

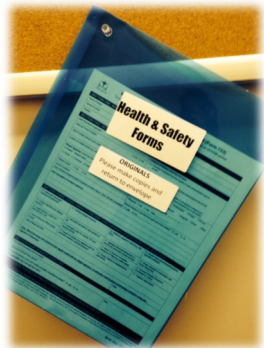
Where To Find Forms?



Electronically

OCDSB GEM

- ⇒ Groups
- ⇒ Occupational Health and Safety Conference



Hard Copies

Every school should have an envelope that contains hard copies of all health and safety related forms. This envelope can be located on the health and safety bulletin board or in a central location in your school.



Health & Safety Reporting Reference Guide



September 2018

Joint Health and Safety Committee (JHSC)

The OCDSB has one central JHSC. The names of JHSC members are posted annually on the Safety Bulletin Board at your site.

The role of the JHSC includes identifying situations that may be a source of danger or hazard to workers as well as making recommendations for the improvement of health and safety.

JHSC Worker Representatives investigate critical injuries, attend work refusals, accompany Ministry of Labour officials and can be present at industrial hygiene related tests.

Worksite Safety Representatives

A Worksite Safety Representative is required at all sites and all non-management workers are encouraged to consider taking on this role. This representative is selected each spring by the non-management workers at the site for the following school year.

The role of the Worksite Safety Representative includes completing the monthly safety inspection during the school year and encouraging workers to report health and safety concerns to the principal/supervisor.

Additional Information



Safety Bulletin Board

Each site has a safety bulletin board where health and safety related information is posted. This board includes:

- Name of Worksite Safety Representative;
- Name(s) of First Aid Attendant(s);
- JHSC Minutes and list of JHSC Members;
- Results from any health and safety testing;
- Ministry of Labour reports;
- Ontario OHS Act and Regulations;
- OCDSB health and safety related policies;
- Various health and safety posters

The Occupational Health & Safety Act gives workers rights. It sets out roles for employers, supervisors and workers so they can work together to make workplaces safer.

Workers have the right to:

- **Know** about workplace hazards and what to do about them.
- **Participate** in solving workplace health and safety problems.
- **Refuse** work they believe is unsafe.

*Teachers must ensure the health or safety of a student is not in imminent jeopardy prior to refusing work.

Occupational Health and Safety Concern Form

Use the concern form to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace.

Complete Section 1. Submit the form to your principal/supervisor and keep a copy for your records. Your principal/supervisor completes Section 2 and returns it to you. Complete Section 3 and indicate if the concern is resolved or not.

Principal/supervisor forwards form to OH&S and worker sends to bargaining unit where applicable. Fax numbers:

- OC ETFO/FEEO 613-829-0869
- OCEOTA 613-221-9137
- OSSTF 613-729-8565

This concern form is to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace. Please submit to your principal or supervisor and keep a copy for your records. Any hazard which is identified as immediately dangerous to life or health must be brought to the Principal/Supervisor's attention without delay and all steps reasonable to control the hazard must taken immediately.

Section 1 – (To be completed by worker)

Name of worker: _____ School/Location: _____ Bargaining unit: _____
 Room/area of concern: _____ Date submitted to principal/supervisor: _____

Health and Safety Concern
 Describe the concern, its background and possible suggestions for resolution:

Section 2 – (To be completed by principal/supervisor)
 Response from principal/supervisor – within 7 working days (holidays excepted) of receipt from worker
 Identify the corrective action proposed or taken (see reverse for further step)
 Actions taken: None required OHS Facilities Other (specify) _____

Signature of principal/supervisor _____ Date Concern Form returned to Worker: _____

Section 3 – (To be completed by worker)
 Issue Resolved Unresolved

After Section 3 is completed, worker forward copy to bargaining unit office and principal/supervisor forwards to OHS Division.

Reporting Workplace Violence

Use the new online system to report violence or threats of violence.

Violence is defined as:

- The exercise of physical force that causes or could cause physical injury to a worker,
- An attempt to exercise physical force that could cause physical injury to the worker, or
- A statement or behaviour that is reasonable for the worker to interpret as a threat to use physical force that could cause physical injury to the worker.

Reporting Instructions:

1. On the OCDSB website select **Staff Portal** and **Sign in with Google**, and enter your OCDSB credentials.
2. Select **Admin.** then **Online Workplace Violence Reporting.**
3. Select **Employee Workplace Violent Incident Report.**
4. Once submitted, **Download and/or print out a copy for your records.**

Your principal/supervisor will receive an email notification once an online form has been submitted. Your principal/supervisor will identify actions that have been or will be taken as follow up to the incident and you will receive via email the report with this section completed. The last step provides you with the option to bring to the attention of the Joint Health & Safety Committee for review.

