



**Near North**  
District School Board

## INTERIM PROCEDURE ADMINISTRATIVE GUIDELINE

### Title: ~~Health and Safety: Reporting and Investigation of Accidents~~ NNDSB Cooperative Education and Experiential Learning Students

Effective Date: 30 October 2019

Revised: ~~08 October 2021~~ XX April 2024

Responsibility: Superintendent of ~~Support~~ Services Student Success

## 1.0 INTRODUCTION

The Near North District School Board (NNDSB) is required to meet legislated criteria in reporting and investigating accidents to Ontario School Boards' Insurance Exchange (OSBIE), the Workplace Safety and Insurance Board (WSIB), and the Ministry of Labour, Training and Skills Development (MLTSD). This guideline provides direction concerning coverage under the Workplace Safety and Insurance Act (WSIA) for ~~students, who~~ students who are participating in cooperative education or experiential learning placements, where the student is considered a worker.

## 1.1 Definitions

A **critical injury** is defined by R.R.O 1990, Reg. 834: **CRITICAL INJURY – DEFINED** under *Occupational Health and Safety Act (OSHA)*, R.S.S. 1990, c. O.1 as the following:

*“critically injured” means an injury of a serious nature that,*

- a) places life in jeopardy,*
- b) produces unconsciousness,*
- c) results in substantial loss of blood,*
- d) involves the fracture of a leg or arm but not a finger or toe,*
- e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe,*
- f) consists of burns to a major portion of the body, or*
- g) causes the loss of sight in an eye.”*

A **near miss** is an incident with the potential to cause harm, but there was no measurable loss and can be defined as: *“an unplanned, uncontrolled event which could have led to loss”*. Such occurrences do not result in any injury. Reporting “near misses” raises awareness of potential hazards and, as a result, prevention programs may be developed.

**Cooperative Education (Co-op)** is a ministry-approved program that allows students to earn secondary school credits while completing a work placement. The program consists of a co-op course monitored by a cooperative education teacher, a related curriculum course in any subject, and a work placement.

**Experiential learning** is an approach to student learning that provides students with opportunities to participate actively in experiences connected to a community outside of school (local, national, or global); reflect on those experiences to derive meaning from them; and apply their learning to their decisions and actions in various aspects of their lives.

**Training Organization** is a board term used in this document to describe any organization or community partner in which a student has been placed and has a Work Education Agreement (WEA) with regardless of placement type, be it cooperative education or experiential learning, [paid or unpaid](#).

## 2.0 COVERAGE PROVIDED UNDER THE WSIA

Students participating in co-op or experiential learning programs must be at least fourteen years of age. [In order to](#) be covered by WSIB, a WEA must be signed prior to placement, by the student (and the student's parents or guardian if the student is under eighteen years of age). A separate WEA form must be completed for each individual student.

Before a student is placed with an employer, school boards must determine whether the student will be covered for WSIB benefits by the [Ministry of Labour, Training and Skills Development \(MLTSD\)](#) [Ministry of Education \(MOE\)](#) or the Training Organization. In most cases, coverage for these students is provided by the [MLTSD](#) [MOE](#), but school boards, with the assistance of the Training Organization, must ensure that the requirements of the WSIB are properly adhered to both prior to and during the work placements.

[If students do not receive wages when](#) ~~Students who~~ participating in co-op or experiential learning programs, ~~and who do not receive wages are considered, for the purpose of coverage under the WSIA, to be employees of the MOE~~ [is considered to be the employer under the WSIA and is responsible for providing WSIB coverage, once the](#) The WEA form is completed ~~and the work placement begins. The completion of the WEA~~ [establishes](#) an understanding that the MOE is responsible for covering WSIB benefits.

If students do receive wages when participating in co-op or experiential learning programs, the Training Organization is considered to be the employer under the [WSIA](#), ~~and~~ [WSIA](#) and is responsible for providing [WSIA](#) coverage. A WEA form must be completed for these students, and school boards must indicate in the appropriate section of the form that the [Training Organization](#) ~~employer, not the ministry~~ is providing the [WSIA](#) coverage.

Most businesses in Ontario that employ workers must register with the WSIB, but there are some exceptions. ~~If the Training Organization is one of these businesses, the student is still covered under the WSIA, since the student is considered to be an employee of the ministry for this purpose.~~ [If the Training Organization is one of these businesses, the student is still covered under the WSIA, since they are considered an employee of the ministry for this purpose.](#) A WEA form must also be completed for these students.

## 3.0 REPORTING PROCEDURES AND CLAIMS

In cases where ~~an employer~~ [the Training Organization](#) provides coverage for WSIB benefits (i.e. ~~for~~ [at](#) the student ~~who is an employee of the Training Organization and~~ is receiving wages), the ~~employer~~ [Training Organization](#) must follow the steps required of an employer reporting a workplace injury or disease. [If the Training Organization does not provide coverage for WSIB benefits, the student](#)

will be provided WSIB coverage under the WEA as an employee of the MOE, and by extension as an employee of the NNDSB. The NNDSB must follow the steps required of an employer reporting a workplace injury or disease.

A student who sustains an injury or contracts a disease, however minor, during the work placement component of a co-op or experiential learning program should report the injury or disease to the Training Organization and their respective co-op teacher with full details, including the time, place, and precise circumstances under which the injury was ~~sustained~~sustained, or the disease contracted. A work-related injury or disease requiring only first-aid treatment does not have to be reported to the WSIB, but a record of the details must be kept by the NNDSB.

