



This fact sheet is related to the form titled “Declaration, investigation and analysis of an accident or dangerous situation” in Appendix 1.

Q. Under what circumstances should I fill out this form?

A. When I have an accident at work and/or if I observe a situation in the workplace that could lead to an accident or a health problem.

Q. Are there any advantages to filling out a declaration form?

A. First, filling out a form to report a workplace accident and keeping a copy of this form is important for my own CNESST claim file.

It is also essential to report any occupational health and safety (OHS) risks to the employer in order to prevent workplace accidents and occupational illnesses.

Q. Will the employer retaliate if I fill out a form?

A. The Occupational Health and Safety Act stipulate that as workers, we must not face reprisals for participating in the identification and elimination of OHS risks, i.e., by filling out the reporting form.

Furthermore, this same Act **requires me**, as a worker, to report workplace accidents and/or hazardous situations in order to participate in the identification and elimination of risks of workplace accidents and occupational diseases in my workplace.

That's how important it is!

If, despite everything, you believe that there has been retaliation after reporting a dangerous situation or a workplace accident, we urge you to contact us as soon as possible at codim@aptsq.com or 514-378-8124.

Q. Why do I have to fill out the declaration form?

A. Because I am the one who knows my work environment best, and my employer needs to be informed of any OHS risks so that they can ensure my safety.

Q. If I am not seriously injured and did not require medical attention, do I still have to fill out the claim form?

A. The answer is YES. For example, if you fall after slipping on a wet floor or a patch of ice in the parking lot, even if you have no fractures or sprains, it is important to report it in order to document the accident in case any effects of this fall appear in the weeks or months following the accident. And if everyone who slips and falls in the same place and each fills out a report form, a measure such as the use of non-slip floor wax may be necessary as a preventive measure.

Otherwise, there is no need to wait for someone to get hurt. **The ideal approach to OHS prevention is to identify risks before they cause an accident or occupational illness.**

Q. Where can I find the “Declaration, investigation and analysis of an accident or dangerous situation” form?

A. The form should be available in paper format in all departments/units. Otherwise, it is available on the [CIUSSS intranet](#) homepage by clicking on this button



And then on this button



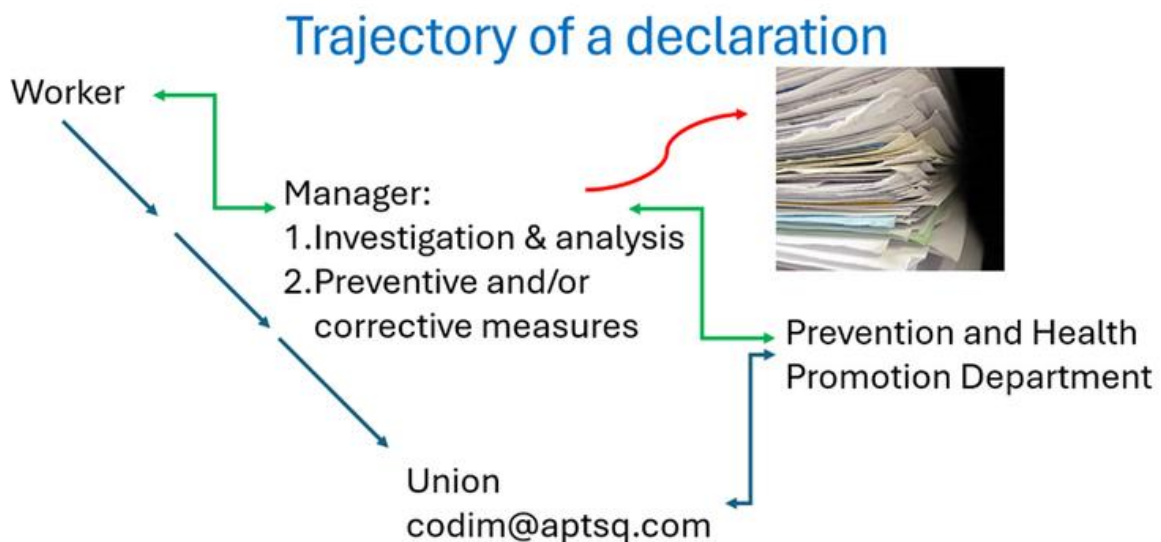
Please note that you only need to fill out the first page of the form, as the second page is reserved for your manager.

If you have any questions while filling out your declaration, **please do not hesitate to contact us at codim@aptsq.com or 514-378-8124.**

Once you have completed the first page, send the form to your immediate manager. Your manager will need to investigate and analyze the incident in order to implement preventive and/or corrective measures to protect you. They will then forward the report form to the Prevention and Health Promotion Department (SPPS). The SPPS will then forward the report forms to the unions.

