time         Incident Category       Injury       Equipment       Motor       Property       Fire       Ø Other Threat/Ar         Incident Category       Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Init Los	s.22         Years of Service       Time on Present Job       Occupation       Hours Worked in Previous 24 Hour Per 0         s.22       Child Care Counsellor       0         Incident Location (Dept. or Area)       Date of Incident 2011-04-03       Time 1830         Incident Category       Injury       Equipment       Motor       Property       Fire       Ø Other Threat/Ass (check)         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fa         Nature of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fa         0       S.22       reported "no injuries noted at time of incident".       S.79 YCJA       s.79 YCJA       pushed me down onto the coucle s.79 YCJA         s.79 YCJA       hitting other staff       s.79 YCJA       s.79 YCJA       s.79 YCJA         Were Written Safe Work Procedures       Were they Adequate?       Were these Safe Work Procedures       Were they Adequate?       Were these Safe Work Procedures         Yes No       N/A       Yes No       N/A       N/A       N/A	Family Developme	en and 60	el. # 94 660-5864		340	ation 5 Willingdon / maby, B.C.	Ave.,	Date of Report 2011/04/06	t
s.22       Child Care Counsellor       Previous 24 Hour P         Incident Location (Dept. or Area)       Date of Incident       Time         Crossroads Program       2011-04-03       1830         Incident Category       Injury       Equipment       Motor       Property       Fire       Other Threat/As         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Init Loss	s.22       Child Care Counsellor       Previous 24 Hour Per 0         Incident Location (Dept. or Area) Crossroads Program       Date of Incident 2011-04-03       Time 1830         Incident Category (check)       Injury or Iliness       Halfunction       Property Vehicle       Fire       Other Threat/Ass Other Threat/Ass Obamage         Severity of Injury or Iliness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fire         Severity of Injury or Iliness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fire         Nature of Injury or Iliness s.22       reported "no injuries noted at time of incident".       Statement:       S.79 YCJA         Description of Incident or Employee's Account of Occupational Disease (eg. RSI)       S.79 YCJA       pushed me down onto the coucl s.79 YCJA         and broke the keys off the lanyard       S.79 YCJA       S.79 YCJA       S.79 YCJA         s.79 YCJA       hitting other staff       S.79 YCJA         Were Written Safe Work Procedures Established and Available? Yes No       Were they Adequate? Yes No       Were these Safe Work Procedures Used in Training? Yes No       N/A I         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS       EXPLAIN FULLY UNSAFE CONDITIONS	Last name of Injure	d (or ill) Per			Firs	t Name		File No.	
Crossroads Program       2011-04-03       1830         Incident Category (check)       Injury or lliness       Equipment Malfunction       Motor Vehicle       Property Damage       Fire       Ø Other       Threat/As         Severity of Injury or Illness       No Injury or First Aid Only (check)       Medical Treatment       Time Loss       Inime Loss	Crossroads Program       2011-04-03       1830         Incident Category (check)       Injury or Illness       Equipment Malfunction       Motor Vehicle       Property Damage       Fire       Other       Threat/Ass         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fa         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         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA         s			me on Present Job	0		·	ellor	Previous 24 H	
(check)       or Illness       Malfunction       Vehicle       Damage         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Image         Nature of Injury or Illness       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         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA <tr< td=""><td>(check)       or Illness       Malfunction       Vehicle       Damage         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fa         Nature of Injury or Illness       No Injuries noted at time of incident".         Severity 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         S.22       Statement:       s.79 YCJA         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA         S.79</td><td></td><td></td><td>a)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	(check)       or Illness       Malfunction       Vehicle       Damage         Severity of Injury or Illness       No Injury or First Aid Only       Medical Treatment       Time Loss       Fa         Nature of Injury or Illness       No Injuries noted at time of incident".         Severity 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         S.22       Statement:       s.79 YCJA         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA         S.79			a)						
(check)       Nature of Injury or Illness         Nature of Injury or Illness       s.22         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       pushed me down onto the court         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS	(check)       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       pushed me down onto the coucle         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       No le n/a         s.79 YCJA       s.79 YCJA							🗌 Fire	Other Three	eat/Ass
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       pushed me down onto the courd         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS	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         and broke the keys off the lanyard       s.79 YCJA         s.79 YCJA       s.79 YCJA		Illness	No Injury or First No	Aid Onl	у [	Medical Tre	atment	Time Loss	Fa
s.79 YCJA pushed me down onto the courses   and broke the keys off the lanyard s.79 YCJA   s.79 YCJA hitting other staff   s.79 YCJA s.79 YCJA   Were Written Safe Work Procedures   Established and Available?   Yes \overlinedrightarrow No \overlinedrightarrow N/A \overlinedrightarrow Yes \overlinedrig	s.79 YCJA pushed me down onto the couch   and broke the keys off the lanyard s.79 YCJA   s.79 YCJA hitting other staff   s.79 YCJA s.79 YCJA   Were Written Safe Work Procedures   Established and Available?   Yes \overlinedrightarrow No \overlinedrightarrow N/A \overli			oyee's Account of	• ·		l Disease (eg.	RSI)		
and broke the keys off the lanyard s.79 YCJA   s.79 YCJA hitting other staff   s.79 YCJA     Were Written Safe Work Procedures   Established and Available?   Yes \overlinedrightarrow No \overlinedrightarrow N/A \overli	and broke the keys off the lanyard s.79 YCJA   s.79 YCJA hitting other staff   s.79 YCJA     were Written Safe Work Procedures   Established and Available?   Yes I No I N/A I   Were (and Contributory Factors)   EXPLAIN FULLY UNSAFE CONDITIONS			oyee's Account of	• ·		l Disease (eg.	RSI)		
s.79 YCJA       hitting other staff       s.79 YCJA         Were Written Safe Work Procedures       Were they Adequate?       Were these Safe Work Procedures         Established and Available?       Yes 🛛 No 🗌 N/A 🗌       Yes 🖄 No 🗌 N/A 🛄         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS	s.79 YCJA       hitting other staff       s.79 YCJA         Were Written Safe Work Procedures       Were they Adequate?       Were these Safe Work Procedused in Training?         Yes \overline No \overline N/A \overline       Yes \overline No \overline N/A \overline       Were these Safe Work Procedused in Training?         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS	and broke the keys	s off the lar						down onto the	coucl
Established and Available?       Yes In Training?         Yes In No In N/A In Yes In N/A In the set of the set	Established and Available?       used in Training?         Yes INO       N/A         Basic Cause (and Contributory Factors)       EXPLAIN FULLY UNSAFE CONDITIONS		hitt	ing other staff	s.79 Y(	CJA	s.79	YCJA		
		s.79 YCJA								
	s.79 YCJA	Were Written Safe V Established and Ava	Nork Proced					used in	Training?	
s.79 YCJA		Were Written Safe V Established and Ava Yes ⊠ No □	Vork Proceo ailable? N/A □	Yes 🛛	No 🗌	N	/A 🗌	used in Yes ⊠	Training? No 🗌 N/A	
		Were Written Safe V Established and Ava Yes ⊠ No □	Work Proced ailable? N/A Contributorv	Yes 🛛	No 🗌	N	/A 🗌	used in Yes ⊠	Training? No 🗌 N/A	
		Were Written Safe V Established and Ava Yes ⊠ No □	Work Proced ailable? N/A Contributorv	Yes 🛛	No 🗌	N	/A 🗌	used in Yes ⊠	Training? No 🗌 N/A	

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Corrective Measures Taken and/o	or Recommended		
- No lanyards to be used on con	- do not issue a		
Positioning of furniture should Personal safety device Code policy for emergency circ If a circumstance arises where r direct contact with youth Refresher of NVCI every 6 mont	umstances 1 staff will be alone s	oute staff need to make every effort to	remove self from
Corrective Action Referred To:	OSH meeting	Date To Be Completed By:	Recommendations TBA
Name(s) & occupations of person( <u>Name</u> Louise Brown Rose Lance	(s) who investigated ir Occupation N7 N4	ncident: <u>Phone</u> 604-660-5865 604-660-3878	
Christine Broisebois	N4 N4	604-660-5843	
Signature of Workers' Representa	tive Date	Signature of Employer Represe	<u>May 4/6</u> ntative Date
Name(s) of Witness(es) (include p <u>Name</u> s.15, s.22	hone number):	<u>Phone</u> 604-660-5864	

#### JOINT INCIDENT INVESTIGATION FORM

#### **PSC 38**

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Ministry Ministry of Children and Family Development	Tel. # 604 660-5864	-5864 Location Burnaby, B.C.		ve.,	Date of Report 2011/04/06	
Last name of Injured (or ill) Person Firs		<sup>-</sup> irst Name		File No.		
Years of Service			•		Hours Worked Previous 24 Ho <b>7.5</b>	1
Incident Location (Dept. or A Crossroads Program	ncident Location (Dept. or Area) Date of Incident			Time <b>1830</b>		
Incident Category Inju (check) Or Illne		Moto hicle	or Property Damage	🗌 Fire	Other Assa	ault
Severity of Injury or Illness (check)	☐ No Injury or First Aid	Only	Medical Trea	itment	Time Loss	☐ Fatal *
Nature of Injury or Illness s.22, s.79	YCJA	scra	atches to the Lt. fo	orearm a	nd upper lip, st	iffness in
neck and Lt. forearm as w	ell as nose bleed from L					
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.						
Established and Available? used			ese Safe Work F Training? No ☐ N/A			
Basic Cause (and Contribute	ory Factors) EXPL	AIN I	FULLY UNSAFE (	CONDITIC	ONS	
s.79 YCJA						

No lanyards to be used on	complex - notice be sent - do not issue at s.79 YCJA		
Positioning of furniture sho Personal safety device Code policy for emergency If a circumstance arises wh direct contact with youth Refresher of NVCI every 6 r	ould include a clear exit ro circumstances are 1 staff will be alone s	oute taff need to make every effort to	remove self from
Corrective Action Referred Te	o: OSH meeting	Date To Be Completed By:	Recommendations TBA
		ıt.	
equipment, tools, structures, Name(s) & occupations of pe <u>Name</u> <b>Louise Brown</b>	etc., involved in this inciden rson(s) who investigated in <u>Occupation</u> <b>N7</b>	cident: <u>Phone</u> <b>604-660-586</b> 5	
Additional Comments or Obs equipment, tools, structures, Name(s) & occupations of pe <u>Name</u> Louise Brown Rose Lance Christine Brisebois	etc., involved in this inciden rson(s) who investigated in <u>Occupation</u>	cident:	3
equipment, tools, structures, Name(s) & occupations of pe <u>Name</u> Louise Brown Rose Lance	etc., involved in this inciden rson(s) who investigated in <u>Occupation</u> N7 N4 N4 N4	cident: <u>Phone</u> 604-660-5864 604-660-3878	May 1/2

