



PROCEDURE

HS-006

EMPLOYEE INJURY REPORTING AND INVESTIGATION

Superintendent Responsible: Superintendent of Human Resources	Initial Effective Date: 2018/01/30
Last Updated: 2022/05/30	Next Review Date: 2026/03/26

Purpose:

To outline the process for employee injury reporting and investigation.

Guiding Principles:

All incidents and accidents must be reported to the employee's Administrator(s)/immediate Supervisor(s) immediately.

Employees injured while acting within the scope of their duties, but outside regular working hours shall report the accident as soon as possible either by telephone, email, text or in person.

An Administrator(s)/immediate Supervisor(s) shall follow the process outlined below when an employee is injured while acting within the scope of their 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 a sufficient number of personnel with up to date first aid training in order to be able to provide quick access to treatment for employee(s).
- 1.2. If necessary, call for an ambulance (911) or arrange for the injured person to be transported to the hospital or doctor. The Administrator(s)/immediate Supervisor(s) is responsible for ensuring that appropriate measures are taken.
- 1.3. If necessary, notify the emergency contact if known.
- 1.4. In the event of a critical injury or death, do not disturb the accident site, except for the purpose of:
 - Saving life or relieving human suffering
 - Maintaining an essential public utility service or a public transportation system
 - Preventing unnecessary damage to equipment or other property, until the Ontario School Boards Insurance Exchange (OSBIE) adjuster, as well as the Ministry of Labour Inspector and/or the Joint Occupational Health and Safety Committee (JOHSC) Certified members have seen the site and conducted an investigation and released the site
- 1.5. Refer to Workplace Violence Policy (HS-02) and Workplace Violence Procedure (HS-002) to determine if the event falls within the definition and complete the appropriate forms if necessary.

2.0 Injury Reporting Requirements

The Administrator(s)/immediate Supervisor(s) must report all incidents or accidents to the appropriate school board officials and government agencies immediately. Refer to Appendix B - Accident Reporting.

- 2.1. Reporting an Event that Does not Result in Physical Injury, (e.g., slip/trip with no fall)
 - Complete Employee Injury Report. This can be done through online access to the Board's portal. Refer to the instructions on Appendix A

- 2.2. Reporting a First Aid Injury (e.g., employee injured, first aid provided at school level, but no lost time)
 - Control hazardous conditions to prevent further injuries
 - Ensure first aid is provided.
 - Complete Employee Injury Report. This can be done through online access to Portal. Refer to instructions on Appendix A
 - If this situation becomes a lost time injury or if a health care professional is consulted, the Administrator/immediate Supervisor MUST notify the Health and Disability Officer as soon as this comes to their attention
- 2.3. Reporting a Medical Treatment Injury (e.g., services requiring the professional skills of a health care practitioner, services provided by hospitals or health facilities, the administration of prescription drugs)
 - Control hazardous conditions to prevent further injuries
 - Ensure first aid is provided/call 911 or provide transportation to doctor/hospital
 - Complete Employee Injury Report. This can be done through online access to Portal. Please refer to instructions on Appendix A
 - Monitor employee(s) who is on injury leave or modified work placement. (Refer to Workplace Accommodation and Return to Work Program Procedure (HR-022)). Administrator(s)/immediate Supervisor(s) shall assist Human Resources in providing modified work.
 - Report employees who return to work to the Health and Disability Officer as soon as this comes to their attention
- 2.4. Reporting a Critical Injury

NOTE: Critical Injury Reporting applies to ANY PERSON on Grand Erie property, including employees, students and visitors. Reporting of Student and Visitor injuries is described in Student and Visitor Injuries/Accidents Procedure (HS-015).

 - 2.4.1. Critical Injury is defined as:
 - 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 (includes the fracture of a wrist, hand, ankle or foot) and (fracture of more than one finger or more than one toe does constitute a critical injury if it is an injury of a serious nature)
 - Involves the amputation of a leg, arm, hand or foot but not a finger or toe (the amputation of more than one finger or more than one toe does constitute a critical injury if it is an injury of a serious nature)
 - Consists of burns to a major portion of the body
 - Causes the loss of sight in an eye
 - 2.4.2. Supervisors Responsibilities
 - Control hazardous conditions to prevent further injuries
 - If required, evacuate building as per emergency evacuation procedures.
 - Ensure first aid is provided; call 911 or provide transportation to hospital.
 - Do not disturb the accident site
 - Report accident to Fire Department and/or Police
 - Inform School Health and Safety Site Reps. and Trade Union if necessary
 - Inform one of Grand Erie's Health and Safety Officers
 - The Health and Safety Officer will inform the Ministry of Labour and coordinate any investigation conducted by the MOL
 - Health and Safety Officer will inform a Certified JOHSC member