If medical treatment beyond first aid is required from a health care professional, or if the injury or disease results in loss of time from the work placement, the ~~Program Secretary~~HR Administrator – Employee Health & Wellness must send a report to the WSIB. Accident reporting procedures call for students' social insurance numbers, because of this it is recommended that all students involved in co-op or experiential learning programs where the student is considered a workinger have a social insurance number.

The NNDSB has an obligation to report incidents involving students to OSBIE under the Board's liability insurance policy. Although an injury may not appear to be serious, it is still important to complete an OSBIE Incident Report Form (see Figures 1 and 2). Employees of the Board only are to complete the OSBIE form. Forms are to be completed online by visiting OSBIE's website at [www.osbie.on.ca](http://www.osbie.on.ca) and using Login: ~~SG204~~SG204 and Password: ~~NearNorth204~~NearNorth204 (case sensitive). These forms should not be shared with those involved in the incident (or any other individuals).

### 3.1 Reporting Non-Critical Injuries

Student injuries while working at a co-op or experiential learning placement must be reported immediately to the student's home school. All accidents/incidents require that a "NNDSB Incident/Injury Report – Co-op & Experiential Learning" form be completed and submitted on eBASE immediately (see Figures 3 through 6). All information provided must be scanned and attached to the report prior to submission. **Please note that a copy of the WEA and of the student's WSIB Form 8 (if required) are required as a minimum.** Once complete the Principal/Designate must review the form and its attachments, and complete the "NNDSB Incident/Injury Report – Co-op & Experiential Learning – Verification". eBASE will then automatically notify the ~~Program Secretary~~HR Administrator – Employee Health & Wellness that a report has been completed for them to review and complete and submit a WSIB Form 7 (if required) and an OSBIE Incident Report Form.

We cannot legally enter the Training Organization's workplace to conduct an investigation. The Training Organization would have to approve this in advance of a student's placement or be willing to provide the board with a copy of their investigation report. Information in this report may be useful in ensuring the workplace is safe for the student to return and to prevent other students from experiencing a similar incident. If provided, ensure that a copy of the investigation is attached to the "NNDSB Incident/Injury Report – Co-op & Experiential Learning" report prior to submission.

Students who are injured accidentally while on the job may be able to claim under Student Accident Insurance which protects students against accidental injury while at school or a work experience project. If Student Accident Insurance has been purchased, the purchaser should contact the insurance provider (e.g. Reliable Life) for further instruction.

## 3.2 Reporting Critical Injuries

The critical injury of a student must be reported immediately to the student's home school. The Principal/Designate will notify the [Health and Safety & Maintenance Officer by calling \(705\) 472-8170 ext. 5014 or by cell at \(705\) 477-1028 Workplace Health and Safety Administrator](#). Their respective co-op teacher must complete a "NNDSB Incident/Injury Report – Co-op & Experiential Learning" form in eBASE immediately. Once complete the Principal/Designate must review the form and its attachments, and complete the "NNDSB Incident/Injury Report – Co-op & Experiential Learning – Verification". eBASE will then automatically notify the [Program Secretary/HR Administrator – Employee Health & Wellness](#) that a report has been completed for them to review and complete and submit a WSIB Form 7 (if required) and an OSBIE Incident Report Form.

The Training Organization is responsible for conducting the critical injury report and investigation as the accident occurs in their workplace. They are also responsible for notifying the MLTSD that a critical injury has occurred. If possible, a copy of the Training Organization's critical injury report should be obtained for our files. The student's teacher should also complete the "NNDSB Incident/Injury Report – Co-op & Experiential Learning" form in eBASE. Copies of critical injury reports and accident investigation reports should be attached to the "NNDSB Incident/Injury Report – Co-op & Experiential Learning" report prior to submission.

~~Students who are critically injured accidentally on the job may be able to claim under Student Accident Insurance.~~ [Students critically injured accidentally on the job may be able to claim under Student Accident Insurance.](#) The purchaser should contact the insurance provider (e.g. Reliable Life) for further information.

## 4.0 ACCIDENT INVESTIGATION

~~The purpose of an incident/injury investigation is to determine the basic cause(s) of an accident and to recommend effective remedial actions based on the cause(s) in order to provide a healthier, safer workplace.~~ [An incident/injury investigation determines the basic cause\(s\) of an accident and recommends effective remedial actions based on the cause\(s\) to provide a healthier, safer workplace.](#)

### 4.1 Legislation

In accordance with *Occupational Health and Safety Act, R.S.O. 1990, c. 0.1, Subsection 51 (1) Notice of death or injury* states:

*"Where a person is killed or critically injured from any cause at a workplace, the constructor, if any, and the employer shall notify an inspector, and the committee, health and safety representative and trade union, if any, immediately of the occurrence by telephone or other direct means and the employer shall, within forty-eight hours after the occurrence, send to a Director a written report of circumstances of the occurrence containing such information and particulars as the regulations prescribe."*

In accordance with *Occupational Health and Safety Act, R.S.O. 1990, c. 0.1, Subsection 51 (2) Preservation of wreckage* states:

*"Where a person is killed or is critically injured at a workplace, no person shall, except for the purpose of,*  
a) *saving life or relieving human suffering;*

b) maintaining an essential public utility service or a public transportation system; or  
c) preventing unnecessary damage to equipment or other property,  
interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of  
or  
connected with the occurrence until permission to do so has been given by an inspector.”

