EMPLOYEE INJURY REPORTING PACKAGE

Your health and safety are the utmost important to us at Umbrella Family. To best support you and fulfill our legal requirements, we will need to maintain close communication with you until your return to work.
Please follow the steps below when you see the attending physician:

1. Give the attending physician the letter enclosed in this package on behalf of Umbrella Family.

2. The physician will complete a Form 8 which will be sent to WSIB. We require a copy of this form as well. Do not leave the hospital/clinic without this form.

3. After you receive the Form 8, please call your Supervisor to update them on your condition and the information present in the Form 8.

4. Report back to work on your next scheduled shift unless the physician has indicated that you need to stay home for a specific period. We are equipped and willing to accommodate modified duties. Your Supervisor will meet with you to discuss together what modification (if any) is required and how they will fulfill them at your centre.

5. Complete the Employee Incident Reporting form (included in package) so that we can conduct a proper investigation to prevent this injury from occurring again. Please send this to your Supervisor within 24 hours of injury, or as soon as you are physically able to.

6. Complete the WSIB Form 6 (included in package) and submit a copy to both the Human Resources Manager as well as WSIB. This form should be completed within 72 hours of injury, or as soon as you are physically able to.

Your Supervisor's Phone Number: _____

Email: _____

310 Limeridge Rd. W. #9
Hamilton, ON L9C 2V2
Tel: 905.312.9836 | Fax: 905.312.8738
umbrellafamily.com

Date: _____

Employee: _____

RE: UMBRELLA FAMILY'S RETURN TO WORK PROGRAM

Umbrella Family and Child Centres of Hamilton has a robust formal Return to Work Program available to our staff. As part of our program, we have modified or alternative duties available for our injured employees and are willing to make any required adjustments.

Your support in defining any temporary restrictions or functional limitations is key and will help us provide the most suitable duties during your patient's recovery. After examination, please provide our employee with a copy of the Form 8 so that we can be responsive to your report and make the necessary modifications to their duties immediately.

We thank you for your diligent care and assisting our employee towards recovery.

Regards,

310 Limeridge Rd. W. #9
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UFCC FORM

EMPLOYEE INCIDENT REPORT

Umbrella Family and Child Centres of Hamilton

Staff must fill out this form if an incident occurs.

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

☐ Near Miss ☐ Incident ☐ Medical Aid ☐ Lost Time/Injury ☐ Other:

PERSONAL INFORMATION

Name:	Email:
Home Phone:	Cell Phone:

EMPLOYMENT INFORMATION

Name of Centre:	Supervisor:	Job Title:	☐ Full Time ☐ Part Time

INCIDENT INFORMATION

Date of Incident:	Time of Incident:	Date Reported:	Who was it reported to?
Was the employee on the job when the injury/incident occurred? ☐ Y ☐ N			
Please provide a description of what happened. (List all events that led to the incident/injury.)			
What do you believe caused the incident/injury?			
Where there any witnesses? Please provide their name and position.			
Did you receive First Aid treatment? ☐ Y ☐ N			
Did you require treatment by a qualified medical practitioner (doctor, clinic, hospital)? ☐ Y ☐ N If yes, please provide the name of the doctor, clinic/hospital, and address:			

NATURE OF INJURY - *Briefly describe the injuries sustained by the employee (affected body area and type of injury)*

Area:	☐ Head ☐ Face ☐ Chest ☐ Back ☐ Shoulder ☐ Arm ☐ Wrist ☐ Hand ☐ Leg ☐ Knee ☐ Ankle ☐ Foot ☐ Other:
Location:	☐ Right Side ☐ Left Side
Type of Injury:	☐ No Injury ☐ Pain/Swelling ☐ Bruise/Abrasion ☐ Strain/Sprain ☐ Cut ☐ Fracture ☐ Loss of Consciousness ☐ Other:
Injury Cause/ Contributing Factors:	☐ Slip/Trip ☐ Fall ☐ Contact with Object ☐ Repetitive Motion ☐ Overexertion ☐ Harmful Substance ☐ Violence ☐ Other:

DEFINITIONS

Near Miss	an event not causing harm, but has the potential to cause injury or ill health.
Incident	an injury or illness caused, contributed or significantly aggravated by events or exposures in the work environment. Work related injuries occur on the job and as a direct result of the tasks allotted to the specific job.
Medical Aid	an injury or illness where the employee has sought medicl attention from a qualified health practitioner.
Lost Time	when an employee has lost time from work, beyond that day of the injury, and the employee is not receiving wages from the employer.
First Aid	an incident that requires first aid to be administered.

SIGNATURES

Employee:	Date:
Supervisor	Date:

Last Revision Approved:	July 4, 2021
Date of Next Review:	July, 2022