



COQUITLAM COLLEGE

Established 1982

Emergency Response Manual

November 2024

Surrey Campus: 350-9801 King George Blvd., Surrey, BC.

Introduction3

Coordination with Provincial Agencies3

Security, Facilities and Hazardous Materials3

Response Procedures3

Responsibilities3

Coquitlam College Incident Commander will:3

Student Services and/or Human Resources4

Communications4

Mental Health and Support5

Emergency Situations.....5

Alcohol and/or Drug Related Emergency5

Bias/Hate5

Bomb Threat.....6

Civil Disturbance or Demonstration6

Criminal Behaviour or Violence6

Sexual Assault6

Harassment/Discrimination 7

Exposion.....8

Death or Suicide 8

Fire 8

Information Breach/Disclosure8

Medical Emergency8

Missing Student8

Public Health Emergency9

Psychological Emergency9

Severe Weather/Natural Disaster 10

Suspicious Mail11

Terrorism/Active Threat11

Utility Outage12

Emergency or Delayed Campus Closing and Opening12

Evacuation13

Shelter-in-Place/Lockdown13

Appendix A – Forms

Introduction

Coquitlam College (also Coquitlam College – Brookmere Secondary) Surrey campus is located at 350-9801 King George Blvd., in Surrey, British Columbia. Surrey Village Holdings Ltd/Realstar Management Partnership owns the building and facilities. Coquitlam College reports issues and emergencies that affect the building to Surrey Village Holdings Ltd/Realstar Management Partnership.

Coordination with Provincial Agencies

Throughout the response phase, Coquitlam College will maintain communication with the following provincial agencies:

- Ministry of Post-Secondary Education and Future Skills
- Ministry of Education
- Ministry of Finance
- Ministry of Emergency Management and Climate Readiness

Security, Facilities and Hazardous Materials

Any security incidents, or release of hazardous materials should be immediately reported to the proper authorities. Any issues regarding facilities should be reported to the College Owners, who will liaise with Surrey Village Holdings Ltd/Realstar Management Partnership.

Response Procedures

Responsibilities

- Call 911.
- If appropriate, activate the fire alarm.
- Try to confine the hazard by closing doors as you leave.
- Use proper personal protective equipment if you are providing medical treatment.
- Obtain and record information about the incident and individuals while maintaining your own safety and security.
- Keep information confidential.
- Notify the President or Designate and the Senior Leadership Team of the emergency.
- Secure your area and belongings as per appropriate emergency procedure(s).

Coquitlam College Incident Commander will:

- Establish Incident Command (IC).
- Assess the situation and determine appropriate actions.
- Prepare incident report.
- Conduct debriefing sessions with Coquitlam College staff.
- Conduct post-incident evaluation.
- Initiate corrective action and revise emergency plans as necessary.

- Take universal precautions whenever there is a potential for contact with blood or other potentially infectious material. Treat all blood and body fluids as infectious.
- Assist in isolating contaminated persons and do not allow them to leave or spread the contamination.
- Protect everyone from coming into contact with blood and body fluids.
- If providing medication treatment, use proper personal protective equipment. These are available with the first aid supplies.
- Not leave the patient alone.
- To the degree possible obtain and record information about the incident and individuals without creating any further risk.
- Keep all pertinent information confidential.
- Secure the area and belongings as necessary.
- Try to confine the hazard(s).

Chief Financial Officer and Human Resources

- The Chief Financial Officer, backed up by the accounting department, will take the lead on this for students when dealing with financial affairs
- The Chief Financial Officer, backed up by the accounting department and Human Resources, will take the lead on this for employees with dealing with financial affairs

Student Services

- Communicate with the parent, guardian, and/or next of kin and provide details in the following events and when necessary:
 - The student, instructional or non-instructional staff is required to be transported to a medical facility and treated.
 - The student, instructional or non-instructional staff has caused harm to themselves or another.
 - The student, instructional or non-instructional staff was arrested or taken into custody.
 - The student, instructional or non-instructional staff was responsible for vandalism or other destruction of property.
 - The student, instructional or non-instructional staff was operating a vehicle under the influence of alcohol or other drugs.
 - The student, instructional or non-instructional staff is deceased.