\* 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, BC	Date of Report March 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 N4	Hours Worked in Previous 24 Hour Period 8	
Incident Location (Dept. or Crossroads Program	Area) 	Date of Incident March 24, 2011	Time <b>7:40 pm</b>	
Incident Category Incident Category (check)			Other assault, theft, escaping legal custody	
Severity of Injury or Illness (check)	No Injury or First Aid On	ly Dedical Treatment	⊠ Time Loss ☐ Fatal *	
Nature of Injury or Illness s.22 was assaulted	<b>d</b> s.79 YCJA		с. С. С. С	
Description of Incident or E Statement from s.22	mplovee's Account of Occupa :	ational Disease (eg. RSI)		
	s.22, s.7 s.22	'9 YCJA		
		s.22	s.22	
	s.79 YCJA s.22 s.79 Y	s.22 d at s.2 (CJA s.22	s.79 YCJA	
	the head once with a closed into her hand s.22	l <b>fist</b> . s.22 s.79 s.79 YCJA	YCJA s.22	
s.22 s.79 YCJA				
Were Written Safe Work Pr Established and Available? Yes 🛛 No 🗌 N/A 🗌			nese Safe Work Procedures Training? No N/A	

- 2 staff		ULLY UNSAFE CONDITIONS YCJA	
s.79	YCJA		
- 3 <sup>°°</sup> staff (Nurse) left unit to do drug	count		
Corrective Measures Taken and/or Red	commended		
s.22 feels that CISD would be h		given the number for the En	nployee Assistance
Program.		· · ·	
s.22 feels that a button alarm sy Before leavinig unit staff need to as			m members
If keys on neck they should be out			
No lanyards that are not tear away Other possible options for safety o	f keys ie. wrist lany	ards however this could pose	sibly result in back
njuries			-
Staff need to be reminded that thei routh (smoke break)	-		-
Emergency ringers on other units r	not working and so c	lelayed response to emergen	cy calls
Corrective Action Referred To: PC a	nd OSH meetings	Date To Be Completed By:	CISD completed
			Other recommendation
Additional Comments or Observations	Where applicable di	ve details of makes & models of	recommendation TBA
		ve details of makes & models o	recommendation TBA
		ve details of makes & models o	recommendation TBA
		ve details of makes & models o	recommendation TBA
		ve details of makes & models o	recommendation TBA
equipment, tools, structures, etc., invol	ved in this incident.		recommendation TBA
equipment, tools, structures, etc., invol Jame(s) & occupations of person(s) wi	ved in this incident.		recommendation TBA
equipment, tools, structures, etc., invol Jame(s) & occupations of person(s) wi Jame Biancarlo M. Laertini	ved in this incident. ho investigated incider <u>Occupation</u> <b>CCC 21</b>	nt: <u>Phone</u> 604 660-5864	recommendation TBA f machines,
aquipment, tools, structures, etc., invol Jame(s) & occupations of person(s) wi Jame Biancarlo M. Laertini Rose Lance	ved in this incident. ho investigated incider <u>Occupation</u>	nt: <u>Phone</u> 604 660-5864 604 660-3878	recommendation TBA f machines,
equipment, tools, structures, etc., invol Name(s) & occupations of person(s) wh Name Siancarlo M. Laertini Rose Lance	ved in this incident. ho investigated incider <u>Occupation</u> CCC 21 N4	nt: <u>Phone</u> 604 660-5864 604 660-3878	recommendation TBA f machines,
equipment, tools, structures, etc., invol Name(s) & occupations of person(s) wh Name Siancarlo M. Laertini Rose Lance	ved in this incident. ho investigated incider <u>Occupation</u> CCC 21 N4	nt: <u>Phone</u> 604 660-5864 604 660-3878	recommendation TBA f machines,
equipment, tools, structures, etc., invol Name(s) & occupations of person(s) wh Name Siancarlo M. Laertini Rose Lance	ved in this incident. ho investigated incider <u>Occupation</u> CCC 21 N4	nt: <u>Phone</u> 604 660-5864 604 660-3878	recommendation TBA f machines,
aquipment, tools, structures, etc., invol Jame(s) & occupations of person(s) wi Jame Biancarlo M. Laertini Rose Lance	ved in this incident. ho investigated incider <u>Occupation</u> CCC 21 N4 N7 Program Coordin	nt: <u>Phone</u> 604 660-5864 604 660-3878	recommendation TBA f machines,
Aame(s) & occupations of person(s) where we have a structure of the person of the pers	ved in this incident. ho investigated incider <u>Occupation</u> CCC 21 N4 N7 Program Coordin	nt: <u>Phone</u> 604 660-5864 604 660-3878 ator 604 660-5865	recommendation TBA f machines,
Giancarlo M. Laertini Rose Lance Louise Brown	ved in this incident. ho investigated incident <u>Occupation</u> CCC 21 N4 N7 Program Coordin Date	nt: <u>Phone</u> 604 660-5864 604 660-3878 ator 604 660-5865	recommendation TBA f machines,
Name(s) & occupations of person(s) where a section of person and the section of person and the section of the s	ved in this incident. ho investigated incident <u>Occupation</u> CCC 21 N4 N7 Program Coordin Date	nt: <u>Phone</u> 604 660-5864 604 660-3878 ator 604 660-5865	recommendation TBA f machines,

•

#### 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.	
5	3.22	f				
Years of Service s.22	Time on	Occupation		Hours Worked in Previous 24		
5.22	Present Job s.22	Childcare Counsellor		Hour Period 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 Illnesss.22was verbally threateneds.79 YCJA						
Description of Accident or E	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 Pro Established and Available?	ocedu <b>res</b>	Were they Adequate? Yes 🔀 No 🗖 N/A 🗖		Were these Saf Procedures use		
			Yes 🗙 No 🗖 N/A 🗖			

Basic Cause (and Contributory Factors)	EXPLAIN FULLY UNSAFE CONDITIONS	
	s.79 YCJA	
	÷	
Corrective Measures Taken and/or Recomm		
Staff debriefed event upon return to work with s.22	th PC. s.79 YCJA	′CJA
3.22	3.10 TOUM	
Corrective Action Referred To:s.22	Date To Be Comp	leted By:11/_03/17
etc., involved in this accident. (Use separate	re applicable give details of makes & models o e sheet if necessary)	f machines, equipment, tools, structures,
Name(s) & occupations of person (s) who in	vestigated accident:	
Louise Drown N7	607-660-5865	
Print Name & Occupation	Phone Print Name & Occup	ation Phone
Signature of Workson' Danage station	ADII 5 11 Standard Employee	
Signature of Workers' Representative	Date Signature of Employer	Representative Date



### Ministry of Children and Family Development

## Joint Incident Investigation Form

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The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the <i>Child, Family and Community</i> Service Act (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the <i>Freedom of Information and</i> <i>Protection of Privacy Act</i> . 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 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 W	DRKED IN PREVIOUS 24-HOURS	
s.22 Child Care C			
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME	
0	2012-02-22	6:45 C AM	
Incident category (check)			
Injury or Illness	ction Motor Vehicle Pro	pperty Damage	
Fire Other			
SEVERITY OF INJURY OR ILLNESS (CHECK)			
No Injury or First Aid Only 🖌 Medical Treatment	Time Loss	al	
NATURE OF INJURY OR ILLNESS			
Worker stated that her shoulder and upper arm	were sore and experienced some inmobilit	y the following day.	
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIO	NAL DISEASE (E.G. RSI)		
Worker strained shoulder while participating in	activity s.79 YCJA		
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY AD ESTABLISHED AND AVAILABLE?	EQUATE? WERE THESE SAFE WO USED IN TRAINING?	RK PROCEDURES	
O Yes O No ⊙ N/A O Yes O	No  N/A O Yes O No	N/A	
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS	Restand Active processing and a	
Worker participated in activity that is not a part arm motion in a repetitive manner.	of her normal daily activity. Did not warm u	ip and used same	
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED	anna (an ann a sao ann a dhanna ann ann ann ann ann ann ann ann an	In the second	
Advised worker to warm up/strech before physi level and to respect their limitations.	cal activity. Advise worker to be aware of t	heir physical fitness	
CORRECTIVE ACTION REFERRED TO:		BE COMPLED BY (YYYY-MM-DD)	
Speak to employee about how to maintain her		012-02-27	
ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIV INVOLVED IN THIS INCID	E DE LAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, ENT.	TOOLS, STRUCTURES, ETC.	
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDEN	T:		
Name	Occupation	Phone	
Bronwyn Armstrong	Program Coordinator	604 660-5841	
Tracey Strain	Child Care Counsellor	604 660-5501	
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (YYY	Y-MM-DD) SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	
3 20/2	107/09 155AQuesto	2012/07/29	
	and I Thank I AN	0-10-10-10-10-1	

Security Classification: PUBLIC

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

CF0649\_(11/03)

Security Classification: PUBLIC

Page 2 of 2 Phase 1 Page 44 CFD-2013-00082 . .



