

TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD

EMPLOYEE WORKPLACE INCIDENT / ACCIDENT / ILLNESS REPORTING FORM

IMPORTANT: All employee work-related incidents/accidents/illnesses must be reported on this form and sent to the Human Resources Department, Lindsay Office (Fax # 705-324-8913 or emailed to Injury Reports in First Class), **IMMEDIATELY**. Original form is to be forwarded by courier. If additional space is required, attach separate sheet noting specific section number(s). **PLEASE NOTIFY YOUR PRINCIPAL / SUPERVISOR OF YOUR INCIDENT / ACCIDENT / ILLNESS IMMEDIATELY**

1. Employee Name:			2. Occupation:		
3. School/Work Site:			4. Specific Location of Incident/Accident (parking lot, hallway, gym etc.):		
5. Date of Incident (d/m/y):	6. Time of Incident:	7. Date Reported (d/m/y):	8. Time Reported:	9. Who did you report the Incident/Accident/Illness to?	
10. Type of Incident / Accident / illness: (Please check all that apply) (See reverse for further explanation)					
<input type="checkbox"/> Struck by or Contact by		<input type="checkbox"/> Lifting or Assisting High Needs Student		<input type="checkbox"/> Over Exertion / Strain	
<input type="checkbox"/> Struck Against or Contact with		<input type="checkbox"/> Lifting Equipment / Furniture		<input type="checkbox"/> Field Trip	
<input type="checkbox"/> Caught In, Under, On, Between		<input type="checkbox"/> Student Aggression / Violence		<input type="checkbox"/> Slip / Trip/ No Fall	
<input type="checkbox"/> Exposure		<input type="checkbox"/> Workplace Violence		<input type="checkbox"/> Slip / Trip / Fall	
11. Describe what you were doing at the time of the incident and the sequence of events that lead to your workplace incident/ accident or illness:					
12. Please list Body part(s) injured: (State left or right, if applicable)					
13. Describe the materials or equipment being used at the time of the Incident / Accident / Illness:					
14. Provide name and telephone number of any witnesses: (if known).					
15. Did you receive first aid at the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>					
16. Are you going to see a Doctor / Chiropractor / Physiotherapist in regards to your workplace Incident / Accident/ illness? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Where treated?					
17. Have you had any similar or related problem, injury or condition? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, provide details:					
18. Was any individual who does not work for TLDSB totally or partially responsible for your injury or illness: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please provide Name and phone number, if known:					
19. In your opinion, what caused the workplace incident, accident or illness:					

PLEASE CONTACT THE HR DEPT AT 705-324-6776, EXT. 22135, IF YOU ARE UNABLE TO RETURN TO WORK ON THE DAY FOLLOWING THE ACCIDENT OR IF YOU ARE UNABLE TO PERFORM YOUR REGULAR JOB DUTIES

I HAVE INFORMED AND PROVIDED MY PRINCIPAL / SUPERVISOR WITH A COPY OF THIS INCIDENT / ACCIDENT / ILLNESS REPORT

Please circle one: YES NO

AUTHORIZATION FOR THE COLLECTION OF THE INFORMATION ON THIS FORM IS IN KEEPING WITH THE FREEDOM OF INFORMATION LEGISLATION AND THE WSIB ACT AND REGULATIONS. THE INFORMATION MAY BE RELEASED TO SBCI CONTRACTED BY TLDSB FOR THE PURPOSE OF CLAIMS MANAGEMENT.

Employee's Signature

_____/_____/_____
Date (dd/mm/yyyy)



PLEASE KEEP A COPY OF THIS REPORT FOR YOUR RECORDS

Revised: January 17th, 2012

DEFINITION OF INCIDENT / ACCIDENT TYPE CODES

1. **INCIDENT** - An Incident is an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and / or physical harm
2. **FIRST AID INJURY** - An injury of such minor nature that treatment can be carried out at the worksite.
3. **MEDICAL AID INJURY** - A work-related incident which requires treatment or a service outside of the workplace.
4. **LOST-TIME INJURY** - A work-related injury which results in time lost from work beyond the day of the injury.
5. **OCCUPATIONAL ILLNESS/ DISEASE** - An occupational illness/ disease is a health problem caused by exposure to a workplace health hazard.
6. **STRUCK OR CONTACT BY** - A struck or contact by incident is one in which a person has been contacted either abruptly and forcefully by some object in motion (e.g. box falls off shelf, employee jabs pin into finger, person pushing cart runs into person); or, has been contacted non forcefully by some substance or agent which has an injury-upon-contact characteristic, (e.g. employee is splashed by hot or corrosive solution).
7. **STRUCK AGAINST OR CONTACT WITH** - A struck against or contact with incident is one in which a person contacts either abruptly and forcefully some object in his surroundings, (e.g. teacher strikes leg against desk, person bumps head against cupboard door); or, comes into contact non-forcefully with some substance or agent capable of producing injury on the basis of mere non-forceful contact, (e.g. electrical shock, hot pipe, employee places hand in hot or corrosive solution).
8. **CAUGHT IN, UNDER, ON OR BETWEEN** - A caught in, under, on or between incident is one in which:
 - a) a person is trapped in some type of enclosure, or a part of a person's body is caught fast in some type of opening, (e.g. a person is caught in an elevator, locked into a room, shut into a boiler)
 - b) a person is caught under an object (e.g. a person has fingers caught under a window window)
 - c) a person or some part of their clothing is caught on some producing object (e.g. a person catches hand on sharp edge, catches loose clothing on a revolving spindle or some protruding object)
 - d) a person is pinched, crushed or otherwise caught between either a moving object and a stationary object or between two or more moving objects (e.g. person jams fingers between wheeled cart and a doorway, person catches arm in an elevator door, jammed between a loaded moving cart and a wall).
9. **FALL** - A fall incident can be a foot level fall or a fall to below. A slip or trip would be recorded as a foot level fall. A foot level fall occurs when a person falls on the same level on which he was standing or walking, (e.g. person slips and falls to the floor). A fall to below occurs when a person falls to below the level on which he was standing or walking (e.g. person falls from ladder, window, chair or on the stairs).
10. **EXPOSURE** - An Exposure incident is one in which the employee is exposed to harmful conditions: i.e. a) toxic gases, fumes or vapours; b) contagious conditions; c) extremes of hot or cold; d) oxygen deficient atmospheres; e) radioactive radiation; f) intense light brightness.
11. **OVER EXERTION / STRAIN** - An over exertion / strain incident is one in which a person puts excessive strain on some part of their body or involves a repetitive body movement (e.g. employee strains back or some part of body lifting a student, equipment, supplies, etc..)
12. **STUDENT AGGRESSION / VIOLENCE** - A student aggression / violence incident is one in which the employee is subjected to an untoward action (or attempt of) by a student, (e.g. student bites, kicks, scratches, twists, strikes, verbal threats, etc.) to the employee.
13. **WORKPLACE VIOLENCE** - A workplace violence incident (not including student acts) are defined by the Occupational Health and Safety Act as;
 - a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
 - b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to a worker;
 - c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to a worker.
14. **FIELD TRIP** - A field trip incident is one in which an employee is injured while on a school authorized field trip; is used in combination with another code (e.g. employee slips and falls on ice, when skating on a school trip, would record both Fall and Field Trip code)