

Title: **ACCIDENT/INJURY REPORTING**

Adopted: September 1, 2010

Revised: March 2020

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## **PURPOSE**

The purpose of this procedure is to provide the process by which staff will report accidents or injuries at Bloorview School.

There are different processes in place for each employee group.

### **Support Staff:**

1. If a staff member has a minor injury, such as a minor cut, a bruise, a minor burn, or anything similar, where you need a bandage or cold compress, you **should complete a Bloorview School Employee's Report of Accident/Injury Form**. These forms will be kept in the office.
2. The form should be completed within 48 hours of the injury. Once completed, it should be given to the Principal. They will be recorded and kept in the office.
3. If you have an injury where you seek medical attention or where you miss work, you **must complete a WSIB Form 6**. These are available from the Human Resources Administrative Liaison or the Principal. These forms must be completed within 48 hours of the injury. They are submitted to the WSIB along with the employer's WSIB Form 7. Please note, that the WSIB/Bloorview School Authority contract states that employees missing time for a WSIB claim will be paid directly through WSIB and will receive 85% of their regular pay.

### **Toronto District School Board Staff:**

4. TDSB staff are to complete a TDSB Employee's Report of Accident/Injury when any injury occurs. These should be given to the Principal or the Human Resources Administrative Liaison immediately upon completion for submission to the TDSB.
5. The TDSB Health and Welfare Office will determine if a WSIB Form 7 needs to be completed and will forward that to the employee.

### **Staff Seconded from other School Boards**

6. For staff seconded from other school boards the HR Administrative Liaison will contact the relevant home board for direction regarding process and forms to be used

### **All Accidents**

7. All accidents and injuries (whether BSA staff or seconded staff) are reported at the Joint Health and Safety Committee meetings.



**EMPLOYEE'S REPORT OF  
ACCIDENT / INJURY  
for support staff only**

**Return form to the Principal immediately upon completion**

**Complete this form if you are injured and receive First Aid (minor cuts, bruises, cold compresses, minor burns)  
If you receive assistance from a medical profession or lose time from work, you must complete a WSIB Form 6**

**PERSONAL INFORMATION**

Last Name		First Name	
Date of Birth			
Position		Room/Extension	

**INJURY INFORMATION**

Date of Injury		Time of Injury	
Accident Location			
Date and Time Reported to Principal			

**PERSON COMPLETING THIS FORM IF NOT THE INJURED WORKER**

Name		Position	
Date and Time You Were Made Aware of Accident/Injury			

**WITNESS OR PERSON HAVING KNOWLEDGE OF INJURY**

Name		Position	
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**DESCRIPTION OF ACCIDENT (PROVIDE CLEAR, CONCISE, COMPLETE INFORMATION)**

Describe Injury (Part of body affected, left/right side, type of injury, i.e. pain/cut/bruise, etc.)

How did the accident occur? (What were you doing? How did it happen? Was another person/piece of equipment involved?)

What steps can be taken to prevent this accident in the future?

Have you had a previous similar injury?	
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**INITIAL TREATMENT OF INJURY – INDICATE WHICH OF THE FOLLOWING APPLIES**

First Aid applied at school	Yes <input type="checkbox"/> No <input type="checkbox"/>	By Whom	
Doctor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Chiropractor	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Physiotherapist Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of professional seen			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE USE REVERSE SIDE IF MORE SPACE IS REQUIRED.**

