



## Purpose and Scope

This guideline is intended to provide direction to Forest Resources Staff and associated Contractors as to **when** and **how** to document any incident, including subsequent investigations. In any operation, there will be times when an incident occurs. DMI has made every effort to minimize these events, however all incidents need to be investigated, reported and reviewed. These events will be used as an auditing/trend analysis tool to determine the effectiveness of the Emergency Preparedness and Response Plan (EPRP), and the Environmental Management System (EMS).

## Incident Reporting

All incidents must be reported to Forest Resources including but not limited to:

- Personal injury
- Property damage
- Environmental incidents
- Occupational Health occurrences such as: ergonomic issues, repetitive strain, hearing loss, eyestrain, etc.
- Near misses/close calls

## Forest Resources Requirements

In the event of an incident occurring involving a Forest Resources employee, an incident report form must be completed and submitted to the EMS Representative **within 24 hours of the occurrence**. If a doctor's visit or physiotherapy is required, the incident must be recorded as a medical aid incident and reported to Safety Loss.

Incidents involving a DMI vehicle must have an incident report form completed and submitted to the EMS Representative and the DMI Human Resources Department **within 24 hours of the occurrence**.

## Contractor Requirements

DMI contractors must notify DMI of all personal incidents/injuries, contractor owned property damage in excess of \$5000 (five thousand dollars), and all reportable environmental incidents as per the EPRP. Notification to DMI must be made to the associated Forest Resources Supervisor **within 24 hours of the incident**. The associated Forest Resources Supervisor will ensure all reportable incidents are investigated and reports submitted within **72 hours of the incident to the EMS Coordinator and will be reported immediately to the Forest Resources Business Unit Leader**.

## Steps to Completing an Incident Investigation

1. **COMPLETE** emergency action to bring incident under control prior to the commencement of an incident investigation. Verify that the emergency actions taken have been effective.
2. **DETERMINE** the facts of the incident. This must include:
  - a. What happened (full description of the incident, including extent of loss)?
  - b. Who were directly involved including witnesses?
  - c. Where and when the incident occurred.
  - d. Check regulations if the incident may involve environmental or safety legislation. This may include:
    - I. Historical data, trends and charts
    - II. Photographs
    - III. Statements (if an incident is of serious nature, individual witness statements should be collected in



isolation from other witnesses and others that could potentially influence the witness's statement).

3. **ROOT CAUSES** are determined and fully explained. Possible root causes are those reasons that directly led to the incident. Attempt to utilize the existing root causes as consistent categorization allows for easy, accurate trend analysis.
4. **FOLLOW- UP** actions to prevent or lessen the possibility of a reoccurrence. Follow up actions should be developed that address all the causes, assigned to individuals and target dates for completion of the action items are to be identified.
5. The incident is reported **within 24 hours** and investigation report submitted to the responsible Forest Resources Supervisor **within 72 hours** as previously stated. The DMI Incident Investigation Report (CHK-007) must be used for this submission.
6. The appropriate Forest Resources Supervisor is to review the investigation report for:
  - a. Completeness of information.
  - b. Appropriate cause determination.
  - c. Appropriate follow-up actions.

The Forest Resources Supervisor signs and dates the investigation report if the above standards are met and may add any applicable comments. The report is passed onto the applicable Business Team Leader.

7. The Business Team Leader is to review, sign, date, and forward the investigation report to the EMS Representative.
8. The EMS Coordinator will review the investigation report ensuring compliance to associated policies and procedures. It is the responsibility of the EMS Coordinator to ensure the completion of follow up requirements via monthly reviews and close off associated incidents once documentation and follow up actions have been completed. Periodic audits will be conducted by the EMS Coordinator to assess the effectiveness of the incident investigation procedure.
9. All records of incidents will be maintained and the EMS Coordinator will be responsible for the accuracy and completeness of data entry.