### Ministry of Children and Family Development

Service Act (CFCS Act). Under	sted on this form is collected under the au certain circumstances, the collected infor juestions about the collection, use or disc	mation may be subject to disclosur	e as per the CFCS Act and/or the	Freedom of Information and
TELEPHONE NUMBER	LOCATION			REPORT DATE (YYYY-MM-DD)
604 660-5864	MATC - Crossroads Pr	ogram		2012-02-16
LAST NAME OF INJURED (OR	ILL) PERSON	FIRST NAME		FILE No.
	s.22			
YEARS OF SERVICE TIME	ON PRESENT JOB OCCUPATION	R R	HOURS W	DRKED IN PREVIOUS 24-HOURS
s.22	Nurse			
INCIDENT LOCATION (DEPART	IMENT OR AREA)		INCIDENT DATE (YYYY-MM-DD)	TIME
0			2012-02-09	3:30 C AM
INCIDENT CATEGORY (CHECK	)			PM
✓ Injury or Illness	Equipment Malfu	nction 🗌 Motor Veh	icle Pro	operty Damage
Fire	Other			
SEVERITY OF INJURY OR ILLN	ESS (CHECK)			
✓ No Injury or First A	id Only Medical Treatme	nt 🔽 Time Loss	Fat	tal
NATURE OF INJURY OR ILLNE				
	back and both forearms			
DESCRIPTION OF INCIDENT C	DR EMPLOYEE'S ACCOUNT OF OCCUPAT	IONAL DISEASE (E.G. RSI)	,	
		hed on his R lower bac	k and both forearms.	
WERE WRITTEN SAFE WORK F ESTABLISHED AND AVAILABLE		ADEQUATE?	WERE THESE SAFE WO USED IN TRAINING?	RK PROCEDURES
€ Yes ( No (	N/A (• Yes	C No C N/A	€ Yes € No	C N/A
BASIC CAUSE (AND CONTRIB		EXPLAIN FULLY UNSAFE CON	DITIONS	
Proximity with Clie	nt during restraint			
CORRECTIVE MEASURES TAK	KEN AND / OR RECOMMENDED			
Offer more frequer	nt NVCI refresher sessions	for staff.		
CORRECTIVE ACTION REFER	RED TO:		то	BE COMPLED BY (YYYY-MM-DD)
OSH Committee, F	Program Coordinator		2	2012-02-29
ADDITIONAL COMMENTS OR	OBSERVATIONS. WHERE APPLICABLE C INVOLVED IN THIS INC		ELS OF MACHINES, EQUIPMENT,	, TOOLS, STRUCTURES, ETC.
NAME(S) AND OCCUPAT	ION(S) OF PERSON(S) WHO INVESTIGATED INCID			
	Name		cupation	Phone
Dan Aitken		Program Coordinator		604 660-5865
Christine Briseb		Nurse		604 660-5843
SIGNATURE OF WORKER'S RE	$\mathcal{W}$	YYY-MM-DD) SIGNATURE OF EN	IPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD) ZilZ/GZ/16
NAME(S) OF WITNESS(ES	). INCLUDE PHONE NUMBER:			( <u>) - p(</u> , w
		Name		Phone



### BRITISH Ministry of Children COLUMBIA and Family Development

### Joint Incident Investigation Form

The personal information requested on this form is collected under the author Service Act (CFCS Act). Under certain circumstances, the collected informa Protection of Privacy Act. Any questions about the collection, use or disclose	tion may be subject to disclosure as per the CFCS Act and/or the	Freedom of Information and
TELEPHONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
604 660-5864 MATC - Crossroads Prog	Iram	
LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		
YEARS OF SERVICE TIME ON PRESENT JOB OCCUPATION	HOURS WO	RKED IN PREVIOUS 24-HOURS
s.22 Nurse	8HRS	
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	
0	2012-02-27	18:15 C AM
INCIDENT CATEGORY (CHECK)		
✓ Injury or Illness Equipment Malfunc	tion Motor Vehicle Pro	perty Damage
Fire Other		
SEVERITY OF INJURY OR ILLNESS (CHECK)		
✓ No Injury or First Aid Only	Time Loss	al
NATURE OF INJURY OR ILLNESS		
Staff's hair was pulled s.79 YCJA		
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	IAL DISEASE (E.G. RSI)	
s.79 YCJA grabbed and pulled her hair.	Staff's ne	ck and then
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADE ESTABLISHED AND AVAILABLE?	QUATE? WERE THESE SAFE WOP USED IN TRAINING?	RK PROCEDURES
Yes C No C N/A     F Yes C	NO C N/A @ Yes C No	ς N/A
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS	
s.79 YCJ/	A	
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		BE COMPLED BY (YYYY-MM-DD) 012-04-03
ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE		
INVOLVED IN THIS INCIDE		
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT		
Name	Occupation	Phone Phone
Dan Aitken	Program Coordinator	604 660-5865
	Nurse 4	604 660-5843
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (1997)	3.0/ SIGNATURE OF ENTROPIE OF ENTROPIES REPRESENTATIVE	DATE (YYYY-MM-DD)

Security Classification: PUBLIC

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

.

Security Classification: PUBLIC

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## BRITISH COLUMBIA And Family Development

## Joint Incident Investigation Form

The personal information requested on this form is collected under the auth Service Act (CFCS Act). Under certain circumstances, the collected inform Protection of Privacy Act. Any questions about the collection, use or disclosed	ation may be subject to disclosure as per the CI	CS Act and/or the Freedom of Information and
		REPORT DATE (YYYY-MM-DD)
604 660-5846 Maples Response Progra	am	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	8	0 HOURS
INCIDENT LOCATION (DEPARTMENT OR AREA)		ATE (YYYY-MM-DD) TIME
Maples' GP's Office	2012-0	3-26 12:20 © PM
INCIDENT CATEGORY (CHECK)		
✓ Injury or Illness       ☐ Equipment Malfund	ction 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 OCCUPATION	NAL DISEASE (E.G. RSI)	
	s.79 YCJA	
s.79 YCJA punched worker in the left jaw area.		
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADD ESTABLISHED AND AVAILABLE?		THESE SAFE WORK PROCEDURES
Yes C No C N/A     F Yes C	No C N/A	Yes C No C N/A
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS	
	s.79 YCJA	
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED		L
	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 GIV INVOLVED IN THIS INCIDE		NES, EQUIPMENT, TOOLS, STRUCTURES, ETC.
Hallway outside of GP's office is surrounded by		
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDEN	T:	
Name	Occupation	Phone
Bronwyn Armstrong	Program Coordinator/Shop Stev	vard 604 660-5841
Stephen Sjoberg	Program Coordinator	604 660-5846
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (YYY)	-MM-DD) SIGNATURE OF EMPLOYER'S REP	
BTH9UNSTIDUQ 2012/	03/26 .17	7 Zoizlos/20
	Or C	

CF0649\_(11/03)

Security Classification: PUBLIC



### BRITISH | Ministry of Children COLUMBIA | and Family Development

# Joint Incident

Service	sonal information requested on this form Act (CFCS Act). Under certain circumsta on of Privacy Act. Any questions about th	nces, the collected informa	tion may be subject to disclosure as per t	he CFCS Act and/or the Fi	reedom of Information and
TELEP	ONE NUMBER LOCATION				REPORT DATE (YYYY-MM-DD)
000	000-0000 3405 W	illindon Ave. Burn	aby, B.C. V5G 3H4		2012-06-21
LASTN	AME OF INJURED (OR ILL) PERSON		FIRST NAME		FILE No.
		s.22		······································	
YEARS	OF SERVICE TIME ON PRESENT JOE	OCCUPATION		HOURS WOR	KED IN PREVIOUS 24-HOURS
	s.22	Youth worker		8	
INCIDE	NT LOCATION (DEPARTMENT OR AREA)		INCIDE	NT DATE (YYYY-MM-DD)	
0			201	2-06-21	5:45 C AM
INCIDE	JT CATEGORY (CHECK)				
🗸 Inj	ury or Illness	Equipment Malfunc	tion Motor Vehicle	Prop	erty Damage
Fi	e	Other			
SEVERI	TY OF INJURY OR ILLNESS (CHECK)				
□ N¢	o Injury or First Aid Only 🖌	Medical Treatment	✓ Time Loss	Fata	I
	E OF INJURY OR ILLNESS				
1	5.79 YCJA stepped on ulted and hurts to move it.	s.22 foot	s.79 YCJA	Seen by unit nu	urse. Foot pain
DESCR	IPTION OF INCIDENT OR EMPLOYEE'S A	CCOUNT OF OCCUPATION	AL DISEASE (E.G. RSI)		
	s.22		s.79 YCJA		
1	foot. s.22 immediatel increased to the point whe		ent to investigate her injur		stepped on ours later the pain
	VRITTEN SAFE WORK PROCEDURES ISHED AND AVAILABLE?	WERE THEY ADE		WERE THESE SAFE WORK USED IN TRAINING?	PROCEDURES
()	res C No C N/A		No C N/A	Yes C No	C N/A
	CAUSE (AND CONTRIBUTORY FACTORS)		EXPLAIN FULLY UNSAFE CONDITIONS		
Un	safe act by other -Unsafe (	Conditions due to	inadequate footwear.		
CORRE	CTIVE MEASURES TAKEN AND / OR REC	OMMENDED			·····
	s.79 YCJA gram Coordinator to follow unit and need to provide di			d to be mindful of	f youth running on
CORRE	CTIVE ACTION REFERRED TO:		· · · · · · · · · · · · · · · · · · ·	TOB	E COMPLED BY (YYYY-MM-DD)
ОН	S Committee, Program Co	ordinator, Prograr	n Manager	20	12-07-21
ADDITI	ONAL COMMENTS OR OBSERVATIONS.	WHERE APPLICABLE GIVE INVOLVED IN THIS INCIDE		IACHINES, EQUIPMENT, TO	DOLS, STRUCTURES, ETC.
L	NAME(S) AND OCCUPATION(S) OF PERSON(S)	WHO INVESTIGATED INCIDENT	1	······································	
	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



## Ministry of Children and Family Development

Service Act (CFCS Act). Under certain circumstances, the collected informa	tion may be subject to disclosure as per the CFCS Act and/or the	Freedom of Information and		
		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 WO	RKED IN PREVIOUS 24-HOURS		
s.22 Child Care Co	punsellor 7.78			
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME		
0	2012-05-25	9:05 ( AM		
INCIDENT CATEGORY (CHECK)				
✓ Injury or Illness Equipment Malfunc	tion Motor Vehicle Pro	perty Damage		
Fire Other				
SEVERITY OF INJURY OR ILLNESS (CHECK)				
✓ No Injury or First Aid Only Medical Treatment	Time Loss	al		
NATURE OF INJURY OR ILLNESS				
Bruising and broken skin near right thumb.				
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	IAL DISEASE (E.G. RSI)			
s.22	s.79 YCJA			
	(CJA	struck her on		
the right hand by the thumb, causing some scra	tching and bruising to the area around the t	humb.		
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADE ESTABLISHED AND AVAILABLE?	QUATE? WERE THESE SAFE WOF USED IN TRAINING?	K PROCEDURES		
CYes CNo CN/A (•Yes C	No C N/A ( Yes C No	C 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	fe manner.	·		
CORRECTIVE ACTION REFERRED TO:	<u>TO I</u>	BE COMPLED BY (YYYY-MM-DD)		
Stephen Sjoberg	20	012-05-30		
		OOLS, STRUCTURES, ETC.		
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT	Response Unit       2012-05-29         s.22       FIRST NAME         OCCUPATION       HOURS WORKED IN PREVIOUS 24-HOURS         Child Care Counsellor       7.78         INCIDENT DATE (YYYYAMADD)       TIME         Carl Counsellor       7.78         INCIDENT DATE (YYYAMADD)       TIME         Carl Counsellor       7.78         Child Care Counsellor       Property Damage         Cher       Property Damage         Cher       Property Damage         Medical Treatment       Time Loss         s.79 YCJA       struck her on         ausing some scratching and bruising to the area around the thumb.         WERE THEY ADEQUATE?       WERE THEY ADEQUATE?         WERE THEY ADEQUATE?       WERE THESE SAFE WORK PROCEDURES         S.79 YCJA       S.79 YCJA         s.22       an inordinate amount of force.         COMMENDED       S.79 YCJA         skeys in an unsafe manner.       TO BE COMPLED BY (YYYAMADD)         2012-05-30       WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TOOLS, STRUCTURES, ETC.			
Name				
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)		
2012-0	05-31	2012-05-30		

