



Administration & Finance Division

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**To: Administration and Finance Executive Committee**

**From: Jordan Forbes, Human Resources Coordinator**

**Date: August 29, 2018**

**Subject: Policy Update: Workplace Incident Reporting**

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Attached, for your review, please find a copy of the proposed updates to our Workplace Incident Reporting Policy. The policy has been updated to provide clarity on when to report incidents to the WSIB with regard to health care treatment.

It should be noted that the update does not create any material change with the policy statement, or how it will be implemented.

I have attached the proposed update to assist with your review.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jordan S", is enclosed in a thin black rectangular border.

Jordan Forbes  
Human Resources Coordinator

Council approval of this report will agree to the recommendation of the Administration & Finance Executive Committee to approve the updated Workplace Incident Reporting Policy as presented.

<b><i>The Town of Fort Frances</i></b>	<b>SECTION</b>
	Health and Safety
<b><u>Workplace Incident Reporting</u></b> <b><u>Policy</u></b>	<b>NEW:</b> December 2004 <b>UPDATED:</b> September 2018
Resolution No. 095	Supercedes Resolution No.
Policy Number 5.20	<b>PAGE 1 of 2</b>

**1. PURPOSE:**

To outline the reporting requirements for all occupational-related injuries or diseases.

**2. RESPONSIBILITY:**

1. If you are injured or ill because of work, your first priority is to seek proper medical attention. You must also inform your supervisor.
2. Employees are required to report all workplace incidents to their immediate supervisor and to keep their supervisor apprised of their return to work status.
3. For the purposes of this policy, workplace incidents shall include both medical and non-medical injuries, as well as 'near misses'.
4. The supervisor is responsible for notifying the Human Resources Manager of any workplace incidents in writing using the *Employee Incident Report* (Appendix 'A'). The supervisor is also responsible for providing written updates to Human Resources regarding an employee's return to work status.
5. The Human Resources Manager is responsible for initiating a claim with the WSIB in respect of workplace injury or illness within 3 days of a non-critical workplace incident.
6. The Human Resources Manager is responsible for initiating a claim with the WSIB within 1 day of a critical workplace incident.
7. All reporting requirements pertaining to the Airport as outlined in the Canada Labour Code will be the responsibility of the Airport Supervisor (or designate) with notification sent to the Human Resources Manager.

**3. PROCEDURE:**

**A. Initial Claim:**

1. Within 24 hours of an accident / incident, the supervisor shall forward a completed, signed copy of the **"Employee Incident Report"** to the Human Resources Manager.
2. If required, the Human Resources Manager will complete an *Employer's*

*Report of Injury/Disease* (Form 7) for submission to the WSIB. A copy of the Form 7 will be provided to the employee, with a copy to be retained by Human Resources.

**B. Subsequent Claim:**

1. If an employee loses time from work, requires modified duties, receives health care treatment, or earns less than regular pay as a result of an occupational injury or illness, the employee must notify their direct supervisor.
2. The direct supervisor is responsible for providing written notification to the Human Resources Manager, who is responsible for providing this updated information to the WSIB.
3. The employee shall provide to their supervisor an updated *Functional Ability Form* following each subsequent instance of health care treatment.
4. The *Functional Ability Form* can be obtained on the Town's Human Resources website under 'Health and Safety', on the WSIB website, or directly from Human Resources. This form must be submitted to the supervisor as soon as possible following any subsequent health care treatment.
5. The supervisor is responsible for forwarding a copy of each Functional Ability Form to the Human Resources Manager in a timely manner.
6. The employee, supervisor, and Human Resources Manager are expected to work together in the development of modified duties and return-to-work planning.

**C. Accidents Requiring Health Care**

7. In deciding whether an accident should be reported to the WSIB because "care" has been provided to the worker, the employer should consider the type of care provided, rather than the professional qualifications of the provider giving the care, or where the care was provided.
8. The employer must report the accident to the WSIB when a worker is injured and the required treatment for the injury is such that it is necessary that a health care practitioner provide it. Therefore, the injury must be reported if treatment was provided, and it could not have been performed by a lay person.
9. An employer is not required to report the accident to the WSIB if first aid is provided to a worker by a co-worker, manager, or lay person. In instances where a health care practitioner provides first aid, it is not required to report the accident to the WSIB if the first aid did not require the professional skills of that practitioner. Therefore, it is not required to report the injury to the WSIB if treatment was performed by, or could have been performed by, a lay person.



## **APPENDIX 'A' – EMPLOYEE INCIDENT REPORT**

***This report must be completed in full and forwarded to the Human Resources Manager within 24 hours of a workplace injury or illness.***

- ***The worker must complete 'Employee Information' and 'Details of Injury'***
- ***The supervisor must complete 'Health Care', 'Other', and 'Claim Information'***

### ***Employee Information***

Last Name	Telephone Number
First Name	Department
Address	Job Title

### ***Details of Injury***

Date of Injury (D/M/Y)	Time of Injury (AM/PM)	Date and Hour Reported To Employer
Where did the accident occur?		
Who was the injury / accident reported to?		
What happened to cause the injury?		
Explain what the worker was doing and the effort involved.		
Identify the size, weight and type of equipment or materials involved.		
Describe the injury, part of body involved and specify left or right side.		
Names of witnesses or persons having knowledge of the injury / incident.		

### ***Health Care***

Did the Worker receive health care?	Yes ( )	No ( )	Don't Know ( )
Name and Address of Attending Physician			
Lost Time?	Yes ( )	No ( )	Don't Know ( )

### ***Other***

Was the site of the accident visited?	By whom?
Conditions contributed to accident and the steps taken to prevent recurrence:	
Person insuring that the above steps are taken:	
When will this action be done?	

### ***Claim Information***

To your knowledge, has the employee had a previous or similar disability?	Yes ( )	No ( )
Comments:		
Supervisor's Signature:	Date	
Employee Signature:	Date	