- If the employee(s) is unable to contact one of Grand Erie's Health and Safety Officers, then contact the Division Manager of Operations and Health & Safety
- The Health and Safety Office will ensure a written report of the circumstances of the occurrence and investigation is completed with the Certified JOHSC members is sent to the Ministry of Labour within 48 hours
- Complete Employee Injury Report. This can be done through online access to Staff Portal. Refer to instructions on Appendix A
- Monitor employee(s) who is on injury leave or modified work placement. (Refer to Workplace Accommodation and Return to Work Procedure HR-022.) The Administrator(s)/immediate Supervisor(s) shall assist Human Resources in providing modified work.
- Report employee(s) return to work to the Health and Disability Officer as soon as this comes to their attention.

2.5. Reporting a Fatality

NOTE: Fatality Reporting applies to ANY PERSON on Grand Erie property, this includes employees, students and visitors. Reporting of Student and Visitor fatalities is described in Student and Visitor Injuries/Accidents Procedure (HS-015).

- Control hazardous conditions to prevent further injuries and call 911
- Do not disturb the accident site
- Report immediately to school Superintendent and Director of Education
- Inform one of Grand Erie's Health and Safety Officers
 - The Health and Safety Officer will inform the Ministry of Labour (MOL) and coordinate any investigation conducted by the MOL
 - The Health and Safety Officer will inform the Certified JOHSC members
- If you are unable to contact one of Grand Erie's Health and Safety Officer, then contact the Division Manager of Operations and Health & Safety
- Inform School Health and Safety Site Representatives and Trade Union(s) if necessary
- The Health and Safety Office will ensure a written report of the circumstances of the occurrence and investigation is completed with the Certified JOHSC members and is sent to the MOL within 48 hours
- Complete Employee Injury Report. This can be done through online access to Portal. Refer to instructions on Appendix A

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 a Health and Safety Officer, if required)

- 3.1. Administrator(s)/immediate Supervisor(s) shall visit the site of the accident and with a certified JOHSC member, or any member should a certified member not be available, observe the task, equipment, materials, environmental conditions, work procedures and any unusual situations.
- 3.2. Administrator(s)/immediate Supervisor(s) 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.

Reference(s):

- Student and Visitor Injuries/Accidents Procedure (HS-015)
- Workplace Accommodation and Return to Work Program Procedure (HR-022)
- [Workplace Safety and Insurance Act](#)

- Workplace Violence Policy (HS-02)
- Workplace Violence Procedure (HS-002)

ACCESSING THE ONLINE REPORT

- 1.0 The "Employee Injury Report" is now available online through the Staff Portal.
- 2.0 This online report will be electronically submitted to Human Resources and to the employee's immediate Supervisor for the employee to complete their portion.
- 3.0 The use of this online form does not negate you from verbally informing your immediate supervisor of the incident.
- 4.0 All Grand Erie employees are encouraged to use the on-line form, but the paper copy will still be accepted.
- 5.0 You MUST access the form through the Staff Portal
- 6.0 If you do not have or do not know your LOG IN information for Portal, call the Help Desk and request that information. 519-756-6306 ext. 287070 (Toll free: 1-888-548-8878)

EMPLOYEE INJURY REPORT INSTRUCTIONS

Step 1: Go to the Staff Portal.

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

Step 2: Complete the Form

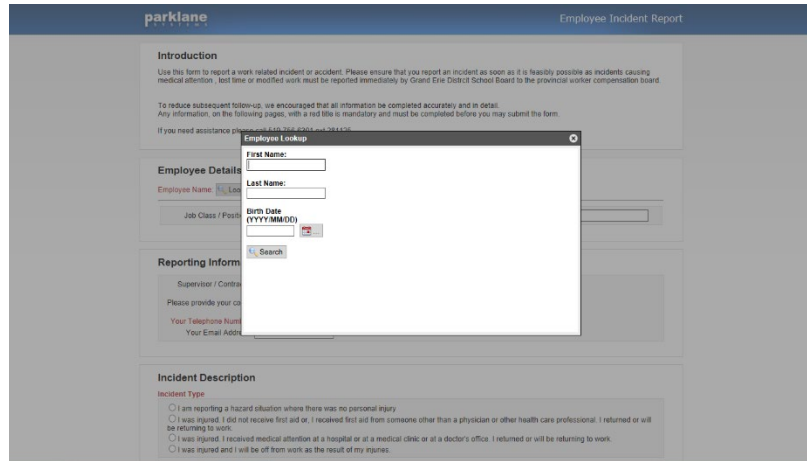
- Click on the **Lookup** Button and enter your information to find your record

