

Section/Number: Occupational Health and Safety - 002	Approval Date: (DD/MM/YY)
Subject: Accident Reporting	Amendment Dates:
<p>Policy</p> <p>All work site accidents or industrial disease will be reported <u>immediately</u> by the employee to their supervisor.</p>	
<p>Definitions</p> <p>N/A</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> 1. In the event of an accident the Supervisor will: <ol style="list-style-type: none"> 1.1. ensure that First Aid is initiated if necessary 1.2. ensure that medical attention is obtained if necessary 1.3. complete and send a fax to the Workers' Safety & Compensation Commission (WSCC) (within 72 hours of the accident) an "Employer's Report of Accident." 1.4. report (within 24 hours) any workplace deaths or serious accidents to the Chief Safety Officer, Department of Justice (873-7468). 2. The injured employee will complete the Employee's Report of Accident form and the Supervisor must complete the Employer's Report of Accident form within the required timelines. 3. When completing the Employer's Report of Accident, the Supervisor will be sure to complete the sections stating the "first aid" provided and the "physician" seen. <ol style="list-style-type: none"> 3.1. It is required by law to document the first aid provided on site. 4. The Supervisor will ensure that the Senior Administrative Officer (SAO) receives notification of the accident, incident or injury so that he/she can initiate an Accident Investigation if necessary, and so that the accident, incident or injury can be reviewed at the next Occupational Health and Safety Committee meeting. 5. Either immediately, or within the next 24 hours, the employee shall see a physician, as WSCC requires medical documentation to substantiate any claim. 6. The employee shall complete a WSCC form entitled "Worker's Report of Accident or Industrial Disease". <ol style="list-style-type: none"> 6.1. This form must be given to his/her Supervisor as soon as possible so that it may be faxed to WSCC together with the Employer's Report of Accident, if possible. 	

Attachments
N/A
References
WSCC Claim: Employer's Report of Injury http://www.wsccl.ca/Employers/Forms/Documents/Employer%27s%20Report%20of%20Injury/Employer%27s%20Report%20of%20Incident%20CS002%201004.pdf
WSCC Claim: Worker's Report of Injury http://www.wsccl.ca/Workers/Forms/Documents/EN/Worker%27s%20Report%20of%20Incident%20CS001%201004.pdf