

DISTRICT 12 HEALTH & SAFETY



Your Guide to Forms and
Processes

YOUR HEALTH & SAFETY INSPECTORS

- SARAH GIDDENS
- NW & SW
- Regions



- ANDO KASS
- NE & SE
- Regions

Health and Safety Site Contact OR Representative?

- All sites are required to have a Health and Safety Site Contact - any non-supervisory worker selected by staff members who represent all workers - CUPE, PSSP, and possible Trades.
- Do you want this added responsibility?
- As a Health and Safety Representative you need only represent OSSTF members at your site
- Never sign a MOL Notice of Compliance.
- Familiarise yourself with the HS section of the OSSTF Branch President Manuel & on the OSSTF site

Policies

- [Occupational Health & Safety \(P048\)](#)
- [Workplace Harrassment \(PO34\)](#)
- [Workplace Violence Prevention \(P072\)](#)
- [Respectful Learning and Working Environment \(P073\)](#)

Procedures

Board Procedure - Occupational Health & Safety

- [Pediculosis \(Head Lice\) \(PR.537\)](#)
- [Animals in Classrooms \(PR.549\)](#)
- [Bed Bugs \(Cimex Lectularius\) \(PR.599\)](#)
- [Use of Head Protection During Skating, Skiing and Snowboarding Activities \(PR.600\)](#)
- [Safe Use of Power Tools \(PR.601\)](#)
- [Employee Accident or Injury \(PR.659\)](#)
- [Barbecue Safety \(PR.686\)](#)

Board Procedures - Other Departments

- [Workplace Harassment \(PR.515\)](#)
- [Severe Weather: Schools and Administrative Office \(PR.519\)](#)
- [Medication \(PR.536\)](#)
- [Anaphylaxis \(PR.563\)](#)
- [Threats to School Safety \(PR.695\)](#)
- [Students with Special Needs \(PR.699\)](#)

Health & Safety Procedures - Bill 168 (Workplace Violence)

- [H&S Pr. 1 Working Alone](#)
- [H&S Pr. 2 Domestic Violence Administration](#)
- [H&S Pr. 3 Handling Cash](#)
- [H&S Pr. 4 Home visits by TDSB Staff](#)
- [H&S Pr. 5 Risk Reduction for Staff](#)
- [H&S Pr. 6 Community Outings/Field Trips](#)
- [H&S Pr. 7 Work Refusal](#)
- [H&S Pr. 8 Road Rage](#)

Protocols/Guidelines

- [Asbestos Guidelines](#)
- [Handwashing](#)
- [Heat Stress Guideline](#)
- [Indoor Air Quality \(IAQ\)](#)
- [Scented Product Awareness](#)
- [Lead in Drinking Water](#)

Forms

[Online Workplace Violence Risk Assessment \(WVRA\)](#)

One submission is permitted per Union, Federation, Administrator, and site. To download a printable version [click here](#).

[Employee's Report of Accident/Injury \(ERA\)](#)

This form is completed by a worker who suffers an injury requiring first aid or medical attention. If the worker is unable to complete the form, the Supervisor may do so on their behalf.

[Supervisor's Accident/Incident Investigation Report \(SAIR\)](#)

This report is completed by a Supervisor when investigating a disabling injury suffered by a staff member in the workplace.

[Employee's Report of a Workplace Violent Incident \(ERWVI\)](#)

This document is completed by a worker if an act of violence has occurred. An Act of Violence is defined as "threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury." To download a printable version [click here](#).

[Supervisor's Workplace Violent Incident Investigation Report \(SWVIIR\)](#)

This report is completed by a Supervisor when investigating a violent incident suffered by an employee in the workplace. The receipt of an Employee's Report of a Workplace Violent Incident will trigger the need for this form as per the Occupational Health and Safety Act.

[Health and Safety Concern Form](#)

This document is completed by a worker if they have a concern. A concern is defined as "a potential or existing hazard which presents risk to the health or safety of individuals in the workplace."

[Occupational Illness Reporting](#)

This document is completed by a worker to report an illness or disease that was contracted in the workplace (i.e., Norwalk Virus)

[General Request for Disposal of Chemical and Hazardous Waste](#)

For disposal of all school generated hazardous waste, including caretaking waste (i.e., waxes, cleaners, disinfectants) complete and fax this form to the Health & Safety Office 416-397-3215. This service is provided at no cost to the school.