## 4.2 Who Investigates an Accident?

1. The Supervisor:
  - a) They have a personal interest to protect;
  - b) They know their people, the conditions, and the job;
  - c) They know how to get the information needed; and
  - d) They will ~~take action~~act in any case.
2. The Health and Safety Representative/Joint Health and Safety Committee Member:
  - a) They are familiar with the people and the workplace;
  - b) They have a legal requirement in the case of Critical Injuries; and
  - c) Those with basic certification training have been trained in Accident Investigation.
3. The Government and Business:
  - a) Ministry of Labour, Training and Skills Development (MLTSD);
  - b) Ministry of the Environment (MOE); and
  - c) Workplace Safety and Insurance Board (WSIB).
4. The Health and Safety & Maintenance Officer.

## 4.3 Steps of an Accident Investigation

As the Training Organization is responsible for investigating accidents that occur in their workplace, they may not allow our involvement in their investigation. However, should they present an invitation to join their investigation team, you should be aware of the steps of an accident investigation:

1. Respond
  - a) Report the co-op student's injury to the Principal/Designate who should notify the Health and Safety & Maintenance Officer.
  - b) The Training Organization must provide emergency rescue and medical help for the injured.
  - c) Should the accident involve death or be of a critical nature as defined above, the Training Organization will notify the Ministry of Labour, Training and Skills Development (MLTSD) immediately by calling 1-800-461-6325, or after hours at 1-800-268-6060.
  - d) Secure, barricade, or isolate the scene.
  - e) Preserve the scene in accordance with *Occupational Health and Safety Act, R.S.O. 1990, c. 0.1, Subsection 51 (2) Preservation of wreckage.*
  - f) Determine extent of damage to equipment, material, or building facilities.
  - g) Restore operating functions as much as possible.
2. Collect Information
  - a) Ask questions:
    - i. Who was injured?

- ii. What happened?
- iii. How did it happen?
- iv. Why did it happen?
- v. When did it happen?
- vi. Where did it happen?
- vii. What should be done to prevent a recurrence?
- viii. Who saw what happened and what did they see?
- ix. When was the accident reported?
- x. Who reported it?

b) Observe:

- i. Equipment/material
- ii. What was damaged?
- iii. Was the equipment/material used properly?
- iv. Were hazardous materials clearly labeled and used properly?
- v. Was equipment/machinery well maintained?
- vi. Environment:
  - a. Temperature
  - b. Lighting
  - c. Ventilation

c) Identify and interview witnesses:

- i. Interview everyone who knows anything about what happened;
- ii. Explain the purpose of an accident investigation;
- iii. Interview everyone separately;
- iv. Don't give people a chance to hear each other's recollections;
- v. Interview as soon as possible after the accident;
- vi. Try to make the witnesses feel comfortable and at ease;
- vii. The interview is to find fact, not to blame;
- viii. Listen carefully without interrupting;
- ix. Make notes;
- x. Thank the witness and end on a positive note; and
- xi. Keep communication lines open as you may need to collect additional information.

d) Review records and other information sources:

- i. Previous workplace inspections which may have identified potential hazards related to the accident;
- ii. Personal accident history;
- iii. Maintenance records;
- iv. First aid records;
- v. Verbal and written instructions, workplace signs, etc.; and
- vi. Logbooks.

### 3. Analyze Information

- a) Determine basic cause(s);
- b) Identify remedial actions; and
- c) Recommend effective remedial actions to prevent recurrence of the accident and to ensure a healthier, safer workplace.

#### 4. Write Report

- a) Within 48 hours, the Training Organization must send a written report to the MLTSD (as per OHSA) by fax at 1-705-564-7076. Although they are not legally required to provide us with this information, please request consideration of sending a copy to the student's school.
- b) The report should include a clear and concise description of the entire sequence of all events.
- c) Should be written so anyone reading it later will get a clear picture of how the accident happened.
- d) The student's respective co-op teacher will complete a "NND SB Incident/Injury Report – Co-op & Experiential Learning" form in eBASE.
- e) The Principal/Designate will review the form and its attachments, and complete the "NND SB Incident/Injury Report – Co-op & Experiential Learning – Verification".
- f) The [Program Secretary/HR Administrator – Employee Health & Wellness](#) will review the report and complete and submit a WSIB Form 7 (if required) and completes a OSBIE Incident Report Form online at [www.osbie.on.ca](http://www.osbie.on.ca) using the Log-in: SG204 and Password: NearNorth204 (case sensitive).

#### 5. Follow-up Actions

- a) Determine if remedial actions are being implemented; and
- b) Evaluate the effectiveness of remedial actions.

### 5.0 OFFENCES AND PENALTIES

#### 5.1 Workplace Safety and Insurance Board (WSIB)

Accidents must be reported to the Workplace Safety and Insurance Board (WSIB) within 3 days, possible fees of \$250 for late reporting. In the event of late filing, the NND SB is responsible for paying this fee. If the NND SB does not pay the late filing fee, the MOE will be required to pay and will seek to recover the fee directly from the NND SB.