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

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TELEPHONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
604 660-5846 Maples Response Progra	Im	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 Co	bunsellor 7.0	
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DE	)TIME
0	2012-05-28	13:00 C AM
INCIDENT CATEGORY (CHECK)		
Injury or Illness Equipment Malfunc	tion Motor Vehicle F	Property Damage
Fire Other		
SEVERITY OF INJURY OR ILLNESS (CHECK)		
No Injury or First Aid Only Medical Treatment	Time Loss	atal
NATURE OF INJURY OR ILLNESS		
s.22 twisted and strained her right ankle.		
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	AL DISEASE (E.G. RSI)	
s.79 YCJA s.22	was running across the sand and twister	d her right ankle
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADE ESTABLISHED AND AVAILABLE?	QUATE? WERE THESE SAFE V USED IN TRAINING?	VORK PROCEDURES
Yes C No C N/A     Yes C	No C N/A	⊃ <i>C</i> ) N/A
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS	
Poor, unsupportive footwear and an unstable su	Irface.	
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED		
s.22 has been informed of the job expectation	n that she wear required footwear while o	n 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 INVOLVED IN THIS INCIDE		IT, TOOLS, STRUCTURES, ETC.
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
	SPO28	604 660-5846
	CCN18	604 660-5843
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (YYYY-		DATE (YYYY-MM-DD)
Man Deline 2012-0	ю-19 	2012-06-19
NAME(S) OF WITNESS(ES), INCLUDE #HONE NUMBER:	me	Phone
iver		



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	IONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
<b></b>	660-5864 Crossroads Program		2012-06-11
LAST N	AME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
	s.22		
YEARS	OF SERVICE TIME ON PRESENT JOB OCCUPATION		KED IN PREVIOUS 24-HOURS
	s.22 Shift Supervis	sor / Child Care Counsellor 7.78HR	3
	NT LOCATION (DEPARTMENT OR AREA)		TIME O AM
0		2012-06-06	10:45 O PM
INCIDEN	IT CATEGORY (CHECK)		
🖌 Inj	ury or Illness Equipment Malfunc	tion Motor Vehicle Prop	erty Damage
Fir	e Other		
SEVERI	TY OF INJURY OR ILLNESS (CHECK)		
No	o Injury or First Aid Only Medical Treatment	Time Loss	1
1	E OF INJURY OR ILLNESS		
burr	n to staff's Right lower stomach area - <sub>s.22</sub> re	fused medical treatment.	
DESCR	IPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION		100000000000000000000000000000000000000
	s.79 YCJA a cup o		up fact away the
coff	s.79 YCJA threw ee covered staff's stomach area below his F	the contents of the cup at staff from about tv Right chest area down to his waist.	vo leet away. the
WERE V	VRITTEN SAFE WORK PROCEDURES WERE THEY ADE		(PROCEDURES
E			O N/A
		EXPLAIN FULLY UNSAFE CONDITIONS	
	s.79 YCJA threw a hot cup of coffee	e at staff	
CORRE	CTIVE MEASURES TAKEN AND / OR RECOMMENDED		
		สมของการการการการการการการการการการการการการก	
		s.79 YCJA	
CORRE	CTIVE ACTION REFERRED TO:	ТОВ	E COMPLED BY (YYYY-MM-DD)
L	s.79 YCJA	20	12-06-15
ADDITI	ONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIV INVOLVED IN THIS INCIDE		DOLS, STRUCTURES, ETC.
£	NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDEN	T:	
	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:		Lauran	
	Name		Phone
s.15, s.22			604 660-5865

Page 2 of 2 Phase 1 Page 55 CFD-2013-00082



## BRITISH Ministry of Children COLUMBIA and Family Development

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TELEPHONE NUMBER	LOCATION					REPORT DATE (YYYY-MM-DD)
	Crossroads F	Program				2012-06-15
LAST NAME OF INJURED (OR IL	L) PERSON		FIRST NAME			FILE No.
ann an ann ann ann ann ann ann ann ann	s.22					
YEARS OF SERVICE TIME C	N PRESENT JOB OC	CUPATION			HOURS WORK	ED IN PREVIOUS 24-HOURS
	С	hild Care Couns	ellor		8.75HRS	
INCIDENT LOCATION (DEPART	MENT OR AREA)			INCIDENT DATE	(YYYY-MM-DD)	
0				2012-06-1	14	6:15 O AM
INCIDENT CATEGORY (CHECK)						
✓ Injury or Illness	Equip	ment Malfunction	Motor Ve	hicle	Prope	rty Damage
Fire	Other					
SEVERITY OF INJURY OR ILLNE	SS (CHECK)					
No Injury or First Ai	d Only 📝 Media	al Treatment	Time Los	S	Fatal	
NATURE OF INJURY OR ILLNES	SS			********		Minoritation of the first from the second
Bitten L thumb, neo the Nursing assess			ed. <u>s.22</u> was a lysical health.	llso punched s	several times	s but not noted in
DESCRIPTION OF INCIDENT O	R EMPLOYEE'S ACCOUN	T OF OCCUPATIONAL DIS	SEASE (E.G. RSI)			****
s.22			YCJA			
s.792¥CJA	hit hit	him (throwing his	s fists at <u>s.22</u>	as you would	swing a Han s.22	nmer) <u>s.22</u>
		s.22	79 YCJA			20
S.	22	s.22			S	.22 s.22
s.22	s.79 YCJA	s.22	his Left th s.79 YCJA	umb bitten	s.79 YCJA	
0.22	s.22	s.22				
s.22		S	s.79 YCJA			
WERE WRITTEN SAFE WORK P ESTABLISHED AND AVAILABLE		WERE THEY ADEQUAT	Ê?		IESE SAFE WORK F TRAINING?	PROCEDURES
• Yes O No O	N/A	• Yes () No	O N/A	© Ye	es () No (	) N/A
BASIC CAUSE (AND CONTRIBU	JTORY FACTORS)	EXPL	AIN FULLY UNSAFE CO	NDITIONS		
s	.79 YCJA					
CORRECTIVE MEASURES TAK	EN AND / OR RECOMME		70.10.14			
		S	.79 YCJA			
CORRECTIVE ACTION REFERE	RED TO:		****			COMPLED BY (YYYY-MM-DD)
	s.79 YCJA				201	2-06-22

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

Name		Occupation	Phone	
Dan Aitken		Program Coordinator	604 660-5865	
Christine Brisebios		Nurse		
NATURE 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:				
	Na	ame	Phone	



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TELEPH	IONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
	660-5843 Maples Adolescent Trea	tment Centre	2012-07-12
LAST N	AME 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 N	lurse 8 HC	OURS
INCIDE	NT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-D	D) TIME
0		2012-06-01	14:45 C AM
INCIDEN	T CATEGORY (CHECK)		
🖌 Inj	ury or Illness Equipment Malfund	ction Motor Vehicle	Property Damage
Fir	e Other		
SEVERI	LTY OF INJURY OR ILLNESS (CHECK)		
V No	Injury or First Aid Only Medical Treatment	Time Loss	Fatal
NATUR	E OF INJURY OR ILLNESS		
Cut	to nail bed of left index finger.		
DESCR	PTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	NAL DISEASE (E.G. RSI)	
Whi	le slicing vegetables in the kitchen with a la er left index finger.		down on the nail bed
	RITTEN SAFE WORK PROCEDURES WERE THEY AD		WORK PROCEDURES
	SHED AND AVAILABLE? Yes C No C N/A		0 C N/A
L		L	0 ( N/A
	CAUSE (AND CONTRIBUTORY FACTORS) Blessness. <u>s.22</u> reports that: the knife that	EXPLAIN FULLY UNSAFE CONDITIONS	ro no distractions and
	cutting board surface was smooth and ever		Te no distractions and
	CTIVE MEASURES TAKEN AND / OR RECOMMENDED		<u></u>
	er spoke to s.22 and she said that she wil ements to prepare food.	I ensure that she is more focused when s	he is using sharp
CORRE	CTIVE 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
ADDITIC	NAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIV INVOLVED IN THIS INCID	E DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMEN	NT, TOOLS, STRUCTURES, ETC.
N/A			
[	NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDEN	Т:	
	Name	Occupation	Phone
	Christine Brisebois	Psychiatric Nursee	604 660-5843
	Stephen Sjoberg	SPO28	604 660-5846
SIGNAT	JRE OF WORKER'S REPRESENTATIVE DATE (YYY	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	$X \mu \nu \nu \nu \nu \mu $	M 2 1	1

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

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# BRITISH COLUMBIA and Family Development