The screenshot shows the 'Employee Incident Report' form in the Staff Portal. The form is titled 'Employee Incident Report' and is divided into several sections:

- Introduction:** A section with text explaining the purpose of the report and providing contact information for assistance.
- Employee Details:** A section with a 'Lookup' button next to the 'Employee Name' field. Below this are fields for 'Job Class / Position', 'City', and 'Birth Date'.
- Reporting Information:** A section with a 'Supervisor / Contractor' search field and a 'Please provide your contact information below' section with fields for 'Your Telephone Number' and 'Your Email Address'.
- Incident Description:** A section with a radio button selection for 'Incident Type'.

A blue arrow points to the 'Lookup' button in the 'Employee Name' field.

Enter name and birthdate to find record.



Using your keyboard and the various drop down menus, complete the required information in the various fields, ensuring as much necessary details are provided, as possible.

A detailed view of the form sections. The 'Reporting Information' section includes a 'Supervisor / Contractor' text field, a prompt to 'Please provide your contact information below', and fields for 'Your Telephone Number' and 'Your Email Address'. The 'Incident Description' section features an 'Incident Type' section 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.', and 'I was injured and I will be off from work as the result of my injuries.' Below this is a 'Date of Incident' field with a calendar icon and a 'Time' field with a clock icon. The 'Incident Details' section 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? (ex. cutting open a box, pushing cart, etc., provide more detail)'. A vertical scrollbar is visible on the right side of the form.

You have 900 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 Right	Left Right	Left Right
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<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 900 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 Right	Left Right	Left Right
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<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?

<input type="checkbox"/> On Site Clinic
<input type="checkbox"/> Ambulance
<input type="checkbox"/> Health Professional Office
<input checked="" type="checkbox"/> Medical Clinic
<input type="checkbox"/> Emergency
<input type="checkbox"/> Admitted to Hospital

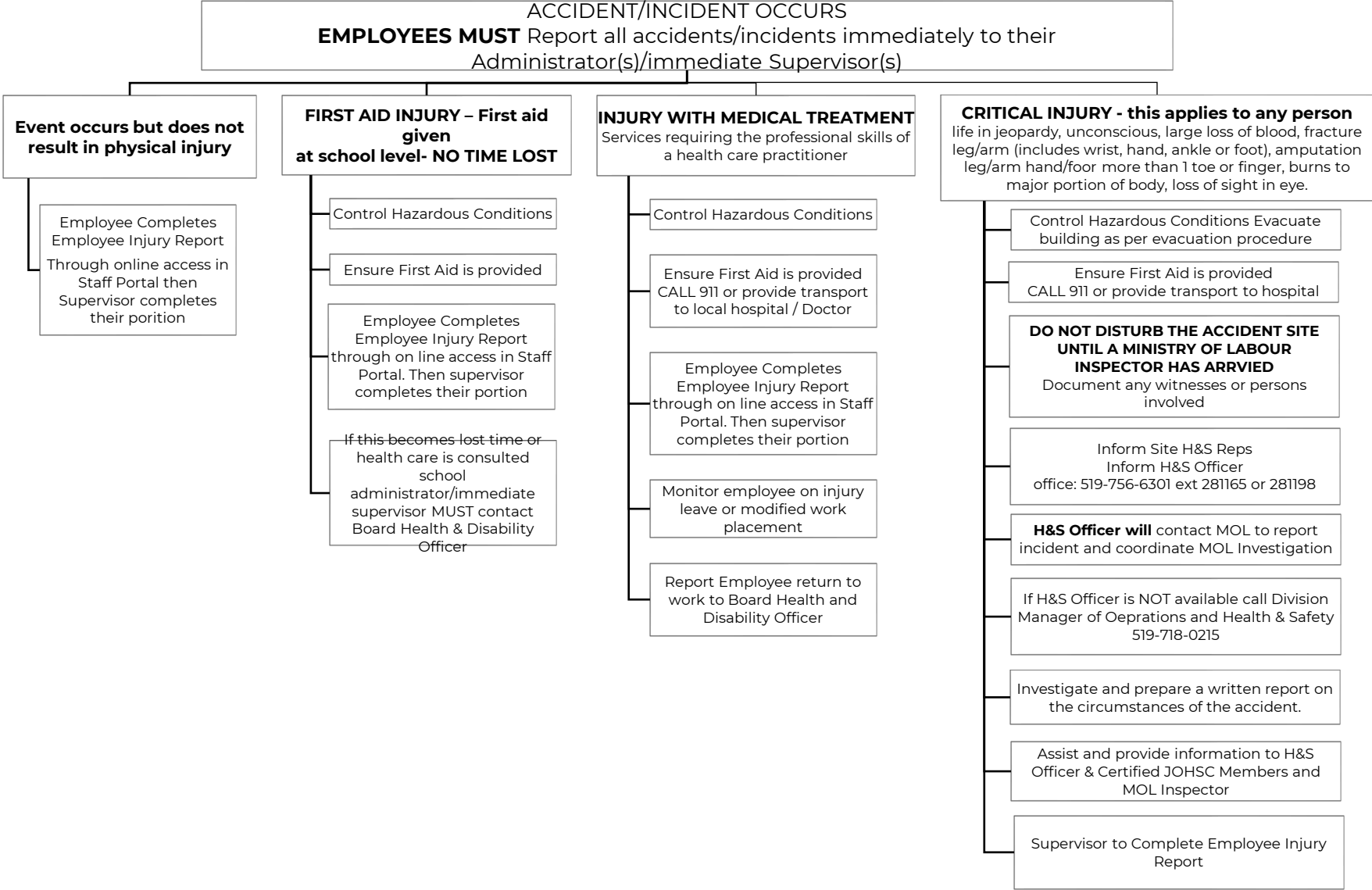
When you have entered in all the appropriate information then click **Submit**.

