

Policy & Procedure Manual

**EMPLOYEE OCCUPATIONAL INJURY SUPERVISOR/
SUPERVISOR-ON-CALL RESPONSIBILITIES – HR-VIII-1**

POLICY:

All supervisory personnel must ensure that all reported occupational incidents and accidents are appropriately responded to, thoroughly investigated and documented on authorized forms. The Coordinator Health & Safety/designate must be advised of all incidents/accidents.

PURPOSE:

1. To facilitate immediate first aid and/or medical attention as required to the injured employee.
2. To comply with all applicable legislation.
3. To ensure the accuracy of documentation required by OPTIONS NORTHWEST and the Workplace Safety & Insurance Board.
4. To ensure appropriate corrective action is taken to prevent future incidents.

DEFINITION OF INJURY:

* A work-related accident includes:

- A willful and intentional act, but not an act of the worker
- A chance event resulting from a physical or natural cause
- A disablement arising out of and in the course of employment

A) Injury reported while employee is still at work:

1. Upon receiving notification of an employee injury while at work, the Supervisor/Supervisor-on-call will assess the nature of the injury and ensure that immediate first aid treatment will be provided as required. If an ambulance or emergency services is required, the supervisor will ensure 911 is called. If the injury is critical, follow the procedures outlined in Policy HR-VIII-3. Employee replacement will be arranged for as required.

2. The Supervisor/Supervisor on call is responsible for investigating the incident and completing an Employee Incident Report (see Appendix A). Employee Incident Reports will be completed on all incidents/accidents/situations no matter how insignificant they may seem. The completed Employee Incident Report Form must be sent, or a copy faxed, to the Coordinator Health & Safety within 24 hours or immediately following a weekend. The Coordinator, Health & Safety shall ensure the report is reviewed by other management personnel, as appropriate.
3. All advice or first aid treatment given to the employee must be recorded on the Employee Incident Report in Section I. Reinforce to the employee that the employer has an Early and Safe Return to Work program, as may be required, and can accommodate all restrictions.
 - a. If the employee needs immediate medical attention, provide coverage as necessary and arrange for transportation to the hospital if necessary. If determined to be necessary, accompany or designate an employee to accompany the worker to the nearest emergency department. Advise the employee/attendant to take a *WSIB package, and request that the medical practitioner complete and submit page 2 of Form 8 or a verbal report if the form is not received. Inform the employee they must notify you immediately of the outcome.
 - b. If the employee's injuries are minor and he/she continues to work, advise the employee that if their circumstances change and medical attention is sought after the completion of the shift, a WSIB package must be taken with them to the medical appointment. The employee must advise the Supervisor/Supervisor-on-call before and after the medical visit to advise of the outcome.
4. The Supervisor/Supervisor-on-call is responsible to take immediate personal charge of a full investigation (refer to Policy HR-IX-10) and documentation of any incident involving a work-related injury.

B) Injured employee declares inability to report for work:

1. When an employee calls in to advise that she/he cannot work a shift due to an occupational injury, the Supervisor/Supervisor-on-call must advise the employee that she/he cannot self determine absence from the workplace if it is related to an alleged workplace injury. If there has not been an Employee Incident Report completed at this point, discuss the incident with the employee and complete a report. Ensure that the Employee Incident Form is faxed or given to the Coordinator, Health and Safety, as soon as possible after notification. Advise the

employee to seek medical attention immediately and to take a *WSIB package to the health care professional. Advise the employee that OPTIONS has an Early & Safe Return to Work Program (ESRTW) and that OPTIONS will assess any restrictions for accommodation, and ask the employee to request the health care professional complete the Form 8, and call the Supervisor/Supervisor-on-call immediately after the appointment. Workers are to follow the "Worker Responsibilities/Instructions" (see Appendix B).

2. When the employee calls after the appointment, they will be able to advise if they are:
 - i. able to return to regular duties
or
 - ii. has workplace limitations and can return to work
or
 - iii. unable to return to work for a specified length of time.
3. When the employee advises that they can return to work with limitations, inquire as to the restrictions listed on page 2 of the Form 8. Consider what they can do in the workplace based on the restrictions and offer modified duties to start immediately. The time of shifts can be adjusted on the same day in order to accommodate, i.e. employee is scheduled to work evenings, but cannot due to restrictions, but could work during the day within the restrictions. You cannot move the shift to another day in order to avoid a lost time claim or because you can't set up a meeting with the employee.
4. If the employee refuses the offer of modified work, advise them that they have an obligation to accept modified duties. Inform the employee that OPTIONS will contact WSIB with the details and will wait for WSIB to adjudicate the claims for benefits. By doing this, the employee will be made aware that they may lose pay for the modified shifts offered which they refused. It is extremely important that OPTIONS offer modified duties whenever possible, as it is the employer's obligation. Document all conversations with employees and forward to Coordinator, Health and Safety.
5. If page 2 of the Form 8 indicates restrictions and the employee is able to perform modified duties, an Early & Safe Return to Work Committee will be formed comprised of the employee, the Coordinator Health & Safety the area supervisor, and where required, a union representative. This Committee will work to individualize a program based on the restrictions/limitations indicated by the health care professional. NOTE: Other professional resources may be asked to assist i.e. Director, Human Resources.

