EMPLOYEE ACCIDENT/ INCIDENT REPORT

Form to be completed by worker <u>immediately</u> following the accident/incident, when possible.

<u>Directors and Principals, please email this report to:</u> hrincidentreport@wqsb.qc.ca

(Human Resources & the OHS representative will receive a copy)

If this is an incident of aggression or violence, please also complete Section C of this form.

*If this is an incident of harassment, please see Policy F-18 and complete the **Harassment Report Form** found within the policy.*

*Please **<u>do not</u>** include any student names or initials in this report. Use the student number, if applicable.*

SECTION A: EMPLOYEE IDENTIFICATION

Name: _____ **Telephone:** _____

Email: _____ **Job Title:** _____

School: _____

Category: ☐ Teacher ☐ Professional ☐ Support Staff ☐ Management

SECTION B: DESCRIPTION OF ACCIDENT/INCIDENT

Date of Accident/Incident: _____ **Time of Accident/Incident:** _____

Location of Accident/Incident: _____

Describe the Accident/Incident:

Describe the Injury/Impact (If applicable):

Absence (s) from Work: No ☐ Yes ☐ **If yes, please specify the date(s):** _____

****<u>NOTE</u>: For any absences or treatments that result from your accident/incident, a medical certificate from your physician may be requested from the Human Resources department.**

COMMISSION SCOLAIRE WESTERN QUÉBEC SCHOOL BOARD

THE CONTENTS OF THIS REPORT REMAIN CONFIDENTIAL

Immediate Measures:

First Aid:

_____

Method of Transportation to Health Services/Hospital/Home:

_____

Witness(es) 1: Name: _____ Tel.: _____

2: Name: _____ Tel.: _____

SECTION C: REPORTING OF INCIDENT

If this is student related, has this student been involved in a previous accident or incident? ☐ Unsure ☐ Yes ☐ No

Were CPI/BMS strategies used? ☐ Yes* ☐ No → ***Were containment holds used?** ☐ Yes** ☐ No

**CPI: Crisis Prevention Intervention*

**BMS: Behavioral Management Systems*

*(** If yes, please remember to complete the Containment Report- BMS/CPI)*

Source:	**Student Identification:**
☐ Student(s) ***[No names, no initials]*** ☐ Parent(s) ☐ School Personnel ☐ Administration**	Student Number(s) Only (Please ask principal/centre director) _____

****NOTE:** If the source is Administration, do not have it signed by your supervisor and send this form directly to:**
Erick Tremblay, Director of Human Resources: etremblay@wqsb.qc.ca

SECTION D: EMPLOYEE ACKNOWLEDGEMENT

I declare that the information given in this report is true and consistent with what actually happened. I understand it is my right to discuss this with my union or association representative.

Signature: _____ **Date:** _____

SECTION E: SUPERVISOR ACKNOWLEDGEMENT

I have received and read this report in full.

Name: _____ **Signature:** _____

Date: _____

FOR INTERNAL USE ONLY

***Please note: this section must be filled out by the immediate supervisor.*

Select all applicable follow ups:

☐None required as incident circumstances are unlikely to reoccur.

☐Student Intervention.

☐Request for Employee Training.

☐Follow Up with Buildings department.

☐ Implement measures to mitigate re-occurrence and monitor the situation.