

Work Placement Injury Reporting Procedure

Note: Workers' Compensation Board (WCB) **Forms E1** and **W1** are posted to the curriculum website. Please use these forms in the event of an injury to a student where the student requires medical treatment from a health care professional and/or will be unable to continue work.

Contact WCB Claims Department at 1-800-667-7590 if you have any questions regarding the E1 & W1 forms. Completed forms are to be sent to WCB as noted at the top of each form.

When a student is injured in the work place while participating in a work-based learning opportunity:

- ☐ The incident must be reported to the employer at the work placement and to the school-based work placement coordinator immediately.
- ☐ The employer must provide immediate and appropriate first aid and, if required, arrange transportation so that the injured student can receive appropriate treatment from a qualified health care professional.
- ☐ The student's parents/guardians must be notified as soon as possible.
- ☐ The health care provider must report to the WCB. It is advisable for the student/parent to request that the health care provider indicate that the student is on a work placement and note the name of the school and school division.
- ☐ The supervising teacher or work-based learning coordinator, in consultation with the work placement employer, must complete **Form E1, Employer's Initial Report of Injury Form**. Note:
 - **Section A** - Employer Information – The employer is the Ministry of Education (as noted on the form). The contact person with corresponding contact information (right side) is the work placement employer.
 - **Section B** - Worker Information - Add student information in this section.
 - **Section C** - Injury Information - Complete all fields. For #6, 'How did the injury happen?' include the employer/company name and location in the description.
 - **Section D (only for students with a part-time job)** - Wage and Employment Information - The only question that needs to be answered is #11. Check off 'Other' and add the explanation, 'unpaid student.'
 - The supervising teacher/work placement coordinator must sign the form.
 - The form must be mailed, faxed or emailed to WCB **within 3 days** of the occurrence with the completed Work-based Learning Consent and Agreement Form attached. The mailing address and fax number are listed at the top of the form, and the email address is forms@wcbsask.com.
- ☐ The injured student, with assistance from the supervising teacher/work-based learning coordinator, must complete **Form W1, Worker's Initial Report of Injury**. Note:
 - **Section A** – Worker Information – Add student information in this section.
 - **Section B** – Employer Information – The employer is the Ministry of Education (as noted on the form). The contact person with corresponding contact information (right side) is the work placement employer. Add the work placement coordinator's name and contact information below the work placement employer's contact information.

- **Section C** - Injury Information - Complete all fields. For #6, '*How did the injury happen?*' include the employer/company name and location in the description.
- **Section D (only for students with a part-time job)** – Wage and Employment Information - Provide responses to all questions. For #12, check 'Other' and add the explanation, 'unpaid student.'
- The student must sign the form. If the student is under the age of 18, a parent/guardian must witness the signature.
- The form must be mailed, faxed or emailed to WCB as soon as possible. Mailing address and fax number are listed at the top of the form, and the email address is forms@wcbsask.com.

In addition, a report should be filed with Marsh Canada and copies of the insurance form should be kept at the school and division offices. The *Incident Report Form* can be accessed on the Saskatchewan School Boards' Association [website](#).