#### 5.2 Occupational Health and Safety Act (OHSA)

Subsection 66 (1) Penalties states:

*Every person who contravenes or fails to comply with,*

- a) a provision of this Act or the regulations;*
- b) an order or requirement of an inspector or a Director, or*
- c) an order of the Minister,*


*is guilty of an offence and on conviction is liable to a fine of not more than \$100,000 or to imprisonment for a term of not more than twelve months, or to both.*

Subsection 66 (2) Idem states:

*If a corporation is convicted of an offence under subsection (1), the maximum fine that may be imposed upon the corporation is \$1,500,000 and not as provided therein.*

## 1. Injured Person(s)

Enter the **Last Name**, then **Comma**, then **First Name**

Name  Date Of Birth  


Address

Gender  Male  Female  Identified as neither M or F  Choose not to disclose  
Age  Grade Level  Telephone



Injured Person  Parent

## 2. Details of Injury

Injury  Body Part

Injury Classification  Minor  Moderate  Critical 

## 3. Details of Incident

Date of Incident   Time   Type  Bodily Injury  Property Damage

Action Taken (Check all that apply)

- Administered First Aid
- Concussion Protocol Forms given to parents
- Contacted EMS/Called 911
- Dental Treatment
- Hospitalized - Admitted
- Hospitalized - Treated and released
- Notified Parent/Guardian
- Parent/Guardian advised to seek medical treatment

Cause  If Sport, Enter Sport

Location  If Other, Enter Location

If not on School board Premises, Enter the Address:

**Figure 1.** Screen capture of the creation of a new OSBIE Incident Report Form (Sections 1 through 3).



**4. Description of Incident**

How/Where Incident Occurred

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**5. Witnesses**

|           | Name                                       | Home Address                                       | Home Phone                                       |
|-----------|--|--|--|
| Witness 1 | <input type="text" value="Enter name..."/> | <input type="text" value="Enter home address..."/> | <input type="text" value="Enter home phone..."/> |
| Witness 2 | <input type="text" value="Enter name..."/> | <input type="text" value="Enter home address..."/> | <input type="text" value="Enter home phone..."/> |

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**6. School Details**

**Use the drop-down menu to find your school - the address and phone number will be automatically populated.**

Board **Near North District School Board**

Pick a School

School

Teacher

Principal

Initial report to

Date Submitted

Telephone

School Type

Address of School

Principal's email

The print option will now be available once the form is successfully submitted

For questions & comments please contact the Webmaster [info@osbie.on.ca](mailto:info@osbie.on.ca)

**Figure 2.** Screen capture of the creation of a new OSBIE Incident Report Form (Sections 4 through 6).

Please provide as much detail as possible, as well as attach any documentation received from the placement location to this report.

**Student/Worker Information:**

Name of Student:

Date of Birth:

Sex:

Home Phone Number:

Student's School:

Student's Teacher:

Individual Completing Form:   
If not Student's Teacher.

Individual Completing's Phone Number:

**Placement Information:**

Placement Name:

Placement Address:

Placement Type:

Name of Placement Contact:

Placement Contact Phone Number:

Has the placement completed an investigation?

If provided, please attach a copy of the placement's investigation notes to this report.

Is the student receiving wages from their placement?

Has the placement filed WSIB paperwork for this incident?

If provided by the placement organization, please attach a copy of the Form 7 to this report.

**Incident/Injury Information:**

**Date and Time:**

Date of Incident/Injury:  Date reported:

Time of Incident/Injury:  Time reported:

Who was the incident/injury reported to?

**Details:**

Was the accident/illness a(n):  Sudden Specific Event/Occurrence  
 Gradually Occurring Over Time  
 Occupational Disease  
 Fatality  
Please check all that apply.

Type of incident/injury:  Repetition  
 Fire/Explosion  
 Fall  
 Harmful Substances/Environmental  
 Assault  
 Slip/Trip  
 Motor Vehicle Incident  
 Other  
Please check all that apply.

**Figure 3.** Screen capture of the “NND SB Incident/Injury Report—Co-op & Experiential Learning” form in eBASE.

Please specify other:

Is this a critical injury?

**CRITICAL INJURIES MUST BE REPORTED TO THE MINISTRY OF LABOUR (MOL) IMMEDIATELY BY CONTACTING (877) 202-0008 (24 HOURS A DAY, 7 DAYS A WEEK)**

Was the Ministry of Labour (MOL) contacted?

Requirements/Guidance Provided by Ministry of Labour (MOL):

Area of Injury (Body Part):

- Head
- Face
- Eye(s)
- Ear(s)
- Teeth
- Neck
- Chest
- Upper back

Please check all that apply

Please specify other:

Describe what happened to cause the incident/injury and what the worker was doing at the time:

Include what the injury is and any details of equipment, materials, working conditions that may have contributed.

Did the incident/injury happen on the employer's premises (owned, leased or maintained)?

Specify where:

Did the incident/injury happen outside the Province of Ontario?

Where (city, province/state, country)?

Witnesses?

Witness 1:   
Provide name, position, and work phone number

Witness 2:   
Provide name, position, and work phone number

Was any individual, who does not work for the placement, partially or totally responsible for this accident/illness?

Please provide name and work phone number:

Are you aware of any prior similar or related problem, injury or condition?

