HASTINGS AND PRINCE EDWARD DISTRICT SCHOOL BOARD

FORM 421-1	
Adopted	June 10, 2010
Last Revised	May 31, 2022
Review Date	May 31, 2023 Annual Review

EMPLOYEE ACCIDENT/VIOLENT INCIDENT REPORT

CHECK ONE ❑ ACCIDENT ❑ VIOLENT INCIDENT

INSTRUCTIONS:

- ➔ Report the accident/violent incident immediately to your principal/supervisor
- ➔ Print out this form and complete all sections and sign and date it
- ➔ Ensure your principal/supervisor or designate signs the bottom of the form
- ➔ **SEND THE ACCIDENT/VIOLENT INCIDENT REPORT TO HUMAN RESOURCES SUPPORT SERVICES IMMEDIATELY FOLLOWING THE ACCIDENT/VIOLENT INCIDENT (within 24 hours)**
  ATTENTION: HEALTH AND SAFETY OFFICER
  FAX: 613-966-1397 OR EMAIL: hr.services@hpedsb.on.ca

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ **HOME PHONE NUMBER:** _____
WORK LOCATION: _____ **DATE OF BIRTH:** _____
JOB TITLE/POSITION: _____ **SUPERVISOR'S NAME:** _____
WORKING HOURS: FROM: _____ **TO:** _____ **DAYS WORKED PER WEEK:** _____

EMPLOYEE GROUP

❑ **CUPE** ❑ **ETFO** ❑ **OSSTF** ❑**ASG** ❑ **APSSP** ❑ **ETFO OT** ❑ **OPC** ❑ **Senior Administration**

ACCIDENT/VIOLENT INCIDENT DATES AND DETAILS (Please ☒ all that apply):

Date_____ **Time**_____ ❑ AM ❑ PM

Date & Time Reported: Date_____ **Time**_____ ❑ AM ❑ PM

Reported to: (Name and Position)_____

1. WAS THIS INCIDENT (Please ☒ all that apply):

❑ Sudden Specific Event/Occurrence ❑ Gradually Occurring Over Time ❑ Occupational Disease

2. a) TYPE OF ACCIDENT/VIOLENT INCIDENT (Please ☒ all that apply):

❑ Struck/Caught ❑ Fall ❑ Slip/Trip ❑ Overexertion ❑ Harmful Substance/Environment
❑ Motor Vehicle Accident ❑ Repetition ❑ Fire/Explosion
❑ Near Miss ❑ Verbal (i.e. threat) ❑ Physical ❑ Other_____

b) Type of VIOLENT INCIDENT (Please ☒ all that apply):

❑ Physical ❑ Punching ❑ Striking ❑ Spitting ❑ Scratching ❑ Pulling ❑ Pushing ❑ Biting ❑ Kicking
❑ Verbal (i.e. threat) ❑ Possessing a weapon ❑ Physical Assault requiring medical attention ❑ Sexual assault
❑ Robbery ❑ Threatened with a weapon ❑ Other_____

IF INJURY OCCURRED, CONTINUE WITH SECTION 3, IF NO INJURY HAS OCCURRED GO TO SECTION 5.

3. AREA OF INJURY (BODY PART) (Please ☒ all that apply):

❑ Head ❑ Face ❑ Eye(s) ❑ Ear(s) ❑ Teeth ❑ Neck ❑ Chest ❑ Upper Back ❑ Lower Back ❑ Abdomen
❑ Pelvis ❑ Other_____

4. PLEASE INDICATE LOCATION OF INJURY AND LEFT OR RIGHT: ☒

Shoulder	L ❑ R ❑	Arm	L ❑ R ❑	Elbow	L ❑ R ❑
Forearm	L ❑ R ❑	Wrist	L ❑ R ❑	Hand	L ❑ R ❑
Finger (s)	L ❑ R ❑	Hip	L ❑ R ❑	Thigh	L ❑ R ❑
Knee	L ❑ R ❑	Lower Leg	L ❑ R ❑	Ankle	L ❑ R ❑
Foot	L ❑ R ❑	Toe (s)	L ❑ R ❑		

5. PLEASE INDICATE THE FOLLOW INFORMATION: (Please ☒ all that apply):

Safety Plan in place ❑ Yes ❑ No

6. **DESCRIBE:** What happened to cause accident/violent incident and what you were doing at the time.
For accidents: provide details related to equipment or conditions that may have been involved.
For violent incidents: describe the nature of the incident (physical/verbal/weapons/etc.) and the context.

(if additional space is required please use a blank sheet and submit with this document)(additional sheet attached ❑ Yes)

7. **EXACT LOCATION OF ACCIDENT/VIOLENT INCIDENT:**

☐ Halls	☐ Library	☐ Parking lot
☐ School Yard	☐ Gym	☐ Office
☐ Classroom	☐ School Bus	☐ Playing field
☐ Cafeteria	☐ Washroom/Change room	☐ Off-site_____
☐ Other_____		

8. **REPORT ANY ADULT WITNESSES (excluding students):** _____

9. **Was any individual not working for the HPEDSB partially or totally responsible for this accident/violent incident?**
❑ Yes ❑ No
If **yes**, provide name _____

10. Is this a repeat incident/accident? ❑Yes ❑ No
If **yes**, please explain _____

HEALTH CARE

1. Did you receive health care for this accident/violent incident? ❑ Yes ❑ No
If **yes**, when: _____
2. When did the HPEDSB learn that you received health care? _____
3. Where were you treated for this accident/violent incident? (☒ all that apply)
❑ On-site First Aid ❑ Ambulance ❑ Emergency Dept. ❑ Admitted to Hospital ❑ Clinic
❑Health Professional Office (Doctor/Dentist/Chiropractor/Physiotherapist)
4. Name, address and phone number of health professional who treated you (if known):_____
_____
5. Do you have any prior, similar or related problem, injury, or condition? ❑Yes ❑ No
6. If you did not report this to your employer right away, please tell us why:_____
_____

LOST TIME – NO LOST TIME

Please choose ONE - **After day of accident/violent incident, you:**
❑ Returned to **regular job** and **DID NOT** lose any time and/or earnings
❑ Returned to **modified job** and **DID NOT** lose any time and/or earnings
❑ **Lost** time and/or earnings - complete below

➡ ***If you lost time from work or sought health care regarding this accident/violent incident after filing this report, you must notify your principal/supervisor and the human resources coordinator and/or the health and safety officer immediately.***

EMPLOYEE DECLARATIONS AND SIGNATURE

By signing below you declare all the information provided on this report is true.
If you are claiming benefits (either health care and/or lost time) under the Workplace Safety and Insurance Act your signature below allows your health care practitioner to release information about your functional abilities directly to your employer and to the WSIB. It is an offense to deliberately make false statements to the Workplace Safety and Insurance Board.

EMPLOYEE'S Signature _____ Date: _____

SUPERVISOR/PRINCIPAL Signature _____ Date: _____

SUPERVISOR/PRINCIPAL INSTRUCTIONS

Accident: Complete **Form 421-2: Supervisor's Accident/Violent Incident Investigation Report IF** employee accident results in lost time, health care or modified work.
Violent Incident: Complete **Form 421-2: Supervisor's Accident/Violent Incident Investigation Report** for **ALL** violent incidents involving employees.

Supervisor/principal additional information or comments: _____
(if additional space is required please use a blank sheet and submit with this document)(additional sheet attached ❑ Yes)