



Incident Report Form

V.20220215

DRAFT FINAL

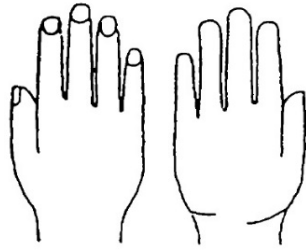
INSTRUCTIONS:

1. All types of incidents (e.g., injury, abuse, near-misses, etc.) MUST be reported. See “Type of Incident” below.
2. Attending staff member (Responder), in consultation with injured/affected individual, will complete this form and submit this completed form to their immediate supervisor, the Joint Health and Safety Committee and Abilities Centre Research Ethics (researchethics@abilitiescentre.org) AS SOON AS POSSIBLE.
3. All sections MUST be completed. Attach any addition information to this form.
4. For incidents which are serious, have a definite or possible causal relationship to the study intervention and/or are unexpected (where the affected individual has been exposed to a level of risk above that which is normal for them in their everyday life), a copy of this form must also be submitted to the JREB (REBSubmissions@ontarioshores.ca) in addition to a copy of the ‘Local Serious Adverse Event Form’ found on the Abilities Centre Research Ethics Website.

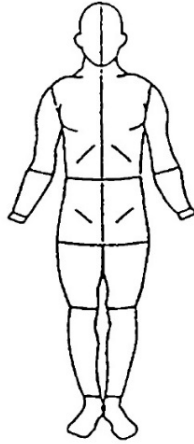
Name of Injured/Affected Individual		Name of First Responder (AC Staff Member)	
Address		Location of Event	
Phone Number	Email (optional)	Date of Event YYYY MM DD	Time of Event HH : MM
Relationship to Abilities Centre: <input type="checkbox"/> Member <input type="checkbox"/> Guest <input type="checkbox"/> Program Participant <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		Type of Incident: <input type="checkbox"/> Injury <input type="checkbox"/> Sickness/Ill Health <input type="checkbox"/> Harassment <input type="checkbox"/> Abuse <input type="checkbox"/> Theft <input type="checkbox"/> Violence/Assault <input type="checkbox"/> Near Miss	

Description of Incident:

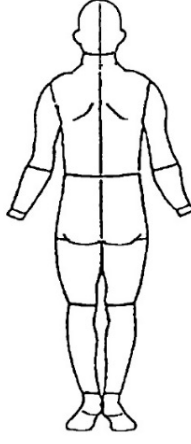
Describe incident, including details (Who/What/When/Where/Why/How). Use diagrams to illustrate physical location(s) of affected area, if applicable. Attach additional information if needed.



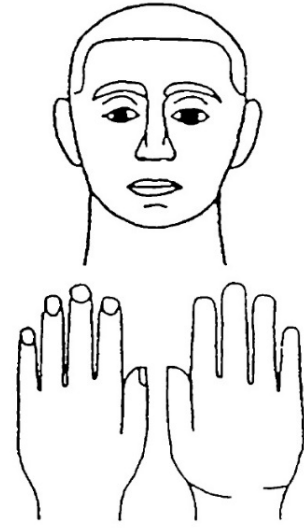
RIGHT HAND



FRONT



BACK



LEFT HAND

Additional information attached.

Action Taken:

Describe steps, such as first aid, etc. Attach additional information if needed.

Additional information attached.

Involved Parties/Witnesses: Attach additional information if needed.	
<i>Perpetrator</i>	<i>Perpetrator #2</i>
Name	Name
Email	Email
Phone	Phone
<i>Witness</i>	<i>Witness #2</i>
Name	Name
Email	Email
Phone	Phone
<i>Responder #2</i>	<i>Immediate Supervisor (who assisted/reviewed this form)</i>
Name	Name
Email	Email
Phone	Phone
Consent obtained/on-file to contact third parties: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third parties contacted: (if applicable) <input type="checkbox"/> Administration <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Police† <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Services †Theft of personal property must be reported to local Police service by individual who had item(s) stolen.	

Once completed, this form must be submitted to:

- Immediate Supervisor/Manager; upon review for completeness, submitted to -
- Chair, Joint Health & Safety Committee (gburrows@abilitiescentre.org); upon review, if applicable (refer to policy), consult others (e.g., HR).
- Joint Health & Safety Committee for review and record
- Abilities Centre Research Ethics (researchethics@abilitiescentre.org)
- submitted to the JREB (REBSubmissions@ontarioshores.ca) along with the 'Local Serious Adverse Event Form' where applicable (For incidents which are serious, have a definite or possible causal relationship to the study intervention and/or are unexpected, where the affected individual has been exposed to a level of risk above that which is normal for them in their everyday life)

FOR CJHSC ONLY:	
Date Received:	Time Received:
Date Reviewed by CJHSC:	Date Reviewed by JHSC: