



BOARD PROCEDURE	
<i>Approval Date</i> 2014	<i>Replacing</i> All previous procedures
<i>Review Date</i> 2019	<i>Page</i> 1 of 11
<i>Contact Person/Department</i> Human Resources Administrator	<i>Identification</i> HR - 4208

INCIDENT/ACCIDENT/INJURY REPORTING AND INVESTIGATION

1.0 PURPOSE

Trillium Lakelands District School Board recognizes and is committed to its responsibilities to provide for the health and safety of all staff while at work. The matter of health and safety is of fundamental importance and every reasonable measure will be taken to protect all employees from injury due to accidents and health hazards.

In order to achieve this objective, all employees are required to be active in health and safety and accident prevention by performing their tasks in accordance with the Occupational Health and Safety Act, the Regulations under the Act, established safety procedures, and safe work practices on the job.

It is the responsibility of employees having supervisory responsibilities, to ensure that employees reporting to them comply with established safe work practices and procedures.

The main purpose of this procedure is to identify the causes of incidents/accidents/injuries in order to develop effective control measures and to comply with the WSIB reporting requirement; which is within three (3) days of the accident.

2.0 REFERENCES/RELATED DOCUMENTS

- 2.1 *Workplace Safety and Insurance Act.*
- 2.2 *Occupational Health and Safety Act and Regulations.*

3.0 TERMS AND DEFINITIONS

3.1 INCIDENT

An unusual occurrence in the workplace that could have resulted in harm to people if circumstances had been slightly different.

3.2 ACCIDENT

An unplanned or unexpected event resulting in injury requiring first aid, an injury requiring medical treatment, death or property damage.

3.3 CRITICAL INJURY

OH&S Act Reg. 834 – “Critical Injury” - means an injury of a serious nature that:

- a) places life in jeopardy;
- b) produces unconsciousness;
- c) results in substantial loss of blood;
- d) involves the fracture of a leg or arm but not a finger or toe;
- e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- f) consists of burns to a major portion of the body; or
- g) causes the loss of sight in an eye.

3.4 Occupational Illness - means a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the *Workplace Safety and Insurance Act, 1997*;

4.0 ADMINISTRATIVE PROCEDURES

The need to prevent accidents in the Board is a high priority. Effective accident prevention methods are best developed when accurate information about accidents is available on a timely basis.

- 4.1 All employees must report all incidents, accidents and injuries immediately, either in writing or verbally (if required), to the school Principal/Supervisor or designate.
- 4.2 Employees injured on duty outside regular school hours will report the accident as soon as possible, by telephone/email, or in person, on the next working day.
- 4.3 All hazardous conditions will be controlled to prevent further injuries.
- 4.4 First Aid will be provided by the Principal/Supervisor or designated first aid person at the school/site. Employees who need medical treatment will be taken to a doctor or hospital or an ambulance will be called. The WSIB Employee Injury Reporting Kit will be provided, at this time.
- 4.5 Principals/Supervisors or designate will ensure that the Employee Workplace Incident/Accident/Illness Reporting Form is completed by the employee either online or hard copy within 24 hours of when the injury occurs.

The Employee Workplace incident/accident/illness reporting form is located at www.tlidsb.ca under the Health and Safety tab. A copy of the report will automatically be submitted to the worker, to their Principal/Supervisor, and to the Human Resources Department.

A hard copy of the form can be found at www.tlidsb.on under the Health and Safety tab, or through the school office. The worker must scan and email the completed form to "Injury Reports" conference located in First Class, and to their Principal/Supervisor.

- 4.5.1 Principal/Supervisor or designate will visit the site of the incident/accident and observe the task, equipment, materials, environmental conditions, work procedures and any unusual situations which may have caused the incident/accident.
- 4.5.2 The Principal/Supervisor or designate must interview the injured/ill worker to confirm the details surrounding the incident/accident.
- 4.5.3 Principals/Supervisors or designate may interview any other workers/witnesses who may have knowledge of the circumstances giving rise to the injury.
- 4.5.4 The Principal/Supervisor Investigation Report must be completed within five (5) business days of receiving an Employee Workplace Incident/Accident/Illness reporting form.

The Principal/Supervisor Investigation Report is to be completed on-line. The form is located on the website at www.tlidsb.ca under the Health and Safety tab. A copy of the report will automatically be submitted to the worker, to the Principal/Supervisor, and to the Human Resources Department

- 4.5.5 For critical and fatality injuries, complete a thorough accident investigation using the Principal/Supervisor Investigation Report. Include pictures, witness statements and email to the Health and Safety/WSIB Co-ordinator as soon as possible.
- 4.6 Principals/Supervisors or designate will report critical injuries, fatalities and fires to the appropriate Board officials, and the JOHSC Worker Member as outlined in 5 D & E of this procedure.
- 4.7 The Health & Safety/WSIB Coordinator Safety Consultant, Area Worker, JOHSC Worker Member and/or other Board's representatives may investigate incidents and accidents whenever necessary.
- 4.8 The Management Designate shall inform the JOHSC Worker Member of the accident, injury or occupational illness by sending copies of the report on the day they are received from the HR Department.
- 4.9 In the case of a death or critical injury, the Health & Safety/WSIB Coordinator or Management Designate shall inform by telephone, the Ministry of Labour Inspector, JOHSC Worker Member and the union President of the critical injury or death as required by Section 51 of the Occupational Health and Safety Act.

4.10 Subsequent lost-time and health care arising out of a reported incident or accident must be reported by the employee to the Principal/Supervisor or designate and the Health and Safety/WSIB Coordinator on the day the lost-time or healthcare is known.

4.11 DUTIES AND RESPONSIBILITIES

4.11.1 Workers

It is the responsibility of the employees to report all incidents, accidents and illnesses immediately, complete the necessary forms and cooperate in the accident investigation. Employees may be required to communicate with the Human Resources department. The accident/incident form must be completed by the worker, whenever possible.

4.11.2 Principals and Supervisors

It is the responsibility of the Principal/Supervisor to ensure this procedure is understood and implemented and ensure that employees have been properly trained as per this procedure and the reporting and accident investigation of all incidents are completed and within the designated timeframes.

4.11.3 Director or Designate

The Director or designate is responsible for maintaining this program, and to provide support to principals and supervisors.

4.12 REPORTING REQUIREMENTS

All incidents and accidents must be reported. The reporting requirements depend on the severity of an injury and are described in Appendix "C".

5.0 APPENDICES

5.1 Appendix "A" - EMPLOYEE WORKPLACE INCIDENT/ACCIDENT/ILLNESS REPORTING FORM

5.2 Appendix "B" - SUPERVISOR'S/PRINCIPAL'S INVESTIGATION REPORT

5.3 Appendix "C" - REPORTING REQUIREMENTS



**INCIDENT/ACCIDENT/INJURY
REPORTING AND INVESTIGATION
HR - 4208 Appendix A**

TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD

EMPLOYEE WORKPLACE INCIDENT / ACCIDENT / ILLNESS REPORTING FORM

IMPORTANT: All employee work-related incidents/accidents/illnesses must be reported on this form and sent to the Human Resources Department, Lindsay Office (Fax # 705-324-8913 or emailed to Injury Reports in First Class), **IMMEDIATELY**. Original form is to be forwarded by courier. If additional space is required, attach separate sheet noting specific section number(s). **PLEASE NOTIFY YOUR PRINCIPAL / SUPERVISOR OF YOUR INCIDENT / ACCIDENT / ILLNESS IMMEDIATELY**

