

<b>683.0</b>	<b>WORK RELATED INJURY REPORTING</b>	<b>683.0</b>
<b>Application:</b> All Employees		<b>References:</b> Workers' Compensation Act Part 3, Division 3, Section 116 (1)

**POLICY:**

All workplace related incidents resulting in injury or harm to employees are documented in writing and reported to the Program Manager or their designate.

**REASONS FOR POLICY:**

The NSDRC has a legal and moral obligation to ensure employee related claims of injury are documented, submitted and processed in a timely fashion.

**DEFINITIONS:**

**Accident Investigation Form (683.0B):** Internal investigation form used to identify accident category, contributing causes, corrective measures or recommendations required to minimize the risk of further incidents of a similar nature.

**Employer's Report of Employee Injury (Form 7):** External form completed by the employer to report an employee claim of injury to WCB.

**First Aid Report (Form 7A):** External form completed by employee or first aid provider to report medical treatment applied to injured person.

**Health & Safety Committee:** A committee required by Bill 14 which includes employee and employer representatives, with a purpose of ensuring the safety and health of employees on the job site.

**Injury Reporting Form Checklist (Form 683.0A):** Internal tracking form used to identify applicable forms required by the Payroll Administrator to process an employee's claim of injury.

**Workers' Compensation Board /WCB:** A provincial body mandated to protect workers from injury and to provide wage replacement if a claim of injury is validated. WCB also offers preventative information and resources.

**Worker's Report of Injury (Form 6):** External form completed by the employee to report a work related claim of injury.

**PROCEDURES:**

1. The employee reports claim of injury via **Form (6A) Worker's Report of Injury or Occupational Disease** and submits documentation to the Program Manager or their designate.

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2. The Program Manager or their designate completes **Form (7) Worker's Report of Injury or Occupational Disease**.
3. All injuries requiring first aid treatment are reported to the Program Manager and recorded by the employee or the first responder via **Form (7A) First Aid Report** and the facility First Aid Log Book.
4. The employer and employee representative from the Health & Safety Committee conduct an accident investigation to identify contributory factors, corrective measures and recommendations required to minimize or prevent further incidents of a similar nature. Refer to **Form 683.0B WCB Accident Investigation Report** for further information.
5. The Program Manager or their designate completes **Form 683.0A Injury Reporting Form Checklist** and submits with completed **Forms (6A), (7), (7A)** and **(683.0B)** to the Payroll Administrator for processing within 24 hours of the claimed injury.
6. The Payroll Administrator processes and submits applicable forms to WCB within three (3) days of the claimed injury. Original forms are placed on the employees personnel file by the Payroll Administrator.
7. If the injury is of a serious or disabling nature the employee notifies the Program Manager immediately. If required the Program Manager assists the employee to their practitioner or an emergency center or dials 9-1-1.
8. The Program Manager or their designate enters data to the NSDRC Incident Reporting Data Base.
9. Reports with identifying features removed may be circulated at the Health & Safety Committee for use in statistical analysis.
10. Electronically stored and hard copy forms can be located at the NSDRC Administration Office or program site.

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(Sample form altered to fit)

## 683.0A Injury Reporting Form Checklist

<b>Employee Name:</b> John Sample	<b>Date of Injury:</b> March 1, 2006
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Procedure:	Completed		Date
	Yes	No	
Injury documented in First Aid Log Book	✓	<input type="checkbox"/>	March 1, 2006
First Aid Report (WCB Form 7A) First Aid provider	✓	<input type="checkbox"/>	March 1, 2006
Workers Report of Injury (WCB Form 6A)	✓	<input type="checkbox"/>	March 1, 2006
Employer's Report of Injury (WCB Form 7)	✓	<input type="checkbox"/>	March 1, 2006
Accident Investigation Report (Form 683.0B)	✓	<input type="checkbox"/>	March 1, 2006

(Sample form altered to fit)

<b>Date:</b> 1/3/2006			<b>Form 683.0B</b>		
<b>WCB Accident Investigation Report</b>					
<b>Surname of Injured:</b> Sample (please print)		<b>First Name:</b> John (please print)			
<b>Length of Service:</b> 2 yrs	<b>Occupation:</b>	<b>Hours Worked in Previous 24-hr Period:</b>			
<b>Time at Present Job:</b> 2 yrs	Care Worker	8 hrs.			
<b>Accident Location:</b> Small Wood House	<b>Date of Accident:</b> 1/3/2006	<b>Time of Accident:</b> 11:00 am ____ pm			

(check applicable box)

**Accident Category:**  Injury / Illness     Equipment Malfunction  
 Motor Vehicle     Near Miss  
 Environmental Factor

**Severity of Injury of Illness:**  No Injury (report only)     Disabling  
 Medical Treatment Required

**Describe Incident:** Tripped and twisted ankle while going down stair case