[Secondary Science Request for the Disposal of Chemicals and Hazardous Waste](#)

For disposal of classroom generated waste (i.e., chemistry and biology chemicals including dissection waste) and/or to request additional waste containers, please complete and fax this form to the Health & Safety Office 416-397-3215. This service is provided at no cost to the school

The Reporting Process

If you have an occupational health and safety concern: presumed mould, asbestos, indoor air quality, mice, electrical issues, violence, harassment etc. you should notify your supervisor. In most cases, this would be your Principal.

According to OHS Act Sec. 28

A worker shall...



- (d) Report to his or her employer or supervisor any contravention of this Act or the Regulations or the existence of any hazard of which he or she knows.
- Report in person if possible, followed up by written notification
- Always keep written copies of notifications on file

Health and Safety Concern Form

- If you have a concern that cannot be addressed informally, you should fill out a Health and Safety Concern Form.
- This form is available on the bulletin board at your site and online.
- Your Principal must respond to the concern, in writing, within five days and forward to the TDSB HS Office.
- If no response is made or the response is inadequate, contact your Health and Safety Inspector (Sarah or Ando) or Officer David Pickering: 416-393-8900



Health and Safety Concern Form

Worker's Name:	Work Site:
Worker's Affiliation:	Supervisor's Name:

The Worker's Concern

Describe the Concern, its background, and suggestions for resolution. Retain a copy of this page before submitting it to the Supervisor.

Attach additional pages as needed.

Date the Concern Form was submitted to the Supervisor:

The Supervisor's Response

Date the Concern Form was received by the Supervisor:

The Supervisor shall respond with action taken in the space below within 5 days of receipt of this Concern Form. Copies of this completed Form, including the response, are to be forwarded immediately to the regional Joint Health and Safety Committee (JHSC), to the concerned worker, and to the Health and Safety Office at 17 Fairmeadow Ave., Route NE.

Attach additional pages as needed.

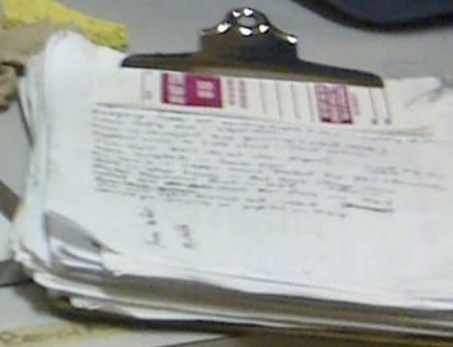
Date of Supervisor's response:	Supervisor's signature:
Date of receipt of response by worker:	



P1

Warning





Handwritten text on the counter edge: "x 2 Counter to Desk"

Red text on a cabinet door: "FIRST +"



Stacks of papers and folders on the top shelf.

Books on the top shelf:
The World's 500 Greatest Inventions
The Science Anthology
Writing Power 1

IMPROVE
Your Study
POWER

205810
GREENFILE

5 REPORT COVERS
5 COUVERTURES DE RAPPORT

Box with a shipping label and the word 'HADA' visible.

POSITIVE
attitudes
flowed
beyond
his point.





A corkboard with various notices and photos. Visible items include:

- A "MESSAGE" note with a small graphic.
- A photo of a group of people in red and white uniforms.
- A notice with a green circular logo.
- A yellow notice with text, partially legible as "Welcome Back".
- A green notice with a logo.
- Other smaller, illegible notices and papers.

A wooden shelving unit heavily cluttered with books and papers. Visible titles include:

- Anatomy*
- Psychology*
- Principles of Human Anatomy*
- Essentials of Anatomy and Physiology*

The shelves are overflowing with stacks of papers, folders, and loose documents. A printer is visible on the top shelf.



STORAGE



A white wall with several papers pinned to it. The papers appear to be forms or notices, some with tables and text. One prominent paper has a header that reads "Welcome Back" and contains a list of names and dates.

A white microwave oven on a countertop. On top of the microwave are a box of tissues and a blue spray bottle. A blue electric fan is positioned in front of the microwave.

W.O. NO.

Sgt
1002
DATE

**DO NOT START
OR USE**

THIS TAG HAS BEEN
ATTACHED BECAUSE: -

*Ground Pin
Missing*

**DO NOT USE OR
OPERATE WHILE THIS
TAG IS ATTACHED**

TAG ATTACHED BY
KASS

NAME _____
PHONE _____





















Handwritten scribble in black marker on the white brick wall above the poster.



