Policy & Procedure Manual

NOTIFICATIONS – ACCIDENT, EXPLOSION, OR FIRE CAUSING INJURY/OCCUPATIONAL ILLNESS - HR-X-2

POLICY:

If an employee is disabled from performing his/her usual work or requires medical attention because of an accident, explosion or fire, but no person dies or is critically injured, the Coordinator, Health and Safety/Designate shall, within 4 days give written notice of the occurrence, as per section 52 (1) of the Occupational Health and Safety Act.

If OPTIONS NORTHWEST is advised by or on behalf of an employee that the employee has an occupational illness, or that a claim in respect of an occupational illness has been filed with W.S.I.B. or on behalf of the employee, the Coordinator Health and Safety/Designate shall give notice in writing within 4 days of being advised as per section 52 (2)(3) of the Occupational Health and Safety Act.

PURPOSE:

To ensure effective communication in compliance with the Occupational Health and Safety Act.

PROCEDURE:

1. The Coordinator, Health and Safety/Designate is responsible to review each incident report, and complete any required notifications containing the prescribed information (see Appendix A) as per the Occupational Health and Safety Act.

RECOMMENDED BY: Director, Human Resources **APPENDICES:** 1

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources, Community Services Administration

ORIGINAL POLICY DATE: January 1994

AUTHORIZED BY: Executive Director **SIGNATURE:** 

OPTIONS NORTHWEST

HEALTH & SAFETY

☐ **NOTICE OF ACCIDENT, EXPLOSION OR FIRE CAUSING INJURY**

NAME & ADDRESS OF EMPLOYER: _____

_____

NATURE & CIRCUMSTANCES OF THE OCCURRENCE AND BODILY INJURY SUSTAINED BY THE WORKER;

_____

_____

_____

_____

_____

_____

_____

DESCRIPTION OF MACHINERY OR THING INVOLVED (if any):

_____

_____

TIME & PLACE OF OCCURRENCE: _____

_____

NAME & ADDRESS OF INJURED WORKER: _____

_____

NAME(S) & ADDRESS(ES) OF WITNESS(ES): _____

_____

_____

NAME & ADDRESS OF PHYSICIAN OR SURGEON (if any) WHO IS ATTENDING TO OR ATTENDED TO THE WORKER FOR THE INJURY:

_____

_____

STEPS TAKEN TO PREVENT REOCCURRENCE: _____

_____

_____

_____

DISTRIBUTION: ☐ **H&S COMMITTEE** ☐ **H&S AREA REPRESENTATIVE** ☐ **TRADE UNION** ☐ **DIRECTOR, MOL**

OPTIONS NORTHWEST

HEALTH & SAFETY

☐ NOTICE OF OCCUPATIONAL ILLNESS

NAME & ADDRESS OF EMPLOYER: _____

_____

NATURE OF THE OCCUPATIONAL ILLNESS AND CIRCUMSTANCES WHICH GAVE RISE TO SUCH ILLNESS:

_____

_____

_____

_____

DESCRIPTION OF THE CAUSE OR SUSPECTED CAUSE OF THE OCCUPATIONAL ILLNESS:

_____

_____

_____

_____

PERIOD OF TIME WHEN THE WORKER WAS AFFECTED: _____

_____

NAME & ADDRESS OF WORKER: _____

_____

NAME & ADDRESS OF PHYSICIAN (if any) WHO IS ATTENDING TO OR ATTENDED TO THE WORKER FOR THE OCCUPATIONAL ILLNESS:

_____

_____

STEPS TAKEN TO PREVENT FURTHER ILLNESS:

_____

_____

_____

_____

DISTRIBUTION: ☐ **H&S COMMITTEE** ☐ **H&S AREA REPRESENTATIVE** ☐ **TRADE UNION** ☐ **DIRECTOR, MOL**