



Employee Injury/Incident/Disease Investigation and Reporting Procedures

Board Received: June 23, 2014

Review Date: September 2017

Accountability:

1. Frequency of Reports – As needed
2. Severity Threshold – As needed (eg. Incidents resulting in serious injury or death; and/or changes in Ministry guidelines)
3. Criteria for Success – Incidents reported immediately and accurately.
– Safety always considered first.
– Preparedness of employees.

Procedures:

The following procedures outlines the steps a Principal or Supervisor shall take when an employee is injured while acting within the scope of his/her duties for the Board.

1.0 Initial Response

- 1.1 Administer first aid. Under the Workplace Safety and Insurance Act each school and worksite is required to have sufficient numbers of currently trained personnel to provide quick access to treatment for staff.
- 1.2 If necessary, call for an ambulance (911) or arrange for the injured person to be transported to the hospital or doctor. The school principal or site supervisor is responsible for ensuring that appropriate measures are taken.
- 1.3 If necessary, notify the emergency contact if known.
- 1.4 All incidents and accidents must be reported to the employee's Principal or supervisor within 72 hours of the occurrence.
- 1.5 Employees injured while acting within the scope of his/her duties, but outside regular working hours shall report the accident as soon as possible either by telephone or on the next working day.
- 1.6 In the event of a critical injury or death, do not disturb the accident site, except for the purpose of:
 - (a) saving life or relieving human suffering;
 - (b) maintaining an essential public utility service or a public transportation system; or
 - (c) preventing unnecessary damage to equipment or other property, until the OSBIE adjuster, as well as the Ministry of Labour Inspector and/or the JOHSC Certified members have seen the site and conducted an investigation and released the site.
- 1.7 See Administrative Procedure HR123 Workplace Violence and if the event falls within the definition, then complete appropriate forms.

2.0 Injury/Disease/Incident Reporting Requirements

The principal or supervisor must report all incidents or accidents to the appropriate school board officials and government agencies immediately. Please see Appendix B for a flow chart.

- A. Reporting an event that does not result in physical injury, for example, slip/trip with no fall, verbal threat.
 1. Complete Injury/Disease/Incident Report. This can be done through on line access to the Board's Staff portal. Please see instructions on Appendix A attached.
- B. Reporting a First Aid Injury (staff person injured, First aid provided at school level, but no lost time)
 1. Control hazardous conditions to prevent further injuries.
 2. Ensure first aid is provided.
 3. Complete Injury/Disease/Incident Report. This can be done through on line access to Staff Portal. Please see instructions on Appendix A attached
 4. If this situation becomes a lost time injury or if a health care professional is consulted, the Principal or Supervisor **MUST** notify the Health and Disability Officer as soon as this comes to their attention.
- C. Reporting a Medical Treatment Injury (services requiring the professional skills of a health care practitioner, services provided by hospitals or health facilities, the administration of prescription drugs)
 1. Control hazardous conditions to prevent further injuries.
 2. Ensure first aid is provided/call 911 or provide transportation to doctor/hospital.
 3. Complete Injury/Disease/Incident Report. This can be done through on line access to Staff Portal. Please see instructions on Appendix A attached
 4. Monitor employee who is on injury leave or modified work placement. (See HR116 Return to Work Program and Workplace Accommodation.) The Principal and Supervisors shall assist the Human Resources Department in providing modified work.
 5. Report employee return to work to the Health and Disability Officer as soon as this comes to their attention.

D. Reporting a Critical Injury

NOTE: Critical Injury Reporting applies to **ANY PERSON** on Board property, including staff, students and visitors.

Critical Injury is defined as:

- a) Places life in jeopardy **or**
- b) Produces unconsciousness **or**
- c) Results in substantial loss of blood **or**
- d) Involves the fracture of a leg or arm but not a finger or toe **or**
- e) Involves the amputation of a leg, arm, hand or foot but not a finger or toe **or**
- f) Consists of burns to a major portion of the body **or**
- g) Causes the loss of sight in an eye

1. Control hazardous conditions to prevent further injuries
2. Evacuate building as per emergency evacuation procedures, if situation requires such.
3. Ensure first aid is provided; call 911 or provide transportation to hospital.
4. Do not disturb the accident site.
5. Report accident to Fire Department and/or Police.
6. Inform School Health and Safety Site Reps. and Trade Union if necessary.

7. Inform Board Health and Safety Officer.
 - 7.1.1 Health and Safety Officer will inform the Ministry of Labour and coordinate any investigation conducted by the MOL.
 - 7.1.2 Health and Safety Officer will inform the Certified JOHSC members.
8. If you are unable to contact the Board Health and Safety Officer, then you MUST contact the Ministry of Labour 1-877-202-0008 and the Certified JOHSC members, who can be reached through the HR Assistant to Health and Safety.
9. Ensure a written report of the circumstances of the occurrence and investigation is completed by the Certified JOHSC members and sent to a Director of the Ministry of Labour within 48 hours.
10. Complete Injury/Disease/Incident Report. This can be done through on line access to Staff Portal. Please see instructions on Appendix A attached
11. Monitor employee who is on injury leave or modified work placement. (See HR116 Return to Work Program and Workplace Accommodation.) The Principal and Supervisors shall assist the Human Resources Department in providing modified work.
12. Report employee return to work to the Health and Disability Officer as soon as this comes to their attention.

E. Reporting a Fatality

NOTE: Fatality Reporting applies to **ANY PERSON** on Board property, this includes staff, students and visitors.

1. Control hazardous conditions to prevent further injuries and call 911.
2. Do not disturb the accident site.
3. Report immediately to school Superintendent and Director of Education.
4. Inform Board Health and Safety Officer.
 - 4.1.1 Health and Safety Officer will inform the Ministry of Labour and coordinate any investigation conducted by the MOL.
 - 4.1.2 Health and Safety Officer will inform the Certified JOHSC members.
5. If you are unable to contact the Board Health and Safety Officer, then you MUST contact the Ministry of Labour 1-877-202-0008 and the Certified JOHSC Co-Chairs they can be reached through the HR Assistant to Health and Safety.
6. Inform School Health and Safety Site Representatives and Trade Union(s) if necessary.
7. Ensure a written report of the circumstances of the occurrence and investigation is completed by the Certified JOHSC members and sent to a Director of the Ministry of Labour within 48 hours.
8. Complete Injury/Disease/Incident Report. This can be done through on line access to Staff Portal. Please see instructions on Appendix A attached

NOTE: The family of any person on board property suffering a fatality will be notified by the Director of Education or designate.

3.0 **Accident Investigation Procedures**

In consultation with the Health and Safety Officer, if required.

- 3.1 Principals or supervisors shall visit the site of the accidents and observe the task, equipment, materials, environmental conditions, work procedures and any unusual situations.
- 3.2 Principals and supervisors may interview injured workers and/or any other workers who are likely to know the causes of the accident/incident.
- 3.3 All hazardous conditions will be controlled to prevent further injuries.

Appendix A

Accessing the On Line Report

1. The “Injury/Incident/Disease Report” is now available on line through the Staff Portal.
2. This on line report will be electronically submitted to the HR Dept. and to your supervisor for them to complete their portion.
3. The use of this on line form does not negate you from verbally informing your supervisor of the incident.
4. We encourage everyone to use the on-line form, but the paper copy will still be accepted.
5. You MUST access the form through the Staff Portal
6. If you do not have or do not know your LOG IN information for Staff Portal, call the Help Desk and request that information. 519-756-6306 ext 287070 (Toll free: 1-888-548-8878)

EMPLOYEES REPORT OF INJURY/INCIDENT/DISEASE INSTRUCTIONS

Step 1: Go to the Staff Portal.

- a) Go to the Applications tab across the top.
- b) Expand the Applications tab and then click on Employee Injury Report.

Step 2: Complete the Form

- a) Click on the **Lookup** Button and enter your information to find your record

The screenshot shows the 'parklane Employee Incident Report' form. It is divided into several sections: 'Introduction', 'Employee Details', 'Reporting Information', and 'Incident Description'. In the 'Employee Details' section, there is a field for 'Employee Name' followed by a 'Lookup' button. Below this are fields for 'Job Class / Position', 'City', and 'Birth Date'. The 'Reporting Information' section includes a 'Supervisor / Contractor' field and a section for 'Please provide your contact information below' with fields for 'Your Telephone Number' and 'Your Email Address'. The 'Incident Description' section has a heading 'Incident Type' and four radio button options for different types of incidents.

Introduction
Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasible possible as incidents causing medical attention, lost time or modified work must be reported immediately by Grand Erie District School Board to the provincial worker compensation board.
To reduce subsequent follow-up, we encourage that all information be completed accurately and in detail.
Any information, on the following pages, with a red line is mandatory and must be completed before you may submit the form.
If you need assistance please call 519-756-6301 ext 281125

Employee Details
Employee Name **Lookup**
Job Class / Position City Birth Date

Reporting Information
Supervisor / Contractor (Please Search for the employee first)
Please provide your contact information below
Your Telephone Number
Your Email Address

Incident Description
Incident Type
☐ I am reporting a hazard situation where there was no personal injury
☐ I was injured. I did not receive first aid or, I received first aid from someone other than a physician or other health care professional. I returned or will be returning to work.
☐ I was injured. I received medical attention at a hospital or at a medical clinic or at a doctor's office. I returned or will be returning to work.
☐ I was injured and I will be off from work as the result of my injuries.

Enter your name and birthdate to find your record.

The screenshot shows the 'Employee Incident Report' form. An 'Employee Lookup' modal is open, displaying fields for 'First Name', 'Last Name', and 'Birth Date (YYYY-MM-DD)'. The background form includes sections for 'Introduction', 'Employee Details', 'Reporting Information', and 'Incident Description'.

Using your keyboard and the various drop down menus, complete the required information in the various fields, ensuring that you provide as much necessary detail as possible.

This block shows a detailed view of the form sections:

- Reporting Information:** Includes a text field for 'Supervisor / Contractor', a prompt 'Please provide your contact information below', and fields for 'Your Telephone Number' and 'Your Email Address'.
- Incident Description:** Features a section for 'Incident Type' with four radio button options:
 - ☐ I am reporting a hazard situation where there was no personal injury
 - ☐ I was injured. I did not receive first aid or, I received first aid from someone other than a physician or other health care professional. I returned or will be returning to work.
 - ☐ I was injured. I received medical attention at a hospital or at a medical clinic or at a doctor's office. I returned or will be returning to work.
 - ☐ I was injured and I will be off from work as the result of my injuries.Below this are fields for 'Date of Incident' (with a calendar icon), 'Time' (with a clock icon), and a 'Pick' button.
- Incident Details:** Includes a 'Witness(es) of Incident' section with an 'Add a Witness' button, a 'Location where incident occurred' dropdown menu, and a text area for 'What were you doing at the time of this incident?' with an example: '(ex. cutting open a box, pushing cart, etc., provide more detail)'.

You have 950 characters left

Injury Details

Describe your injury:
▼


Affected Areas (check all that apply):

| | | |
|---------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Teeth | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Face | <input type="checkbox"/> Neck | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Chest | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Upper Back | |

| | | |
|---|---|--|
| Left <input type="checkbox"/> Shoulder | Left <input type="checkbox"/> Hand | Left <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | |

Medical

Did you seek medical treatment? ☐ Yes ☐ No ☒ Unknown



If you click **yes** to Medical attention a drop down menu will appear to add more information.

You have 950 characters left

Injury Details

Describe your injury:
scratch ▼

Affected Areas (check all that apply):

| | | |
|--|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Head | <input type="checkbox"/> Teeth | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Face | <input type="checkbox"/> Neck | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Chest | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Upper Back | |


| | | |
|---|---|--|
| Left <input type="checkbox"/> Shoulder | Left <input type="checkbox"/> Hand | Left <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | |

Medical

Did you seek medical treatment? ☒ Yes ☐ No ☐ Unknown

Where were you treated?

☐ On Site Clinic
☐ Ambulance
☐ Health Professional Office
☒ Medical Clinic
☐ Emergency
☐ Admitted to Hospital



When you have entered in all the appropriate information then click **Submit**.

Once you have submitted your report you will see a drop down like below that verifies that the report was submitted and gives you the option to print a copy for your records.

☐ Eye(s)
☐ Ear(s)

☐ Chest
☐ Upper Back

☐ Pelvis

Left Right
☐ Shoulder
☐ Arm
☐ Elbow
☐ Forearm
☐ Wrist

Left Right
☐ Hand
☐ Fingers
☐ Hip
☐ Thigh
☐ Knee

Left Right
☐ Lower Leg
☐ Ankle
☐ Foot
☐ Toes

Medical

Did you seek medical treatment? ☒ Yes ☐ No ☐ Unknown

Where were you treated?
☐ On Site Clinic
☐ Ambulance
☐ Health Professional Office
☒ Medical Clinic
☐ Emergency
☐ Admitted to Hospital

Submit

Submission Complete

Your submission ID is **345**

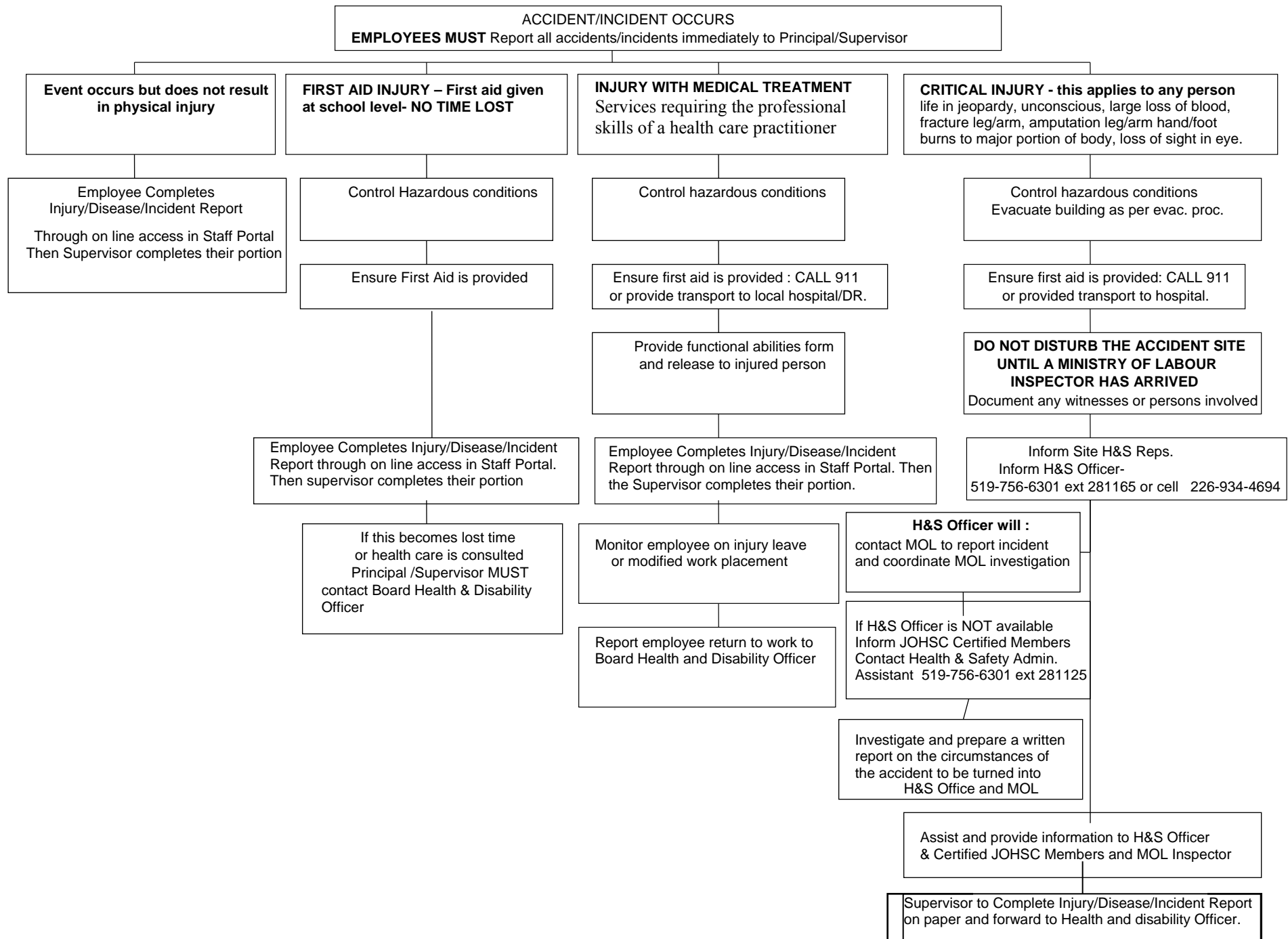
This report has now been submitted. You can either print a copy of the submitted report, create a new report, or log out.

Print Report

Start a New Report

Your Supervisor will receive an email telling them an injury report has been completed and give them a link to complete their portion of the report.

APPENDIX B – Accident Reporting



GRAND ERIE DISTRICT SCHOOL BOARD
Employees Report of Injury/Disease/Incident - FORM 1

(All injuries/diseases/incidents must be reported on this form on the day of the injury or awareness of disease/incident)

Date:

Occupation:

Name:

Full-time: _____

Part-
time: _____

Casual: _____

Address:

Postal Code:

Telephone Number:

Worksite Location:

Date of Birth:

SIN:

Date of Hire:

Date and time of injury/awareness of disease/incident:

Date and time reported to supervisor:

Lost Time: YES _____ NO _____

Date Last worked:

Hour Last Worked: _____ a.m./p.m.

Date
Returned
to
Work:
a.m./p.
m.

1. What happened to cause the injury/disease/incident?

Describe the injury, part of the body involved and specify left or right side.

2. Name and position of the person to whom the injury/disease/incident was reported.
If the injury/disease/incident was not reported immediately, please give reasons.

3. What were you doing at the time of the injury/disease/incident?
Give details of the equipment or materials used and the size and weight of objects being handled.

4. Was anyone else involved? YES _____ NO _____
- Were there any other contributing factors? YES _____ NO _____
- If yes, please give details.

5. Where did the injury/disease/incident occur? (Location within the worksite)

6. Name(s) and address(es) of witnesses.

7. Have you had a previous similar injury/disease? YES _____ NO _____

If yes, give details.

If the previous similar injury/disease was work related, was a WSIB claim established?

YES _____ NO _____

8. Did you receive:

First aid? YES _____ NO _____

Medical attention? (By doctor, dentist, chiropractor)

YES _____ NO _____

If yes, provide the name and address of the practitioner and/or hospital.

Use this space if you wish to provide additional information to describe the injury/disease/incident.

Supervisor's Report

1. What do you consider to be the obvious cause of the injury/disease/incident?
2. What do you consider to be the underlying cause of the injury/disease/incident?
3. What immediate steps have you taken to prevent recurrence?
4. What additional steps will be taken to prevent recurrence?

Name and phone number of Supervisor conducting this investigation

Date of Investigation:

PLEASE NOTE

Injuries/disease/incidents should be reported to the supervisor immediately and the completed Form 1 sent to DL-EMPLOYEE_ACCIDENTS as soon as possible. The Workplace Safety and Insurance Board must be notified (by Human Resources staff) within 72 hours of the supervisor becoming aware of any incidents involving lost time or medical attention. Failure to report may result in WSIB levying a minimum fine of \$250. for each infraction.

Please notify Health and Disability Officer at Head Office of the date and time of the employee's return to work (519) 756-6306, ext. 281130 (toll free at 1-888-548-8878) or by e-mail.

H&S/Forms and Memos/Employees Report of Injury 2004