



# PROCEDURE

# HR-121

## Employee Injury Reporting and Investigation

**Board Received:** May 30, 2022

**Review Date:** June 2026

### **Purpose:**

This procedure outlines the process for all employee injury reporting and investigation.

### **Process:**

All incidents and accidents **must** be reported to the employee's principal or supervisor 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.

A principal or supervisor 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 staff.
- 1.2 If necessary, call for an ambulance (911) or arrange for the injured person to be transported to the hospital or doctor. The school principal or site supervisor 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:
  - a) saving life or relieving human suffering;
  - b) maintaining an essential public utility service or a public transportation system; or
  - c) preventing unnecessary damage to equipment or other property, until the OSBIE adjuster, as well as the Ministry of Labour Inspector and/or the JOHSC Certified members have seen the site and conducted an investigation and released the site.
- 1.5 Refer to Policy HR8 Workplace Violence to determine if the event falls within the definition and complete the appropriate forms if necessary.

### **2.0 Injury Reporting Requirements**

The principal or supervisor **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).
  - a) Complete Employee Injury Report. This can be done through online access to the Board's Staff portal. Refer to the instructions on Appendix A.
- 2.2 **Reporting a First Aid Injury** (e.g., staff person injured, first aid provided at school level, but no lost time)
  - a) Control hazardous conditions to prevent further injury
  - b) Ensure first aid is provided.
  - c) Complete Employee Injury Report. This can be done through online access to Staff Portal. Refer to instructions on Appendix A

- d) If this situation becomes a lost time injury or if a health care professional is consulted, the principal or 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)

- a) Control hazardous conditions to prevent further injuries.
- b) Ensure first aid is provided/call 911 or provide transportation to doctor/hospital.
- c) Complete Employee Injury Report. This can be done through online access to Staff Portal. Please refer to instructions on Appendix A
- d) Monitor employee who is on injury leave or modified work placement. (Refer to Procedure HR116 Return to Work Program and Workplace Accommodation.) Principals and Supervisors shall assist the Human Resources Department in providing modified work.
- e) 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 Board property, including staff, students and visitors. Reporting of Student and Visitor injuries is described in Student and Visitor Injuries/Accidents Procedure (SO-120).

Critical Injury is defined as:

- a) Places life in jeopardy **or**
- b) Produces unconsciousness **or**
- c) Results in substantial loss of blood **or**
- d) 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) **or**
- e) 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) **or**
- f) Consists of burns to a major portion of the body **or**
- g) Causes the loss of sight in an eye

Supervisors Responsibilities

- a) Control hazardous conditions to prevent further injuries
- b) If required, evacuate building as per emergency evacuation procedures.
- c) Ensure first aid is provided; call 911 or provide transportation to hospital.
- d) Do not disturb the accident site.
- e) Report accident to Fire Department and/or Police.
- f) Inform School Health and Safety Site Reps. and Trade Union if necessary.
- g) Inform one of the Board'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.
- h) If the employee is unable to contact one of the Board's Health and Safety Officers, then contact the Division Manager of Operations and Health & Safety
- i) 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.
- j) Complete Employee Injury Report. This can be done through on line access to Staff Portal. Refer to instructions on Appendix A
- k) Monitor employee who is on injury leave or modified work placement. (Refer to Procedure HR116 Return to Work Program and Workplace Accommodation.) The

principal and supervisors shall assist the Human Resources Department in providing modified work.

- l) Report employee 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 Board property, this includes staff, students and visitors. Reporting of Student and Visitor fatalities is described in Student and Visitor Injuries/Accidents Procedure (SO-120).

- a) Control hazardous conditions to prevent further injuries and call 911.
- b) Do not disturb the accident site.
- c) Report immediately to school Superintendent and Director of Education.
- d) Inform one of the Board Health and Safety Officers.
  - The Health and Safety Officer will inform the Ministry of Labour and coordinate any investigation conducted by the MOL.
  - The Health and Safety Officer will inform the Certified JOHSC members.
- e) If you are unable to contact one of the Boards Health and Safety Officer, then contact the Division Manager of Operations and Health & Safety
- f) Inform School Health and Safety Site Representatives and Trade Union(s) if necessary.
- g) 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 Ministry of Labour within 48 hours.
- h) Complete Employee Injury Report. This can be done through online access to Staff 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 Principals or supervisors 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 Principals and supervisors 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:

- Student and Visitors Injuries/Accidents Procedure (SO-120)

## Appendix A

**ACCESSING THE ONLINE REPORT**

1. The "Employee Injury Report" is now available online through the Staff Portal.
2. This online report will be electronically submitted to the Human Resources Department and to the employee's supervisor for the employee to complete their portion.
3. The use of this online form does not negate you from verbally informing your supervisor of the incident.
4. All Grand Erie staff are encouraged to use the on-line form, but the paper copy will still be accepted.
5. You MUST access the form through the Staff Portal
6. If you do not have or do not know your LOG IN information for Staff 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.

