

# ROLLING RIVER SCHOOL DIVISION POLICY

## Workplace Accident Reports

GBEC/P

The Rolling River School Division is committed to providing a safe and healthy work environment for all employees. In the event a workplace accident occurs that results in:

- personal injury to an employee
- damage to property or equipment
- or which could have resulted in personal injury or property/equipment damage,

the Division will take all steps necessary to report, investigate and resolve the contributing factors to the accident /incident.

Employees are expected to follow safe work practices and procedures and to report an accident or incident in accordance with established procedures, immediately after the incident occurs.

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### **Regulation**

### **Form – Workplace Accident – Incident Report**

**Date Adopted:** May 6, 2004

**Date Revised:** October 22, 2008

**Date Revised:** November 7, 2012

**Date Revised:** April 10, 2013

**Date Reaffirmed:** November 13, 2017

**Date Reaffirmed:** November 17, 2021

# ROLLING RIVER SCHOOL DIVISION REGULATION

## Workplace Accidents Reports

GBEC/R

Any work related accidents, injuries or incidents to Rolling River School Division or students in the industrial arts, science or vocational arts program facilities in the school or to property or to employees, will be reported as per the following procedures.

### **Definitions:**

#### **Minor Incidents and Injuries:**

Near accidents or accidents, incidents or injuries that are not life threatening and/or do not result in or require hospitalization or medical attention such as minor cuts, burns, skin irritations etc.

#### **Serious Incidents:**

Incidents that result in:

- *death*
- *collapse or structural failure of a building, tower, crane, hoist, temporary construction support or excavation*
- *uncontrolled spill or escape of a toxic, corrosive or explosive substance*
- *explosion, fire or flooding*

#### **Serious Injuries:**

Injuries that require medical attention and or hospitalization and are likely to endanger life or cause permanent disability including:

- *Fracture of bone*
- *Amputation*
- *Loss of sight*
- *Internal hemorrhage*
- *Third degree burns*
- *Unconsciousness*
- *Poisoning*
- *Cuts requiring medical attention / hospitalization*
- *Paralysis*

### **Minor Incidents: Reporting Procedures**

1. The employee involved or, if the employee is not able, his/her co-worker will:
  - i) immediately notify and verbally report the incident to the supervisor
  - ii) complete the *Accident - Incident Report* form and forward to the supervisor within 24 hours of the incident (*online School Bundle – RRSD link – Staff forms – Medical link*).
  - iii) Support staff complete a WCB Notice of Injury form (*online School Bundle – RRSD link – Staff forms – medical link*)
2. The Supervisor will forward a copy of the completed Accident - Incident Report and WCB Notice of Injury Form to the Payroll Office.

# ROLLING RIVER SCHOOL DIVISION REGULATION

## Workplace Accidents Reports

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### Serious Incidents / injuries: Reporting Procedures

1. The employee involved or, if the employee is not able, his/her co-worker will:
  - a. immediately notify emergency authorities, (Medical, Fire, Police), for ambulance and other emergency service.
  - b. immediately notify and verbally report to the immediate supervisor.
  - c. not move equipment or materials involved in the incident/accident unless necessary to release an injured person or to avoid creating an additional hazard.
  - d. complete the *Accident - Incident Report* form and forward to the Supervisor within 24 hours of the incident/ accident (*online School Bundle – RRSD link – Staff forms – medical link*).
  - e. Support staff complete a WCB Notice of Injury Form (*online School Bundle – RRSD link – Staff forms – medical link*).
2. Immediately following notification, the Supervisor will verbally report the incident to:
  - a. Manitoba Labour, the Workplace Safety and Health Officer (204-945-3446) and the
  - b. Superintendent or in his/her absence the Secretary-Treasurer.
3. Upon receipt of the completed *Accident – Incident Report* form, the Supervisor will forward copies to:
  - a. Manitoba Labour, Workplace Safety and Health Officer (204-945-3446) and
  - b. the Superintendent or in his/her absence the Secretary-Treasurer
4. The Supervisor will forward the completed WCB Notice of Injury form to the Payroll Dept.
5. The Superintendent or designate will forward a copy of the completed *Accident Incident Report* form to the Workplace-Safety and Health Committee who will assist the Supervisor to investigate and report on the accident/incident.
6. The Supervisor and Workplace Safety and Health Committee representatives will forward a written report to the Board of Trustees, within 10 working days of the accident/incident, with recommendations to resolve any safety issues.

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### Policy

### Form – Workplace Accident – Incident Report

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## WORKPLACE ACCIDENT - INCIDENT REPORT

### Injured / Affected Employee Information

Injured / Affected Employee Name:	Job Title:
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### Details of Accident / Incident:

Date of Accident/Incident:	Time of Accident/Incident:
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### Description of the Accident / Incident:

Location of Accident/Incident
Describe the accident / incident in general.
Describe the affected employee's activities at the time of the accident/incident. <i>(include details of equipment or materials involved, the size and weight of objects being handled etc.)</i>
Describe where the affected employee was positioned when the accident occurred?
What happened to cause the accident/incident? <i>(Cite direct and indirect causes)</i>
What part (s) of the body was involved? <i>(be specific -specify left or right side etc.)</i>
Identify any witnesses to the accident / incident. <i>(include name, address, phone number if available)</i>

### Reporting Information:

Employee Reporting the Accident/Incident:	Job Title:
Date Reported:	Time Reported:
Reported to: <i>(indicate all who were notified)</i>	
Supervisor Name:	Job Title:
Manitoba Labour (WSH) Name:	Job Title:
WSH Committee Members Name(s):	Job Title(s):
If the Accident/Incident was not reported immediately or as above please provide reasons for the delay / omission:	

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## Medical Care:

Was the affected employee advised to seek medical attention? Yes \_\_\_\_ No \_\_\_\_

Describe first aid and/or medical attention provided and list names of first aid provider /medical professional.

## Workers Compensation Board:

Attached completed WCB notification form if applicable (Support Staff)

## Violent Incident:

Were Police notified? Yes \_\_\_\_ No \_\_\_\_ Date Reported: \_\_\_\_

Name of Police Detachment and name of Officer reported to: \_\_\_\_

Describe the incident and information about the assailant (*name, relationship to victim, contact information etc.*)

## Investigation Information:

Attach the completed Investigation Report and Recommendation if applicable, with names and job titles of the investigation team.

## Other Information / Comments: (*attach additional pages if required*)

## Report Completed by:

Name (Print)

Signature

Date