

CVS POLICY & PROCEDURE MANUAL

Policy Area: Health & Safety

Policy # & Name: 4.6 Staff Accident/Injury Reporting

Group: All Staff, Volunteers, Practicum Students

Purpose:

To ensure staff are aware and follow proper procedures in the event of an accident or injury.

Policy Statement:

All staff are aware of CVS's procedures in the event of an accident or injury. Documentation on all accidents/injuries is recorded promptly and in detail allowing for proper follow up and/or investigation.

Practice Standards:

All accident/injuries occurring within CVS program/sites must be recorded using the Accident/Injury Record form (H&S 4.6.A) regardless of severity.

All incidents where an employee has received medical attention and/or has lost work must be investigated jointly by labour/management to determine the cause and provide recommendations.

All staff, volunteers, practicum students and visitors will follow the Accident/Injury Reporting procedures as attached.

Policy Audit: Annually as per Health & Safety Committee Work Plan

Date Issued: May 2004

Date Revised: June 2004

Position

Responsible: Executive Director, Health & Safety Committee

References:

- ☞ H&S 4.6.A – Staff Accident/Injury Record
 - ☞ H&S 4.6.B – Staff Accident/Injury Investigation Report
 - ☞ H&S 4.6.C – CVS Accident Report – Vehicle Information
 - ☞ RES 9.29 – Procedure for Staff Accidents (Flow Chart)
 - ☞ Vehicle Accident Response Guidelines (attached)
 - ☞ WCB Form #6 – Compensation & Report of Injury or Industrial Disease
 - ☞ WCB Regulations
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Staff Accident/Injury Reporting Procedures

When an accident or injury occurs, every employee, volunteer, visitor or practicum student regardless of severity must enter the occurrence on a Staff Accident/Injury Record form (H&S 4.6.A). If an employee receives medical

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attention and/or misses work as a result of the incident the employee must complete a Workers' Compensation Board (W.C.B.) Form #6 entitled Compensation and Report of Injury or Industrial Disease.

The Program Manager is responsible to complete the W.C.B. Form #7 entitled Employer's Report of Injury or Industrial Disease and submit both forms to payroll for submission to W.C.B.

The payroll department will ensure copies of the W.C.B. forms and accident investigation reports are forwarded to WCB. Copies of WCB forms must be forwarded to the designated Health and Safety Committee representatives for follow-up, incident investigation and for review at the Joint Health & Safety Committee meeting.

Copies of all reports are kept in the central files.

Investigations of Accidents Reportable To WCB

A joint (labour/management) investigation of all Occupational Health & Safety incidents resulting in an employee receiving medical treatment and/or an employee losing work shall be conducted in a timely manner. The team conducting the review shall use the Staff Accident/Injury Investigation Report H&S 4.6.B which determines the cause of the incident, the injury/disease and offers recommendations for corrective actions. The investigation also should identify any unsafe conditions, unsafe acts and unsafe work procedures along with recommendations to prevent future occurrences of the incident.

Completed investigation forms are to be copied and forwarded to the WCB by payroll, along with copies of WCB forms, then filed in central files.

Accidents Involving a CVS Vehicle

All accidents involving a CVS vehicle must be recorded on form H&S 4.6.C – CVS Accident Report – Vehicle Information. The form must be completed in full detail to ensure all information is available for insurance purposes. All completed forms are given to the Program Manager for further action.

Vehicle Accident Response Guidelines

In the case of a vehicular accident the following response guidelines should be followed:

- ? if possible move the vehicle to a safe position at the side of the road;
- ? check all participants and staff for injury;
- ? call 911 if needed;
- ? if vehicle is safe (i.e. intact with no fumes or gas / chemical leaks and away from traffic or other dangers), keep participants inside the vehicle where they will be safest;
- ? if you determine the vehicle not to be safe, remove participants from the vehicle to a safe place away from vehicle and other dangers;
- ? if possible call your program manager;
- ? if other vehicles are involved get the following information from them:
 - o Drivers name and Drivers License number

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- Male or female
 - Phone number (home and work)
 - Insurance information (policy number, expiry date & insurer)
 - Vehicle information (make, model, color and plate number)
- ? once you have determined that everyone is safe and all information has been gathered you will fill out form H&S 4.6.C – CVS Accident Report – Vehicle Information located in the Pre-trip Binder (binder located in van or at Program / Residence).

Note: Every client, staff or volunteer must see a doctor after being involved in an accident.