TELEPHONE NUMBER	LOCATION					REPORT DATE (YYY
000 000-0000		dolescent Trea	tment Centre Bu	maby		2012-08-01
LAST NAME OF INJURED (OR			FIRST NAME			FILE No.
	S.2					
YEARS OF SERVICE TIME		OCCUPATION	i L			RKED IN PREVIOUS 24
s.22			or/ Child Care Co	unsellor	7.78	
E.					L	TIME
INCIDENT LOCATION (DEPAR	(TMENT OR AREA)		******	2012-07-3		18:30 O
INCIDENT CATEGORY (CHECH				2012-07-5	1	
✓ Injury or Illness		uipment Malfund ner	tion Motor	Vehicle	Pro	perty Damage
SEVERITY OF INJURY OR ILLN	NESS (CHECK)					
🗸 No Injury or First A	Aid Only 🖌 Me	dical Treatment	[ ] Time I	oss	Fata	al
NATURE OF INJURY OR ILLNI	ESS					
Bruising and swell	ling to hand and	d forearm				
DESCRIPTION OF INCIDENT (	OR EMPLOYEE'S ACCC	OUNT OF OCCUPATION	IAL DISEASE (E.G. RSI)			
During a 40 minute		s.79 YC	1	ove injuries occu	urred	
WERE WRITTEN SAFE WORK ESTABLISHED AND AVAILABL		WERE THEY ADE	QUATE?	USED IN TE		K PROCEDURES
● Yes ○ No O	> N/A	• Yes C	No 🔿 N/A	Yes	s 🔿 No	O N/A
BASIC CAUSE (AND CONTRIE	()		EXPLAIN FULLY UNSAFE			
s.79 YCJA	No staff ava	allable to take o	over in a long res	traint as on outing	gs and on	e other unit clo
CORRECTIVE MEASURES TA						
Staff to be aware of	of staffing level	s for safety				
CORRECTIVE ACTION REFER	RED TO:				TOE	BE COMPLED BY (YYYY
N/A						
ADDITIONAL COMMENTS OR				MODELS OF MACHINES,	EQUIPMENT, T	OOLS, STRUCTURES,
N 1 / A	INV	OLVED IN THIS INCIDE				
ε N/A						
N/A						
· · · · · · · · · · · · · · · · · · ·	TION(S) OF PERSON(S) WHO	D INVESTIGATED INCIDEN	[; [	Occupation		Phone
NAME(S) AND OCCUPAT	rion(s) of person(s) WHo Name	D INVESTIGATED INCIDEN		Occupation		Phone
NAME(S) AND OCCUPAT	Name		Acting Nurse 7		ENTATIVE	60,476,601,489
NAME(S) AND OCCUPAT	Name	D INVESTIGATED INCIDEN	Acting Nurse 7	Occupation		
NAME(S) AND OCCUPAT Elisa Stewart SIGNATURE OF WORKER'S RE	Name		Acting Nurse 7			60,476,601,489
NAME(S) AND OCCUPAT Elisa Stewart SIGNATURE OF WORKER'S RE	Name	DATE (YYYY	Acting Nurse 7			60,476,601,489
NAME(S) AND OCCUPAT Elisa Stewart SIGNATURE OF WORKER'S RE	Name	DATE (YYYY	Acting Nurse 7  MM-DD) SIGNATURE C			60,476,601,489
NAME(S) AND OCCUPAT Elisa Stewart SIGNATURE OF WORKER'S RE	Name	DATE (YYYY	Acting Nurse 7  MM-DD) SIGNATURE C			60,476,601,489



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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	FILE No.					
s.22						
YEARS OF SERVICE TIME ON PRESENT JOB OCCUPATION HOURS WOR	KED IN PREVIOUS 24-HOURS					
s.22 Shift supervisor/ Child Care Counsellor 7.78						
INCIDENT LOCATION (DEPARTMENT OR AREA)						
0 CARDS 2012-07-31	18:30 C AM					
INCIDENT CATEGORY (CHECK)						
✓ Injury or Illness       Equipment Malfunction       Motor Vehicle       Prop	erty Damage					
Fire Other						
SEVERITY OF INJURY OR ILLNESS (CHECK)						
No Injury or First Aid Only Medical Treatment	I					
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 WERE THEY ADEQUATE? WERE THESE SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? USED IN TRAINING?						
● Yes ○ No ○ N/A ● Yes ○ No ○ N/A ● Yes ○ No	O 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	E COMPLED BY (YYYY-MM-DD)					
ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, TO INVOLVED IN THIS INCIDENT.	DOLS, STRUCTURES, ETC.					
NAME (C) AND OCCUPATION (C) OF DEDGON (C) MUIO NUMERICATED INCIDENTS						
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:	Phone					
Name Occupation	Phone 60.476.601.489					
NameOccupationElisa StewartActing Nurse 7	60,476,601,489					
Name Occupation						
Name         Occupation           Elisa Stewart         Acting Nurse 7           SIGNATURE OF WORKER'S REPRESENTATIVE         DATE (YYYY-MM-DD)           SIGNATURE OF WORKER'S REPRESENTATIVE         SIGNATURE OF EMPLOYER'S REPRESENTATIVE	60,476,601,489					
Name         Occupation           Elisa Stewart         Acting Nurse 7           SIGNATURE OF WORKER'S REPRESENTATIVE         DATE (YYYY-MM-DD)           SIGNATURE OF WORKER'S REPRESENTATIVE         SIGNATURE OF EMPLOYER'S REPRESENTATIVE           NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:         Name	60,476,601,489 DATE (YYY'-MM-DD) 2012-08-01 Phone					
Name     Occupation       Elisa Stewart     Acting Nurse 7       SIGNATURE OF WORKER'S REPRESENTATIVE     DATE (YYYY-MM-DD)       SIGNATURE OF WITNESS(ES). INCLUDE PHONE NUMBER:     Name	60,476,601,489 DATE (YYY-MM-DD) 2012-08-01 Phone 604 660-3878					
Name     Occupation       Elisa Stewart     Acting Nurse 7       SIGNATURE OF WORKER'S REPRESENTATIVE     DATE (YYYY-MM-DD)       SIGNATURE OF WITNESS(ES). INCLUDE PHONE NUMBER:     Name	60,476,601,489 DATE (YYY'-MM-DD) 2012-08-01 Phone					



## BRITISH COLUMBIA and Family Development

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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
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)
0 2012-08-26 7:30 O 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
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 reference
refrigerator. s.79 YCJA
WERE WRITTEN SAFE WORK PROCEDURES 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:	
	000000000000000000000000000000000000000

TO BE COMPLED BY (YYYY-MM-DD)

s.79 YCJA

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 Dan Aitken		T: Occupation	Phone
			Program Coordinator	604 660-5864
	Marzie De Pangher		Child Care Counsellor	604 660-5843
SIGNATURE OF WORKER'S REPRESENTATIVE		DATE (YYY		DATE (YYYY-MM-DD)
	NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:			j
	Name			Phone



# BRITISH COLUMBIA and Family Development

## Joint Incident Investigation Form

The personal information requested on this form is collected under the authority of an Service Act (CFCS Act). Under certain circumstances, the collected information may be Protection of Privacy Act. Any questions about the collection, use or disclosure of this	be subject to disclosure as per the CFCS Act and/or the Freedom of Information and					
	REPORT DATE (YYYY-MM-DD)					
3405 Willingdon Avenue Burnal	by BC V5G 3H4 2012-09-04					
LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME					
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)						
0	2012-08-31 18:55 O AM					
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					
NATURE OF INJURY OR ILLNESS						
s.22 Right wrist was struck s.79 YCJA						
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATIONAL DISEA	SE (E.G. RSI)					
s.79 YCJA formed a tight fist, raised his arm, and struck the shift head on her wrist.						
s.79	YCJA					
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADEQUATE? ESTABLISHED AND AVAILABLE?	WERE THESE SAFE WORK PROCEDURES USED IN TRAINING?					
● Yes ○ No ○ N/A ● Yes ○ No						
BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN	FULLY UNSAFE CONDITIONS					
Unsafe act of Client (basic cause) Contributory factors:						
s.22, s.	79 YCJA					

Security Classification: PUBLIC

S	5.22, s.79 YCJA				
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED					
	s.79 YCJA				
CORRECTIVE ACTION REFERRED TO:	тов	E COMPLED BY (YYYY-MM-DD)			
s.79 YCJA	012-09-04				
ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVI INVOLVED IN THIS INCIDE	E DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, T ENT.	OOLS, STRUCTURES, ETC.			
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT	Γ:				
Name	Occupation	Phone			
Dan Aitken	Program Coordinator	604 660-5856			
SIGNATURE OF WORKER'S REPRESENTATIVE DATE (YYYY	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)			
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:		••••••••••••••••••••••••••••••••••••••			
Na	me	Phone			

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# BRITISH COLUMBIA And Family Development

Service .	Act (CFCS Act). Under cer	tain circumstance	s, the collected in	nformation may b	oe subject to disclosu	re as per the CFCS Ac	ct and/or t	ild, Family and Community he Freedom of Information and er involved with this agreement.
TELEPH	HONE NUMBER	LOCATION						REPORT DATE (YYYY-MM-DD)
604	660-5843	Maples R	esponse pr	ogram				2012-10-02
LAST N	AME OF INJURED (OR ILL)	PERSON			FIRST NAME			FILE No.
		S.	22	·	I			
YEARS	OF SERVICE TIME ON	PRESENT JOB	OCCUPATION				HOURS	WORKED IN PREVIOUS 24-HOURS
	s.22		Child Car	e Counsell	or	in the second second	0	
INCIDE	NT LOCATION (DEPARTME	ENT OR AREA)				INCIDENT DATE (Y	YYY-MM-DD	
0						2012-09-17		10:30 C PM
INCIDEN	IT CATEGORY (CHECK)							
🖌 Inj	ury or Illness	Ec	luipment Ma	Ifunction	Motor Veh	nicle	P	roperty Damage
Fir	e	Ot	her					
SEVERI	TY OF INJURY OR ILLNESS	G(CHECK)						
✓ No	o Injury or First Aid	Only 🔲 Me	edical Treatr	nent	Time Loss	3	F	atal
NATUR	E OF INJURY OR ILLNESS							
Twi	sted ankle, result	ing in pain a	and swelling	g in the ank	de area.			
s ano	<u>PTION OF INCIDENT OR E</u> .22 was walking ther colleague an perextension). Th	g toward the id inadverta	e school on ntly steppe	the grass d into an in	beside the par ident in the gr	ass and rolled	over h	
	VRITTEN SAFE WORK PRC ISHED AND AVAILABLE?	CEDURES	WERE THE	EY ADEQUATE?		WERE THES USED IN TR/		ORK PROCEDURES
	res C No C N/	'A	( Ye	s ( No	C N/A	( Yes		C N/A
BASIC	CAUSE (AND CONTRIBUTO	DRY FACTORS)	·····	EXPLAIN I	FULLY UNSAFE CON	DITIONS		
	afe Condition: Ur sonal Factor: Em	-		-		easy to see.		
CORRE	CTIVE MEASURES TAKEN	AND / OR RECOM	MENDED					
	ponse Program ( parking lot as the					nat they try to w	valk alo	ong the paved area of
	CTIVE ACTION REFERRED	<u> </u>						O BE COMPLED BY (YYYY-MM-DD)
	ponse Program 0							2012-10-12
ADDITIC	DNAL COMMENTS OR OBS		IERE APPLICABL		OF MAKES AND MOD	DELS OF MACHINES, E	QUIPMEN	T, TOOLS, STRUCTURES, ETC.
N/A								
L	NAME(S) AND OCCUPATION(	S) OF PERSON(S) WH	O INVESTIGATED IN	ICIDENT:				
		Name			Oco	cupation		Phone
	Stephen Sjoberg			SPO 28	3			604 660-5846
	Tracey Strain			CCCN	18			604 603-8319
SIGNAT	JRE OF WORKER'S REPRE	ESENTATIVE	DATE	E (YYYY-MM-DD)	SIGNATURE OF EN	IPLOYER'S REPRESEN	ITATIVE	DATE (YYYY-MM-DD)
			20	12-10-03				2012-10-12