Large, vertical, black graffiti on the white brick wall to the left of the door, including a large 'X' at the top and various stylized letters and symbols below.



Handwritten graffiti in black marker on the white brick wall to the right of the door, including a large 'X' and other symbols.











OPERATIONAL PROCEDURE

DATE:	March 28, 2001	PR.664 FAC: Temperature Guidelines
REFERENCE DOCUMENTS:		

Purpose: To establish temperature guidelines for workplaces in accordance to regulations

Ontario Provincial regulations, in the *Tenant Protection Act, 1997*, indicate that heat shall be provided and maintained so that the room temperature at one and one-half meters above floor level and one meter from exterior walls in all habitable space and in any area intended for normal use by tenants is at least 20 degrees Celsius (68°F).

The Occupational Health and Safety Act 1990 indicates that in an enclosed workplace the temperature shall not be less than 18° Celsius (64.4°F). These two regulations were considered in developing the following guidelines for TDSB facility temperatures.

<u>Area</u>	<u>Temperature °C (°F)</u>	
Swimming Pools		
• Air	28.0	(82.5)
• Water	26.0	(78.5)
Classrooms: Physically Challenged Students	21.4	(70.5)
Community Areas Used by Seniors	20.5	(69.0)
Kindergartens and Child Care Centres	20.5	(69.0)
Classrooms	20.0	(68.0)
Offices	20.0	(68.0)
Corridors	18.0	(64.4)
Gymnasiums and General Purpose Rooms		
• When used for sedentary purposes, e.g. lunchroom	18.0	(64.4)
• When used for physical education only	16.7	(62.0)
Ancillary Areas	15.8	(60.5)
Storage Areas	12.0	(53.5)



THIS ROOM NUMBER _____

IN CASE OF AN EMERGENCY

Telephone:

SWITCHBOARD - Ambulance, Police, Fire . 300
NURSE 304

NEAREST TEACHERS 1. _____
2. _____

Bill 168

Workplace Violence & Harassment

June 15, 2010

- Amendment to the Occupational Health & Safety Act
- “Violence” and “Harassment” are now recognized as hazards in the workplace



How do we define workplace “Violence”?



- Exercise of physical force against a worker ie. teacher, that could cause physical injury. Examples: hitting, shoving, pushing, spitting.
- An attempt to exercise force against a worker that could cause physical injury. Examples: threatening behavior, shaking fists, throwing objects.
- A statement or behavior that is reasonable for a worker to interpret as a threat to exercise physical force. Examples: verbal or written threats.

- Best rule of thumb: Does the incident warrant for the police to be called?



What to do if you are assaulted?

1. Immediately report the incident to to the administration and the police
2. Seek medical attention if necessary
3. Notify your Executive Officer
4. Document what took place before, during, and after the assault.



After an assault fill in the following forms:



- The TDSB Employee's Report of a Workplace Violent Incident located online or the HS Bulletin Board
- Fax the completed form to the TDSB Health and Safety Office and give a copy to the principal.



416-397-3215



EMPLOYEE'S REPORT OF A WORKPLACE VIOLENT INCIDENT

Name: _____ Date: _____
(Victim / Complainant – one form per employee per incident)

Affiliation: CUPE B CUPE C CUPE D ETFO-ETT ETFO Occasional
MCSTC PSSP-OSSTF OSSTF Occasional OSSTF-STBU non-union

PERSONAL CONTACT INFORMATION: (Optional)

Home phone: _____ Cell: _____ e-mail: _____

TYPE OF VIOLENT INCIDENT *for definitions see cover sheet.

A Exercise of Physical Force B Attempt to Exercise Physical Force C Threat to Exercise Physical Force

DETAILS OF INCIDENT

School/ Site name: _____ Region: NW NE SW SE
Address _____
Supervisor's name: _____ Supervisor's telephone #: _____
Date of incident: _____ Time of incident: _____ Date Report given to Supervisor: _____
Location of Incident: (Check all that apply.) Classroom Gym Hallway Lab Library
Parking Lot Shop Stairs Washroom Yard Other (specify) _____

ASSAILANT(S)

Co-worker Student (IEP) Student (no IEP) Parent/Guardian Visitor Other
Weapon(s) Involved: No Yes If yes specify _____
Repeat incident involving the same assailant(s): Yes No
Are there other victims' complainant(s): Yes No
Others contacted: Ambulance Police Officer: _____ Badge #: _____
Doctor Union Agencies (ie. CAS) _____

NOTIFICATION OF TDSB HEALTH AND WELFARE OFFICE:

Were you injured: Yes No If yes _____
Have you completed and faxed EMPLOYEE'S REPORT OF ACCIDENT/INJURY Yes No

SPECIFICS OF INCIDENT (Do not include name(s) of students attach another page if necessary.)

