



## FACULTY UBC UGME INCIDENT REPORTING GUIDE

### ROLES:

**PRECEPTOR/CLINICAL INSTRUCTOR** (employer representative) of the student injured/affected, or who is responsible for the student at the time of the incident, **must** investigate and submit a CAIRS report **within 30 days** of incident, including a root cause and corrective actions. This report follows the student’s preliminary report that must be submitted within 48 hours of the incident. **This is a requirement of the Workers Compensation Act.**

**FACULTY OF MEDICINE SAFETY ADVISORS** provide resources and support for all involved in incident submission and investigations. Contact:

**Nick Steel, Health & Safety Advisor – [nick.steel@ubc.ca](mailto:nick.steel@ubc.ca)**

### 1. HOW TO REPORT AN INCIDENT

You may have received an email from UBC’s Centralized Accident/Incident Reporting System (CAIRS) indicating you have been listed as a supervisor to an injured student. If so, follow the prompts in the email to begin a report. If not, go to [www.cairs.ubc.ca](http://www.cairs.ubc.ca) (see *Figure 1*), then:

- Select “Practicum/Clinical Placement Student” for the injured student.
- Select “Supervisor” for the user filling in form.
- If incident occurred on the Point Grey campus, select “Vancouver”. If incident occurred on the UBCO campus, select “Okanagan”.
- Select severity – **if the incident involved a blood or body fluid (BBF) exposure, select “Medical Treatment,” as the student must report to Emergency.**
- Select Type of Claim.

Figure 1

Person Injured / Affected Type:  Staff  Faculty  Paid Student  Practicum/Clinical Placement Student  Other Student  Visitor/Volunteer/Visiting Student  Contractor

User Filling in Form (You):  Supervisor  Person Injured/Affected (WorksafeBC 6A form)  Witness/Person Reported To (Other Students, Visitors, Contractors only)

Employee Campus Affiliation:  Vancouver  Okanagan  Other UBC Location

Severity:  Incident Only (near-miss, minor injury, or property damage)  Medical Treatment (visit doctor, no days off)  Time Loss (days off work, excluding incident day)

Type of Claim:  No injury  An injury  An occupational disease  A repetitive/gradual onset injury

### 2. FILLING OUT THE INCIDENT REPORT

- There are 6 Steps to completing an incident report. Fields marked with an \* are required.

#### Step 1 – Incident Information

##### WHAT, WHEN, and WHERE?

- Concise but detailed description of what work was underway and what happened
- **If the student reported to Emergency, include it in the description.**
- What control(s) was used/available or what PPE was worn?

#### Step 2 – Additional Incident Information

- Include witness information if applicable.

#### Step 3 – Personal Information

- Enter personal information of injured student.



### Step 4 – Employment Information (See Figure 2)

- Enter employment information of injured student.
- For “Department,” select “MEDU – Medicine, Udrgrd Ed.(Dean’sOff).”

Figure 2

**Incident/Accident Form**

Step 1 Incident Information | Step 2 Additional Incident Information | Step 3 Personal Information | **Step 4 Employment Information** | Step 5 Accident Investigation | Step 6 Corrective Actions

Save incomplete form by logging in with your CWL

**CWL Login**

**Please note:**  
- Make sure to enter your CWL information before closing the browser.  
- Time outs may occur. Do not leave CAIRS open when not in use or information may not save.

**Employment Information**

< Back | Student's Department | Department\*: MEDU - Medicine, Udrgrd Ed.(Dean'sOff) | Next >

Program Name: Name of Rotation or Elective

Program Year: Year of Student | Next >

### Step 5 – Accident Investigation

- List any applicable task, environment, organizational, equipment and human related causes.
- Determine root cause of incident - why did the incident occur?
- Enter your information in the “Employer representative” section
- If incident was needle stick or suture prick, see example investigation below

### Step 6 – Corrective Actions

- **HOW** can recurrence of similar incidents be prevented, and who will be responsible?
- Do not include personal identifying information.
- Fill in estimated completed date (Figure 3)
- **Once final actions are taken, ensure report is updated to reflect so. Reports without final actions, including the date completed, are considered incomplete by WorkSafeBC.**
- If incident was needle stick or suture prick, see example corrective actions below

Figure 3

Estimated Completion Date:

Remind the Report Writer about this corrective action on the estimated completion date

Final Actions Taken:

Date Completed:



### 3. TEMPLATES FOR NEEDLE STICKS AND SUTURE PRICKS

Needle sticks and suture pricks comprise the bulk of the incidents in the UGME program. Typically, these incidents occur due to lack of experience/training, and debriefing, including a review of methodology, will suffice as the corrective action. If this is the case, under step 5, select “knowledge/skill/experience lacking,” and list inexperience as the root cause of the incident (see *Figure 4*). Then list a review of technique as the corrective action and final action taken (see *Figure 5*). **Make sure to enter the date completed!**

Figure 4

**Human Related Causes**

<input type="checkbox"/> No "Human" related causes	<input type="checkbox"/> Illness
<input checked="" type="checkbox"/> Knowledge / skill / experience lacking	<input type="checkbox"/> Language difficulties
<input type="checkbox"/> Personal distraction	<input type="checkbox"/> Physical limitations (reach, height, etc.)
<input type="checkbox"/> Pre-existing condition	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other (specify below)	

Other human related causes:

Figure 5

Incorporating the above factors, determine and describe the **root cause** of the incident or accident:



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**Corrective Action 1**

Corrective Action Identified:

Assigned To (name):

Job title:

Estimated Completion Date:

Remind the Report Writer about this corrective action on the estimated completion date

Final Actions Taken:

Date Completed: