Safety Responsibilities
FIRST AID ATTENDANT

In addition to their Health and Safety responsibilities, Set Medics are responsible for gathering and recording injury and illness-related information as required by WorkSafeBC and the Production's Occupational Health and Safety Program (OHSP). Your Production Office Coordinator needs information on every employee who suffers a work-related injury or illness.

Please remember that the forms you are required to fill out are legal documents, so be as accurate and thorough as possible. If you have any questions when filling out forms, speak with an employer representative from the Production's Joint Occupational Health and Safety Committee, or the Production Safety Representative

When you start work:

1. Obtain *Location Set Medic Packet* from your Production Coordinator or payroll company.
2. Review the paperwork requirements.

Participation in the Occupational Health and Safety Program:

1. **Read and understand the safety literature:**
   - Obtain and review the ***General Safety Guidelines for Production*** (Form 1), sign the ***Employee Acknowledgement*** form and turn it in to the POC.
   - Additional information is available from the ***Production Safety Manual***, which can be obtained at www.canadianproduction.com along with all AMPTP/Actsafe Safety Bulletins and other safety info.
   - Read the distributed AMPTP or Actsafe Safety Bulletins related to the specific hazards that you may encounter on the production (i.e. helicopters, firearms, appropriate clothing, etc.)
2. **Attend and participate in safety meetings to review the following:**
   - Safety aspects of the day's activities and the particular hazards of the location.
   - Elements of the Emergency Plan, such as the location of emergency equipment, exits and telephones on site, and emergency procedures, such as evacuation plans in case of fire, nearest hospital name, location and phone number, etc.
   - Set up your equipment accordingly.

IF AN INJURY IS SERIOUS, DIAL 911 OR YOUR FACILITY'S EMERGENCY RESPONSE NUMBER FOR TREATMENT AND TRASNPORTATION OF THE PATIENT TO A HOSPITAL.
(Ensure the employee's supervisor has arranged for a return ride from the hospital.)
THEN <u>IMMEDIATELY CALL THE PRODUCTION MANAGER</u>. IF YOU CANNOT REACH THE PM, CALL THE PRODUCTION OFFICE COORDINATOR AND THE PRODUCTION SAFETY REPRESENTATIVE IMMEDIATELY. YOU MAY LEAVE VOICE MESSAGES – BUT YOU MUST CALL UNTIL YOU SPEAK TO A LIVE PERSON.

<u>Serious Accidents, Injuries and Mishaps</u>

Serious accidents, injuries and mishaps are incidents that require transportation by ambulance, visitation to the hospital by one or more employees, any treatments greater than general first aid, or any serious property/asset damage.

For all injuries, the Set Medic/First Aid attendant must do the following:

1. Notify the Production office of the injury.
2. Provide the patient an ***Employee's Report of Injury*** form. (The patient must sign and date a receipt. If the patient refuses the form, <u>be sure</u> to document this in your notes.)
3. Send completed forms to the Production Safety Representative and the Production Office Coordinator
4. Send a completed copy of the form to your **Production Executive** with that day's production report.
5. Fill out a First Aid Report. Record the patient's recounting of events in quotes. Do not speculate.

6. Send the completed First Aid Report to the **Production Safety Representative** and the **Production Office Coordinator**
7. Complete a ***Refusal of First Aid*** form if the employee refuses to be treated at the scene of the incident or transported to the hospital.
8. Document the injury in your treatment log or notes.
9. If requested, fill out an ***Employer's Report of Injury or Occupational Illness*** (F7) and send to the Production Office Coordinator and the Production Safety Representative

If the employee "may have been injured" or does not want treatment:

1. You must offer WorkSafeBC's *Employee's Report of Injury* to the employee.
2. Tell the employee if he or she later decides to seek medical attention for the injury to notify the Production Office Coordinator as soon as possible so that an *Employer's Report of Injury or Occupational Illness* can be filed.
3. You must complete (to the best of your knowledge) a *First Aid Report* and send it to your Production Office Coordinator and Production Safety Manager. When completing the form, record what the patient says. Do not speculate.
4. Document the injury on the Log Sheet and in your Nursing Notes.
5. If the patient refuses medical attention, fill out the *Right of Refusal of Medical Aid* (Form 16) and give it to the Production Office Coordinator.

Form 16 is for documentation of the Safety Program and is to be completed for every injury or illness in addition to any WorkSafeBC forms.

Document work-related injuries and illnesses:

1. Log Sheets – follow instructions below. At end of week, send ORIGINAL log sheets and nursing notes to your Production Office Coordinator.

Use one log sheet for each day if patients are seen.
If no patients are seen, use one sheet for several days (Write the date and "No Patients Seen.")
Complete ALL information on log sheet –

- DOI: Date of Injury
- TOI: Time of Injury
- MOI: Mechanism of Injury
- LOI: Location of Injury

Narrative – if you complete detailed nursing notes on a separate form, circle "yes" in the narrative column and return your original notes to the Production Office Coordinator.
WC Packet – you are to give WC Packets to employees who sustain significant injuries, even if they decline further treatment at the time of the injury. Circle "yes" on the log to document the WC Packet.

2. Work Comp (WC) Packet and the procedures required are different for each payroll company. Contact your Production Office Coordinator or the payroll company at the beginning of production for the WC Packet and procedures for your show.

WORK SAFE BC

Employer's Report of Injury or Occupational Disease

As an employer, the *Workers Compensation Act* requires you to submit this report **within three days** of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Please report using one of the following options:

1. **Online — The quickest and easiest option**: The online screen application customizes questions to the worker's injury. You can save your report and update it later with new information. Once submitted, you can follow the status of the claim online. Go to **worksafebc.com** and select "Report injury or illness."
2. **Fillable PDF form**: Type in your details online, print the form, and submit it by **fax** or **mail**. Go to **worksafebc.com** and select "Report injury or illness."
3. **Paper form**: Clearly **print** details, sign the form, and submit it by **fax** or **mail**.
   Fax: **604.233.9777** in Greater Vancouver or **toll-free** within BC at **1.888.922.8807**
   Mail: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

Employer information

Employer's name (as registered with WorkSafeBC)				WorkSafeBC claim number (if known) Type of business
WorkSafeBC account number		Classification unit number		Operating location number
Employer address line 1 (mailing)		Employer contact last name		First name
Employer address line 2 (mailing)		Employer contact telephone (and area code)	Extension	Employer contact fax (and area code)
City	Province/state	Employer payroll contact last name		First name
Country (if not Canada)	Postal code/zip	Employer payroll contact telephone (and area code)	Extension	Employer payroll contact fax (and area code)

Worker information

Worker last name	First name	Middle initial	Gender ☐ M ☐ F
Date of birth (yyyy-mm-dd) - -	Home phone number (include area code)	Social insurance number	
Address line 1		Address line 2	
City	Province/state	Country (if not Canada)	Postal code/zip

1. What is the worker's occupation?	2. Has the worker been employed by this firm for less than 12 months? ☐ Yes ☐ No	3. If yes, start date (yyyy-mm-dd)

4. At the time of injury, was the worker (check all that apply)

☐ Permanent	☐ Apprentice	☐ Self-employed	☐ Casual
☐ Temporary	☐ Volunteer	☐ Principal/partner or relative of employer	☐ Other (specify)
☐ Full time	☐ Student	☐ Fisher	
☐ Part time	☐ New entrant to workforce	☐ Hired on a contract basis	

Incident information

5. Date of incident (yyyy-mm-dd) - -	Time of incident (hh:mm) ☐ am ☐ pm **OR**	6. Period of exposure resulting in occupational disease (yyyy-mm-dd) From To
7. Did worker report injury or exposure to employer? ☐ Yes ☐ No ◆	8. The injury or disease was first reported to employer on (yyyy-mm-dd)	(please check one) To: ☐ First aid ☐ Supervisor ☐ Office ☐ Other (specify)
9. Name of person reported to		
10. Describe how the incident happened		11. Describe the injury in detail (what part of the body was injured) 12. Side of body injured ☐ Left ☐ Right ☐ Both ☐ Not applicable
13. Describe the work incident location (address, city, province) and where incident occurred (e.g. shop floor, lunchroom, parking lot)		
14. Did the injury(ies) or exposure result from a specific incident? ☐ Yes ☐ No		

WORK SAFE BC

Employer's Report of Injury or Occupational Disease

If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name	First name	Middle initial	WorkSafeBC claim number (if known)

Social insurance number	Personal health number (CareCard)	Date of incident (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)
		- -	- -

15. Contributing factors — select **at least one**, and as many as applicable

- ☐ Lifting ☐ lb ☐ kg
- ☐ Overexertion
- ☐ Repetitive (activity repeated over and over again)
- ☐ Slip or trip
- ☐ Twist
- ☐ Fall
- ☐ Struck
- ☐ Crush
- ☐ Sharp edge
- ☐ Fire or explosion
- ☐ Harmful substances in the work environment
- ☐ Animal bite
- ☐ Assault
- ☐ Motor vehicle accident
- ☐ Unsure/other (please explain below)

16. Were there any witnesses? ☐ Yes ☐ No

17. Did the incident occur in British Columbia? ☐ Yes ☐ No

18. Were the worker's actions at time of injury for the purpose of your business? ☐ Yes ☐ No

19. Did the incident occur on employer's premises or an authorized worksite? ☐ Yes ☐ No

20. Did the incident happen during the worker's normal shift? ☐ Yes ☐ No

21. Was the worker performing their regular duties at the time of the incident? ☐ Yes ☐ No

22. Did the worker receive first aid? ☐ Yes ☐ No Date (yyyy-mm-dd) ◆

If yes, please provide first aid attendant name (if known)

23. Did the worker go to hospital, clinic, or visit a physician or qualified practitioner? ☐ Yes ☐ No Date (yyyy-mm-dd) ◆

If yes, please provide provider name (if known)

If yes, please provide provider address (if known)

24. Are you aware of any recent pain or disability in the area of the worker's reported injury? ☐ Yes ☐ No

25. Do you have any objections to the claim being allowed? ☐ Yes ☐ No ◆

If yes, please explain

Wage information

26. Did the worker miss any time from work beyond the date of injury or exposure? ☐ Yes ☐ No

If **no work was missed** and **no change** to duties/pay, proceed to bottom of page to sign, date, and submit this report.
If **work was missed** or if duties/pay have been **modified**, please answer **all** questions on this form.

27. Provide the **base salary** amount for this employment position at the time of injury

$ ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

28. Does worker receive other amounts of compensation in addition to **base salary**? ☐ Yes ☐ No
Does worker receive vacation pay on every cheque? ☐ Yes ☐ No
If yes, vacation pay _____%

Please select check boxes for any of the following amounts worker receives in addition to **base salary** AND provide the amount for each:

- ☐ Tips and gratuities $_____
- ☐ Room and board $
- ☐ Shift differential $_____
- ☐ Other $
- ☐ Overtime $_____

29. If worker is disabled from work, will you continue to pay:
Base salary? ☐ Yes ☐ No
Other amounts of compensation in addition to **base salary**? ☐ Yes ☐ No
Will worker receive vacation pay on every cheque? ☐ Yes ☐ No
If yes, vacation pay _____%

Please select check boxes for any of the following amounts worker will continue to receive in addition to **base salary** AND provide the amount for each:

- ☐ Tips and gratuities $_____
- ☐ Room and board $
- ☐ Shift differential $_____
- ☐ Other $
- ☐ Overtime $_____

30. Provide the amount of **gross** earnings for the past 3 months or 12 weeks prior to the date of injury or exposure

$ ☐ 3 months ☐ 12 weeks

31. Does the worker have a fixed-shift rotation? ☐ Yes ☐ No

32. If no, please explain

33. If yes, show the normal work week by entering the paid hours

Sun	Mon	Tues	Wed	Thu	Fri	Sat

34. Did the worker continue to work past day of injury? ☐ Yes ☐ No

35. Last day worked (yyyy-mm-dd)

36. Number of hours scheduled to work on last day worked	37. Number of hours worked on last day	38. Number of hours paid by employer on last day worked

WORK SAFE BC

Employer's Report of Injury or Occupational Disease

If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name	First name	Middle initial	WorkSafeBC claim number (if known)

Social insurance number	Personal health number (CareCard)	Date of incident (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)
		- -	- -

Return-to-work information

39. Has the worker returned to work?
☐ Yes ☐ No

40. If **Yes**: Date (yyyy-mm-dd)

Since the return to work, have the worker's duties, hours of work, work schedule, and/or rate of pay changed? ☐ Yes ☐ No

41. If **No**: Do you have any modified or transitional duties available?	42. If yes, please describe modified or transitional duties
☐ Yes ☐ No Have the modified or transitional duties been offered to the worker? ◆ ☐ Yes ☐ No	

Signature and report date

43. Employer signature	44. Employer title	45. Date of report (yyyy-mm-dd)

For assistance, please call our Claims Call Centre at 604.231.8888 or toll-free within Canada at 1.888.967.5377, M–F, 8:00 a.m. to 6:00 p.m.

