

<i>The Town of Fort Frances</i>	SECTION HEALTH AND SAFETY
<u>CRITICAL INJURY REPORTING AND INVESTIGATION</u> <u>POLICY</u>	NEW: August 2004 REVISED: November 2007
Resolution No. 406 (consent) 11/07	Supercedes Resolution No. 317 (consent) 08/09
Policy Number 5.6	PAGE 1 of 10

1. PURPOSE

Where a worker or any other person is critically injured or dies at a Town of Fort Frances workplace or facility as a consequence of the workplace, the Corporation shall ensure that prompt medical attention is provided, that a thorough investigation to identify causes is completed, and the appropriate corrective measures are implemented. The Corporation shall also ensure that proper notifications are made in a timely fashion.

2. OBJECTIVE

- A. To ensure an injured worker or person is immediately provided the necessary medical care.
- B. To ensure notification of family occurs in a timely and discrete manner.
- C. To ensure compliance with the notification requirements of the Occupational Health and Safety Act.
- D. To ensure that all safety hazards are identified and promptly corrected.

3. PURPOSE

These guidelines are intended to ensure that in the event of a Critical Injury or Death as a consequence of The Town of Fort Frances workplace or facility the Critical Injury or Death Reporting and Investigation Policy is adhered to.

4. CRITICAL INJURY DEFINED

A critical injury as defined by Ontario Regulation 834 under the Occupational Health and Safety Act is an injury of a serious nature that:

- A. Places life in jeopardy;
- B. Produces unconsciousness;
- C. Results in substantial loss of blood;
- D. Involves the fracture of a leg or arm but not a finger or toe;
- E. Involves the amputation of a leg or arm, hand or foot, but not a finger or toe.
- F. Consists of burns to a major portion of the body; or
- G. Causes the loss of sight in an eye.

5. POST-ACCIDENT PROCEDURES

- A. The first Town of Fort Frances employee to arrive on the scene shall call for an emergency service to respond to provide health care and shall secure the area to prevent further injury if necessary. They must then notify their immediate supervisor of the accident.
- B. The first Town of Fort Frances employee who is qualified to administer First Aid to arrive on the scene should provide first aid to the injured person. The first consideration should always be the well-being of the injured person as well as to the safety of the responding employee (in preventing any additional injuries).

6. NOTIFICATION PROCEDURE

Legislated

- A. If a person (Corporation employee, visitor, etc.) dies or is critically injured as a consequence of a Corporation workplace or facility, or while working for the Corporation, the supervisor with authority over the workplace in which the accident occurred shall immediately notify their immediate supervisor and the Human Resources Manager.
- B. Where there is doubt as to whether the accident occurred as a consequence of a Town of Fort Frances workplace the supervisor shall proceed with the requirements of these guidelines.
- C. The Division Manager shall notify all the parties identified below in accordance with procedures attached in Appendix A. Notifications will be by telephone, fax or other direct means. Contact numbers are listed in Appendix B:
 - i. Ministry of Labour
 - ii. Chief Administrative Officer
 - iii. Human Resources Manager
 - iv. Designated worker representative from Joint Health and Safety Committee.
 - v. President of appropriate Union Local/Association
 - vi. Fort Frances O.P.P. Detachment
- D. The Division Manager shall complete the Notification Form (Appendix A) including the date and time at which the initial report of injury was received, the name of the supervisor reporting the occurrence and any other relevant details. The Division Manager will also record the date, time and name of the persons notified in accordance with the notification listing (Appendix B).

Notification of Family

Where an employee dies or is critically injured at work the Division Manager with authority over the work place or Chief Administrative Officer or designate will notify the injured employee's immediate family or other persons if so directed by the injured employee. Where required the Division Manager or designate may request the assistance of a co-worker, Police Officer, clergyperson, employee's supervisor, union representative etc.

Maintenance of Emergency Notification Contact Numbers

The Joint Health and Safety Committee shall review and revise, as needed the contact numbers on a regular basis but at least annually. Divisions are expected to notify the Health and Safety Committee of any changes needed at any time.

7. ACCIDENT INVESTIGATION

Supervisor's Responsibility

The most senior supervisor in attendance at the death or critical injury scene shall be responsible to cordon off the area, ensure that, no person interferes with, disturbs, destroys, alters or carries away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by a Ministry of Labour Inspector.

The supervisor with authority over the workplace shall immediately commence an accident investigation. The investigation shall be performed in accordance with the **Town of Fort Frances Accident Investigation Policy**.

The provisions of *Notification* may be disregarded only where required for the purpose of:

- A. Saving life or relieving human suffering.
- B. Maintaining an essential public utility service or a public transportation system; or
- C. Preventing unnecessary damage to equipment or other property.

8. HEALTH AND SAFETY COMMITTEE INVESTIGATION

A designated worker representative from the Joint Health and Safety Committee has the right to inspect the place where an accident has occurred in which a Town of Fort Frances employee is killed or critically injured.

9. STATEMENTS TO AUTHORITIES

Employees of the Corporation are expected to co-operate fully with any police, Ministry of Labour, or other authority investigating when questioned.

10. STATEMENTS TO THE MEDIA

All media inquiries are to be directed to the Division Manager responsible for the workplace or designate.

In no circumstances, should employees of the Corporation who have not been authorized to do so make any statement to the media.