Student Services will maintain confidentiality and adhere to laws and regulations outlining individual privacy, PIPA, and freedom of information.

Communications

- The Director of Marketing will take the lead.

- Alert Coquitlam College community via portals or email of the impending or present weather-related incident or natural disaster.
- Update Coquitlam College community of campus closure or emergency protocols if a natural disaster has occurred.
- Inform Coquitlam College community when an all-clear status is declared, and campus has resumed normal operations.
- If necessary, prepare official statement for any media inquiries.

Counselling/Health and Wellness

- Will determine which mental health supports are needed.
- Provide support and counselling to students, instructional and non-instructional staff.

Emergency Situations

Alcohol and/or Drug Related Emergency

Alcohol or drug overdose is a medical emergency. Alcohol poisoning can be fatal. Drug overdoses (prescription and illegal) may result in death. Individuals who appear under the influence of alcohol or drugs may exhibit symptoms which include the following:

- Loss of motor control
- Disorientation
- Slurred speech
- Slow, shallow breathing
- Clammy, cold skin
- Appear bluish or pale
- Vomiting/Nausea
- Agitation
- Unconsciousness

Bias/Hate Crime

According to the Criminal Code of Canada, Section 319:

Everyone who, by communicating statements in any public place, incites hatred against any identifiable group where such incitement is likely to lead to a breach of the peace is guilty of an indictable offence and is liable to imprisonment for a term not exceeding two years; or an offence punishable on summary conviction.

All bias and hate crimes will be reported to the Surrey Police Department or RCMP.

Bomb Threat

Anyone may be the recipient of a bomb threat via telephone. The person answering the phone should remain calm and obtain as much information as possible from the caller. The fire alarm should not be activated to evacuate the building as this may cause unnecessary panic or detonate the bomb.

There are two types of bomb threats:

- General threat – This type of caller will only indicate there is a bomb but will not provide any other information.
- Specific threat – This type of caller will indicate a specific location, time and often the reason for making the call.

Use the Bomb Threat form to capture information.

Civil Disturbance or Demonstration

Demonstrations are not permitted within the building as they may interfere with business operations for other tenants. Individuals seeking to exercise their right to assemble can do so on city sidewalks outside the building.

Criminal Behaviour or Violence

Criminal Behaviour or Violence

- Undesirable behaviour
- Possession of a weapon
- Sexual harassment
- Telephone harassment
- Theft
- Trespassing
- Vandalism

Guidelines for Criminal Behaviour or Violence

- Contact appropriate authorities (if required).
- Work with Coquitlam College Incident Commander.

Sexual Assault

Criminal Code of Canada, Section 271, 272, and 273 covers sexual assault. Sexual assault refers to non-consensual sexual contact, which can range from unwanted groping or kissing to engaging in sexual activities with someone underage, asleep, unconscious, or simply unwilling.

Confidentiality must be provided to both the victim and the accused to the extent consistent with protecting the greater good of the college community and complying with local, provincial, and federal laws and reporting requirements.

Primary Response Team:

- Call 911

Secondary Response Team:

- Office of Marketing Department
- Office of the President
- Office of the Registrar
- Office of Student Services
- Office of Human Resources
- Office of Health and Wellness

Follow-up:

- Encourage a follow-up medical exam if an assault or sexual assault has occurred.
- Encourage follow-up counseling on or off campus.
- Ensure judicial follow up occurs according to Coquitlam College's Student Code of Conduct.

Provide appropriate follow-up with the college community, including addressing community concerns, information sharing, and other necessary support services.

Harassment/Discrimination

Harassment on the basis of race, sex, religion, or any other protected class, evidenced by persistent words, conduct or actions directed at an individual that badger, annoy, threaten or cause substantial emotional distress, is strictly prohibited at Coquitlam College. Slurs and other verbal/nonverbal or physical conduct directed to an individual because of membership in a protected class is considered to constitute harassment when this conduct:

- Has the purpose or effect of creating an intimidating, hostile or offensive working or school environment.
- Has the purpose or effect of unreasonably interfering with an individual's work or student's performance in school including performance in curricular, extracurricular, and non-academic activities.
- Otherwise adversely affects an individual's employment or a student's opportunities in curricular, extra-curricular, and non-academic activities. Coquitlam College supports academic freedom and does not intend this policy to prevent or limit discussion of ideas, taboos, behaviour or language as an essential element of course content, even if opinions and ideas expressed cause some discomfort.

Explosion

Explosions can be internal to 9801 King George Blvd or external to 9801 King George Blvd. An explosion could result in the release of chemical, biological, or radiological hazards and result in fires or injuries.

Death or Suicide

In the event the local law enforcement is investigating the occurrence and determine that the deceased may be the victim of a crime or criminal activity, or there are other extenuating circumstances, they will ask that parents, guardian and/or next of kin not be contacted by college representatives. Notification will then be made by the investigating law enforcement as deemed appropriate.

Fire

Fires are classified as being either a limited area, internal, external or full-scale. A building evacuation should be initiated as soon as the fire is discovered or when the fire alarm is sounded. The elevators should not be used and all people with disabilities should be assisted and accounted for.

Fires can be a result of faulty electrical items, hazardous materials, arson, explosion, terrorism, etc.

Information Breach/Disclosure

Information breach/disclosure occurs when privilege or confidential information is intentionally or unintentionally released to unauthorised parties, or when such information is obtained by unauthorized parties through improper or illegal means.

Upon receiving notification of an information breach or disclosure, the IT department will assess the situation and diagnose the problem. If an information breach is identified, the College will take immediate corrective action as necessary and prepare a detailed report of the incident.

Medical Emergency

An on-campus medical emergency is any medical/health condition caused by an illness, accident or self-destructive behaviour that could result in serious impairment or death and requires immediate medical attention. If the medical emergency is the result of a physical assault, the incident must be reported to local law enforcement. Coquitlam College must complete all required WorkSafeBC forms.

Missing Student

A student shall be considered missing when anyone reports that there is a concern for the wellbeing of a student. If abduction is observed, the student will be deemed a missing

person immediately. Camera footage may be requested by and provided to law enforcement agencies.

Public Health Emergency

A public health emergency includes a case or outbreak that may involve infectious diseases such as the following:

- Avian flu and other influenza
- Measles
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Mumps
- SARS
- Covid-19

Guidelines

Typically, it is not necessary to inform the entire college community about a single infectious disease case. Disclosure and confidentiality of patient information must follow provincial and federal laws.

Anyone suspected of having an infectious disease should be referred to their primary physician, or to an appropriate health treatment facility. Students with an infectious disease should not attend school. When a case of infectious disease occurs on campus, this incident should not be considered a reason for school closure, except in the event of an emergency. When an outbreak or an increase in infectious disease occurs within the college community, the College will contact the local health authority.

Individuals suspected of being infected with a reportable infectious disease for which isolation is required should be refused admittance to the campus while acute symptoms are present. Students, instructional and non-instructional notifications should be based on consultation with the local health authority.

Psychological Emergency

A psychological emergency is a situation in which someone is experiencing extreme duress, is unable to cope with everyday life, or is in danger of hurting oneself or others. The following behaviours may be present:

- Paranoia
- Hysteria
- Confusion
- Agitation
- Anxiety
- Uncontrolled anger
- Delusions/Hallucinations

- Disruptive Behaviour

Guidelines

When dealing with individuals displaying erratic or irrational behaviour that might cause harm to oneself or other, do the following:

- Try to calm the individual
- Listen and let them do the talking
- Try to delay any related negative decisions
- Acknowledge the person's feelings
- Be respectful and empowering
- Be reasonable and identify choices