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

Step 2: Complete the Form

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

The screenshot shows the 'Employee Incident Report' form in the Parklane Staff Portal. The form is titled 'Employee Incident Report' and is divided into four main sections: Introduction, Employee Details, Reporting Information, and Incident Description. A blue arrow points to the 'Lookup' button in the Employee Name field of the Employee Details section.

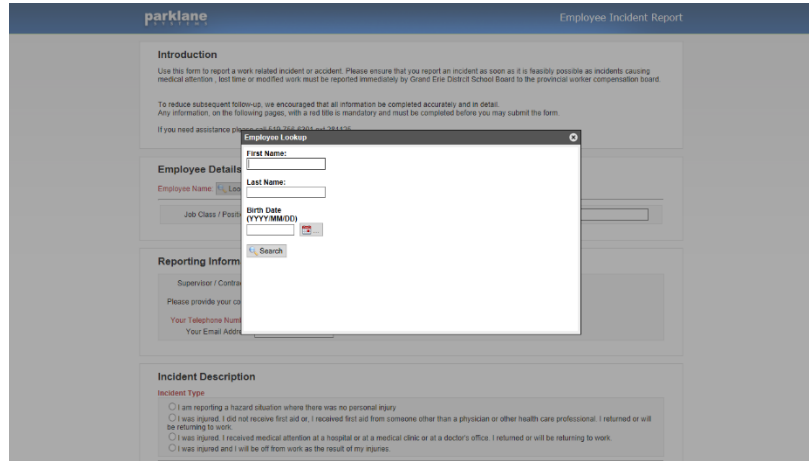
**Introduction**  
Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasible possible as incidents causing medical attention, lost time or modified work must be reported immediately by Grand Erie District School Board to the provincial worker compensation board.  
To reduce subsequent follow-up, we encourage that all information be completed accurately and in detail. Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.  
If you need assistance please call 519-756-6301 ext 281125

**Employee Details**  
Employee Name  **Lookup**  
Job Class / Position  City  Birth Date

**Reporting Information**  
Supervisor / Contractor  (Please Search for the employee first)  
Please provide your contact information below  
Your Telephone Number:   
Your Email Address:

**Incident Description**  
**Incident Type**  
 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.  
 I was injured and I will be off from work as the result of my injuries.

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.

**Reporting Information**

Supervisor / Contractor

Please provide your contact information below

Your Telephone Number:

Your Email Address:

**Incident Description**

**Incident Type**

- 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.
- I was injured and I will be off from work as the result of my injuries.

Date of Incident  Today  Time  Pick

**Incident Details**

Witness(es) of Incident

Location where incident occurred

What were you doing at the time of this incident?  
(ex. cutting open a box, pushing cart, etc., provide more detail)

You have 990 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	

<b>Left</b> <b>Right</b>	<b>Left</b> <b>Right</b>	<b>Left</b> <b>Right</b>
<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 990 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	

<b>Left</b> <b>Right</b>	<b>Left</b> <b>Right</b>	<b>Left</b> <b>Right</b>
<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 multi-step injury report form. The top section contains checkboxes for various body parts, organized into three columns. The first column includes Eye(s), Ear(s), and a sub-section for Left and Right sides with options for Shoulder, Arm, Elbow, Forearm, and Wrist. The second column includes Chest, Upper Back, and a sub-section for Left and Right sides with options for Hand, Fingers, Hip, Thigh, and Knee. The third column includes Pelvis and a sub-section for Left and Right sides with options for Lower Leg, Ankle, Foot, and 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 'Submit' button is visible. The bottom section, titled 'Submission Complete', shows 'Your submission ID is 345' and a message: 'This report has now been submitted. You can either print a copy of the submitted report, create a new report, or log out.' It includes a 'Print Report' button and a 'Start a New Report' button. A blue arrow points from the text above to the 'Print Report' button.

Employee's Supervisor 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**