Please explain:

What corrective actions have been/will be taken in order to prevent a re-occurrence?

Do you have any concerns about this report?

Please explain:

Figure 4. Screen capture of the “NNSB Incident/Injury Report – Co-op & Experiential Learning” form in eBASE (con’t).

**Health Care:**

Did the student receive health care for this injury?

If seeking medical attention, please have Medical Practitioner complete WSIB Form 8. If possible, please attach a copy of the Form 8 to this report.

Where was this student treated for this injury?

- Family Physician
- Health Services
- Chiropractor/Physiotherapist
- Walk in/Urgent Care Clinic
- Emergency Department

Please check all that apply.

Name and address of Health Care Provider:

When did the employer learn that the worker received health care?

**Lost Time Information:**

After the day of incident/injury this worker:

- Returned to their regular job and has not lost any time and/or earnings.
- Returned to modified work and has not lost any time and/or earnings.
- Has lost time and/or earnings.

Please choose one of the following.

Provide date student first lost time:

Date student returned to work (if known):

Returned to:

This lost/no lost time and/or modified work information was confirmed by:

Please state name and phone number of individual.

**Return to Work**

Have you been provided with work limitations for this student's injury?

Has modified work been discussed with this student?

Has modified work been offered to this worker?

Was this work:

Please attached a copy of the written offer given to the worker.

Who is responsible for arranging the student's return to work?

Please state name and phone number of the individual.

**Additional Information:**

Please attach any additional information, as required, to this report prior to submission or state any comments in the textbox below.

Comments:

**NOTE: THE ATTACHMENT OF THE WEA AND WSIB FORM 8 (IF PROVIDED) IS REQUIRED AS A MINIMUM.**

**Attachments**

Filename Size

Nothing to display

Figure 5. Screen capture of the “NNSB Incident/Injury Report – Co-op & Experiential Learning” form in eBASE (con’t).

**Contact Information:**

Person Verifying Report:

Official Title:

Phone Number:

**Verification:**

I have reviewed the submitted report and confirm it to be complete and accurate.

I confirm that we have complied with any/all regulated requirements.

I have reviewed the attached documents and confirm that they are complete and accurate.

**Additional Information:**

Please attach any additional information, as required, to this report prior to submission or state any comments in the textbox below.

Comments:

**NOTE: THE ATTACHMENT OF THE WEA AND WSIB FORM 8 (IF PROVIDED) IS REQUIRED AS A MINIMUM.**

**Attachments** [Upload](#)

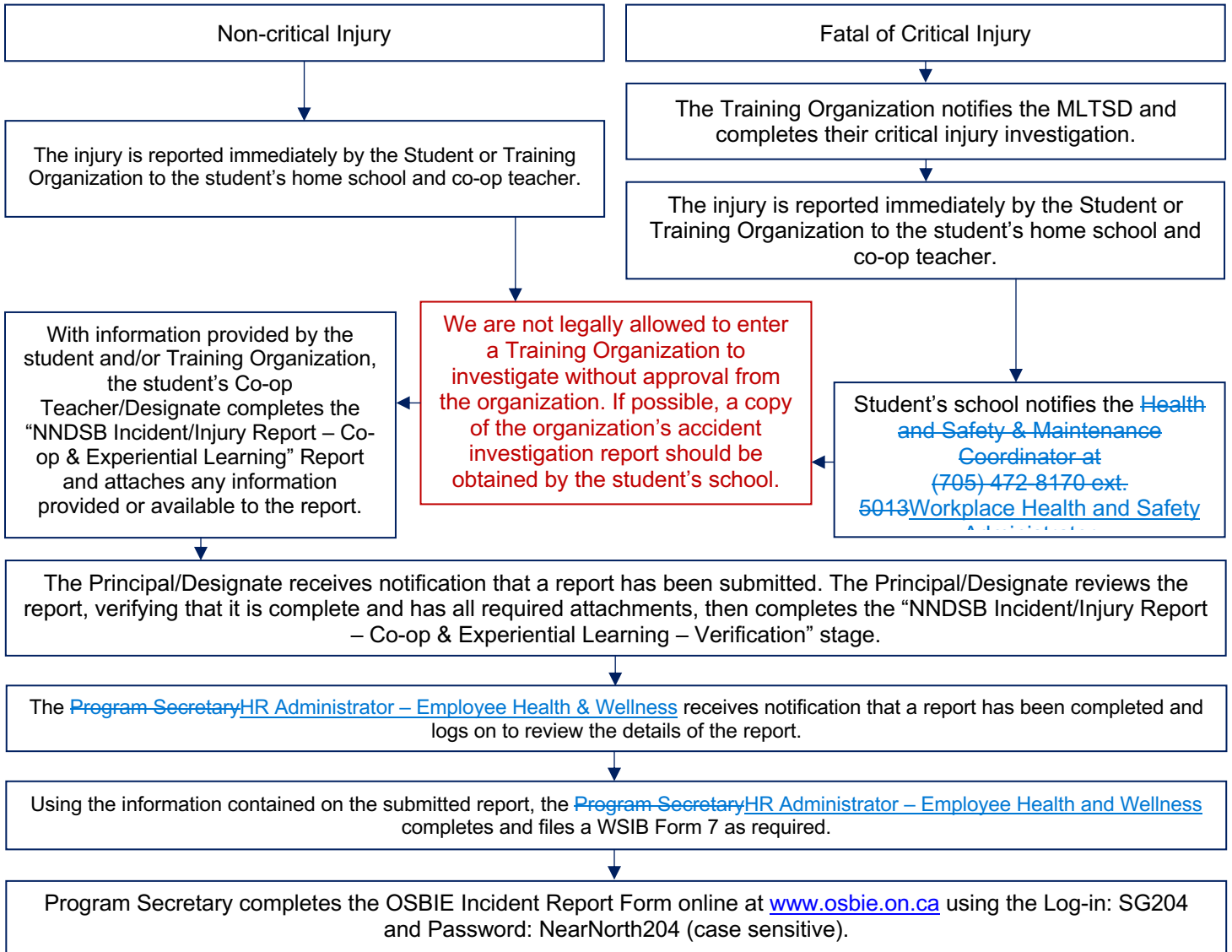
| Filename           | Size |
|--------------------|------|
| Nothing to display |      |