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



# BRITISH COLUMBIA Ministry of Children and Family Development

The personal information requested on this for Service Act (CFCS Act). Under certain circun Protection of Privacy Act. Any questions about	nstances, the collected information may be	e subject to disclosure as per the CFCS a	Act and/or the Freedom of Information and
TELEPHONE NUMBER LOCATIO	N		REPORT DATE (YYYY-MM-DD)
604 660-5856 Cross	sroads Program 3405 Willir	igdon 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 AR	EA)	INCIDENT DATE	
0		2012-09-2	0 21:40 O AM
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	19910 Quy 19 XXXXXII 19910 (10) AXXXII 19 QU X 19 XXXII		
s.79 YCJA	s.22 s.22 striking	them with her fists and kic	king them.
DESCRIPTION OF INCIDENT OR EMPLOYEE	S ACCOUNT OF OCCUPATIONAL DISEAS	E (E.G. RSI)	
s.22	s.79 `	YCJA	s.22
	0.10		U.LL
s.79 YCJA <u>s</u> .2	2 hit <sub>s.22</sub> s	everal times in her Right a	
s.22 area. s.22 s.22	s.79 YCJA YCJA2 st		e Right arm and shoulder couple of times. <u>\$79</u> YCJA
s.22			s.22 s.22
0.22	s.79 \	s.22	s.22
		s.22	s.22
	s.22		
WERE WRITTEN SAFE WORK PROCEDURES	WERE THEY ADEQUATE?	WERE THE USED IN T	ESE SAFE WORK PROCEDURES
• Yes O No O N/A	• Yes () No		s C No C N/A
BASIC CAUSE (AND CONTRIBUTORY FACTO		ULLY UNSAFE CONDITIONS	
Client		BENNONDERSAMMAN MONTA OLEMAN BARBAREN BARBAREN BARBAREN BA	THINTER CONTRACTOR CONTRACTOR OF THE CONTRACTOR C
CORRECTIVE MEASURES TAKEN AND / OR	RECOMMENDED		
s.79 YC (as opposed to hanging loos	CJA S	YCJA taff with long hair are now	required to keep their hair up
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		Occupation	Phone
Dan Aitken	Prog	ram Coordinator	604 660-5865
ATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:			
NAME(S) OF WITNESS(ES), INCLUDE PHONE NUMBER:	Name		Phone



# BRITISH COLUMBIA and Family Development

The personal information requested on this form is collected under the auth Service Act (CFCS Act). Under certain circumstances, the collected informa Protection of Privacy Act. Any questions about the collection, use or disclos	tion may be subject to disclosure as per the CFCS Act and/or the F	reedom of Information and
TELEPHONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
604 660-5865		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 WOR	KED IN PREVIOUS 24-HOURS
s.22 Nurse	11.50H	RS
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-09-23	14:00 C AM
INCIDENT CATEGORY (CHECK)		
☑ Injury or Illness     Equipment Malfunc	tion Motor Vehicle Prop	erty Damage
Fire Other		
SEVERITY OF INJURY OR ILLNESS (CHECK)		
No Injury or First Aid Only Medical Treatment	Time Loss	I '
NATURE OF INJURY OR ILLNESS	aning valimente un a la van e neu meeting organised van de van	1979-1989-1999-1999-1999-1999-1999-1999-
s.79 YCJA s.22 pulling s.22 hair, punc	hing and kicking her.	
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	AL DISEASE (E.G. RSI)	
s.22	s.22 s.22	
	s.79 YCJA s 22	
	s.79 YCJA s.22	
s.79 YCJA to punch, kick, and pu		
s.79 YCJA attempting to scratch female s.22 and s.22	was kic	king, and
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADE	QUATE? WERE THESE SAFE WOR	PROCEDURES
ESTABLISHED AND AVAILABLE?		<u> </u>
		O N/A
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS	
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED	Nurses on Creasing and are to review their	roooo of
s.79 YCJA administering medication s.79 YCJA	Nurses on Crossroads are to review their	DIOCESS OF
CORRECTIVE ACTION REFERRED TO:		E COMPLED BY (YYYY-MM-DD)
Crossroads N5 will review their practice of admi	nistering medication s.79 YCJA 20	12-09-28
ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE GIVE INVOLVED IN THIS INCIDE		DOLS, STRUCTURES, ETC.
	การกำรงการการที่สารางสร้างการสร้างการสร้างสร้างสร้างสร้างสร้างสร้างสร้างสร้	
NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT	1	
Name	Occupation	Phone
Dan Aitken	Program Coordinator	604 660-5865

SIGNAT	JRE 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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#### BRITISH COLUMBIA Ministry of Children and Family Development

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-D
604 660-5856Crossroads Program 3405 Willingdon Avenue Burnaby BC2012-09-25
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-HOU
s.22 Nurse 7.78
INCIDENT LOCATION (DEPARTMENT OR AREA)
0 2012-09-20 21:40 O AM
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
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 YCJA22hits.22several times in her Right arm.s.79 YCJAs.22s.22s.79 YCJAwas hit in the Right arm and shoulderareas.22s.79 YCJA22strucks.79 YCJAin the head a couple of times.areas.22s.79 YCJA22
s.22 s.22 s.22 s.22 s.22
s.79 YCJA began striking s.22 s.22 began striking s.22 in the head several times. s.22 s.79 YCJA s.79 YCJA
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY ADEQUATE? WERE THESE SAFE WORK PROCEDURES ESTABLISHED AND AVAILABLE? USED IN TRAINING?
BASIC CAUSE (AND CONTRIBUTORY FACTORS) EXPLAIN FULLY UNSAFE CONDITIONS
Client
CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED
s.79 YCJA staff with long hair are now required to keep their hair up (as opposed to hanging loosely).
CORRECTIVE ACTION REFERRED TO:

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 IN	VESTIGATED INCIDENT	ľ:			
Name			Occupation	Pł	none
Dan Aitken	Program Coordinator		604 660-5865		
TURE OF WORKER'S REPRESENTATIVE DATE (YYY		YY-MM-DD) SIGNATURE OF EMPLOYER'S REPRESENTATIVE			
NAME(S) OF WITNESS(ES). INCLUDE PHONE NUMBER:					
	Na	me		PI	one

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## Joint Incident Investigation Form

	nation may be subject to disclosure as per the CFCS Act and/or the A osure of this information should be discussed with the social worker in	FamIly and Community Freedom of Information and nvolved with this agreement.
TELEPHONE NUMBER LOCATION		REPORT DATE (YYYY-MM-DD)
000 000-0000 3405 Willingdon ave		2012-09-26
LAST NAME OF INJURED (OR ILL) PERSON	FIRST NAME	FILE No.
s.22		
YEARS OF SERVICE TIME ON PRESENT JOB OCCUPATION	HOURS WO	RKED IN PREVIOUS 24-HOURS
s.22 nurse	7.78	
INCIDENT LOCATION (DEPARTMENT OR AREA)	INCIDENT DATE (YYYY-MM-DD)	TIME
0	2012-09-25	9:55 ( AM
INCIDENT CATEGORY (CHECK)		
Injury or Illness	nction Motor Vehicle Pro	perty Damage
Fire Øther assault		
SEVERITY OF INJURY OR ILLNESS (CHECK)		
✓ No Injury or First Aid Only	nt Time Loss Fata	al
NATURE OF INJURY OR ILLNESS		
Soreness in right upper arm		
DESCRIPTION OF INCIDENT OR EMPLOYEE'S ACCOUNT OF OCCUPATION	ONAL DISEASE (E.G. RSI)	
s.22 was struck in the right upper arm	s.79 YCJA	
WERE WRITTEN SAFE WORK PROCEDURES WERE THEY A ESTABLISHED AND AVAILABLE?	DEQUATE? WERE THESE SAFE WOR USED IN TRAINING?	RK PROCEDURES
Yes C No C N/A     F Yes	CNO CN/A CYes CNO	@ N/A
Image: Second	EXPLAIN FULLY UNSAFE CONDITIONS	© N/A
	L	© N/A
	EXPLAIN FULLY UNSAFE CONDITIONS	© N/A
BASIC CAUSE (AND CONTRIBUTORY FACTORS)	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity S.79 YCJA	N/A     Better and
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity S.79 YCJA ffered by the employer.	Better and
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO:	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity S.79 YCJA ffered by the employer.	
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity S.79 YCJA ffered by the employer.	Better and BE COMPLED BY (YYYY-MM-DD)
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO:	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT,	Better and BE COMPLED BY (YYYY-MM-DD)
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCI	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.	Better and BE COMPLED BY (YYYY-MM-DD)
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCL NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDE	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.	Better and BE COMPLED BY (YYYY-MM-DD) TOOLS, STRUCTURES, ETC.
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCL NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDE Name	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.  Occupation	Better and BE COMPLED BY (YYYY-MM-DD) TOOLS, STRUCTURES, ETC. Phone
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCI NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDI Name Jordan Griggs	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.  Occupation Shift supervisor	Better and BE COMPLED BY (YYYY-MM-DD) TOOLS, STRUCTURES, ETC. Phone 604 660-5864
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCL NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDI Name Jordan Griggs Marzie De Pangher	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.  Occupation Shift supervisor child care counselor	Better and           BE COMPLED BY (YYYY-MM-DD)           TOOLS, STRUCTURES, ETC.           Phone           604 660-5864           604 660-5843
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCL NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDE NAME Jordan Griggs Marzie De Pangher SIGNATURE OF WORKER'S REPRESENTATIVE DATE (M	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer.  IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT.  Occupation Shift supervisor	Better and BE COMPLED BY (YYYY-MM-DD) TOOLS, STRUCTURES, ETC. Phone 604 660-5864
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCL NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDE NAME Jordan Griggs Marzie De Pangher SIGNATURE OF WORKER'S REPRESENTATIVE DATE (M	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer. TO I IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT. ENT: Occupation Shift supervisor child care counselor YY-MM-DD SIGNATURE OF EMPLOYER'S REPRESENTATIVE	Better and           BE COMPLED BY (YYYY-MM-DD)           TOOLS, STRUCTURES, ETC.           Phone           604 660-5864           604 660-5843           DATE (YYYY-MM-DD)
BASIC CAUSE (AND CONTRIBUTORY FACTORS) CORRECTIVE MEASURES TAKEN AND / OR RECOMMENDED Staff education around awareness of physical more frequent self defence training could be o CORRECTIVE ACTION REFERRED TO: OSH committee ADDITIONAL COMMENTS OR OBSERVATIONS. WHERE APPLICABLE G INVOLVED IN THIS INCI NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDE NAME JOrdan Griggs Marzie De Pangher SIGNATURE OF WORKER'S REPRESENTATIVE DATE (YM LODICIDE PHONE NUMBER:	EXPLAIN FULLY UNSAFE CONDITIONS S.79 YCJA proximity s.79 YCJA ffered by the employer. TO I IVE DETAILS OF MAKES AND MODELS OF MACHINES, EQUIPMENT, DENT. ENT: Occupation Shift supervisor child care counselor YY-MM-DD SIGNATURE OF EMPLOYER'S REPRESENTATIVE	Better and           BE COMPLED BY (YYYY-MM-DD)           TOOLS, STRUCTURES, ETC.           Phone           604 660-5864           604 660-5843           DATE (YYYY-MM-DD)