1. Employee Name:			2. Occupation:		
3. School/Work Site:			4. Specific Location of Incident/Accident (parking lot, hallway, gym etc.):		
5. Date of Incident (d/m/y):	6. Time of Incident:	7. Date Reported (d/m/y):	8. Time Reported:	9. Who did you report the Incident/Accident/Illness to?	
10. Type of Incident / Accident / illness: (Please check all that apply) (See reverse for further explanation)					
<input type="checkbox"/> Struck by or Contact by		<input type="checkbox"/> Lifting or Assisting High Needs Student		<input type="checkbox"/> Over Exertion / Strain	
<input type="checkbox"/> Struck Against or Contact with		<input type="checkbox"/> Lifting Equipment / Furniture		<input type="checkbox"/> Field Trip	
<input type="checkbox"/> Caught In, Under, On, Between		<input type="checkbox"/> Student Aggression / Violence		<input type="checkbox"/> Slip / Trip/ No Fall	
<input type="checkbox"/> Exposure		<input type="checkbox"/> Workplace Violence		<input type="checkbox"/> Slip / Trip / Fall	
11. Describe what you were doing at the time of the incident and the sequence of events that lead to your workplace incident/ accident or illness:					
12. Please list Body part(s) injured: (State left or right, if applicable)					
13. Describe the materials or equipment being used at the time of the Incident / Accident / Illness:					
14. Provide name and telephone number of any witnesses: (if known).					
15. Did you receive first aid at the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>					
16. Are you going to see a Doctor / Chiropractor / Physiotherapist in regards to your workplace Incident / Accident/ illness? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Where treated?					
17. Have you had any similar or related problem, injury or condition? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, provide details:					
18. Was any individual who does not work for TLDSB totally or partially responsible for your injury or illness: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please provide Name and phone number, if known:					
19. In your opinion, what caused the workplace incident, accident or illness:					

PLEASE CONTACT THE HR DEPT AT 705-324-6776, EXT. 22135, IF YOU ARE UNABLE TO RETURN TO WORK ON THE DAY FOLLOWING THE ACCIDENT OR IF YOU ARE UNABLE TO PERFORM YOUR REGULAR JOB DUTIES

I HAVE INFORMED AND PROVIDED MY PRINCIPAL / SUPERVISOR WITH A COPY OF THIS INCIDENT / ACCIDENT / ILLNESS REPORT
Please circle one: **YES** **NO**

AUTHORIZATION FOR THE COLLECTION OF THE INFORMATION ON THIS FORM IS IN KEEPING WITH THE FREEDOM OF INFORMATION LEGISLATION AND THE WSIB ACT AND REGULATIONS. THE INFORMATION MAY BE RELEASED TO SBCI CONTRACTED BY TLDSB FOR THE PURPOSE OF CLAIMS MANAGEMENT.

