Procedure HS - #3

Title: **ACCIDENT/INJURY REPORTING**

Adopted: September 1, 2010
Revised: March 2020, March 2023

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 HR office, the staff room and on the Shared Drive

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 Disability Claim Administration Office (DCAO) is responsible for managing all Workplace Health and Insurance (WSIB) claims and will determine if a WISB 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.

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Bloorview SCHOOL AUTHORITY

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	

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?

INITIAL TREATMENT OF INJURY – INDICATE WHICH OF THE FOLLOWING APPLIES			
First Aid applied at school	Yes ☐ No ☐	By Whom	
Doctor Yes ☐ No ☐	Hospital Yes ☐ No ☐	Chiropractor Yes ☐ No ☐	Physiotherapist Yes ☐ No ☐
Name and address of professional seen			

Signature: _____ **Date:** _____

PLEASE USE REVERSE SIDE IF MORE SPACE IS REQUIRED.

Toronto District School Board

EMPLOYEE'S REPORT OF ACCIDENT/INJURY

AFTER FORM IS FULLY COMPLETED, IMMEDIATELY FAX TO (416) 393-8533.

INJURED WORKER (Report this injury or accident to your Principal/Dept. Head/Team Leader/Supervisor immediately.)

1.1.1.1 PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
DATE OF BIRTH:	SOCIAL INSURANCE #:
ADDRESS:	CITY: POSTAL CODE:
HOME PHONE:	WORK PHONE:
1.1.1.2 EMPLOYMENT INFORMATION	
JOB TITLE:	SCHOOL/LOCATION:
REGION:	SUPERVISOR'S NAME:
REGULAR HOURS OF WORK: FROM: TO:	SUPERVISOR'S TITLE:
1.1.2 INJURY INFORMATION	
DATE OF INJURY:	TIME OF INJURY:
DATE & TIME LAST WORKED (**ONLY IF LOSING TIME**):	RETURN DATE (IF KNOWN):
DATE & TIME REPORTED TO PRINCIPAL/DEPT. HEAD/TEAM LEADER/SUPERVISOR:	
REGULAR SCHEDULED OVERTIME: DAYS: HOURS: FROM (hrs/min)TO (hrs/min)	

PERSON PROVIDING INFORMATION (IF OTHER THAN INJURED WORKER):		
NAME:	OCCUPATION:	SCHOOL/DEPT:
DATE AND TIME YOU WERE MADE AWARE OF INJURY:		
1.1.2.1 WITNESS OR PERSON HAVING KNOWLEDGE OF INJURY		
NAME:	OCCUPATION:	SCHOOL/DEPT:

DESCRIPTION OF ACCIDENT (PROVIDE CLEAR, CONCISE, COMPLETE INFORMATION)
1) **DESCRIBE INJURY** (Part of body affected, including left/right side, and type of injury, i.e., pain, cut, bruise, etc.):
2) **ACCIDENT LOCATION** (Be specific i.e cafeteria):
3) **HOW DID THE ACCIDENT OCCUR**? (What were you doing? What happened? How did it happen? Problem with equipment? Size/weight/type of materials involved? Building environment? Substandard practices? People?):
4**) HAVE YOU HAD A PREVIOUS SIMILAR INJURY?**

INITIAL TREATMENT OF INJURY – (INDICATE WHICH OF THE FOLLOWING APPLIES)			
( ) FIRST AID only (No medical visit)			
( ) DOCTOR*	( ) HOSPITAL*	( ) CHIROPRACTOR*	( ) PHYSIOTHERAPIST*
*GIVE NAME/ADDRESS/PHONE NO:			

PLEASE ATTACH A SEPARATE PAGE IF MORE SPACE IS REQUIRED.