We therefore receive all the declarations you fill out, provided that your manager has done their part. If your manager does not send the form to the SPPS, neither the SPPS nor the union will ever be informed. That is why we also suggest that you send us your completed form to codim@aptsq.com at the same time you send it to your manager. This way, we can ensure that every declaration is processed.

Here is an illustration of the process involved in reporting, investigating, and analyzing an accident or dangerous situation.



Checklist for completing the first page of the report form:

The form is used to report both workplace accidents and dangerous situations. Here is how to differentiate between them.

Workplace accident:

An unexpected and sudden event attributable to any cause, occurring to a person as a result of or in the course of their work, which causes or may cause them physical or psychological injury/harm.

An event that occurs in the course of work is reported as a workplace accident, even if there is no obvious or immediate injury.

Dangerous situation:

It is a feared or undesirable event that could have (narrowly avoided) or could harm people's health or safety and cause physical or psychological injury.

You will find examples of dangerous situations on the next page.

Section 1. Employee identification

It is important to specify which facility you were working at when the event occurred. For example, for Batshaw, CROM, or Douglas, please indicate the name or address of the building.

Section 2. Description of the event

The description of the event should be as factual as possible. Note the facts and your observations. This is also where you should describe your injuries and/or symptoms.

You can also check the part(s) of your body that are affected. In the case of psychological injury, check the area where your symptoms are felt. E.g., head.

Avoid writing your medical history on this form, as it is not a medical form but a form for describing an event. This form is used to demonstrate that you have been exposed to an OHS risk, regardless of your personal predispositions.

If you have any questions while completing your return, **please do not hesitate to contact us at codim@aptsq.com.**

Here are some examples of dangerous situations that should be reported:



Chemical hazards: exposure to a chemical or pollutant
E.g. carbon monoxide, insecticide or smoke from a fire



Biological hazards: exposure to microorganisms or allergens
E.g., bacteria or viruses, dust mites in old dusty carpets, poorly managed water infiltration (mold growth)



Ergonomic risks: risk factors associated with a work environment where ergonomics are not adequately taken into account.
E.g., repetitive movements, excessive physical exertion, awkward postures, or a workstation that is not ergonomically designed or adapted.



Security risks:

E.g. defective equipment or equipment that could cause injury, wet or icy surfaces that could cause falls, physical or verbal aggressions from users or their families.



Physical risks: exposure to a form of energy or force that enters our body through our ears, eyes, or skin.
E.g. Loud and prolonged noise, X-rays, extreme heat



Psychosocial risks: The main psychosocial risks in the workplace are: violence (physical and psychological), incivility, psychological harassment, exposure to aggression and/or potentially traumatic events, and emotionally demanding work.
E.g., working on a daily basis with vulnerable and distressed clients while lacking the time and resources to help them. Being subjected to repeated micro-aggressions.

According to the Institut national de santé publique du Québec (INSPQ), personnel working in the health and social services sector constitute the group of workers most exposed to psychosocial risks.

For more information on psychosocial risks in the workplace, please refer to the section on workload and psychosocial risks on the APTS website: [Workload and psychosocial risks](#) and/or contact us codim@aptsq.com or 514-378-8124.

Appendix 1



Déclaration, enquête et analyse d'un événement accidentel ou d'une situation dangereuse / Declaration, investigation and analysis of an accident or a dangerous situation

Accident
 Situation Dangereuse (s'il n'y a pas eu d'accident) Dangerous Situation (no accident occurred)

I- Identification de l'employé(e) déclarant l'événement accidentel ou la situation dangereuse / General Information

Nom et prénom : _____ N° d'employé(e) : _____
 Full name : _____ Employee ID : _____
 Titre d'emploi : _____ Service : _____
 Job title : _____ Téléphone de contact : _____
 Contact phone : _____
 Installation : _____ Syndicat : SCFP SQEES RSFQ
 Années d'expérience au poste : _____ SCFP Prévost APTS FIQ APES
 Years of experience in current position: _____
 Statut d'emploi / Employment Status : Temps complet / Full time Temps partiel / Part-time Occasionnel / Occasional

II- Description de l'événement (à remplir par l'employé) / Description of the event (to be completed by the employee)

Quel était votre horaire de travail au moment de l'événement accidentel? Jour / Day Soir / Evening Nuit / Night TS / Overtime
 What was your work schedule at the time of the incident?