Do NOT do the following:

- Be confrontational
- Reject demands or requests
- Use challenging body language
- Make false statements or promises
- Make any sudden movements

Severe Weather/Natural Disaster

This applies to the following:

- Blizzard
- Flooding
- Hail
- Heavy Rain
- Ice
- Sleet
- Snowstorm
- Thunderstorm
- Coastal Storm
- Earthquake
- Other severe weather events

Guidelines

Monitor the forecast and warnings for weather and road conditions from different sources, including Environment Canada, local media outlets, etc. The President or Designate will make an independent decision based on these forecasts for whether it is necessary to close the college.

During the day, the decision must be made 2 hours before the cancellation or closing time. In the case of overnight weather events, the President or Designate will advise of any changes to normal operations prior to 7:00 am PST.

The following are issued by Environment Canada

- Advisory – issued when a less serious event is expected or imminent within 12 hours.
- Watch – issued for specific areas when the potential exists for an event to occur within 36 hours or less.
- Warning – issued for specific areas 24 hours or less before anticipated effects from an event is strongly expected or is imminent.

Suspicious Mail

Anyone may be the recipient of suspicious mail or package. A suspicious object may contain the following characteristics:

- Unexpected delivery, foreign mail, air mail and/or special delivery
- Misspellings of common words
- Restrictive markings such as “Personal” and/or “Confidential”
- Titles but no names
- Protruding wires or foil
- Lack of a return address
- Excessive weight
- Oily stains or discolorations
- Visual distractions
- Lopsided or uneven writing
- Strange odors
- Leaking powdery substance
- Excessive amount of securing material used (tape, string, etc.)
- Strange sounds

The recipient of a suspicious mail item should:

- Immediately call 911.
- Not handle, shake, smell or taste the suspicious item.
- Isolate the article and evacuate the immediate vicinity.
- Advise anyone who has handled the article to immediately wash their hands with soap and water.

Active Threat/Terrorism

Active Threat/Terrorism is violence or the threat of force or violence against person(s) or property for purposes of intimidation, coercion, or ransom. Terrorists use threats or violent

acts to create fear among the public and to obtain immediate publicity for their cause(s). Terrorist events can occur on campus or off campus. Terrorism can take many forms including:

- Active Threat
- Arson and Fire bombings
- Bomb threats (see Bomb Threat section)
- Biological hazard
- Chemical
- Cyberterrorism
- Explosions
- Hijackings
- Kidnapping and Hostage-takings
- Nuclear
- Radiological
- Suspicious packages

Utility Outage

In case of a power failure, the emergency lights will operate, but there will be limited elevator service. If power will be interrupted for a lengthy period, an evacuation order may be issued by the Senior Leadership Team.

Emergency or Delayed Campus Closing and Opening

Emergency Closing decisions will be made by the President or Designate and will be communicated to the college community.

Closing the Surrey Campus for two days or less

- Inform the college community using all available communication tools.
- Missed classes will be made up within reasonable time.
- Evacuate the building.
- Affix temporary signage to entry points of the campus.

Closing the Surrey Campus for an extended period of time

- Inform the college community using all available communication tools.
- Move to online delivery as appropriate.
- Evacuate the building.
- Affix signage to entry points of the campus.

In cases of cancellation or closure, the College will align procedures with the policy *School Closure*.

Evacuation

The primary purpose of evacuation is removal of the occupants away from buildings, structures, or areas that pose a safety threat due to an emergency.

Roles and Responsibilities

- Pull the fire alarm if the entire floor requires evacuation.
- If there is time, turn off equipment and take personal items such as coats, bags, etc.
- Assist people with disabilities as needed.
- Close doors behind last person out.
- Do not use the elevators unless authorized to do so.

