

Title:	Near Miss	Date of Original Board Approval:	December 2018
Approved by:	Mark Runciman	Revision Date(s):	December 2018
Reviewed By:		Date of Next Review:	
Location:	All RBG Properties	Ref. No:	HS-023

## **Objectives and Goals**

The management of RBG is committed to providing a safe and healthy work environment by protecting employees from workplace injury and disease.

The purpose of this policy is to ensure that all near-miss incidents (including minor incidents) are reported, recorded and investigated. Reporting and sharing information provide an opportunity to answer the questions of what happened and why, and then to use this insight to determine how to prevent a reoccurrence.

## Scope

This policy applies to all employees, contractors, subcontractors and volunteers of RBG.

## **Policy Statement**

All near misses will be investigated to determine: the cause or causes of the incident; to identify any risks, hazards, systems or procedures that contributed to the incident; and to recommend corrective action to prevent similar incidents.

## Definitions

<u>Near Miss</u>: An event that under different circumstances could have resulted in physical harm to an individual or damage to the environment, equipment, property and/or material

Incident: An event that may result in a crisis

Hazard: Anything with the potential to cause injury, damage or loss

#### **Roles & Responsibilities**

#### Senior Management:

- Provide opportunities for employees to receive proper training on the Near Miss Policy
- Support the implementation of corrective actions recommended from the outcome of the investigation

#### Human Resources:

- Maintain Near Miss reports
- Provide training for employees on the policy and hazard identification
- Perform thorough investigations based on facts and provide recommendations for corrective action to
  ensure that the potential for any future injury, disease or accidents is eliminated

#### **Employees, Contractors and Subcontractors:**

- Report (within 1 business day) all incidents to their manager and assist in completing the Near Miss Reporting form for submission to the HR department
- Participate in the Near Miss investigation
- It is the responsibility of Outside Contractors to:
  - Follow the same reporting procedure as employees directly employed by RBG; and



• Participate in the Near Miss investigation

# Joint Health & Safety Committee:

- Support HR in conducting investigations as required
- Review the policy as required for revision

## **Standards and Practice**

- Near misses will be investigated by HR, department manager's and a JHSC worker representative. Employees, contractors and subcontractors knowledgeable about the type of work involved at the time of the incident, as well as employees involved in the Near Miss.
- A near miss investigation report should answer the WHO, WHERE, WHEN, WHAT, WHY and HOW questions regarding an incident.
- An employee who witnesses a Near Miss must report the incident to their manager and assist in the completion of the Near Miss Reporting form (Exhibit "A").
- The completed report is to be submitted to the HR department within 24 hours of the event.
- The reporting system is non-punitive and, if desired by the person reporting, anonymous.
- Near Miss incidents will be reviewed by the HR department and the Joint Health & Safety Committee to identify the root cause and recommend corrective actions.
- The reporting employee (or contractor) may be asked to participate in the incident investigation;
- Investigation results will be used to improve safety systems, hazard control, risk reduction and to
  educate employees



# Incident/Near Miss Investigation Form (Appendix A)

Name of Person Reporting Near Miss:	Name of Person Completing This For	m
Date of Near Miss: Date Reported:	Time of Near Miss:       AM / PM         Time Reported:       AM / PM	
Full Description of Events	· · ·	
Who was involved: Worker   Volunteer   Student   Visitor	Contractor/Subcontractor	
Briefly describe what happened including the sequence of e conditions present at time; what was involved, what activity near miss. What hazards was the worker exposed to? What miss occurring? (Include photos if available)	(if any) was taking place prior and at time	
Area where near miss occurred:		
Area where near miss occurred: Contributory Factors (refer to these when identifying the c	ause of the near miss)	
	ause of the near miss) Substandard Acts	
Contributory Factors (refer to these when identifying the c	•	
Contributory Factors (refer to these when identifying the c Immediate Causes	Substandard Acts Operating without authority	
Contributory Factors (refer to these when identifying the c Immediate Causes Guarding	Substandard Acts Operating without authority	
Contributory Factors (refer to these when identifying the c Immediate Causes Guarding Defective tools or equipment (includes electrical fault)	Substandard Acts Operating without authority Disabling safety devices	ent
Contributory Factors (refer to these when identifying the c Immediate Causes Guarding Defective tools or equipment (includes electrical fault) Hazardous arrangements	Substandard Acts Operating without authority Disabling safety devices Using unsafe equipment	ent
Contributory Factors (refer to these when identifying the c Immediate Causes Guarding Defective tools or equipment (includes electrical fault) Hazardous arrangements Unsafe conditions	Substandard Acts Operating without authority Disabling safety devices Using unsafe equipment Non-use of Personal Protective Equipme	ent

Witness Details (Include additional witnesses on a blank page)			
Name:	Title:	Phone:	
Name:	Title:	Phone:	



Causes (immediate	& contributing) that may have been a	a factor to the near miss	
What preventative action could have been taken? Why was this action not taken?			
-	e did the employee have in the task med when the near miss occurred? en provided?		
What is the chance of	of the near miss occurring again?		
the recurrence of the practices, review train		er, re-design work area, re-de	esign work
Investigators Recor	nmendation	Manager Responsible	Completion Date
IMPLEMENTATION	DETAILS	l	- I
Date Implemented	Action Taken	Manager Responsible	Completion Date
	1	1	

Investigator Name	Investigator Signature	Date
JHSC Rep. Name	JHSC Rep. Signature	Date