Security Classification: PUBLIC



## 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.

			MCF	D TRACKING NUMBER
			:	
INCIDENT LOCATION INFORMATIC REPORTING OFFICE PHONE DATE O	<b>DN</b> of OCCURRENCE	DATE REPORTED	TIME OF I	
	2-10-02	2012-10-02	4:20	
	2-10-02			
ADDRESS OF INCIDENT (street address, city/town) 3405 Willingdon Avenue			NCIDENT (parking lot, mee Goard Way inters	
	······································			
	OF PERSON INCIDENT RE	PORTED TO		PHONE NUMBER (if different than reporting office)
1) Stephen Sjoberg				604-660-5846
NAME OF PERSON DIRECTLY	AFFECTED		TION 1 Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1) s.22		Child Care	Counsellor	604-660-5843
	Office Manager)	office)	of ti	ie incident, etc.)
INCIDENT CATEGORY (CHECK ALL THAT APPLY)	Indoor Air Qua (i.e. scents, fumes) Chemical Exp Biological (i.e. molds, fungi) Blood/Body FI (i.e. Needle Stick, BBF) Spill/Release Substance	s, temperatures)	General ncidents	
SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT APPLY)	L	اد		
🖌 No Physical Injury 🔲 First Aid Only	Medical Interv (Dr. Clinic, Ambul	rention Time L ance) (Not incl	.OSS uding day of injury) # c	f Days Loss:

🗌 Fatal				
TYPE OF INJURY	OR ILLNESS (CHECK ALL THAT APPLY)			
Abrasion	Scrapes,	n Sprains	Medical Sensitivi (scents, chemicals)	ty 🔽 Post Traumatic Stress
Muscle/T Tears	endon 🔄 Fractures	Lacerations/Cuts	Disease	Burns
Other				
BODY PART(S) IN	JURIED OR AFFECTED (CHECK ALL THAT	APPLY)		
Upper	Mid Body (including arms	s) Lower Body		
PHYSICAL SURRO	OUNDINGS DETAILS (IF APPLICABLE)			
Object/Equip	ment/Substance inflicting injury or damage	Environmental Condi at time of inciden (i.e. lighting, sound, chemical	t Offici	e Structures implicated in incident (i.e doors)
N/A		Dry and clear in mid-day		
	bus and s.22 had to ph her and s.79 YCJA and stop		while waving her ar	ms to alert the bus driver
ANALIOU				
	()Mhat triggered the	Immediate Basic Ca incident - i.e. fall from height, ca		removal etc.)
1)	(what higgered he			
1)		s.79 YCJA		
		Underlying Cause and Contrib – i.e. inadequate training, lack of wr g; defective equipment; working alon	itten work procedures; worke	r not being monitored;
a)		s.79 YCJA		
b)				
universitation and the former of the set of	an bha a bhachan a taoir 2 a sa dha ann a' fann ann ann an ann an an ann an ann an	entreferenza contra tra contra contra da entre en entre e	ويوجع والمراجع والارار والمراجع	n shallowed later to be a single first of a single of the

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	() Signature	Occupation	Phone
Stephen Sjoberg	·Ster	SPO28	604 660-584
Tracey Strain		CCN 18	604 603-831

Page 2 of 3

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# 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 IN	FORMATION		
REPORTING OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED	
604-660-5841	2012-12-26	2012-12-27	1830 PM TO 1,845
ADDRESS OF INCIDENT (street address, of	city/town)	EXACT LOCATION OF INCIDE	NT (parking lot, meeting room etc)
3405 Willingdon Avenue,	, Burnaby BC	Crossroads Unit h	allway

### 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.)
				Witnessed event through the
1)		Nurse	604-660-5800	glass of the Staff office.
				Participated in restraint.
	s.15, s.22			Overheard interaction
2)	,	Nurse		through nursing office.
2)		INUISE		Participated in restraint of
				client.

### **INCIDENT DETAIL INFORMATION**

Violence Related Incidents	Verbal Threat (i.e. abusive swea harm, veiled or pe Written Threat (i.e. abusive swea harm, veiled or pe Bomb Threat (i.e. written, verba	rceived) ring, physical rceived)	Environme Incidents		neral dents		
	Weapon Thre	at					
	Intimidating B (i.e. stalking, infrir physical space) Aggressive Be (slamming fist, kic damaged property Physical Assa	gement on ehaviour king door, )					
	(i.e. physical injur	<i>(</i> )					
	Animal Relate (i.e. attacked, mer						
	Vehicular Ass	ault					
	Worker to Wo (i.e. actual or perc intimidation)						
	Other						
SEVERITY OF INJURY OR ILLN	ESS (CHECK ALL THAT APPLY)		I				
No Physical Injury	First Aid Only	Medical (Dr. Clinic	I Intervention c, Ambulance)	Time Los	S ng day of injury)	Fatal	
TYPE OF INJURY OR ILLNESS							
Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendo Strains	n 🔄 Spra	ains		Sensitivity hemicals)	Post Trauma Stress	tic
Muscle/Tendon Tears	Fractures		erations/Cuts	Disease		Burns	
Other							
BODY PART(S) INJURIED OR A	FFECTED (CHECK ALL THAT	APPLY)					
✓ Upper	Head	Ear	Eyes	Veck			
Mid Body (including arms)	Lower Body						
PHYSICAL SURROUNDINGS DI	ETAILS (IF APPLICABLE)						
Object/Equipment/Subst or dama		a	ronmental Condition at time of incident g, sound, chemical e		Office St	ructures implicated (i.e doors)	I in 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 Y	(C.1A		
		s.22			s.22 s.22
s.2	22	0.22			3.22
s.22	2				
		s.22			
sta	s.79 YCJ/ ted "I'm going to choke you till you'		gr s.79 YCJA		nd the neck and grab his head and
	ck and tried to pull s.22 towards her		s.79 YCJA	s.22 fell	to the ground.
	s.79 YCJA				
	ALYSIS				
	Return to Basic Causes				
1) Ir	mmediate Basic Cause: Causes include the aggressive / activated.	assaultive acts of th	e youth, possible o	contagion factor of	f other youth who was
	Recommended Control, Corrective Mea (goal is to prevent/minimize re-occurr			Actioned by	Completion Date
	Staff directed to maintain safe physical distance s.79 YCJA to decrea s.79 YCJA	ase potential physica		Bergum	2013-01-04
E	Employer's Response to Recommendation				
	Implemented in Workplace Yes No	Comments			
	Query whether current Progressive Inten- hold releases and defensive stances. training coordinator. Ensure all staff has training and opportunities to practice an shiftheads. Plan to discuss with standi upon return.	Alison to follow up tave current and up to the made regularly by	with PI o date / Alison	Bergum	2013-01-11
E	mployer's Response to Recommendation				
	Implemented in Workplace Yes No	Comments			
	Where appropriate or indicated the se other, activated youth, proactively as a reducing agitation by mirroring others. current designated resource of unoccu	means of avoiding This includes the us	or	ı Bergum	2013-01-03
E	Employer's Response to Recommendation				
	Implemented in Workplace Yes No	Comments			
	IONAL COMMENTS OR OBSERVATIONS Where applica	able, give details of other haza	irds, which may or may not	be related to the incident.	
	NAME(S) AND OCCUPATION(S) OF PERSON(S) WH Name	O INVESTIGATED INCIDEN Signa		Occupatio	n Phone

### **OSH COMMITEE JOINT INVESTIGATORS**

Name	Signature	Occupation	Phone
Alison Bergum		Program Coordinator	604 660-5844
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)
	·		



# 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					
INCIDE	ENT LOCATION INFORM	MATION				
REPORTIN	NG OFFICE PHONE	DATE OF OCCURRENCE	D		TIME OF IN	
604-6	60-5800	2012-12-28		2012-12-28	1645	РМ то 1,717 РМ
ADDRESS	OF INCIDENT (street address, city/town)	)	<u> </u>	XACT LOCATION OF INCIDEN	IT (parking lot, meeti	ng room etc)
3405	Willingdon Ave. Burnaby	y, BC		Crossroads Unit:	Staff Office	
PEOPI	_E INVOLVED					
		NAME OF PERSON INCIDENT RE	PORTI	ED 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 DI	RECTLY AFFECTED	(e.ç	POSITION J. 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 L Office Manager)	eader,	PHONE NUMBER (if different than reporting office)	(e.g. what they saw	/OLVEMENT , heard, their location at time e incident, etc.)
1)		Nurse			Provided Fi	rst Aid treatment
2)		Shift Supervise	or		Responded involved in	
3)		Child Care Couns	sellc +		restraint.	and involved in
4)	s.15, s.22	Child Care Couns	sellc +		restraint.	and involved in
5)		Child Care Couns	sellc +		restraint.	and involved in
6)		Child Care Couns	sellc +		Did not with	shift at the time. less assault as ervising another

