



## Accidents/Serious Incidents – (Non-Students)

### Administrative Procedure 8.010

**Board Governance Policy Cross Reference:** 1, 2, 3, 4, 11, 14, 16, 17

**Legal Reference:** Workplace Health and Safety Act, Public Schools Act

**Date Adopted:** November, 1975

**Date Amended:** January, 2021, June 2022, March 2024; April 2024

**Date Reviewed:** March 2018; April, 2019; January, 2020, June 2022

All accidents/injuries on District property or at school sponsored events not on District property involving any staff, visitor, volunteer, person in the care and charge of the School District **shall be reported immediately** if there is any possibility whatsoever that any injury to that person may result in a claim against the District, School Board, a teacher or any other District employee.

For all employees who are either witness to an accident or to whom an accident has been reported:

Attend to the accident victim, determine seriousness of injuries, and make the victim as comfortable as possible.

Teachers suffering an accident during any regular school sponsored activity shall file a detailed report within twenty-four hours and submit the report to the Principal. A copy shall be scanned to the Superintendent's office, as outlined in reporting procedures contained in this policy.

**“Serious”** (Severe) incidents: Permanent or temporary loss of sight; Fracture of skull, spine, pelvis, arm, leg, hand or foot; Amputation of an arm, leg, hand, foot, finger or toe; Unconsciousness (as a result of a concussion); Cut or laceration that requires medical treatment at a hospital; Poisoning; Death; Asphyxiation; Injury from electrical contact; third degree burns.

- Get assistance from other employees.
- Determine whether the injured person should be moved.
- Determine method of moving injured person (walking, ambulance).
- Ensure that injured person receives medical attention.
- Call or have someone call a family member of the injured person and advise them of the accident and the steps you have taken.

**Note: A “Serious incident”** means an incident that involves:

- the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation,
- an explosion, fire or flood,
- an uncontrolled spill or escape of a hazardous substance, or
- the failure of atmosphere-supplying respirator.

### **Classification of Accident Injuries:**

- “Minor”:** Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc.
- “Moderate”:** Serious Cut, More Severe Sprain, Broken Finger, etc.
- “Serious” (Severe):** Permanent or temporary loss of sight; Fracture of skull, spine, pelvis, arm, leg, hand or foot; Amputation of an arm, leg, hand, foot, finger or toe; Unconsciousness (as a result of a concussion); Cut or laceration that requires medical treatment at a hospital; Poisoning; Death; Asphyxiation; Injury from electrical contact; third degree burns.

### **Reporting (see Appendix A) :**

Complete the Non Student Accident Incident Report Form (this can be entered online by the school designate when employee is unable).

**Minor / Moderate** Complete Insurance and District forms as soon as possible

**Serious / Severe** The employer is required to notify the Workplace Safety & Health Division immediately by the fastest means of communication possible 1-855-957-SAFE (7233). 1-855-957-SAFE (7233)

The scene of the accident must be preserved for at least 24 hours after the Workplace Safety and Health Division has been notified (unless it is necessary to release an injured person or to avoid creating additional hazards).

### **COMPENSATION for TEACHERS**

In the event that a teacher is injured while carrying out his/her regular teaching duties or while involved in any approved school activity which would normally be covered under the Worker's Compensation Act, the Board agrees to compensate said teacher at the rate of 75% of his/her regular monthly salary. Said compensation shall be paid only during the period after which all accumulated sick leave has been used and the commencement of salary continuation (long term disability) benefits; and provided no other form of compensation is available to the teacher during said period (e.g. unemployment insurance benefits). Coverage under this policy will be to a maximum of ninety (90) days.

### **SUPPORT STAFF - WCB Claim**

An injured support member must also report the injury to the Worker' Compensation Board (WCB).

