

## OCCUPATIONAL HEALTH & SAFETY FORMS IN CASE OF INCIDENT OR ACCIDENT

Name of the form	When to fill it out	Goal	Where to find it
<p><b>Incident or Accident Report – AH-223</b></p> <p>Official form for the Health &amp; Social Services Network</p>	<ul style="list-style-type: none"> <li>• To be completed, in the event of an incident or accident taking place with a user, whether or not the latter has injuries following the event.</li> <li>• It must be printed to be completed by hand.</li> <li>• Example: fall to the ground, injuries to the body, manifestation of violent behavior, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• It is used to list these events for analysis in order to improve our services.</li> <li>• It can help identify sentinel events.</li> </ul>	<p>Annex 1</p>
<p><b>Accidental Event Declaration Form</b></p> <p>CIUSSS West-Central Form</p>	<ul style="list-style-type: none"> <li>• To be completed, in the event of an accident causing an injury to an employee while providing a service.</li> <li>• The event may or may not involve a user.</li> <li>• The employee must complete it whether or not he/she/they suffers an injury requiring a <i>CNESST Worker's Claim</i>.</li> <li>• This form must be signed by all employees who attended the event.</li> </ul>	<ul style="list-style-type: none"> <li>• This report is used to identify and analyze any significant risk of harm to the health &amp; safety or physical or psychological integrity of employees, incurred during interventions/services.</li> <li>• It aims to improve health and safety in the workplace.</li> </ul>	<p>Annex 2</p>
<p><b>Declaration of a dangerous or at risk situation Form</b></p> <p>CIUSSS West-Central Form</p>	<ul style="list-style-type: none"> <li>• To be completed, at all times, in the event of an incident that has caused or potentially caused an injury to an employee while providing the service.</li> <li>• The event may or may not involve a user.</li> <li>• This form must be signed by all employees who attended the event.</li> </ul>	<ul style="list-style-type: none"> <li>• This report is used to identify and analyze any significant risk of harm to the health, safety or physical or psychological integrity of employees, incurred during interventions/services.</li> <li>• It aims to improve health and safety in the workplace.</li> </ul>	<p>Annex 3</p>

Name of the form	When to fill it out	Goal	Where to find it
<p><b>Worker's claim</b></p> <p>CNESST Form</p>	<ul style="list-style-type: none"> <li>To be completed, in addition to the CIUSSS "Accidental Event Declaration Form", when an employee suffers an accident or an illness (physical or psychological) and a claim must be made to the CNESST.</li> </ul>	<ul style="list-style-type: none"> <li>It is used to claim compensation following a work accident/illness (physical or psychological).</li> <li>It is also mandatory to request reimbursement of medical assistance, travel and accommodation costs, as well as costs incurred for the repair or replacement of glasses or other orthotics or prostheses damaged at work.</li> </ul>	<p>Annex 4</p> <p>Also available on-line via the CNESST website : <a href="https://www.csst.qc.ca/formulaires/Pages/1939.aspx">https://www.csst.qc.ca/formulaires/Pages/1939.aspx</a></p>
<p><b>Declaration Form Harassment or violence in the workplace</b></p> <p>CIUSSS West-Central Form</p>	<ul style="list-style-type: none"> <li>To be completed when an employee is experiencing a situation of psychological, sexual or other type of harassment, or in the event of workplace violence, incivility or significant interpersonal conflict.</li> </ul> <p>It is strongly recommended that you consult your union about this process.</p>	<ul style="list-style-type: none"> <li>It is used to lodge a formal complaint under the CIUSSS's "Workplace Civility and Prevention of Harassment and Violence Policy". (see Annex 7).</li> </ul>	<p>Annex 5 &amp; Annex 6</p> <p>Consult policy at Annex 7</p>
<p><b>Salary Insurance Claim Form- Physical health</b></p> <p>MSSS Form</p>	<ul style="list-style-type: none"> <li>To be completed when an employee suffers a physical injury / illness outside of work, resulting in a sick leave.</li> <li>This form must be completed by your attending physician and sent to the CIUSSS Health office.</li> <li>This document should not be sent to your manager, under any circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>It is used to claim salary compensation following a physical injury/illness, other than a work accident.</li> </ul>	<p>Annex 8</p>
<p><b>Salary Insurance Claim Form- Psychological health</b></p>	<ul style="list-style-type: none"> <li>To be completed when an employee suffers a mental health issue, outside of work, resulting in a sick leave.</li> </ul>	<ul style="list-style-type: none"> <li>It is used to claim salary compensation following a mental health issue, other than a work accident.</li> </ul>	<p>Annex 9</p>

MSSS Form	<ul style="list-style-type: none"> <li>• This form must be completed by your attending physician and sent to the CIUSSS Health office.</li> <li>• This document should not be sent to your manager, under any circumstances.</li> </ul>		
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**Glossary:**

- **Incident:** Event which has no consequences but which could have resulted in injuries.
- **Accident:** An action or situation where the risk occurs, which is at the origin or could be at the origin of adverse consequences for the health and well-being of the user. (Source: Policy on user safety culture, CIUSSS Center-Ouest, page 2. See Appendix 5 of this procedure).  
Unexpected and sudden event attributable to any cause, occurring to a person as a result of or in the course of his work and which results in an employment injury for him (Act respecting industrial accidents and occupational diseases).
- **Sentinel event:** events that may have any of the following characteristics:
  - They have had or have the potential to have serious consequences for the user, at levels G, H or I in the severity scale used in Quebec (see the severity scale in Appendix 1, page 14 of the User Safety Culture Policy, CIUSSS Center-Ouest, [https://cdn.ciusscentreouest.ca/documents/ciuss-coim/A\\_propos\\_de\\_nous/Qualite/Strategie/PolitiqueCIUSSSCulturedeSecurite.pdf?1543431966](https://cdn.ciusscentreouest.ca/documents/ciuss-coim/A_propos_de_nous/Qualite/Strategie/PolitiqueCIUSSSCulturedeSecurite.pdf?1543431966));
  - Description of levels:
    - G: Is at the origin of permanent consequences on physiological, motor, sensory, cognitive or psychological functions (impairment, reduction or loss of function, autonomy);
    - H: Causes consequences requiring life-sustaining interventions (intubation, assisted ventilation, cardiopulmonary resuscitation);
    - I: Is at the origin of consequences that contributed to his death.
  - They occur with a high and significant frequency regardless of the consequences on users.