Name of person who completed this form, if other than the victim: _____

DISTRIBUTION

Worker to fax the completed Form to TDSB Health and Safety Office: 416-296-2528 and provide a copy to immediate Supervisor. Health and Safety Office will forward a copy of this form to your Union/Federation.

Bill 157

Keeping our Kids Safe at School Act

February 1st 2010



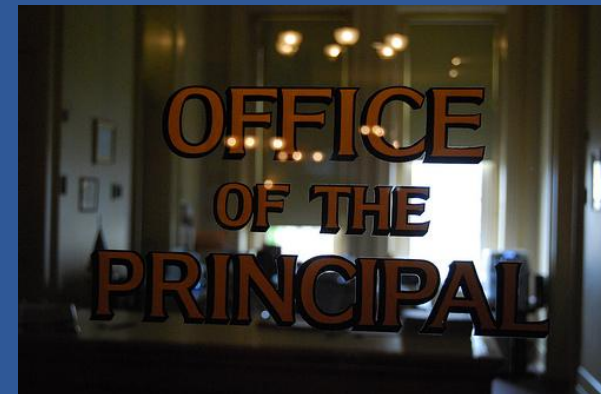
Bill 157 requires that...



- all school staff respond if they observe student behavior that is likely to have a negative impact on the climate of the school.
- all school staff must report to principals when they become aware that students may have engaged in incidents for which they could be suspended or expelled;



- Report of incidents are done on the Safe and Caring Schools Incident Reporting Form (Part 1)
- The Principal must acknowledge receipt of the report and indicate if action or no action was taken (Part 2)





Safe and Caring Schools Incident Reporting Form – Part I

School Name		REPORT NO:	
Name of Students Involved (if known)			
<input type="checkbox"/> At a location in the school or on school property (specify) <input type="checkbox"/> At a school related activity (specify) <input type="checkbox"/> On a School Bus (specify route number) <input type="checkbox"/> Other (specify)			
Location of Incident		Date and Time	
		Incident Date: _____ Time: _____	
Type of Incident (please check all that apply)			
Suspension a Principal shall consider (Education Act, Part XIII, Section 306(1))			
<input type="checkbox"/> 1. Uttering a threat to inflict serious bodily harm on another person <input type="checkbox"/> 2. Possessing alcohol or illegal drugs <input type="checkbox"/> 3. Being under the influence of alcohol	<input type="checkbox"/> 4. Swearing at a teacher or at another person in a position of authority <input type="checkbox"/> 5. Committing an act of vandalism that causes extensive damage to school property at the pupil's school or to property located on the premises of the pupil's school <input type="checkbox"/> 6. Bullying		
Suspensions that may be considered (Education Act, Part XIII, Section 306(1)(7))			
<input type="checkbox"/> 1. Wilful destruction of school property; vandalism causing damage to school or Board property or property located on school or Board premises <input type="checkbox"/> 2. Use of profane and improper language <input type="checkbox"/> 3. Use of tobacco <input type="checkbox"/> 4. Theft <input type="checkbox"/> 5. Aid/Incite harmful behaviour <input type="checkbox"/> 6. Physical Assault <input type="checkbox"/> 7. Being under the influence of illegal drugs <input type="checkbox"/> 8. Sexual harassment <input type="checkbox"/> 9. Racial harassment	<input type="checkbox"/> 10. Fighting <input type="checkbox"/> 11. Possession or misuse of any harmful substances <input type="checkbox"/> 12. Hate motivated violence <input type="checkbox"/> 13. Extortion <input type="checkbox"/> 14. Distribution of hate material <input type="checkbox"/> 15. Inappropriate use of electronic communication/media <input type="checkbox"/> 16. An act considered by the Principal to be a breach of the Board's or school's Code of Conduct: Please specify the breach (30 characters max.)		
Suspension pending possible expulsions (Education Act, Part XIII, Section 310(1))			
<input type="checkbox"/> 1. Possessing a weapon, including a firearm <input type="checkbox"/> 2. Using a weapon to cause or to threaten bodily harm to another person <input type="checkbox"/> 3. Committing physical assault on another person that causes bodily harm requiring treatment by a medical practitioner <input type="checkbox"/> 4. Committing sexual assault	<input type="checkbox"/> 5. Trafficking in weapons or in illegal drugs <input type="checkbox"/> 6. Committing robbery <input type="checkbox"/> 7. Giving alcohol to a minor		
Suspension pending possible expulsions (Education Act, Part XIII, Section 310(1)(8))			
<input type="checkbox"/> 1. Possession of explosive substance	<input type="checkbox"/> 2. An act considered by the Principal to be a Serious Breach of the board's or school's code of conduct: please specify the breach (30 characters max.)		
Report Submitted By: Name:			
Signature:		Date:	
Contact Information Location :		Telephone:	