11. EMPLOYER REPORT OF OCCURRENCE

The Division Manager or designate shall ensure that the Notice of Critical Injury or Death report is completed and forwarded to the Human Resources Manager within twenty-four (24) hours of the occurrence (see Appendix C)

The Notice of Critical Injury or Death report as outlined in the Occupational Health and Safety Act, contains the following information:

- A. Name and address of the employer (Corporation of the Town of Fort Frances) and constructor (if appropriate).
- B. The nature and circumstances of the occurrence and the bodily injury sustained;
- C. A description of the machinery or equipment involved.
- D. The time and place of the occurrence;
- E. The name and address of the person who died or was critically injured.
- F. The names and addresses of all witnesses to the occurrence.
- G. The name and address of the physician or surgeon, if any by whom the person was or is being attended for the injury.

Members of the Joint Health and Safety Committee are available to assist in the completion of the report, as required.

The Human Resources Manager shall review the report for accuracy and completeness and forward it to the appropriate Director, Ministry of Labour, Head Office, Toronto, within **forty-eight (48) hours** of the critical injury or death.

The Human Resources Manager shall also provide notification to the Workplace Safety and Insurance Board in accordance with the WSIB Act and.



CORPORATION OF THE TOWN OF FORT FRANCES CRITICAL INJURY OR DEATH REPORTING PROCEDURE

APPENDIX A

In the event that a critical injury or death is sustained at a Town of Fort Frances workplace / facility (excluding the Fort Frances O.P.P. Detachment), the following procedures are to be followed:

1. The Division Manager receives a telephone call from a supervisor advising that there has been a critical injury at a Town of Fort Frances workplace or facility. The Division Manager will contact the Human Resources Manager and the Chief Administrative Officer.
2. The Human Resources Manager will work in conjunction with the Division Manager to ensure that all of the following steps are completed.
3. The Division Manager determines if the police and ambulance have been notified (if required). If they have not, they are to be notified immediately by the Division Manager. Once they are notified this should be recorded on Form B. The Division Manager ensures that the reporting supervisor provides all information outlined in Form A.
4. The Division Manager contacts all parties listed on Form B if the accident occurs during regular working hours (8:30 a.m. to 4:30 p.m.)
5. If the accident occurs after working hours (4:30 p.m. to 8:30 a.m. the Supervisor with authority over the workplace will notify those persons listed on Form B.
6. The following information will be provided to the contact person by the Division Manager:
 - a. A person has been critically injured or has died at a Town of Fort Frances workplace/facility
 - b. Name of the victim
 - c. Exact location of incident
 - d. Date and time of incident
 - e. Nature of injury as provided by supervisor who called in report (do not speculate or assume)
 - f. Advise the person contacted that they may contact the supervisor who reported the incident for further information.
7. The Division Manager will log the name of the person contacted as well as the date and time. Should the designated contact person be unavailable, a message will be left with an alternate person whose name they will document. The Manager will make a minimum of three attempts (over the course of one hour) to contact the designated person or to leave a message.
8. After the initial telephone contact is made, the Division Manager will send a copy of Form A to the attention of each contact person. This must be CONFIDENTIAL.
9. The Chief Administrative Officer will be kept informed at all stages of the process.



FORM A

**CORPORATION OF THE TOWN OF FORT FRANCES
CRITICAL INJURY OR DEATH NOTIFICATION**

Date:	Time:
Reporting Supervisor and Work Location Phone #	
Division	
Name of Injured Employee	
Location of Incident	
Date and Time of Incident	
Details (nature of Injury, witnesses, Etc.	



FORM B

**CORPORATION OF THE TOWN OF FORT FRANCES
CRITICAL INJURY OR DEATH NOTIFICATION**

Notification List	Date	Time	Contact Person
Police Department			
Ambulance			
Chief Administrative Officer			
Ministry of Labour Regional Office			
Human Resources Manager			
Certified Worker Representative			
Union Steward / Association			

Division Manager or Designate	Date
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CORPORATION OF THE TOWN OF FORT FRANCES
CRITICAL INJURY OR DEATH EMERGENCY NOTIFICATION NUMBERS

APPENDIX B

Police Services	911	274-7777
Ambulance	911	274-3261
Chief Administrative Officer	274-5323 (work)	
Ministry of Labour	1-800-465-5016	
Manager of Community Services	274-4651 (work)	
Manager of Operations and Facilities	274-9893 (work)	
Certified Worker Representatives		
Trevor McKinnon, Parks and Cemeteries	274-7342	
Alan Eide – Public Works	274-9893	
Gerry Hawley – Public Works	274-9893	
Brad Beninger – Memorial Sports Centre	274-4561	
Diane Krawchuk – Children’s Complex	274-5457	
Bob Tkachuk – Fire Department	274-9841	



CORPORATION OF THE TOWN OF FORT FRANCES
CRITICAL INJURY OR DEATH REPORTING NOTICE

APPENDIX C

This report is to be completed by the Division Manager or designate within 24 hours of occurrence.

Town of Fort Frances
320 Portage Avenue
Fort Frances, Ontario
P9A 3P9

Contractor Name and Address (if applicable):

Describe the nature and circumstances of the occurrence and the bodily injury sustained:

Describe the machinery or equipment involved:

Time of the Occurrence: _____ a.m./p.m.

Exact Location of Occurrence:

Person Killed or Critically Injured:

Name and Address:

Witnesses:

Witness #1 Name and Address:

Witness #2 Name and Address:

Treating Physician Name and Address:

Name of person completing the report: _____ Date: _____

This report should be forwarded to the Human Resources Manager within 24 hours of occurrence. For any questions refer to the Critical Injury Reporting and Investigation Policy and Guidelines.