[Save draft](#) [Submit](#)

**Figure 6.** Screen capture of the “NNSDB Incident/Injury Report – Co-op & Experiential Learning – Verification” form in eBASE.



## STAGES TO ACCIDENT REPORTING: INJURY TO NEAR NORTH DSB CO-OP STUDENTS



## **NNDSB COOPERATIVE EDUCATION**

### **Employer Testing Consent Form**

Updated: ~~08 October 2024~~ XX April 2024

Students enrolled in Cooperative Education must adhere to the expectations outlined in the Cooperative Education Statement of Understanding. In accordance with this document students and parent, if applicable understand that as per Ministry of Education Policy/Program Memorandum No. 76A:

*“Vaccinations or tests may be required by some placement employers in order for the student to participate in a work education or experiential learning program. The student and parent, if appropriate, must be made aware of the placement employer’s requirements, and must decide if they are willing to adhere to the requirements as specified by the placement employer prior to the start of the work placement. The student and parent, if appropriate, must decide if they are willing to adhere to the requirements as specified by the placement employer prior to the start of the work placement. If the student and parent, if appropriate, do not agree to adhere to the requirements of the work placement employer, another work placement must be arranged for the student.”*

Please note that cooperative education placement screening may include, but is not limited to:

- Health pre-screening forms/checklists;
- Medical assessments;
- Security checks;
- Reference checks;
- Credit checks;
- Vaccinations;
- Drug and/or alcohol tests.

I confirm that I have read and understand the work education screening requirements outlined above and hereby consent to participate in any and all placement requirements of the work education placement employer policy:

|                                   |  |
|-----------------------------------|--|
| <b>Student Name (Print):</b>      |  |
| <b>Student Signature:</b>         |  |
| <b>Date:</b>                      |  |
| <b>Student’s School Location:</b> |  |

### **PARENTAL CONSENT FOR STUDENTS UNDER 18 YEARS OF AGE**

I hereby provide consent for my student to participate in any and all placement requirements of the work education placement employer policy:

|                                      |  |
|--------------------------------------|--|
| <b>Parent/Guardian Name (Print):</b> |  |
| <b>Parent/Guardian Signature:</b>    |  |
| <b>Date:</b>                         |  |

**NNDSB COOPERATIVE EDUCATION****Placement Assessment Checklist**Updated: ~~08 October 2024~~ XX April 24**PLACEMENT INFORMATION**

|  |                                     |  |
|--|-------------------------------------|--|
| <b>Student:</b>                        |                                     |  |
| <b>Co-op Teacher:</b>                  |                                     |  |
| <b>School:</b>                         |                                     |  |
| <b>Placement:</b>                      |                                     |  |
| <b>Placement Supervisor/Designate:</b> |                                     |  |
| <b>Placement Address:</b>              |                                     |  |
| <b>Type of Placement:</b>              |                                     |  |
| <b>Placement is a:</b>                 | <b>New Community Placement:</b>     |  |
|  | <b>Continued Community Partner:</b> |  |
| <b>Date of Assessment:</b>             |                                     |  |

**POSITIVE ATTITUDE AND COMMITMENT TO THE PROVISION OF LEARNING OPPORTUNITIES**

| <b>Statement</b>   | <b>Yes/No</b> | <b>Comments</b> |
|--|---------------|-----------------|
| The placement supervisor/designate: <ul style="list-style-type: none"> <li>Understands and accepts the responsibility of co-op or work education (experience);</li> <li>Is available for meetings and on-site assessments with the teacher; and,</li> <li>Ensures that adequate supervision will be provided.</li> </ul> |               |                 |
| The placement has current policies and procedures designed to prevent and deal with discrimination, harassment, and violence in the workplace.   |               |                 |

**RANGE AND SCOPE OF LEARNING OPPORTUNITIES AND EXPERIENCE AVAILABLE**

|   |  |  |
|---|--|--|
| The placement supervisor/designate: <ul style="list-style-type: none"> <li>Will mentor student and promote career awareness;</li> <li>Understands and agrees to the student's schedule as stipulated in the Work Education Agreement (WEA) and is aware that a change in student's schedule requires a signed Amendment to the WEA form or new WEA;</li> <li>Will discuss placement policies, including dress code and behaviour expectation with student;</li> <li>Will work with the teacher to develop a suitable learning plan; and</li> <li>Will ensure incremental work education experiences are available.</li> </ul> |  |  |
|---|--|--|