Shelter-in-Place/Lockdown

Shelter-in-Place is a temporary strategy designed to be used when it is safer to remain inside rather than evacuate to the outside. Sheltering can be employed when there is a hazardous plume moving towards an area and there is insufficient time to evacuate before the plume arrives. Sheltering can also be utilized when there is a hostile person on campus grounds or in the building. Ideal shelter areas are any interior rooms away from windows and doors that are above the ground floor and have a minimal number of vents and doors that can be closed or sealed.

Important: the fire alarm should not be activated as this may confuse building occupants and cause some to evacuate outside.

Appendix A – Forms

- Bomb Threat Form
- Incident Form
- Situation Report
- WorkSafeBC Accident Report Forms – Fillable forms available on WorkSafeBC website
 - Employer’s Report of Injury or Occupational Disease
 - Worker’s Report of Injury or Occupational Disease to Employer
 - Employer’s Statement of Return to Work

Bomb Threat Form

Instructions: Remain calm and be courteous with the caller. Do not interrupt the caller. Pretend you can't hear the caller and try to keep the caller talking. Fill out the form below with as much information as possible.

1. Where is the bomb going to explode?	5. What will cause the bomb to explode?
2. When is the bomb going to explode?	6. Did you place the bomb? If so, why?
3. What does the bomb look like?	7. What is your address?
4. What kind of bomb is it?	8. What is your name?
Exact wording of the threat:	

Time of Call:	Date:	Phone Number Call Received From:
Accent: <input type="checkbox"/> Local <input type="checkbox"/> Middle East <input type="checkbox"/> Hispanic <input type="checkbox"/> African <input type="checkbox"/> Slavic <input type="checkbox"/> Southern <input type="checkbox"/> Northern <input type="checkbox"/> Midwestern <input type="checkbox"/> Other: _____	Manner: <input type="checkbox"/> Calm <input type="checkbox"/> Rational <input type="checkbox"/> Coherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Righteous <input type="checkbox"/> Angry <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing <input type="checkbox"/> Other: _____	Background: <input type="checkbox"/> Machines <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> None <input type="checkbox"/> Traffic <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Voices <input type="checkbox"/> Airplanes <input type="checkbox"/> Other: _____
Voice: <input type="checkbox"/> Loud <input type="checkbox"/> High Pitch <input type="checkbox"/> Raspy <input type="checkbox"/> Intoxicated <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Pleasant <input type="checkbox"/> Other: _____	Speech: <input type="checkbox"/> Fast <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Other: _____	Language: <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Call Origin: <input type="checkbox"/> Local <input type="checkbox"/> Non-Local
Your Name:		Your Phone Number:
Your Position:		Date of Report:

Incident Report

Date of Incident: _____ Time of Incident: _____

Original Report: Incident Update: Update #: _____

Incident Type:

Medical Emergency: Fire: Workplace Violence: Explosion:

Bomb Threat: Natural Disaster: Chemical Accident: Severe Weather:

Location/Site of Event:
Initial Situation/Summary of Incident:
Anticipated Action/Action Undertaken:
Agencies Involved in Response:

Severity of Incident: Major: Moderate: Mild: Unknown:

Injuries Sustained:

Post-Incident

Outcome of the Incident (property damage, hospitalization of staff, etc.):
Contributing Factors to the Incident:
Corrective Measures Undertaken:

In the event of death/severe injury, major release of hazardous substance, fire/explosion, blasting accident causing injury, incident involving explosives, or major structural failure, WorkSafe BC must be notified immediately. The President or Designate, or most senior staff member present must call (604) 276-3301 and report the incident as soon as possible.