Safe and Caring Schools Incident Reporting Form – Part II



Acknowledgement of Receipt of Report

REPORT NO:

School Name	
--------------------	--

Report Submitted By: Name:		Date:	
Outcome:	<input type="checkbox"/> Action Taken	<input type="checkbox"/> No Action Taken	
	<input type="checkbox"/> Parent Contacted	<input type="checkbox"/> Parent Not Contacted	
Name of Principal:			
Signature:		Date:	

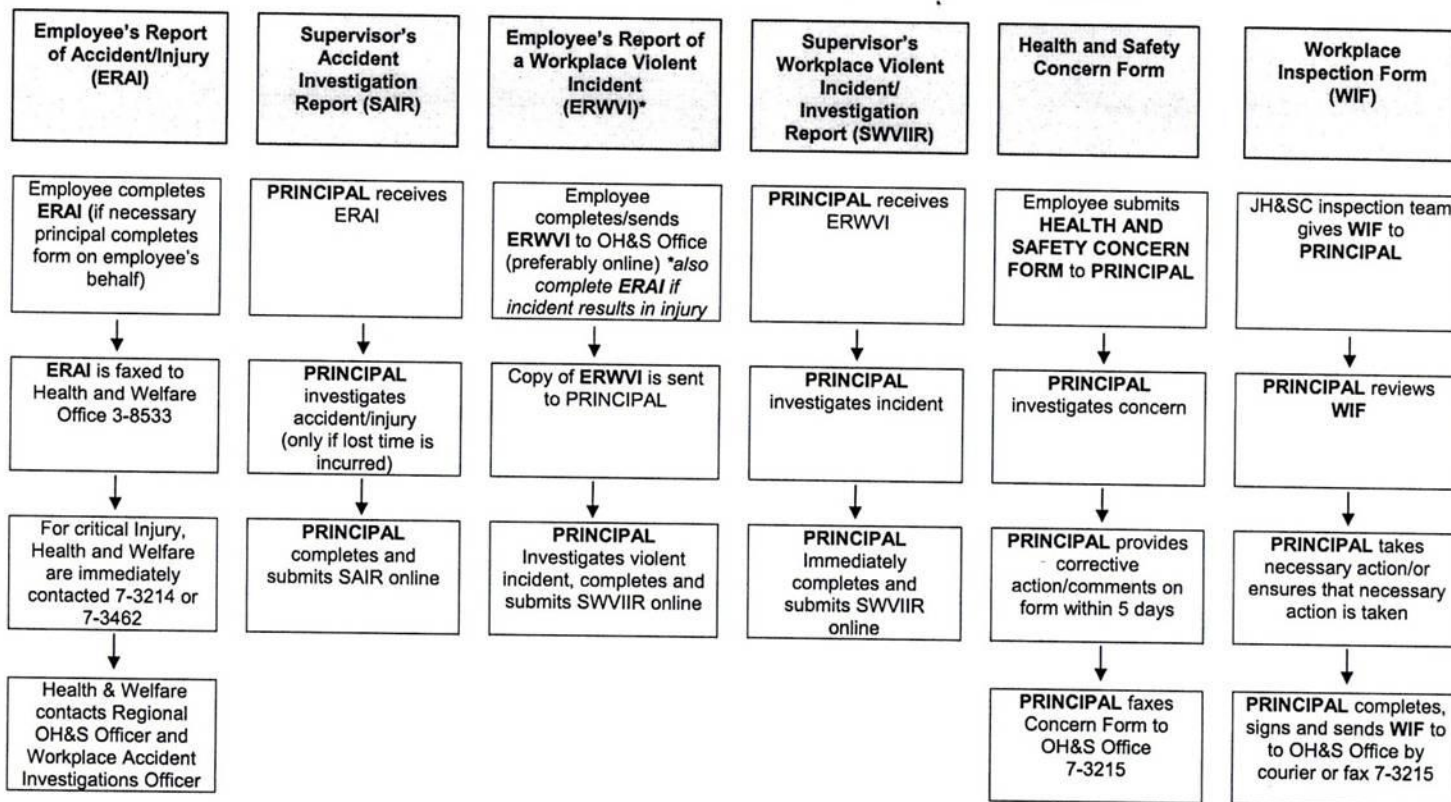
Note: Only Part II of the Incident Reporting form is to be given to the person who submitted the report.
Report number to be the same report number as Part I.