**HEALTH, SAFETY AND WELL-BEING AT THE PLACEMENT**

|   |  |  |
|---|--|--|
| The placement/supervisor/designate understands unpaid learners are defined as "workers" under the <i>Occupational Health &amp; Safety Act (OHS)</i> . |  |  |
|---|--|--|



## HEALTH, SAFETY AND WELL-BEING AT THE PLACEMENT (CONTINUED)

| Statement  | Yes/No | Comments |
|--|--------|----------|
| The placement has workplace safety plans that follow the requirements of the Occupational Health and Safety Act and the Ministry of Labour, Training and Skills Development. Placement decisions must follow the guidelines outlined in Ontario's Roadmap to Reopen (Reg 364/20).  |        |          |
| <del>Student will receive specific onsite health and safety/orientation/assignment on or before the first day of placement (including what to do in the event of an accident, injury, or illness).</del> Student will receive specific onsite health and safety/orientation/assignment on or before the first day of placement (including in an accident, injury, or illness). |        |          |
| <del>Student</del> Students will receive specific onsite orientation/training with respect to COVID-19 procedures/protocols and reporting requirements (e.g. pre-screening, notification requirements, etc.).  |        |          |
| Trade-specific health and safety standards are being implemented for students registered in OYAP.  |        |          |
| Safety devices are available and maintained to ensure good working conditions.   |        |          |
| <del>Site</del> The site has safety policies and procedures in place including adequate supervision.   |        |          |
| <del>First</del> A first aid station is available.   |        |          |
| Site-specific WHMIS information and training is provided in the workplace.   |        |          |
| Emergency and evacuation procedures are <del>posted</del> posted, and students will be made aware of emergency procedures.   |        |          |
| Employer has been made aware of student's medical response plan (if applicable).   |        |          |
| Personal protective equipment for the job must be identified and provided by the employer or student.  |        |          |

### SAFETY EQUIPMENT REQUIRED AT PLACEMENT

| Equipment                    | Employer Provided | Student Provided | Comments |
|------------------------------|-------------------|------------------|----------|
| Body Protection              |                   |                  |          |
| COVID-19 Specific Protection |                   |                  |          |
| Ear Protection               |                   |                  |          |
| Eye Protection               |                   |                  |          |
| Face Protection              |                   |                  |          |
| Fall Protection              |                   |                  |          |
| Foot Protection              |                   |                  |          |
| Hand Protection              |                   |                  |          |
| Head Protection              |                   |                  |          |
| Respiratory Protection       |                   |                  |          |
| Other                        |                   |                  |          |

### RISKS ON THE JOB

| Statement                            | Yes/No | Comments |
|--------------------------------------|--------|----------|
| Confined Spaces                      |        |          |
| Emergency Response                   |        |          |
| Extreme Dust                         |        |          |
| Extreme or Sustained Noise/Vibration |        |          |
| Firearms/Weaponry                    |        |          |
| Flammable/Explosive Products         |        |          |
| Hazardous Materials                  |        |          |
| Heights (over 3 metres)              |        |          |

| Infectious Diseases   |             |          |
|---|-------------|----------|
| Operation of Vehicles   |             |          |
| Water Exposure  |             |          |
| Other   |             |          |
| RISKS ON THE JOB  |             |          |
| Statement   | Yes/No      | Comments |
| Wild Animals  |             |          |
| Other   |             |          |
| ACCIDENT/ILLNESS/INJURY REPORTING PROCEDURES  |             |          |
| Statement   | Yes/No      | Comments |
| Employer is familiar with accident, illness, and/or injury reporting procedures for the student.  |             |          |
| WSIB coverage will be provided (state by whom in the comments [e.g. Ministry of Education, Employer, etc.]).  |             |          |
| TRANSPORTATION AND EQUIPMENT AT THE PLACEMENT   |             |          |
| <del>Operating vehicles, including customer vehicles at placement (including but not limited to personal passenger vehicles, ATVs, snowmobiles, golf carts, forklifts and tractors).</del> Operating vehicles, including customer vehicles at placement (e.g. personal passenger vehicles, ATVs, snowmobiles, golf carts, forklifts and tractors).  |             |          |
| The employer is aware that the operation of ANY vehicle (including customer vehicles) by a student is a high-risk activity. The board does not provide insurance coverage for students operating, or being a passenger in, a licensed motorized vehicle while at their placement. The insurance on the vehicle is primary for liability and physical damage coverage. It is highly recommended that the organization consult with their insurance provider to ensure there is adequate coverage for students. |             |          |
| If a student operates vehicles and/or equipment, the organization will ensure that the student has received appropriate licensing, training/certification, and providing ongoing supervision.   |             |          |
| The employer has identified equipment and tools the students will be using (if applicable).   |             |          |
| STUDENTS WITH SPECIAL EDUCATION NEEDS (IF APPLICABLE)   |             |          |
| The placement supervisor/designate can accommodate students with special education needs, if required.  |             |          |
| Student <del>accommodations</del> accommodation and/or modifications will be communicated to the supervisor/designate.  |             |          |
| ONTARIO YOUTH APPRENTICESHIP PROGRAM (OYAP) (IF APPLICABLE)   |             |          |
| In a trades-related placement, the OYAP Application Form must be completed.   |             |          |
| <del>Student</del> Students will receive an OYAP identification card when placed in a compulsory trade.   |             |          |
| RECOMMENDATION  |             |          |
|   | Acceptable: |          |

|  |                                     |  |
|--|-------------------------------------|--|
| It is the teacher's recommendation that this placement is: | Acceptable with certain conditions: |  |
|  | Not acceptable:                     |  |