Employee's Signature

_____/_____/_____
Date (dd/mm/yyyy)



DEFINITION OF INCIDENT / ACCIDENT TYPE CODES

1. **INCIDENT** - An Incident is an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and / or physical harm
2. **FIRST AID INJURY** - An injury of such minor nature that treatment can be carried out at the worksite.
3. **MEDICAL AID INJURY** - A work-related incident which requires treatment or a service outside of the workplace.
4. **LOST-TIME INJURY** - A work-related injury which results in time lost from work beyond the day of the injury.
5. **OCCUPATIONAL ILLNESS/ DISEASE** - An occupational illness/ disease is a health problem caused by exposure to a workplace health hazard.
6. **STRUCK OR CONTACT BY** - A struck or contact by incident is one in which a person has been contacted either abruptly and forcefully by some object in motion (e.g. box falls off shelf, employee jabs pin into finger, person pushing cart runs into person); or, has been contacted non forcefully by some substance or agent which has an injury-upon-contact characteristic, (e.g. employee is splashed by hot or corrosive solution).
7. **STRUCK AGAINST OR CONTACT WITH** - A struck against or contact with incident is one in which a person contacts either abruptly and forcefully some object in his surroundings, (e.g. teacher strikes leg against desk, person bumps head against cupboard door); or, comes into contact non-forcefully with some substance or agent capable of producing injury on the basis of mere non-forceful contact, (e.g. electrical shock, hot pipe, employee places hand in hot or corrosive solution).
8. **CAUGHT IN, UNDER, ON OR BETWEEN** - A caught in, under, on or between incident is one in which:
 - a) a person is trapped in some type of enclosure, or a part of a person's body is caught fast in some type of opening, (e.g. a person is caught in an elevator, locked into a room, shut into a boiler)
 - b) a person is caught under an object (e.g. a person has fingers caught under a window)
 - c) a person or some part of their clothing is caught on some producing object (e.g. a person catches hand on sharp edge, catches loose clothing on a revolving spindle or some protruding object)
 - d) a person is pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objects (e.g. person jams fingers between wheeled cart and a doorway, person catches arm in an elevator door, jammed between a loaded moving cart and a wall).
9. **FALL** - A fall incident can be a foot level fall or a fall to below. A slip or trip would be recorded as a foot level fall. A foot level fall occurs when a person falls on the same level on which he was standing or walking, (e.g. person slips and falls to the floor). A fall to below occurs when a person falls to below the level on which he was standing or walking (e.g. person falls from ladder, window, chair or on the stairs).
10. **EXPOSURE** - An Exposure incident is one in which the employee is exposed to harmful conditions: i.e. a) toxic gases, fumes or vapours; b) contagious conditions; c) extremes of hot or cold; d) oxygen deficient atmospheres; e) radioactive radiation; f) intense light brightness.
11. **OVER EXERTION / STRAIN** - An over exertion / strain incident is one in which a person puts excessive strain on some part of their body or involves a repetitive body movement (e.g. employee strains back or some part of body lifting a student, equipment, supplies, etc..)
12. **STUDENT AGGRESSION / VIOLENCE** - A student aggression / violence incident is one in which the employee is subjected to an untoward action (or attempt of) by a student, (e.g. student bites, kicks, scratches, twists, strikes, verbal threats, etc.) to the employee.
13. **WORKPLACE VIOLENCE** - A workplace violence incident (not including student acts) are defined by the Occupational Health and Safety Act as;
 - a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
 - b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to a worker;
 - c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to a worker.
14. **FIELD TRIP** - A field trip incident is one in which an employee is injured while on a school authorized field trip; is used in combination with another code (e.g. employee slips and falls on ice, when skating on a school trip, would record both Fall and Field Trip code)

WORKPLACE INCIDENT SUPERVISOR'S/PRINCIPAL'S INVESTIGATION REPORT

INSTRUCTIONS TO SUPERVISOR / PRINCIPAL: COMPLETE & FAX TO HR WITHIN 5 DAYS OF INCIDENT/
ACCIDENT

1. This form is to be completed whenever you receive an Employee Incident/ Accident/Illness Form.
2. **If this is a critical injury**, Definition: places life in jeopardy; produces unconsciousness; results in substantial loss of blood; involves the fracture of a leg or arm but not a finger or toe; involves the amputation of a leg, arm, hand or foot but not a finger or toe; consists of burns to a major portion of the body; or causes the loss of sight in an eye. Please call the Health & Safety/WSIB Coordinator **IMMEDIATELY** at 705-324-6776 ext.22135
3. This form is to be faxed (705-324-8913) or emailed to Injury Reports in First Class within 5 days of receiving notification of an employee incident/ accident/ illness.
4. Provide a copy of this report to the employee that had the workplace incident/accident/illness.
5. Provide a copy of this report to the Plant Department if you checked off "Consult Plant Department" under the Corrective and Prevention Actions section

<u>EMPLOYEE NAME:</u>	<u>DATE OF ACCIDENT:</u>	
<u>SCHOOL/WORK SITE:</u>	<u>SPECIFIC LOCATION OF INCIDENT / ACCIDENT:</u>	
<u>PRINCIPAL NAME:</u>	<u>PRINCIPAL SIGNATURE:</u>	<u>DATE REPORT WAS COMPLETED:</u>