Your principal should:

- Provide you with background information related to students whose behaviour may pose a risk to themselves or others.
- Have policies in place that address workplace violence and harassment
- Perform yearly assessment of risks



ADMINISTRATOR'S GUIDE TO HEALTH AND SAFETY REPORTING



1. *In case of a Workplace Violent Incident resulting in injury, the employee is required to complete **BOTH** Employee's Report of Accident/Injury **AND** Employee's Report of Workplace Violent Incident.*
2. The Regional Occupational Health and Safety Officers are Patrick Mohammed (NE/SE) 416-396-3503 and Ruhi Tuzlak (NW/SW) 416-394-3403.
3. Copies of the **Employee's Report of Accident/Injury**, **Employee's Report of Workplace Violent Incident**, **Health and Safety Concern Form**, and the **Workplace Inspection Form** are available on the OH&S webpage under Forms.

The Right to Refuse Work



- If you believe that workplace violence is likely to endanger you, you have the right to refuse unsafe work conditions.
- If planning to initiate a work refusal call your Executive Officer/HS Officer

Employee's Report of Accident/Injury

- If you have an accident or are injured at work, fill in the TDSB form located either on the HS Bulletin Board or on line.
- Fax a copy to the D12 Office (416-393-8912)
- Give to the principal ASAP



EMPLOYEE'S REPORT OF ACCIDENT/INJURY

AFTER FORM IS FULLY COMPLETED, FAX IMMEDIATELY TO (416) 393-8533.

INJURED WORKER (Report this injury or accident to your Principal/Dept. Head/Team Leader/Supervisor immediately.)

PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
DATE OF BIRTH:	SOCIAL INSURANCE #:
ADDRESS:	CITY: POSTAL CODE:
HOME PHONE:	WORK PHONE:
EMPLOYMENT INFORMATION	
JOB TITLE:	SCHOOL/LOCATION:
REGION:	SUPERVISOR'S NAME:
REGULAR HOURS OF WORK: FROM: TO:	SUPERVISOR'S TITLE:
INJURY INFORMATION	
DATE OF INJURY:	TIME OF INJURY:
DATE & TIME LAST WORKED (ONLY IF LOSING TIME):	RETURN DATE (IF KNOWN):
DATE & TIME REPORTED TO PRINCIPAL/DEPT. HEAD/TEAM LEADER/SUPERVISOR:	
REGULAR SCHEDULED OVERTIME: DAYS: HOURS: FROM (hrs/min) TO (hrs/min)	
PERSON PROVIDING INFORMATION (IF OTHER THAN INJURED WORKER)	
NAME:	OCCUPATION: SCHOOL/DEPT:
DATE AND TIME YOU WERE MADE AWARE OF INJURY:	
WITNESS OR PERSON HAVING KNOWLEDGE OF INJURY	
NAME:	OCCUPATION: SCHOOL/DEPT:
DESCRIPTION OF ACCIDENT (PROVIDE CLEAR, CONCISE, COMPLETE INFORMATION)	
1) DESCRIBE INJURY (Part of body affected, including left/right side, and type of injury, e.g., pain, cut, bruise):	
2) ACCIDENT LOCATION:	
3) HOW DID THE ACCIDENT OCCUR? (What were you doing? What happened? How did it happen? Problem with equipment? Size/weight/type of materials involved? Building environment? Substandard practices? People?):	
4) HAVE YOU HAD A PREVIOUS SIMILAR INJURY?	
INITIAL TREATMENT OF INJURY (INDICATE WHICH OF THE FOLLOWING APPLIES)	
<input type="checkbox"/> FIRST AID only (No medical visit)	
<input type="checkbox"/> DOCTOR* <input type="checkbox"/> HOSPITAL* <input type="checkbox"/> CHIROPRACTOR* <input type="checkbox"/> PHYSIOTHERAPIST*	
*GIVE NAME/ADDRESS/PHONE NO:	

PLEASE ATTACH A SEPARATE PAGE IF MORE SPACE IS REQUIRED.

