



MEMORANDUM

TO: Administration and Finance Executive Committee

FROM: A. Petrin, Human Resources Manager

DATE: November 13, 2015

SUBJECT: Policy Review – First Aid & Accident/Incident Reporting

In 2015, the Town of Fort Frances committed to reviewing our First Aid Policy to ensure that it complies with the statutory requirements of Regulation 1101 of the Workplace Safety and Insurance Act of Ontario.

Please find the enclosed policy update, and a corresponding update to the *Accident / Incident Reporting* policy. I propose changing the title of the latter policy to *Workplace Incident Reporting*.

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Petrin".

Aaron Petrin
Human Resources Manager

<i>The Town of Fort Frances</i>	SECTION
	Health and Safety
<u>First Aid</u> <u>POLICY</u>	NEW: August 2004 REVIEWED: 2015
Resolution No.	Supercedes Resolution No. 317 (consent) 08/09
Policy Number 5.7	PAGE 1 of 3

1. Purpose

- A. The Town of Fort Frances shall implement and maintain first aid stations at each work location in accordance with Regulation 1101 of the Workplace Safety and Insurance Act
- B. The Town of Fort Frances shall coordinate training of its employees in accordance with Regulation 1101 of the Workplace Safety and Insurance Act

2. Objectives

- C. To provide first aid stations at all work locations which will allow First Aid Attendants to administer first aid when a Town of Fort Frances employee is injured
- D. To ensure that certified First Aid Attendants are available to provide First Aid in the event of a workplace injury

3. First Aid Stations

- E. Each Division shall supply and maintain at each place of employment a first aid station in accordance with Regulation 1101 of the Workplace Safety and Insurance Act. Each first aid station shall contain the following:
 - i. First aid box containing the items required by the Legislation 1101 of the Workplace Safety and Insurance Act
 - ii. A notice board displaying:
 - (a) The WSIB poster known as Form 82 respecting the reporting of all accidents and receiving first aid treatment
 - (b) The valid certificates of qualified First Aid Attendants
 - (c) An inspection form for recording the quarterly (preferably monthly) inspection of the First Aid Box as outlined in Appendix 'A'

- F. For the purpose of this policy, a vehicle being used to transport workers, and heavy construction and maintenance equipment are considered places of employment
- G. The first aid stations shall be located so that they are easily assessable for prompt treatment of Town employees
- H. Each Division shall ensure that the contents of the first aid boxes are inspected at least quarterly (preferably monthly) and that the results of these inspections are recorded on the Inspection Form shown in Appendix 'A'
- I. The appropriate Inspection Form should be utilized for each first aid box depending on whether the work location has five or less employees, more than five but not more than fifteen employees, more than fifteen but less than two hundred or more employees in any one shift at the work location

4. First Aid Attendants

- J. Each Division shall ensure that the first aid station is at all times in the charge of an employee who is the holder of a valid First Aid Certificate and works in the vicinity of the station
- K. It is the responsibility of each Division to determine which employees shall be qualified
- L. The First Aid Attendant is responsible for providing First Aid treatment to Town employees

5. Record of Accidents

- M. The Supervisor shall complete a record of all circumstances concerning an incident, using Appendix 'A' of the Accident/Incident Reporting Policy. This includes:
 - i. Date and time of occurrence
 - ii. Names of witnesses
 - iii. Nature and detail of injuries
 - iv. Date and time of each First Aid Treatment
 - v. Nature of each First Aid Treatment
- N. A completed *Employee Incident Report* must be signed by the employee's supervisor and forwarded to the Human Resources Manager within 24 hours of any workplace incident

6. Post-Treatment Follow-Up

- O. The supervisor shall perform any required follow-up or documentation following an incident in which First Aid was administered and shall promptly forward this information to the Human Resources Manager

7. First Aid Training

- P. The Human Resources Manager shall coordinate training sessions for designated employees to become qualified in First Aid treatment and to maintain their qualifications
- Q. The Human Resources Manager shall maintain a current record of all Town of Fort Frances employees who are qualified First Aid Attendants in each respective division
- R. Division managers shall provide to Human Resources a current list of all certified First Aid Attendants, including their respective expiry dates and whether their most recent training was a First Aid certification (2-day course) or a First Aid recertification (1-day course)
- S. This list should be maintained annually and posted at each First Aid station by the respective departmental manager



(Workersites with not more than 5 workers in any one shift)

Facility Location: _____

Location of First Aid Station: _____

Year: _____

[illegible]



(Workers with more than 5 workers and not more than 15 workers in any one shift)

Facility Location: _____

Location of First Aid Station: _____

Year: _____

[illegible]



(Worksites with more than 15 workers and not more than 200 workers in any one shift)

Facility Location: _____

Location of First Aid Station: _____

Year: _____

[illegible]

<i>The Town of Fort Frances</i>	SECTION
	Health and Safety
<u>Workplace Incident Reporting</u> <u>POLICY</u>	NEW: December 2004 REVIEWED: 2015
Resolution No.	Supercedes Resolution No.
Policy Number 5.20	PAGE 1 of 2

1. PURPOSE:

To provide a procedure which outlines the reporting requirements for all accidents / incidents and injuries requiring health care.

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 and 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 Superintendent (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. This form is available on the WSIB website and must be submitted as soon as possible following any subsequent health care treatment.
4. The supervisor is responsible for forwarding a copy of each Functional Ability Form to the Human Resources Manager in a timely manner.
5. The employee, supervisor, and Human Resources Manager are expected to work together in the development of modified duties and return-to-work planning.



APPENDIX 'A' – EMPLOYEE INCIDENT REPORT

This report must be completed in full and forwarded to the attention of the Human Resources Manager within 24 hours of a workplace incident.

The worker must complete green fields and the supervisor must complete yellow fields.

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	