## Incident Investigation Report Field Descriptions

### Section 1: Initial Report

- Company/Contractor – Name of the Company or Contractor
- Incident Type – Select either a “Close Call” (Near Miss) or an “Incident” (Actual Loss)
- Event Date & Time - The date and time the event occurred.
- Reported Date – The date the report was filled out.
- Department/Location – Disposition and Block number, Company road location, public road number or intersection location (use the Sequence of Events section to provide further details of the location).
- Person(s) Involved - Full names of the persons involved in the event.
- DMI Supervisor - the DMI supervisor for the persons involved and/or the location of the event.
- Job / Position - The job or position of the person(s) involved in the event.
- Aspects / Occurrence Type - Check box that best describes the Aspect or Occurrence
- Type of the event - options are: Environment, Equipment Damage, Personal Injury, Public Complaint, Dumpers/Scales/Trucking (On-site), Contamination. Note: More than one type can be checked
- Personal Injuries - Check-box that best describes the type of injury - options are: No Injuries, First Aid, Medical Aid, Lost Time Incident and Serious Injury/Fatality.





- Environment – Check-box that best describes the Environment of the event – options are: Oil/Chemical Spill, Wildfire, Trespass, Stream Crossings/Buffers, or Others. Note:

More than one type can be checked.

## Section 2: Sequence of Events

Provide the sequence of events. What happened, and why? Use extra paper if required. Attach any diagrams, photographic evidence, witness statements, etc.

## Section 3: Cause Analysis

There are three 'Cause' types to describe. The 'Cause' type may have sub-cause types:

- **Immediate Causes:** The last cause in the chain of events before the incident. These include at-risk behaviors and unsafe conditions.
  - At Risk Behaviors / Acts - select one or more of these behaviors or acts to best describe this level of *Immediate Cause*.
  - Substantial Conditions - select one or more of these conditions to best describe this level of *Immediate Cause*.
- **Basic Causes:** These are the underlying reason (s) for an incident. Basic causes are related to the individual circumstances around the incident that allowed it to occur.
  - Personal Factors and Job/System Factors - select one or more of these factors to best describe this level of *Basic Cause*.
- **Root Causes** - Root causes are where the system broke down. Select one or more of these root causes to best describe this level of *Basic Cause*.

Losses are caused by incidents; incidents are caused by Immediate Causes, which are caused by Basic Causes, which are caused by Root Causes.

## Section 4: Risk Rating

In this section you will rate the risk of the task being performed at the time of the event. There are three components to be considered to determine the risk rating:

1. Frequency of Exposure - consider the number of times the task is performed by each person against the number of people performing the task and check one box in the grid that best describes the task. This will reflect a score for this component of 1, 2, or 3.
2. Severity of Loss - based on the outcome of the event consider the severity of loss incurred and check one box in the column of 6 choices that best describes the severity of loss incurred as a result of the event. This will reflect a score for this component of 1, 2, 3, 4, 5, or 6.
3. Probability of Loss - Consider the task that was being performed at the time of the event and check one box in the column of 3 choices that best describes the probability that the event could recur. This will reflect a score for this component of 0, 1, or 2.

## Risk Rating Formula and Total

The next step is to add the scores from the three components and write the score under the 'Total' column. Minimum score = 2 / Maximum score = 11.

## Risk Rating

Applying the score generated in the previous section to the sliding scale chart the 'Risk Rating' will be one of 'Very Low' (score of 2-3), 'Low' (score of 4-5), 'Moderate' (score of 6-7), 'High' (score of 8-9), or 'Very High' (score of 10-11).





## Section 5: Corrective Actions

Corrective actions are activities that address the causes of the incident and ensure that the investigation is properly communicated.

### Types of Corrective Actions

All of the causes need to have corrective actions.

- Immediate Causes need corrective actions to address unsafe acts and conditions,
- Basic Causes need corrective actions to address job and personal factors, and
- Root Causes need corrective actions to address system breakdowns.

### Standard Corrective Actions

There are a few corrective actions that should be included with every investigation:

- Notify the potentially affected people, and
- Improve the safety management system accordingly.

Good corrective actions have the following attributes and can be remembered using the acronym 'SMART'.