Paper copy versions no longer accepted. Please use new online Violent Incident Reporting System

WORKPLACE VIOLENCE REPORTING FORM (Form 733) Appendix A
 This form must be completed in its entirety and FAXED to EMPLOYEE WELLNESS within 24 hours. Please call 613-596-8250 for assistance – FAX: 613-596-8798

SECTION 1: REPORTER INFORMATION

SECTION 2: DETAILS OF INCIDENT

SECTION 3: DAMAGE TO PROPERTY AND REQUIREMENTS OF INVESTIGATION CHECKS (if not apply)

SECTION 4: TYPE OF INCIDENT

SECTION 5: ACCIDENT LOCATION

SECTION 6: WITNESSES

SECTION 7: SIGNATURES

Additional form that may be applicable:

Safe Schools Incident Report Form (Part I of II)

Use this form if you become aware that a student at a school in the board may have engaged in an activity as outlined in Section 4 of the form where suspension or expulsion are to be considered.

Submit the form to your principal/supervisor and keep a copy for your records.

Your principal/supervisor must provide you with the Safe Schools Incident Reporting Form— Part II Acknowledgement of Receipt of Report.

SAFE SCHOOLS INCIDENT REPORTING FORM – PART I OF II
 (References: Bill 157: Education Amendment Act (Keeping Our Kids Safe at School Act), 2009
 Ministry of Education Policy and Program Memoranda (PPM) 144 and 145
 OCDSB Policies P-001.SCO, P-008.SCO and Procedures PR-511.SCO and PR-515.SCO)

Reference the above-noted policies and procedures and page three for background and instructions on completing this form, responsibilities of individual reporting the incident/activity and the principal, and distribution requirements as set out in the Ministry of Education's PPM 144 and 145.

Additional documentation / information relating to the incident may be attached to this form if required.

Report No: _____

Name of School: _____

1. Name of Student(s) Involved (if known): _____

2. Location of Incident (check one):

At a location in the school or on school property (please specify) _____

At a school-related activity (please specify) _____

On a school bus (please specify route number) _____

Other (please specify) _____

3. Time of Incident: Date: _____ Time: _____ Location: _____

4. Type of Incident (check all that apply):

Activities for which suspension must be considered under section 306(1) of the Education Act

Uttering a threat to inflict serious bodily harm on another person

Possessing alcohol or illegal drugs

Being under the influence of alcohol

Swearing at a teacher or at another person in a position of authority

Committing an act of vandalism that causes extensive damage to school property at the student's school or to property located on the premises of the student's school

Bullying

For this reporting purpose, the following other activities for which a student may be suspended under board policy:

committing an act of vandalism that causes damage to District property or to property located on the premises of the District

possession or sale of illegal or unauthorised tobacco products, prescription drugs and alcohol

being under the influence of illegal drugs

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Reporting an Injury, Occupational Illness or Exposure

Workplace injuries, occupational illnesses and exposures to physical, chemical or biological hazards can be entered directly into an online reporting program by your principal/supervisor.

If your principal/supervisor is not available the Workers Accident/Incident/Occupational Illness Report (Form I40) can be used. This form can provide information about your incident to your principal/supervisor so that it can be entered into the online system. Casual employees should complete the Form I40.

Keep a copy of any completed forms for your records.

Workers Accident / Incident / Occupational Illness Report
 This form must be completed in its entirety and FAXED to EMPLOYEE WELLNESS within 24 hours. Please call 613-596-8250 for assistance – FAX: 613-596-8798

A: Accident/Incident Type

Incident-No Injury Minor Injury-No Treatment First Aid Occupational Illness

Health Care Lost Time

B: Worker Information

Last Name: _____ First Name: _____

Sex: Male Female Do you currently have more than one job? yes no

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Work Location (Name of School): _____ Occupation: _____

Immediate Supervisor: _____ Phone: _____

C: Reporting of Accident or Occupational Illness

Date of incident: _____ Time of injury: _____ am pm

OR
 Date condition develop over time: _____ yes no

Hours worked on day of injury: From _____ To _____ Regular working hours: From _____ To _____

Date reported: _____ Time: _____ am pm Accident reported to: _____

If there was a delay in reporting accident, list reasons: _____

Did you receive health care for this accident/incident? yes no

If yes, provide name, phone number, address and appointment date of attending health care professional or hospital.

Did the injury occur on the employer's premises? yes no

If yes, Accident location: _____ If no, Accident location: _____

Was the work you were doing for the purpose of your employer? yes no

If yes, was it part of your usual work? yes no

D: PLEASE INDICATE AREA OF INJURY (Left/Right) Please all that apply:

Head: Front Back Top Neck Other _____

Shoulder: L R Arm L R Elbow L R Other _____

Forearm: L R Wrist L R Hand L R Other _____

Fingers: L R Hip L R Thigh L R Other _____

Knee: L R Lower leg L R Ankle L R Other _____

Foot: L R Toe(s) L R Other _____

Accident Details
 Describe fully what happened to cause this injury or illness. Describe what you were doing and include any tools, equipment, materials, etc. Be specific of weights and size of objects. State any gas, chemicals or extreme temperatures you may have been exposed to. If necessary attach additional information.

Describe the accident in detail: _____

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