Date de l'événement (AAAA/MM/JJ) : _____ / _____ / _____ Heure (0-24h) / Time: _____
 Incident date (YYYY/MM/DD): _____

Lieu exact (Ex.: salle de bain, # chambre, stationnement, etc.): _____ Unité / Service: _____
 Exact Location (Ex.: bathroom, room number, parking lot, etc.): _____

Nom des témoins oculaires (s'il y a lieu) : _____
 Eyewitness names (if applicable): _____

Avez-vous reçu des premiers soins? Si oui, précisez: Non / No Oui / Yes _____
 Did you receive first aid? If yes, specify:

Nom de la personne qui a donné les premiers soins : _____
 Name of the person who gave first aid: _____

Site(s) de la lésion / Site of injury: _____

Nom du supérieur avisé / Name of notified superior : _____
 Nom du gestionnaire / Name of manager : _____

Téléphone du gestionnaire / Manager phone number : _____

Date et heure que le superviseur a été avisé (AAAA/MM/JJ) : _____ / _____
 Date and time that the superior was notified (YYYY/MM/DD): _____

Dommages matériels: _____
 Property damages: _____

Indiquer le(s) site(s) de la douleur ou de la blessure
 Indicate pain or injury location

Description de l'événement accidentel ou de la situation dangereuse :
 Description of the accident:

Que suggérez-vous pour qu'une situation semblable ne se reproduise pas?
 What are your suggestions to prevent a similar situation?

Je confirme que les renseignements fournis sont exacts et conformes à ce qui s'est produit
 I confirm that the information provided is correct and consistent with what happened

Signature de l'employé(e): _____ Date (AAAA/MM/JJ) : _____ / _____ / _____
 Employee signature : _____ Date (YYYY/MM/DD) : _____

Envoyez le formulaire avec les parties I et II remplies à votre gestionnaire afin de compléter la section III
 Send the form with the sections I and II filled to your manager to complete the section III

I- Identification de l'employé(e) déclarant l'événement accidentel ou la situation dangereuse / General Information																							
Nom et prénom : Full name :		N° d'employé(e) : Employee ID :																					
III- Enquête et analyse (à remplir par le gestionnaire) / Investigation and analysis (to be completed by the manager)																							
À quelle activité était affecté l'employé(e) au moment de l'événement accidentel ? What activity was the employee assigned to at the time of the accident? 																							
<input type="checkbox"/> Quart de travail complété / Shift completed <input type="checkbox"/> A quitté pour consultation médicale / Left for medical consultation																							
Causes et facteurs ayant contribué à l'événement / Causes and factors contributing to the event		Comment ce facteur contribue à l'événement? / How does the factor contribute to the incident?																					
<input type="checkbox"/> Équipements (lit, civière, chariot, outils, lève-personne, etc.) Equipments (Bed, stretcher, cart, patient lift, etc.)																							
<input type="checkbox"/> Tâches (Inobservation des règles de sécurité, cadence de travail, posture de travail, etc.) Tasks (Non-respect of safety guidelines, work pace, posture, etc.)																							
<input type="checkbox"/> Personnes/Travailleur (Formation, méthode de travail, expérience, etc.) People/Worker (Training, work method, experience, etc.)																							
<input type="checkbox"/> Environnement (Bruit, espace encombré, éclairage, etc.) Environment (Noise, crowded space, lighting, etc.)																							
<input type="checkbox"/> Organisation du travail (Communication, procédure absente, ambiance de travail, etc.) Work organisation (Communication, lack of procedure, work climate, etc.)																							
<input type="checkbox"/> Personnes/Usagers/Tiers (client, famille, etc.) People/Users/Third party (client, family, etc.)																							
<table border="1"> <thead> <tr> <th>Mesures préventives ou correctives / Corrective or preventive measures</th> <th>Responsable (nom) / Responsible (name)</th> <th>Échéancier (AAAA/MM/JJ) Timeline (YYYY/MM/DD)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Mesures préventives ou correctives / Corrective or preventive measures	Responsable (nom) / Responsible (name)	Échéancier (AAAA/MM/JJ) Timeline (YYYY/MM/DD)																		
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Commentaires : Comments : 																							
Nom du gestionnaire : Name of manager :		Signature :																					
Date (AAAA/MM/JJ) : Date (YYYY/MM/DD) :																							
Envoyez les sections I à III du formulaire complétées au / Send the sections I to III of the form completed to: Courriel / E-mail : preventions@met.comtl@ssss.eouv.qc.ca Télécopieur / Fax : 514-457-8423																							
IV- Service de prévention et de promotion de la santé / Prevention and health promotion dept.																							
Nom de l'agent de gestion en prévention responsable: Name of the assigned prevention agent:		Date (AAAA/MM/JJ): Date (YYYY/MM/DD):																					