1. WHAT HAPPENED? (GENERAL DESCRIPTION)

2. WHAT WAS THE SEQUENCE OF EVENTS THAT LEAD UP TO IT?

3. WHO WAS INVOLVED?

4. WHEN DID IT HAPPEN?

5. PLEASE PROVIDE A DETAILED EXPLANATION OF THE IMMEDIATE CAUSE(S):

5a) CAUSES: (Check all that applies): Please note - This section is not designed to lay blame but rather to find the underlying root cause of the incident/ accident/ illness

- | | |
|---|---|
| <input type="checkbox"/> Student Aggression / Violence | <input type="checkbox"/> Out-dated MSDS information |
| <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Unsafe Loading, Placing, Mixing, Combining |
| <input type="checkbox"/> Unsafe Equipment | <input type="checkbox"/> Unsafe / Improper Position or Posture |
| <input type="checkbox"/> Inadequate Illumination | <input type="checkbox"/> Failure to use Personal Protective Devices (PPE) |
| <input type="checkbox"/> Improper Ventilation | <input type="checkbox"/> Failure to provide proper PPE |
| <input type="checkbox"/> Fire, Explosion, Atmospheric Hazard | <input type="checkbox"/> Hazardous Personal Attire |
| <input type="checkbox"/> Unsafe Design or Arrangement | <input type="checkbox"/> Failure to Follow Procedures / Rules |
| <input type="checkbox"/> Outside Hazardous Condition | <input type="checkbox"/> Inadequate Procedures / Rules |
| <input type="checkbox"/> Inadequate Clearance, Workspace | <input type="checkbox"/> Distracting, Teasing, Wilful Misconduct |
| <input type="checkbox"/> Inadequate Tools or Equipment | <input type="checkbox"/> Inadequate Help |
| <input type="checkbox"/> Improperly Labelled or Identified | <input type="checkbox"/> Making Safety Devices Inoperable |
| <input type="checkbox"/> Inadequate Maintenance | <input type="checkbox"/> No Safety Device Provided |
| <input type="checkbox"/> Physical Condition of Equipment / Location | <input type="checkbox"/> Inadequate Housekeeping |
| <input type="checkbox"/> Hazardous Method or Procedure | <input type="checkbox"/> Inattention |
| <input type="checkbox"/> Inadequate training provided | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Operating without Authority | |

6. CORRECTIVE &/OR PREVENTION ACTIONS: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Develop Student Safety Plan | <input type="checkbox"/> Re-instruction of person involved |
| <input type="checkbox"/> Provide Proper Ventilation | <input type="checkbox"/> Education / Training of Staff |
| <input type="checkbox"/> Repair or Replacement Equipment | <input type="checkbox"/> Provide / Improve Personal Protective Equipment |
| <input type="checkbox"/> Actions to Improve Design/Method | <input type="checkbox"/> Installation of Guard or Safety Device |
| <input type="checkbox"/> Ergonomic Assessment | <input type="checkbox"/> Consult with Plant Dept: Who Contacted: _____ |
| <input type="checkbox"/> Correction of Congested Area | <input type="checkbox"/> Date Contacted: _____ |
| <input type="checkbox"/> Improve Housekeeping Procedure | <input type="checkbox"/> Other _____ |

6a) Describe how you have or will implement the above action(s) to prevent a recurrence, please include timelines:

REPORTING REQUIREMENTS

A. No First Aid

ACTION:	RESPONSIBILITY:
1. Complete Employee Workplace Incident/Accident/Illness reporting form on-line or email a hard copy to "Injury Reports" and give a copy to the Principal/Supervisor. (Appendix "A")	Employee
2. Complete Principal/Supervisor Investigation report within five (5) business days. (Appendix "B")	Principal/Supervisor