Please note: If you have concerns with this claim, please contact the officer handling the claim at the WorkSafeBC office to make known your objections or you may submit a letter detailing your specific concerns. **Impartial advice on WorkSafeBC claims** — To ensure you have an opportunity to obtain impartial advice on WorkSafeBC claims matters, the BC legislature has provided impartial advisers. **Employers' Advisers** are available to provide independent advice or clarification on a WorkSafeBC claim related to your firm. For additional information on the Employers' Advisers, please refer to their website at www.labour.gov.bc.ca/eao/.

Lower Mainland
604.713.0303 (Richmond)
Toll-free within Canada 1.800.925.2233

Abbotsford, Kamloops, Kelowna, Nanaimo, Trail, Prince George, Victoria
Toll-free within Canada 1.800.925.2233

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

Employer Incident Investigation Report (EIIR)

Please refer to the companion quick guide for assistance completing the investigation and this form.

1. Employer's information

Employer's name (legal name and trade name)		
WorkSafeBC account number	Operating location number	
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident ☐ a.m. ☐ p.m.	

4. Type of occurrence (select all that apply)

- ☐ Death of a worker
- ☐ Serious injury to a worker
- ☐ Major structural failure or collapse Major
- ☐ release of hazardous substance Blasting
- ☐ accident causing personal injury
- ☐ Dangerous incident involving explosives other than blasting incident
- ☐ Diving incident, as defined by regulation
- ☐ Incident of fire or explosion with potential for serious injury
- ☐ Minor injury or no injury but had potential for causing serious injury
- ☐ Injury requiring medical treatment beyond first aid

An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.

5. Report type (select all that apply)

If this is a **revised version of a previous report**, please check here ☐

☐ Preliminary Investigation Report Report date (yyyy-mm-dd) Only provide to a WorkSafeBC officer **if requested** Officer's name	☐ Interim Corrective Action Report Report date (yyyy-mm-dd)	☐ **Full Investigation Report** Report date (yyyy-mm-dd) **Must be provided to WorkSafeBC within 30 days* Fax 1.866.240.1434** Date sent (yyyy-mm-dd)	☐ Full Corrective Action Report Report date (yyyy-mm-dd)

Employer Incident Investigation Report (EIIR)

6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

10. Nature of the serious injury (optional — complete only if there has been an injury)

- ☐ Life threatening or resulting in loss of consciousness
- ☐ Major broken bones in head, spine, pelvis, arms, or legs
- ☐ Major crush injuries
- ☐ Major cut with severe bleeding
- ☐ Amputation of arm, leg, or large part of hand or foot
- ☐ Major penetrating injuries to eye, head, or body
- ☐ Severe (third-degree) burns
- ☐ Punctured lung or other serious respiratory condition
- ☐ Injury to internal organ or internal bleeding
- ☐ Injury likely to result in loss of sight, hearing, or touch
- ☐ Injury requiring CPR or other critical intervention
- ☐ Diving illness such as decompression sickness or near drowning
- ☐ Serious chemical or heat/cold stress exposure
- ☐ Other (specify)

Employer Incident Investigation Report (EIIR)

11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action (Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)	**Action assigned to** (name and job title)	**Expected completion date** (yyyy-mm-dd)	**Completed date** (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

14. Persons who carried out or participated in the preliminary investigation

Representative	**Name**	**Job title**	**Signature** (optional)	**Date signed** (yyyy-mm-dd)
Employer representative (required)				
Worker representative (required)				
Other				
Other				

End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

Note: If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

Employer Incident Investigation Report (EIIR)

15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action (Required in Full Report and Full Corrective Action Report.)	**Action assigned to** (name and job title)	**Expected completion date** (yyyy-mm-dd)	**Completed date** (yyyy-mm-dd)
a)			
b)			
c)			
d)			

18. Persons who carried out or participated in the full investigation

Representative	**Name**	**Job title**	**Signature** (optional)	**Date signed** (yyyy-mm-dd)
Employer representative (required)				
Worker representative (required)				
Other				

19. Other relevant workplace parties

Company name	**Contact person**	**Contact number or email address**
a)		

End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.