WorkSafe BC notified (if necessary): Joint Health & Safety Committee notified (if necessary):

Employee Signature: _____ Date: _____

President or Designate Signature: _____ Date: _____

Situation Report

Date of Report: _____ Time of Report: _____

Primary Contact:

Name:	Job Title:
Phone Number:	Email:

Incident Information:

Summary of event:

Severity of Incident: Major: Moderate: Mild: Unknown:

Overall status: Major assistance required: Assistance required: Under Control:

Resolved: Unknown: Closed:

Overall status: Worsening: Stable: Improving: Unknown:

Summary of updates since last report (if applicable):

Current objectives/priorities:

Future objectives/priorities:

Concerns:

Site-Support Activities:

Campus Closure: Effective Date: _____ Anticipated Cancellation Date: _____

Shelter-in-Place: Effective Date: _____ Coverage Area: _____

Evacuation Order: Effective Date: _____ Coverage Area: _____

Major Impacts to Personnel (include confirmed & unconfirmed numbers):

Evacuated: # of people: _____ Injured: # of people: _____ Fatalities: # of people: _____

Missing: # of people: _____

Public Information and Media Issues:

Date of communications made: _____ Time of communications made: _____

Sources of official college communications:
Information made publicly available regarding the incident:
Media sources reporting the incident:
Other Comments:
List of attachments (if applicable):

Employee Signature: _____

Date: _____

President or Designate Signature: _____

Date: _____

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known) X				Customer care number (if known) X			
Worker's last name				First name		Middle initial	
Date of birth (yyyy-mm-dd)		Personal health number (BC Services/CareCard)		Social insurance number			
Address line 1				Address line 2			
City		Province/State	Country (if not Canada)		Postal code/Zip		
Home phone number (include area code)				Business phone number (include area code)		Business extension	
Occupation						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Employer's information

Employer's organization name			
Type of business (if known)		Operating location (if known)	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Employer's contact name		Employer's phone number (include area code)	Extension

Incident information

1. Date and time of incident (yyyy-mm-dd) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	OR	2. Period of exposure resulting in occupational disease (yyyy-mm-dd) From To	
3. Date and time my injury or disease was first reported to my employer (yyyy-mm-dd) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	My injury or disease was first reported to (please check one) <input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other (specify)		

Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number X
Social insurance number		Personal health number (BC Services card/CareCard)	

Incident information (continued)

4. Name of person reported to		
5. Did you receive first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	6. Date of first aid (yyyy-mm-dd)	7. Name of first aid attendant X
8. Did you go to the hospital, a medical clinic, or see a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	9. If yes, name of physician or provider (if known) X	
10. Address of physician or provider (if known)		
11. Are you aware of any recent pain or disability in the area of your reported injury? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶	If yes, please explain	
12. Was protective equipment being used? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. The supervisor in charge at the time of my injury was		
15. Describe how the incident happened		
16. Describe the injury in detail (what part of the body was injured)		
17. Side of body injured <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable		

Worker's Report of Injury or Occupational Disease to Employer

Worker's last name	First name	Middle initial	WorkSafeBC claim number X
Social insurance number		Personal health number (BC Services card/CareCard)	

Incident information (continued)

18. Describe the work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)

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

<input type="checkbox"/> Lifting _____	<input type="checkbox"/> lb	<input type="checkbox"/> kg	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Struck	<input type="checkbox"/> Assault	<input type="checkbox"/> Motor vehicle accident
<input type="checkbox"/> Repetitive (activity repeated over and over again)	<input type="checkbox"/> Crush	<input type="checkbox"/> Unsure/other (please explain below)	
<input type="checkbox"/> Slip or trip	<input type="checkbox"/> Sharp edge		
<input type="checkbox"/> Twist	<input type="checkbox"/> Fire or explosion		
<input type="checkbox"/> Fall	<input type="checkbox"/> Harmful substance in the work environment		

20. Did you or will you miss any time from work beyond the date of injury or exposure?

Yes No

Signature and report date

21. Worker's signature	22. Date of report (yyyy-mm-dd)
------------------------	---------------------------------

Additional information

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office (WAO) provides free advice and assistance to workers and their dependants on disagreements they may have with WorkSafeBC decisions. WAO operates independently of WorkSafeBC.

Phone: 604.335.5931

Toll-free: 1.800.663.4261

Website: gov.bc.ca/workersadvisers

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.