B. First Aid Injury

ACTION:	RESPONSIBILITY:
1. Control hazardous conditions.	Principal/Supervisor
2. Provide first aid, and record treatment on First Aid Log, if required.	Principal/Supervisor/designated First Aider
3. Record treatment on First Aid Log.	Principal/Supervisor/designated First Aider
4. Complete Employee Workplace Incident/Accident/Illness reporting form on-line or email a hard copy to "Injury Reports" and give copy to the Principal/Supervisor. (Appendix "A")	Employee
5. Complete Principal/Supervisor Investigation report within five (5) business days. (Appendix "B")	Principal/Supervisor

C. Medical Treatment/Lost Time Injury

ACTION:	RESPONSIBILITY:
1. Control hazardous conditions.	Principal/Supervisor
2. Provide first aid, and record treatment on First Aid Log, if required.	Principal/Supervisor/designated First Aider
3. Record treatment on First Aid Log.	Principal/Supervisor/designated First Aider

4. Arrange/provide transportation to doctor/hospital, or call an ambulance - 911, if required. Provide the WSIB Employee Injury Reporting Kit	Principal/Supervisor
5. Complete Employee Workplace Incident/Accident/Illness reporting form on-line or email a hard copy to "Injury Reports" and give copy to the Principal/Supervisor. (Appendix "A")	Employee
6. Offer modified duties immediately, if appropriate.	Principal/Supervisor
7. Complete Principal/Supervisor Investigation report within five (5) business days. (Appendix "B")	Principal/Supervisor
8. Report employee's return to work to the Health & Safety/WSIB Coordinator as soon as possible.	Principal/Supervisor

D. Critical Injury

Please refer to Critical Injury List in 3.3 of this procedure.

ACTION:	RESPONSIBILITY:
1. Control hazardous conditions.	Principal/Supervisor
2. Do not disturb the site; preserve the scene of the accident.	Principal/Supervisor
3. Provide first aid, and record treatment on First Aid Log, if required.	Principal/Supervisor
4. Arrange for transportation to hospital, call an ambulance - 911. Provide the WSIB Employee Injury Reporting Kit	Principal/Supervisor
5. Record treatment on First Aid Log.	Principal/Supervisor/designated First Aiders
6. Inform JOHSC Worker Member	Principal/Supervisor
7. Call Health & Safety/WSIB Coordinator immediately to report the critical injury.	Principal/Supervisor
8. Report accident to the Ministry of Labour	Health & Safety/WSIB Coordinator
9. Complete Employee Workplace Incident/Accident/Illness reporting form on-line or email a hard copy to "Injury Reports" and give copy to the Principal/Supervisor. (Appendix "A")	Employee

10. Offer modified duties immediately, if appropriate.	Principal/Supervisor
11. Complete thorough accident investigation using the Principal/Supervisor Investigation Report. Include pictures, witness statements and email to the Health and Safety/WSIB Co-ordinator as soon as possible.	Principal/Supervisor
12. Report employee return to work to the Health & Safety/WSIB Coordinator	Principal/Supervisor

E. Fatality (A Senior Board official will inform the employee's family of the fatality)

ACTION:	RESPONSIBILITIES:
1. Control hazardous conditions.	Principal/Supervisor
2. Do not disturb the site, and preserve the scene of the accident.	Principal/Supervisor
3. Call 911.	Principal/Supervisor
4. Report immediately to the Director of Education, the <u>Area Superintendent</u> , the Health and Safety/WSIB Co-ordinator, and the JOHSC Worker and Management co-chairs, and Union President.	Principal/Supervisor
5. Report death to the Ministry of Labour.	Health & Safety/WSIB Coordinator
6. Complete Employee Workplace Incident/Accident/Illness reporting form. (Appendix "A")	Principal/Supervisor
7. Complete thorough accident investigation using the Principal/Supervisor Investigation Report. Include pictures, witness statements and email to the Health and Safety/WSIB Co-ordinator as soon as possible.	Principal/Supervisor