<b>Minor / Moderate Incident</b>	<ul style="list-style-type: none"> <li>• <b>Employee to complete Manitoba School Insurance form online and print a copy for the School Administrator</b> <a href="https://hubinternational.jotform.com/91684031686160">https://hubinternational.jotform.com/91684031686160</a> <ul style="list-style-type: none"> <li>○ School Administrator scans form to Superintendent's Office <i>Note: School designate completes MSBA Insurer Online when employee is unable</i></li> <li>○ Form retained at School (as per record retention policy)</li> </ul> </li> <li>• <b>Employee enters incident in Employee Connect</b> <ul style="list-style-type: none"> <li>○ Help Guide: How to enter incidents found under the "Incident" tab when you are logged into Employee Connect <a href="https://web.mysterynet.mb.ca/EmployeeConnect/">https://web.mysterynet.mb.ca/EmployeeConnect/</a></li> </ul> </li> </ul> <p><b>Support staff must report the injury to Workers' Compensation Board within 24 hours of injury</b></p> <ul style="list-style-type: none"> <li>• Employee to complete WCB Notice of Injury Report (available at workplace and online) and submit to School Administrator <a href="https://www.wcb.mb.ca/sites/default/files/resources/9657%20WCB%20Notice%20of%20Injury%20Web%20Form%202.pdf">https://www.wcb.mb.ca/sites/default/files/resources/9657%20WCB%20Notice%20of%20Injury%20Web%20Form%202.pdf</a></li> <li>• School Administrator submits original form to Facilities Administrative Assistant at the Board Office</li> <li>• Facilities Administrative Assistant sends form to Payroll Department</li> </ul>
<b>Severe Incident</b>	<ul style="list-style-type: none"> <li>• <b>Administration completes Serious School Incident Reporting form</b></li> <li>• <b>Contact Superintendent immediately</b></li> <li>• <b>Complete Provincial Online Serious Incident Report</b> <ul style="list-style-type: none"> <li>○ <a href="https://app.smartsheet.com/b/form/198844e397cc413abecaef691a928d1">https://app.smartsheet.com/b/form/198844e397cc413abecaef691a928d1</a></li> </ul> </li> <li>• <b>Administration contacts School Safety Officer and Workplace Safety and Health Co-Chairs immediately</b> <ul style="list-style-type: none"> <li>○ Co-Chairs will notify Manitoba Workplace Safety &amp; Health 1-855-957-SAFE (7233) <a href="https://www.manitoba.ca/labour/safety/rep_serious_act.html">https://www.manitoba.ca/labour/safety/rep_serious_act.html</a></li> </ul> </li> <li>• <b>Workplace Safety and Health Co-Chairs complete a WPSH Incident Investigation Summary report</b> <ul style="list-style-type: none"> <li>▪ Co-Chairs will submit to Manitoba Workplace Safety and Health</li> </ul> </li> <li>• <b>Employee to complete Manitoba School Insurance form online and print a copy for the School Administrator</b> <a href="https://hubinternational.jotform.com/91684031686160">https://hubinternational.jotform.com/91684031686160</a> <ul style="list-style-type: none"> <li>○ School Administrator scans form to Superintendent's Office <i>Note: School designate completes MSBA Insurer Online when employee is unable</i></li> <li>○ Form retained at School (as per record retention policy)</li> </ul> </li> <li>• <b>Employee enters incident in Employee Connect</b> <ul style="list-style-type: none"> <li>○ Help Guide: How to enter incidents found under the "Incident" tab when you are logged into Employee Connect <a href="https://web.mysterynet.mb.ca/EmployeeConnect/">https://web.mysterynet.mb.ca/EmployeeConnect/</a></li> </ul> </li> </ul>

**Support staff must report the injury to Workers' Compensation Board within 24 hours of injury**

- Employee to complete WCB Notice of Injury Report (available at workplace and online) and submit to School Administrator  
<https://www.wcb.mb.ca/sites/default/files/resources/9657%20WCB%20Notice%20of%20Injury%20Web%20Form%202.pdf>
- School Administrator submits original form to Facilities Administrative Assistant at the Board Office
- Facilities Administrative Assistant sends form to Payroll Department

**MSBA: Incident Report Form****School Division \*****Location \*****Phone Number \***

Area Code    Phone Number

**Please select the type of incident to report: \***

- ☐ Student Accident Incident Report
- ☐ Non-Student Accident Incident Report
- ☐ Employee Accident Incident Report

**First name of Injured Person \*****Last name of Injured Person \*****Date of Birth of Injured Person \***

Month    Day    Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Injured Person Phone Number \***
 

Area Code Phone Number

**Date of accident \***
  

Month Day Year

**Where did the accident occur? \***

**Time of Accident \***
 

Hour Minutes

Details from hospital, dental, x-ray information, etc.

**Describe in detail how the accident occurred \***

**Guidelines on classification of accident/injuries \***

- ☐ "MINOR" - Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc.
- ☐ "MODERATE" - Serious Cut, More Severe Sprain, Broken Finger, etc.
- ☐ "SEVERE" - Injury to Eye, Face, Back, Broken Arm/Leg, etc.

**Nature of Injury \***

- ☐ Cut
- ☐ Break
- ☐ Crush
- ☐ Poke
- ☐ Burn
- ☐ Hit
- ☐ Fall
- ☐ Concussion
- ☐ Amputation
- ☐

**Type of Injury (body part) \***

- ☐ Arm
- ☐ Leg
- ☐ Head/Face
- ☐ Chest
- ☐ Hip
- ☐ Upper Back
- ☐ Lower Back
- ☐ Hand
- ☐ Foot
- ☐ Finger
- ☐ Toe
- ☐

**Where on the body \***

- ☐ Left
- ☐ Right
- ☐ Not Applicable

**Any additional comments \***


Details from hospital, dental, x-ray information, etc.

**Was the injury treated? \***

- ☐ Yes  
☐ No  
☐ Unknown  
☐

**If treated, by whom? \*****If treated, type of treatment: \*****Was a teacher/supervisor present or providing supervision? \***

- ☐ Yes  
☐ No  
☐ Not Known

**Name of teacher/supervisor if present: \*****Pupil was:**

- ☐ Sent Home  
☐ Taken to hospital/doctor

**Was parent notified: \***

- ☐ Yes  
☐ No

**Number of school days missed (if known)****If yes, by whom? \*****Has there been any subsequent contact with the parents? \***

- ☐ Yes  
☐ No

**Additional comments:****Name of School Principal or Supervisor (in full) \*****Submitted by: \*****Date of Submission \***

Month Day Year

**Email Address of Submitter: \***

example@example.com



# NOTICE OF INJURY TO EMPLOYER



**IMPORTANT: Do not send this form to the WCB.** Keep one copy for yourself and provide a copy to your employer.

If the workplace incident has resulted in an injury requiring healthcare attention or time off from work, please report the injury to the WCB by calling:

204-954-4100 or toll free 1-855-954-4321 (8:00 a.m. – 7:00 p.m., Monday – Friday)

Injured Worker Name \_\_\_\_\_

Injured Worker Address \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Location of Incident (site address and location on site)

\_\_\_\_\_

Description of Incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Off Work Due to Injury ☐ Yes ☐ No

Names of Witnesses (if any) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Injured Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

WCB 4106-25/11/2014