WSIB Worker's Report of Accident/Disease (Form 6)

- The WSIB Worker's report must be filled out in as soon as possible in the case of occupational injury. Delays in doing so can cause delay or denial of the claim
- The Form 6 is available from the WSIB website at www.wsib.on.ca and at your doctor's office or hospital.

Claim Number

Please PRINT in black ink

print

reset

A. Worker Information

Last Name		First Name		Social Insurance Number	
Address (number, street, apt., suite, unit)					
City/Town		Province	Postal Code	Alternate/Cell Phone	
Job Title/Occupation (at the time you were hurt)			Date you started with employer	dd	mm yy
How long have you been doing this job for this employer?			Date of Birth		
Only check if you are one of the following: <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer			Would an interpreter be helpful? <input type="checkbox"/> yes <input type="checkbox"/> no		
Sex	Your Preferred Language		Are you a member of a union?		
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other		Do you authorize your union to represent you in this claim? <input type="checkbox"/> yes <input type="checkbox"/> no		
Provide your Union Name and Local			If yes , do you consent to the disclosure of verbal claim file status information to your union representative? <input type="checkbox"/> yes <input type="checkbox"/> no		

B. Employer Information

Company/Employer Name		
Address		
City/Town	Province	Postal Code
Your Immediate Supervisor's Name		Company Telephone

C. Accident/Illness Dates & Details

1. Date and hour of accident/Awareness of illness dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM Date and hour reported to employer dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM	2. Who did you report this accident/illness to? (Name & Position) _____ Telephone _____
3. Area of Injury (Body Part) - (Please check all that apply)	
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s)	<input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest
<input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	Left Shoulder Left Arm Left Elbow Left Forearm
Right Shoulder Right Arm Right Elbow Right Forearm	Left Wrist Left Hand Left Finger(s)
Right Wrist Right Hand Right Finger(s)	Left Hip Left Thigh Left Knee Left Lower Leg
Right Hip Right Thigh Right Knee Right Lower Leg	Left Ankle Left Foot Left Toe(s)
Right Ankle Right Foot Right Toe(s)	Other: _____ Are you: <input type="checkbox"/> Left Handed <input type="checkbox"/> Right handed
4. Did the accident/illness happen on the employer's property or work site? <input type="checkbox"/> yes <input type="checkbox"/> no	Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.): _____
5. Did it happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes , indicate where (city, province/state, country): _____
6. Have you hurt this area(s) of your body before? <input type="checkbox"/> yes <input type="checkbox"/> no	7. Do you have any prior related WSIB/WCB claims? <input type="checkbox"/> no <input type="checkbox"/> yes - In Ontario <input type="checkbox"/> yes - Outside Ontario

A guide to complete this form is available at www.wsib.on.ca

WSIB Form 8: Health Professional's Report

- If you are injured at work and require medical attention have your medical practitioner fill out the WSIB Form 8 (Health Professional's Report.)
- The employer is responsible for paying the balance of your day's pay and, provided there are no complications, most WSIB claims progress smoothly.

WSIB Employee's Report of Injury/Disease Forms 6, 7, 8

1. **Employer: FORM 7** 

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graph LR; A[1. Employer: FORM 7] --- B[Teacher]; A --- C[WSIB]
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2. **Teacher: FORM 6** 

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graph LR; A[2. Teacher: FORM 6] --- B[TDSB]; A --- C[WSIB]
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3. **Doctor: FORM 8** 

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graph LR; A[3. Doctor: FORM 8] --- B[WSIB]; A --- C[Teacher]
```


A final note.

Victory for Health and Safety on the home front?

- Encourage members to use the new standing agenda item “Caring & Safe Schools” at your monthly staff meetings to;
- Raise and record all your HS concerns and queries
- Go over HS Forms
- Help make your principal accountable for your workplace health and safety

Out of this nettle, danger, we
pluck this flower, safety.
~William Shakespeare





SARAH GIDDENS NW/SW

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ANDO KASS NE/SE

647-389-8680

akass@osstfd12.com