

## Workplace Safety and Health EMPLOYEE INCIDENT REPORT

- This Form must be completed by any Louis Riel School Division employee who has been exposed to a Workplace Safety and Health (WSH) hazard, or has experienced a WSH incident resulting in injury. Please forward the completed form to the Human Resources Department at the Board Office **within 48 hours** following the incident.
- **In addition, WCB Claims** (For Non-teaching staff) Please refer to General Guidelines on the reverse of this form for further instructions.

Employee Name: \_\_\_\_\_ Employee Group (check one)

Work Location: \_\_\_\_\_  Clerical/Technical – CUPE  Custodial/Maintenance – CUPE

Position: \_\_\_\_\_  Educational Assistant – CUPE  LRTA

Date and Time of Incident: \_\_\_\_\_  Non-Union  other: \_\_\_\_\_

DD-MM-YYYY      Approximate Time

<b>Incident details:</b> (include incident location, any equipment, tools, or other employees involved and attach additional information as needed)	
<b>Resulting Injury:</b>	<b>Date reported and person reported to:</b> Date: _____ Name: _____ Position: _____
<b>Was First Aid administered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name</span> <span>Position</span> </div> <b>Did injury require medical attention?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details and date in the space below:	<b>Did injury cause loss of time from work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a <i>Medical Note</i> may be required.  <b>What was the last day and hour worked following incident?</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(DD-MM-YYYY)</span> <span>(AM or PM)</span> </div> <b>Has employee returned to work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(DD-MM-YYYY)</span> <span>(AM or PM)</span> </div>
<b>Did incident cause property damage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details in the space below:	<b>Witness(es) to incident:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name</span> <span>Position</span> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name</span> <span>Position</span> </div>

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature (indicates awareness of incident) \_\_\_\_\_ Date \_\_\_\_\_

<b>Supervisor/Administrator's Follow-Up: Check all that apply.</b>		<i>Additional Information:</i>
<input type="checkbox"/> Debriefed with employee <input type="checkbox"/> Parental Involvement <input type="checkbox"/> Alternative Learning Environment <input type="checkbox"/> School Student Support Team Involved <input type="checkbox"/> Divisional Student Support Team Involved <input type="checkbox"/> Review of strategies <input type="checkbox"/> Additional Training/PD* (specify)	<input type="checkbox"/> Review of: <ul style="list-style-type: none"> <li>o BIP – Behavior Improvement Plan</li> <li>o IEP – Individualized Education Plan</li> <li>o Safety plan</li> </ul> <input type="checkbox"/> Environmental Hazard - <i>slippery surface ...</i> , <i>corrective actions taken – time, date, ...</i> <i>Provide details in "Additional Information"</i>	
Superintendent of Schools/Designate Signature _____ Date _____		
<b>HR Use Only -</b> <input type="checkbox"/> Original to HR File <input type="checkbox"/> Payroll <input type="checkbox"/> Employee <input type="checkbox"/> WSH <input type="checkbox"/> Supervisor		

## Workplace Safety and Health

### Employee Incident Report

#### *General Guidelines*

#### **Employee's Responsibility:**

- Always speak directly to your supervisor/administrator, without undue delay, in person or by telephone to inform them of your workplace injury or safety/health incident.
- Document the incident - complete the Incident Report form and forward to HR Department *within 48 hours*.
- Report future medical attention from a physician to Administrator/Supervisor as soon as possible
- Report future time loss from work due to injury to Administrator/Supervisor as soon as possible

#### **Administrator's/Supervisor's Responsibility:**

- Immediately contact the Louis Riel School Division Workplace Safety and Health Coordinator at: 204-257-7827 ext. 241, *if major injuries are involved* - refer to link below.  
If the LRSD WSH Coordinator is not available, you must contact, without delay, Manitoba Workplace Safety and Health Division, (24 hr. line) 204-957-7233 – select 'Option 1'.
- [http://www.gov.mb.ca/labour/safety/rep\\_serious\\_act.html](http://www.gov.mb.ca/labour/safety/rep_serious_act.html)
- Ensure completeness of documentation on Employee Incident Report
- Document follow-up as required
- Assist employee in forwarding completed Employee Incident Report to HR Department within 48 hours
- Immediately report any new information regarding medical attention or time loss from work due to injury to Gisèle Syrenne Mravec, Supervisor of Payroll

## WCB Claim Guidelines for Non-Teaching Staff

#### **Employee's Responsibility:**

- Report incident to Administrator/Supervisor as soon as possible
- Complete Employee Incident Report and forward to HR Department within 48 hours
- Report incident to WCB by phone, fax or mail:
  - Phone (*recommended by WCB*), 8:00 am to 7:00 pm Monday – Friday, 204-954-4100 or 1-855-954-4321
  - Fax WCB Claim Application (application available online at: <https://www.wcb.mb.ca/worker-incident-report> 204-954-4999 or 1-877-872-3804
  - Mail WCB Claim Application. Application available online at <https://www.wcb.mb.ca/resources/worker-form#en>