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:

- 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."
- 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."
- 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

RESET

Employer information					WorkSafeBC claim number (if known)																						
Employer's name (as registered with WorkSafeBC)				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							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				3. If yes, start date (yyyy-mm-dd)							
4. At the time of injury, was the worker (check all that apply)															
<input type="checkbox"/> Permanent		<input type="checkbox"/> Apprentice		<input type="checkbox"/> Self-employed		<input type="checkbox"/> Casual		<input type="checkbox"/> Temporary		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Principal/partner or relative of employer		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Full time		<input type="checkbox"/> Student		<input type="checkbox"/> Fisher		<input type="checkbox"/> Hired on a contract basis		<input type="checkbox"/> Part time		<input type="checkbox"/> New entrant to workforce					

Incident information

5. Date of incident (yyyy-mm-dd)				Time of incident (hh:mm) <input type="checkbox"/> am <input type="checkbox"/> pm OR				6. Period of exposure resulting in occupational disease (yyyy-mm-dd) From _____ To _____			
7. Did worker report injury or exposure to employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. The injury or disease was first reported to employer on (yyyy-mm-dd)				(please check one) To: <input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> 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 <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No											





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

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

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 _____%

29. If worker is disabled from work, will you continue to pay: Yes No
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 receives in addition to **base salary** AND provide the amount for each:

<input type="checkbox"/> Tips and gratuities \$ _____	<input type="checkbox"/> Room and board \$ _____
<input type="checkbox"/> Shift differential \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Overtime \$ _____	

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:

<input type="checkbox"/> Tips and gratuities \$ _____	<input type="checkbox"/> Room and board \$ _____
<input type="checkbox"/> Shift differential \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> 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





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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. If No : Do you have any modified or transitional duties available? <input type="checkbox"/> Yes <input type="checkbox"/> No Have the modified or transitional duties been offered to the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. If yes, please describe modified or transitional duties

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 or email: eao@eao-bc.org

Toll-free within Canada:
1.800.925.2233

Employers' Adviser Office locations:
Richmond, Langley, Kamloops, Kelowna, Nanaimo, Trail, Prince George, Victoria.

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 FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.



Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number	Social insurance number
Preferred first name		Personal health number (BC Services Card/CareCard)		Date of birth (yyyy-mm-dd)
Address		City	Province	Postal code
Email address		Phone number (please include area code)		

Employer's information

Employer name (as registered with WorkSafeBC)	Phone number (please include area code)			
Address	City	Province	Postal code	

Details of injury

Worker's occupation	Date of injury (yyyy-mm-dd)	Location of plant or project where injury occurred	Postal code
Date worker was first laid off work (yyyy-mm-dd)		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Has worker returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date? (yyyy-mm-dd)	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Did this employee work between first time off and final return or recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please give dates From _____ to _____	
Did worker return to work as soon as possible? (please give your opinion)			
Or if not returned to work, is the worker able to do so? (please give your opinion)			
On what date do you consider the worker was first able to return to work? (yyyy-mm-dd)		Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
How many working days or shifts did the worker miss? <input type="checkbox"/> Days <input type="checkbox"/> Shifts			
Is the worker earning or able to earn as much as before the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Now earning (\$ per week)	If not, how much has the injury reduced the earnings? (\$ per week)	

Employer's Statement of Return to Work

Worker's last name	First name	Middle initial	WorkSafeBC claim number
--------------------	------------	----------------	-------------------------

How long is this impairment of earning capacity likely to continue?

Have you paid or allowed the worker anything for the period of disability?

Yes No

If yes, please give particulars

Total amount (\$)

Are there any peculiar circumstances or conditions about this case?

Yes No

If yes, please state them

Employer's signature	Title	Date (yyyy-mm-dd)
----------------------	-------	-------------------

Additional information

How to submit your form

Online is the quickest and easiest method! Complete this fillable form and add your electronic signature, then visit worksafebc.com/claims-uploader to submit the electronic document to the worker's claim file.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M–F, 8 a.m. to 6 p.m.

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 FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.