SMART - MEASURABLE - ATTAINABLE - REALISTIC – TIMELY

Corrective action needs to address all of the causes, the necessary system improvements, and the communication of the issue to potentially affected personnel.

On the Incident Investigation Report form, describe plans or actions to prevent reoccurrence. The corrective action plan needs to include:

- Follow-up actions as discussed above to be taken to prevent reoccurrence,
- Person responsible to implement each action,
- Due dates each action is to be implemented, and
- Date each action has been implemented and completed.

Also to be included in this section:

- Investigated by: name of the person leading the investigation,
- Signature of the person leading the investigation, and
- Date the person leading the investigation completed the 'Corrective Action' section of this report.

## Section 6: Forest Resources Internal Review

The incident and action plan need to be reviewed and signed by various Forest Resources staff.

This section of the Incident Investigation Report is to include the Name (printed), Signature, and Date the signature was provided for the following:

- Forest Resources Supervisor,
- Business Team Leader, and
- EMS Coordinator.





The 'Distribution' fields are checked to indicate which departments received copies of the completed incident investigation report. The options are the Safety Committee, Env. Sub- Committee, Business Team Leader, and Mill Manager.

Final fields include:

- Entered by - indicates the person entering the Incident Investigation Report digitally for maintenance and retention.
- Date - indicates the date the report was digitally retained, and
- Date File Close - the date the investigation is deemed to be completed and no further actions are required.

## DEFINITIONS AND EXPLANATIONS

### First Aid Cases

All on-the-job injuries and re-injuries reported to the first aid attendant. The following procedures are generally considered first aid treatment:

- Application of antiseptics during the first visit to medical personnel,
- Treatment of first degree burns,
- Application of bandage(s) during a visit to medical personnel,
- Use of elastic bandage(s) during first visit to medical personnel,
- Removal of foreign bodies not embedded in the eye if only irrigation is required,
- Removal of foreign bodies from a wound; if procedure is uncomplicated, and is, by tweezers or other simple technique,
- Use of non-prescription medications and administration of single dose of prescription medication on first visit for minor injury or discomfort,
- Soaking therapy on initial visit to medical personnel or removal of bandages by soaking,
- Application of hot or cold compress(es) during first visit to medical personnel,
- Application of ointments to abrasions to prevent drying or cracking,
- Application of heat therapy during first visit to medical personnel,
- Use of whirlpool bath therapy during first visit to medical personnel,
- Negative X-ray diagnosis, and
- Observation of injury during visit to medical personnel.

### Medical Aid

Includes treatment, other than first aid treatment, administered by a physician or registered professional personnel under the orders of a physician.

The following procedures are generally considered medical treatments:

- Treatment of infection,
- Application of antiseptic during second or subsequent visits to medical personnel,
- Treatment of second or third degree burn(s)
- Application of sutures (stitches),
- Application of butterfly adhesive dressing(s), steri strip(s), or glue in lieu of sutures,
- Removal of foreign bodies embedded in the eye,
- Removal of foreign bodies from a wound; if procedure is complicated because depth of embedment, size or location,
- Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort),





- Use of hot or cold soaking therapy during second or subsequent visit to medical personnel,
- Application of hot or cold compress(es) during second or subsequent visit to medical personnel,
- Cutting away of dead skin (surgical debridement),
- Application of heat therapy during second or subsequent visits to medical personnel,
- Use of whirlpool bath therapy during second or subsequent visit to medical personnel,
- Positive X-ray diagnosis (fractures, broken bones, etc.),
- Admission to a hospital, or equivalent medical facility for treatment, and
- Loss of consciousness.

**Lost Time**

Due to injury, the employee is unable to perform effectively throughout his/her next scheduled full shift. The employee must be able to perform the essential function of a regularly, established task that are open and available.

**Reportable Injury**

Any injury or illness which is accepted by WCB as an allowable claim which results or can result in lost time compensation being paid or a pension being awarded.

**REVISION HISTORY**

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Revision 1.1:	July 30, 2008	Author: EMS Coordinator
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**APPROVAL:**

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