POLICY: HR-VIII-1

DEPARTMENT: Human Resources

CATEGORY: Health & Safety Supervisory Responsibilities

EFFECTIVE DATE: August 2022

SUPERSEDES VERSION DATED: June 2021

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6. Once the employee is in the appropriate Early & Safe Return to Work Program, the Committee will meet weekly, or as required, to discuss the recovery/process until the employee is able to resume regular duties. The Coordinator, Health and Safety shall request the assistance of a WSIB Return to Work specialist as necessary.

Injury sustained: employee unable to perform modified work:

1. If the employee is not able to immediately perform modified duties, instruct them to maintain contact with the Coordinator Health & Safety, and area Supervisor on a weekly basis to inform them of their progress.
2. When employee is able to return to regular work or to an ESRTW program, follow the above outlined procedure.

***NOTE:** A WSIB package will consist of Employee Instructions, a list of physical demands and job tasks and Treatment Memorandum. These packages are available from the Coordinator, Health and Safety and in each work area.

RECOMMENDED BY: Director, Human Resources

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources,
Community Services Administration

ORIGINAL POLICY DATE: July 1992

AUTHORIZED BY: Executive Director **SIGNATURE:** _____



Employee Information	Last Name _____ _____		Home Telephone No. (____) _____-____		
	First Name _____ _____		Work Telephone No. (____) _____-____		
	Date of Birth (DD/MM/YY) ____/____/____		Employee ID# _____ / SIN _____-____-____		
Address _____ _____ City/Town _____ Province _____ Postal Code _____					
Division/Dept./Unit _____ Occupation at time of Injury _____			Check: <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Student ____ Years of Experience		
Was the employee on the job when the injury occurred? (check) <input type="checkbox"/> YES <input type="checkbox"/> NO					
Description of Incident	Date of Incident (DD/MM/YY) ____/____/____		Date Reported (DD/MM/YY) ____/____/____		
	Time of day _____ AM/PM		Time of day _____ AM/PM		
	State the exact sequence of events leading up to the incident. Include an explanation of what the employee was doing. _____ _____ _____ _____			To whom was the incident reported? If report is delayed, please explain why. _____ _____	
				Did the accident happen on the employer's premises? What caused the injury/illness? _____ _____ _____	
Identify the sizes, weights & types of equipment involved. _____ _____					
Type of Incident (check one—definitions on reverse): 1 <input type="checkbox"/> Struck/Caught 2 <input type="checkbox"/> Overexertion 3 <input type="checkbox"/> Repetition 4 <input type="checkbox"/> Fire/Explosion 5 <input type="checkbox"/> Fall 6 <input type="checkbox"/> Harmful Substances/Environmental 7 <input type="checkbox"/> Assault 8 <input type="checkbox"/> Slip/Trip 9 <input type="checkbox"/> Motor Vehicle Incident					
Witnesses	Names, positions, & phone numbers of witnesses or persons having knowledge of the incident. _____ _____				
Cause	Was the accident/illness: 1 <input type="checkbox"/> A Sudden, Specific Event/Occurrence? 2 <input type="checkbox"/> Gradually Occurring Over Time? 3 <input type="checkbox"/> An Occupational Disease? 4 <input type="checkbox"/> A Fatality?				
	Direct causes (check one – see reverse): 1 <input type="checkbox"/> Physical/Environmental 2 <input type="checkbox"/> Personal		Basic causes (check one – see reverse): 1 <input type="checkbox"/> Job factors 2 <input type="checkbox"/> Personal factors		
Correction	Action(s) Taken		CORRECTED (check box)	PLANNED (check box)	
	Date (DD/MM/YY)				
	1 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	2 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	3 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	4 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	5 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	6 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		
Examples of Actions: 1. Reinstruction of person involved 2. Reassignment of person 3. Order job safety analysis done 4. Improve personal protective equipment 5. Action to improve inspection 6. Equipment repair or replacement 7. Correction of congested area 8. Installation of guard or safety device 9. Actions to improve design/procedure 10. Check with manufacturer 11. Inform all department supervisors 12. Discipline of persons involved 13. Other: _____					
Injury	Describe the illness or injury, part of body involved and specify left or right side. _____ _____				
	Are you aware of any prior similar or related problem, injury, or condition? If yes, please explain: _____ _____				
	No injury (check one) 1 <input type="checkbox"/> Hazardous situation		Injury – No WSIB Claim (check one) 1 <input type="checkbox"/> First aid 2 <input type="checkbox"/> No aid		
		WSIB Claim Treatment Memorandum (check one) 1 <input type="checkbox"/> Health care (medical aid) 2 <input type="checkbox"/> Lost time			
Occupational Health	Did employee seek medical attention? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		Did employee visit family physician? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		
	Did employee visit health service? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		If Yes, Physician's Name _____		
	Did employee visit emergency? (check one) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes		Tel.No. (____) _____-____		
	If Yes, ER Physician's Name _____		Physician's Address _____		
	Tel.No. (____) _____-____				
Will the employee undertake: (check one) 1 <input type="checkbox"/> Regular duties 2 <input type="checkbox"/> Modified duties 3 <input type="checkbox"/> Remain off work		Has the employee had a similar disability? (check one) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown		Check attachments to this report. 1 <input type="checkbox"/> Statements 2 <input type="checkbox"/> Photographs 3 <input type="checkbox"/> Treatment memo 4 <input type="checkbox"/> Other – specify: _____	
EMPLOYEE SIGNATURE _____ Date _____		MANAGER SIGNATURE _____ Date _____		OCC. HEALTH DEPT. SIGNATURE _____ Date _____	

This information is to be used for completion of WSIB Claim Form 7

RSIR-FORAE010810

OPTIONS NORTHWEST Health & Safety

Worker Responsibilities/Instructions

Re: Claiming Benefits with Workplace Safety & Insurance Board (WSIB)

IF YOU SEEK MEDICAL ATTENTION FROM A MEDICAL DOCTOR/DENTIST, CHIROPRACTOR, PHYSIOTHERAPIST, REGISTERED NURSE (EXTENDED CLASS) AS A RESULT OF A WORKPLACE INJURY OR ILLNESS, YOU **MUST** FOLLOW THE INSTRUCTIONS BELOW:

- 1 Immediately notify your Supervisor or the Supervisor on Call to inform them of the details of your injury. The supervisor or supervisor on call will complete an Employee Incident Report, which includes all pertinent details of the injury. The supervisor will discuss your incident with you and advise you regarding direction/action to be taken. It is also your responsibility to contact the Health & Safety Coordinator at 343-4569. If the injury occurs between the hours of 0800 – 1600, Monday to Friday, notify your Supervisor and the Health and Safety Coordinator. If the injury occurs after these hours or on a weekend, notify the Health and Safety Coordinator on the next regular day of work.
- 2 The Health and Safety Coordinator will complete a Workplace Safety and Insurance Board (WSIB) Claim Form (Form 7) and forward it to the Workplace Safety and Insurance Board. The Form 7 must be filed with the WSIB within 3 days of the incident or learning that the worker received medical attention. **Please note: it is the policy of the WSIB that Employers must report any work-related accident if the employer learns that the worker has received health care, is absent from regular work, earns less than regular pay, or requires modified work.**
- 3 Once you choose a health care professional who will treat your injury, you may not change this health care professional without permission from the WSIB (other than an emergency room physician). At the time you must inform the health care professional that your injury was sustained while in the workplace. This will prompt the completion of a Health Professional's Report (Form 8). **YOU MUST REQUEST A COPY OF PAGE 2 OF THE COMPLETED FORM 8 AND SUBMIT IT TO THE HEALTH AND SAFETY COORDINATOR AS SOON AS POSSIBLE.** This page includes information regarding your functional abilities and must be submitted to the Health and Safety Coordinator. An Early and Safe Return to work program will be developed by accommodating any restrictions that are noted on page 2 of the Form 8.
- 4 You are obligated to return to work as soon as possible following your injury. If you are unable to return to regular duties, An Early Safe Return to Work program will be reviewed and offered to you. When returning to regular duties after an injury, you must have medical documentation stating that you are fit to return to regular duties.
- 5 **YOU MUST MAINTAIN WEEKLY CONTACT** with the Health and Safety Coordinator and your Supervisor throughout your claim.
- 6 Once your report has been received by WSIB, a claim will be initiated and a claim number and case manager will be assigned. Your health care professional is also required to submit the Form 8 (as mentioned above) to WSIB with the medical information required by the Board. Once a claim has been initiated and you have returned to regular work or an Early and Safe Return to work program. If you have any absences from work that are related to the claim, each absence must be validated by a health care professional, in order to make a claim for benefits with WSIB.
- 7 Legislation required that you give written consent for the release of Functional Abilities information and to claim benefits. This can be done by, signing the consent on the Form 8 when you are being assessed by the Health Care Professional.
- 8 Any claim payment inquiries may be directly answered by the Workplace Safety and Insurance Board. The general inquiry number is 1-800-387-0750. WSIB is responsible for all decisions on your claim, including determining what benefits you may be entitled to.

- 9 To claim benefits for medication, splints, collars or any other assistance required during your recovery, submit receipts to WSIB as directed by your Claims Manager.
- 10 Payments may not be promptly made if the employer requests an investigation. The worker will be advised by the Health and Safety Coordinator if an investigation has been requested.
- 11 Please contact the Health and Safety Coordinator or your WSIB case manager if you have any questions in regards to your claim.

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