Once submitted, a drop down like below verifies that the report was submitted and gives the option to print a copy.

The screenshot displays a web-based injury reporting form. At the top, there are three columns of checkboxes for body parts: Eye(s)/Ear(s), Chest/Upper Back, Pelvis, and various limbs (Shoulder, Arm, Elbow, Forearm, Wrist, Hand, Fingers, Hip, Thigh, Knee, Lower Leg, Ankle, Foot, Toes). Below this is a 'Medical' section with a question 'Did you seek medical treatment?' and radio buttons for 'Yes', 'No', and 'Unknown'. Underneath, it asks 'Where were you treated?' with checkboxes for 'On Site Clinic', 'Ambulance', 'Health Professional Office', 'Medical Clinic' (which is selected), 'Emergency', and 'Admitted to Hospital'. A green 'Submit' button is visible. Below the form, a 'Submission Complete' message states 'Your submission ID is 345' and 'This report has now been submitted. You can either print a copy of the submitted report, create a new report, or log out.' There are two buttons: 'Print Report' and 'Start a New Report'. A blue arrow points from the text above to the 'Print Report' button.

Administrator(s)/immediate Supervisor(s) 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



Event occurs but does not result in physical injury

Employee Completes Employee Injury Report Through online access in Staff Portal then Supervisor completes their porition

FIRST AID INJURY – First aid given at school level- NO TIME LOST

- Control Hazardous Conditions
- Ensure First Aid is provided
- Employee Completes Employee Injury Report through on line access in Staff Portal. Then supervisor completes their portion
- If this becomes lost time or health care is consulted school administrator/immediate supervisor MUST contact Board Health & Disability Officer

INJURY WITH MEDICAL TREATMENT
Services requiring the professional skills of a health care practitioner

- Control Hazardous Conditions
- Ensure First Aid is provided CALL 911 or provide transport to local hospital / Doctor
- Employee Completes Employee Injury Report through on line access in Staff Portal. Then supervisor completes their portion
- Monitor employee on injury leave or modified work placement
- Report Employee return to work to Board Health and Disability Officer

CRITICAL INJURY - this applies to any person
life in jeopardy, unconscious, large loss of blood, fracture leg/arm (includes wrist, hand, ankle or foot), amputation leg/arm hand/foor more than 1 toe or finger, burns to major portion of body, loss of sight in eye.

- Control Hazardous Conditions Evacuate building as per evacuation procedure
- Ensure First Aid is provided CALL 911 or provide transport to hospital
- DO NOT DISTURB THE ACCIDENT SITE UNTIL A MINISTRY OF LABOUR INSPECTOR HAS ARRIVED**
Document any witnesses or persons involved
- Inform Site H&S Reps Inform H&S Officer office: 519-756-6301 ext 281165 or 281198
- H&S Officer will** contact MOL to report incident and coordinate MOL Investigation
- If H&S Officer is NOT available call Division Manager of Oeprations and Health & Safety 519-718-0215
- Investigate and prepare a written report on the circumstances of the accident.
- Assist and provide information to H&S Officer & Certified JOHSC Members and MOL Inspector
- Supervisor to Complete Employee Injury Report