
REFERENCE: Occupational Health & Safety Act, Section 52
First Aid Requirements 1101
Occupational Health & Safety Act, section 25, 26, & 27
Regulation 213/97 - Construction Projects, Section 11
Regulation 834 - Critical Injury - Defined

All injuries and near miss accidents, no matter how minor, will be reported by the employee to his/her immediate Supervisor, as soon as possible.

Copies of Workers' Compensation Form 82 and Valid First Aid Certificates of qualified employees will be posted in all work places under the jurisdiction of the County of Elgin.

FIRST AID:

- ◆ First Aid Kits will be maintained in each workplace and in vehicles owned or operated by the County. Supplies will meet the criteria of the Regulation. Aspirin and ointments should not be kept in First Aid Boxes.
- ◆ A person qualified in First Aid procedures must work in the immediate vicinity of the First Aid Kit. All First Aid treatment will be documented by the person rendering first aid and records will be kept in the vicinity of the Kit. (Appendix 1)
- ◆ First Aid Kits will be inspected not less than quarterly and are the responsibility of the Department in which the Kits are located. Each Kit shall be provided with an inspection card, on which the date of the inspection will be recorded.
- ◆ First Aid supplies will be re-stocked as soon as possible. The person rendering first aid is responsible for notifying his/her Supervisor that the Kit is incomplete.

First Aid training and re-certification, every 3 years, will be arranged by the Department in consultation with the Human Resources Co-ordinator.

MEDICAL AID AND LOST TIME:

- ◆ Whenever possible the Supervisor or designate, will issue a Treatment Memorandum (Form 156) and Functional Abilities Form for Timely Return to Work (Form 2647) to the injured employee to take to their physician. (Appendix 2) (Appendix 3). When required, transportation to medical facilities will be provided at the expense of the Department.
- ◆ Where possible, the injured employee will complete pages 1 & 2 of the Incident/Accident Investigation form (Appendix 4) immediately following his/her accident/incident. Upon receiving knowledge of the incident/accident the injured employee's Supervisor will complete pages 3 & 4 (Appendix 5) of the Incident/Accident Investigation. The completed forms will be forwarded to the Human Resources Co-ordinator immediately. The Supervisor is responsible for ensuring the Human Resources Co-ordinator is contacted and made aware of any situation that may result in either an employee receiving medical aid and/or a lost time situation
- ◆ The County Human Resources Co-ordinator will notify the Workplace Safety & Insurance Board, the Ministry of Labour and a certified member of the Joint Occupational Health & Safety Committee (preference given to the co-chair) in the event of a workplace critical injury.

PROJECT INCIDENT, CRITICAL INJURY OR FATALITY:

- ◆ The County Human Resources Co-ordinator and an employee representative of the Joint Occupational Health & Safety Committee will be notified immediately. The Supervisor, Co-ordinator, and Safety Committee Member will immediately investigate the circumstances. The Co-ordinator will contact the Ministry of Labour.
- ◆ The Supervisor or designate shall ensure that the accident site is not disturbed in any way.
- ◆ The Supervisor or designate shall take all precautions, as may be necessary, to ensure that no other person is injured.
- ◆ In the case of a critical injury or fatality, the lost time accident policy will apply.

CHECKLIST IN THE COMPLETION OF INCIDENT/ACCIDENT REPORT

EMPLOYEE

- When an Incident/Accident occurs, the employee must report the incident to the Supervisor/Acting Supervisor immediately.
- The Employee is responsible (if possible) for completing page 1 and the Employee section on page 2.

WITNESS

- Any Witnesses identified are responsible for completing the Witness Statement section on page 2.

Supervisor

- The Supervisor or Designate is responsible for completing pages 3 and 4.

MANAGER

- The Manager is responsible for reviewing the completed document. Thorough investigation of the root cause(s) and recommendations for corrective action must be completed.
- Once the ENTIRE form is COMPLETED, forward the form to the Human Resources Co-ordinator.

CLERK

- Fax copy to Human Resources Co-ordinator
- Send original form to Human Resources

Factual Description of Incident – Written by Employee:

Employee Signature: _____ **Supervisor/Designate**
Signature: _____ **Position Title:** _____ **Position Title:**

Date: _____
(mm/dd/yy)

Witness Statement(s) – Written by Witness:

Witness Signature: _____ **Date:** _____
(mm/dd/yy)

STAFF INCIDENT / ACCIDENT INVESTIGATION

– Completed by Supervisor

Employee Name: _____

Date of Incident/Accident: _____

1. Contributing Factors to Cause Incident/ accident:

a) Individual

- Instructions Not Followed
- Pre-existing condition
- Previous disability
- Serious / Wilful Misconduct
- Other _____
- N/A _____

b) Equipment

- Machine
- Supplies
- Other _____
- Size _____
- Weight _____
- N/A _____

c) General

- Housekeeping
- Instructional
- Policy / Procedure
- N/A

Explanation re: Contributing Factors

d) Environment

- Safe
- Hazardous

2. Outcome:

- Minor Injury – first aid only
- Returned to regular duties
- Contacted Employee:

Summary of Discussion:

- Returned to modified duties

Indicate modifications: _____

- Did not return to work

Date last worked: _____

Time left work: _____

Scheduled Hours: _____

- Lost time injury (WSIB)

- Injury- Required external medical care (WSIB) (no lost time)

Date & Hour returned to work:

Comments: _____

3. How did the immediate/direct cause(s) contribute to mishap?

Completed by Supervisor

1. Root Cause(s):

2. Corrective Action (include person responsible/time frame for completion):

3. To your knowledge has the worker had a previous similar injury/disease? If yes please provide details:

4. Do you have any reason to doubt the injury/disease is work-related?

5. Comments:

Date: _____

Supervisor Signature: _____

(mm/dd/yy)

Title: _____