### **INCIDENT DETAIL INFORMATION**

Violence Related Incidents	Verbal Threat (i.e. abusive swea harm, veiled or pe Written Threa (i.e. abusive swea harm, veiled or pe Bomb Threat (i.e. written, verba	aring, physical prceived) t aring, physical prceived)	Environmenta Incidents		neral idents	
	Weapon Thre	at				
	Intimidating B (i.e. stalking, infrir physical space) Aggressive Br (slamming fist, kic damaged property	ngement on ehaviour sking door,				
	Physical Assa					
	Animal Relate					
	Vehicular Ass	ault				
	Worker to Wo (i.e. actual or pero intimidation)					
	Other					
SEVERITY OF INJURY OR ILL	IESS (CHECK ALL THAT APPLY	,				
No Physical Injury	✓ First Aid Only		Intervention Ambulance)	Time Los (Not includii		njury) # of Days Loss: 4
Fatal						
Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendo	on Spra	ins	 (scents, c		
Muscle/Tendon Tears	Fractures	Lace	rations/Cuts	Disease		Burns
Other						
BODY PART(S) INJURIED OR	AFFECTED (CHECK ALL THAT	APPLY)				
✓ Upper	✓ Head	🗌 Ear	Eyes	Neck		
Mid Body	Right Shoulder	✓ Right Arm	Right Elbow	Right	Wrist	Right Hand/Fingers
(including arms)	Left Shoulder	✓ Left Arm	Left Elbow	🗌 Left V	Vrist	✓ Left Hand/Fingers
	Upper Back	Mid Back	Lower Back			
Lower Body						
PHYSICAL SURROUNDINGS D	] ETAILS (IF APPLICABLE)					
Object/Equipment/Subs or dam		a	onmental Conditions t time of incident , sound, chemical exp		Offic	e Structures implicated in incident (i.e doors)
						· · · · · · · · · · · · · · · · · · ·

Who,	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						
	rned and began punching <sub>s.22</sub> numerous times in the head. ead in a defensive move79 YCJmade contact with s.22 left an	s.22 put her arms up to cove d right arm and hand	r ner face and				
	s.22 s.22	a right ann ana hana 5	.79 103A				
	s.22 s.79 YCJA						
AN	ALYSIS						
	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 Ves 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 Ves No						
C)							
-,	s.79 YCJA	Everyone	2013-01-31				
	Employer's Response to Recommendation						
	Implemented in Comments Workplace						
D)			2242 24 42				
	s.79 YCJA	Clinical Team	2013-01-18				
	Employer's Response to Recommendation						
	Implemented in     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 Comments						
ADDI	Workplace I Tes I NO	or may not be related to the incident.					
	OSH investigators wished to interview all parties involved howev		n 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(S) AND OCCOPATION(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	604 660-584

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



# OSH Joint Incident Investigation Form

**PSC 38 Equivalent** 

This form must be initiated immediately after notification.

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				MCFD TRACKING NUMBER	
INCIDE	NT LOCATION INFOR	MATION			
REPORTIN	G OFFICE PHONE	DATE OF OCCURRENCE	DATE REPORTED		_
604-66	60-5800	2012-12-28	2012-12-28	1000 AM то 1,030 A	٩М
ADDRESS	OF INCIDENT (street address, city/tow	n)	EXACT LOCATION OF INC	IDENT (parking lot, meeting room etc)	
3405 \	Willingdon Ave, Burnab	y BC	Crossroads Uni	t Hallway	
PEOPL	E INVOLVED				
		NAME OF PERSON INCIDENT RE	PORTED TO	PHONE NUMBER (if different than reporting office)	
1)	Alison Bergum				
L	NAME OF PERSON I	DIRECTLY AFFECTED	POSITIC (e.g. Social Worker, Team L		
1)	s.22		Shift Supervisor: (	Child Care Cou	
	NAME OF WITNESS	POSITION (e.g. Social Worker, Team L Office Manager)	PHONE NUMBER eader, (if different than repor office)		
1)		Child Care Coun	sellc +	Involved in the interaction and restraint.	
2)	s.15, s.22	Child Care Coun	sellc	Involved in the restraint.	
3)	0.10, 0.22	Child Care Coun	sellc	Involved in the restraint.	
4)		Nurse		Witness.	

### **INCIDENT DETAIL INFORMATION**

harm, veile Written T	swearing, physical or perceived) hreat swearing, physical or perceived) reat
Weapon	Гhreat
	ng Behaviour , infringement on ce)
	re Behaviour st, kicking door, operty)
Physical (i.e. physical	
Animal R (i.e. attacke	elated d, menacing behaviour)
Vehicula	Assault
Worker t (i.e. actual intimidation	r perceived threats,
Other	
SEVERITY OF INJURY OR ILLNESS (CHECK ALL THAT	APPLY)
🗌 No Physical Injury 🖌 First Aid (	Only Medical Intervention Time Loss (Dr. Clinic, Ambulance) I (Not including day of injury)
TYPE OF INJURY OR ILLNESS (CHECK ALL THAT APP	
Knocks, Scrapes, Muscle/T Abrasions, Bruises	endon Sprains Medical Sensitivity Post Traumatic (scents, chemicals) Stress
Muscle/Tendon Fractures	
✓ Other	
Swelling a sea to rig	nd reddened ht knee, soft
tissue are	à.
BODY PART(S) INJURIED OR AFFECTED (CHECK AL	THAT APPLY)
Upper Mid Body (including	arms)
✓ Lower Body □ Buttocks	П Нір
Right Leg	✓ Right Knee   Right Foot/Toes/Heel
Left Leg	Left Knee Left Foot/Toes/Heel
PHYSICAL SURROUNDINGS DETAILS (IF APPLICABL	)
Object/Equipment/Substance inflicting ir	iury (i.e. lighting, sound, chemical exposure) Environmental Conditions (i.e. lighting, sound, chemical exposure) Office Structures implicated in incider (i.e. doors)

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

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

٨N	ALYSIS				
	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				
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 Ves No				
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 Ves No Comments				
AD	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	

s.22

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

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

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  - (3) Regional MCFD OSH Advisor
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SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
	·		t



# OSH Joint Incident Investigation Form

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		_	MCFD TRACKING NUMBER		
INCIDENT LOCATION INFORMA	TION	L			
REPORTING OFFICE PHONE DA	ATE OF OCCURRENCE	DATE REPORTED	TIME OF IN	CIDENT	
604 660-5846	2012-12-28	2012-12-28	17:30	) РМ то 1,750 РМ	
ADDRESS OF INCIDENT (street address, city/town)		EXACT LOCATION OF INCIDEN	IT (parking lot, meeti	ng room etc)	
3405 Willingdon Avenue		Crossroads' staff lo	Crossroads' staff lounge (bubble room)		
PEOPLE INVOLVED					
,	NAME OF PERSON INCIDENT REF	PORTED TO		PHONE NUMBER (if different than reporting office)	
1) Elisa Stewart				604-660-1489	
2) Alison Bergum				604-660-5841	
PHONE NUMBER POSITION (if different than reporting NAME OF PERSON DIRECTLY AFFECTED (e.g. Social Worker, Team Leader, Office Manager) office)					
1) s.22		Child Care Cou	nselor	604-660-5843	
NAME OF WITNESS	POSITION (e.g. Social Worker, Team Le Office Manager)	PHONE NUMBER eader, (if different than reporting office)	(e.g. what they saw	/OLVEMENT /, heard, their location at time e incident, etc.)	
1)	Child Care Couns	selo 604-660-5864	Was part of to s.22	restraint that led injuries	
2)	Child Care Couns	elo 604-660-3878	Was part of to s.22	restraint that led injuries	
s.15, s.22 3)	Child Care Couns	selo 604-660-3878	Was part of to s.22	restraint that led injuries	
4)	Child Care Couns	selo 604-660-5864	Was part of to s.22	restraint that led injuries	

### **INCIDENT DETAIL INFORMATION**

Violence Related Incidents	Verbal Threat (i.e. abusive swea harm, veiled or pe Written Threa (i.e. abusive swea harm, veiled or pe Bomb Threat (i.e. written, verba	aring, physical erceived) t aring, physical erceived)	Environme Incidents		neral idents	
	Weapon Thre	at				
	Intimidating B (i.e. stalking, infrim physical space) Aggressive Bo (slamming fist, kid damaged property	ngement on ehaviour cking door,				
	Physical Assa					
	Animal Relate					
	Vehicular Ass	ault				
	Worker to Wo (i.e. actual or pero intimidation)					
	Other					
SEVERITY OF INJURY OR ILLN	IESS (CHECK ALL THAT APPLY					
No Physical Injury	First Aid Only		Intervention Ambulance)	(Not includi	SS ng day of injur	<sub>y)</sub> # of Days Loss:
Fatal						
TYPE OF INJURY OR ILLNESS	(CHECK ALL THAT APPLY)					
Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendo	on Spra	ins		Sensitivity chemicals)	Post Traumatic Stress
Muscle/Tendon Tears	Fractures	✓ Lace	rations/Cuts	Disease		Burns
Other						
BODY PART(S) INJURIED OR A	FFECTED (CHECK ALL THAT	APPLY)				
Upper						
Mid Body	Right Shoulder	Right Arm	Right Elbo	ow 🖌 Right	Wrist	Right Hand/Fingers
(including arms)	Left Shoulder	Left Arm	Left Elbow	v 🗌 Left V	Vrist	Left Hand/Fingers
	Upper Back	Mid Back	Lower Bac	ck		
✓ Lower Body	Buttocks	🗌 Нір				
	Right Leg	Right Knee	Right Foot	t/Toes/Heel		
	✓ Left Leg	Left Knee	✓ Left Foot/ <sup>−</sup>	Toes/Heel		
PHYSICAL SURROUNDINGS D	ETAILS (IF APPLICABLE)					
Object/Equipment/Subs		at	onmental Condit t time of incident , sound, chemical	t	Office S	Structures implicated in incident (i.e doors)
Abrasions from carpet legs that were being h restraint.		Well lit office s	space that was	s cramped	Chairs and	d desks in the office

s.22

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	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.

0			
	orrective Measures or Treatment Provided imize re-occurrence of accident/incident)	Actioned by	Completion Date
)	s.79 YCJA	<ol> <li>1) Dan Aitken/Jody Al-Molky/ Tom Jensen/Crossroads' Shift Supervisors (in-progress)</li> <li>2) Stephen Sjoberg - NVCI</li> </ol>	
2) Review restraint techniques with staff and incorporate them into in-service sessions during slow periods in a shift.		trainer who will ensure that shift supervisors are reviewing	Current for all
s.79 YCJA		NVCI techniques with their staff. (in-progress)	
		3) Crossroads clinical team (in- progress)	
Employer's Response to Recor	nmendation		
Implemented in Workplace	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	604 603-831

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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SIGNATURE OF WORKER'S REPRESENTATIVE	DATE (YYYY-MM-DD)	SIGNATURE OF EMPLOYER'S REPRESENTATIVE	DATE (YYYY-MM-DD)
			2013-01-09

CF0649\_(12/08)