**COMMENTS**

**COMPLETION**

|                                      |  |
|--------------------------------------|--|
| <b>Co-op Teacher's Name (Print):</b> |  |
| <b>Co-op Teacher's Signature:</b>    |  |
| <b>Date:</b>                         |  |

## **NNDSB COOPERATIVE EDUCATION**

### **Candidate Statement of Understanding and Declaration**

Updated: ~~13 September 2021~~XX April 2024

## **1.0 HEALTH INFORMATION**

Cooperative Education Student and Parent/Guardians should be aware that there are certain risks in the workplace. Placement Health and Safety education and reporting is a part of the in-school program. ~~Arranging and paying for any required inoculations/tests is the responsibility of the student.~~Arranging and paying for any required inoculations/tests is the student's responsibility. A student who fails to meet mandatory health requirements will not be allowed to participate in a chosen placement.

Any sharp and Needle-stick Injuries should be assessed by a physician and referred to the Health Department for additional follow-up.

Workers in occupations such as healthcare, medical labs, EMS, dental offices, or funeral homes, must follow standard guidelines of the placement when dealing with all blood products and body fluids. When giving assistance to anyone, ~~whether or not the person is infected with HIV,~~ avoid contact with blood. It is essential to protect the skin with gloves or a cloth barrier, to clean any blood-stained surfaces and to wash the hands with soap and water.

### **1.1 Immunization**

Immunization must begin well in advance of beginning placement. Certain communicable diseases such as Hepatitis B, AIDS, Influenza, and Tuberculosis may be contracted from humans. Rabies is a viral disease which may be contracted from rabid animals.

#### **1.1.1 Hepatitis B**

The vaccine consists of 3 injections given over 6 months and full immunity is not attained until all are received. Immunization programs are available through schools. Students are now able to receive ~~the vaccinations~~vaccinations and proof of Hepatitis B immunization is mandatory for ambulance and dental placements and highly recommended for placements in daycare and healthcare.

#### **1.1.2 HIV AND AIDS**

There are no immunizations for HIV and AIDS. This is caused by a virus called HIV which attacks the body's natural defenses against illness. Once infected, the person has the virus for life. HIV is spread through sexual intercourse and exposure to blood or tissues, but not through casual contact in the workplace. Students in all placements must be aware that precautions must be taken in respect to exposure to blood and bodily fluids.

#### **1.1.3 Tuberculosis**

Tuberculosis testing (a ~~2-step~~2-step skin test) is mandatory for daycare facilities, schools and healthcare facilities.

### **1.1.4 Influenza**

Influenza inoculation is recommended for students working in healthcare or homes for the elderly. Students working with the elderly should not attend placement while experiencing flu-like symptoms.

### **1.1.5 Rabies**

Rabies is a viral disease which attacks the nervous system and is fatal to humans. For this reason, the National Advisory Committee of Immunization recommends that any person at high risk of contact with rabid animals receive pre-exposure immunization. This consists of 3 shots of Rabies vaccine over 3 weeks. Occupations in which animal handling or contact is likely, including veterinarians, pet store and kennel operators, taxidermists, laboratory staff, naturalists, ~~zoo-keepers~~[zookeepers](#), police, and outdoor educators. Please consult your physician if you require more information.

### **1.1.6 Measles, Tetanus, and Diphtheria**

Students should be ~~up-to-date~~[up to date](#) with measles, tetanus and diphtheria.

### **1.1.7 COVID-19**

Students may be required to receive COVID-19 vaccination based on the training organization's immunization policy. ~~In the event that~~[If](#) a student is required to receive a COVID-19 vaccination an educational program should be completed by the student and can be found [here](#).

## **1.2 Health and Safety Protocols**

Students are expected to follow all health and safety protocols and procedures held by the NNDSB and the training organization.

### **1.2.1 COVID-19**

Students are expected to follow all COVID-19 protocols, such as: wearing the appropriate PPE; conducting appropriate hand hygiene; practicing social distancing; etc. Students (or parents/guardians if they are under 18 years of age) must ensure that they are completing any required pre-screening prior to travelling to school or the training organization. If a student fails the pre-screening or ~~are~~[is](#) experiencing COVID-19-like symptoms they are to report this to their training organization and their co-op teacher immediately. Students are expected to continue to self-monitor for COVID-19 like symptoms and report any changes to their status to their training organization and their co-op teacher immediately.

## 2.0 STATEMENT OF UNDERSTANDING

Cooperative education students and respective parent/guardian (for students under 18 years of age) are asked to read each statement of understanding and initial in the corresponding box. Once complete, they must sign and date the bottom of the form. The complete form is a required component of each co-op student's folder.

| STATEMENT  | INITIALS |                 |
|--|----------|-----------------|
|  | Student  | Parent/Guardian |
| <b>Security Checks:</b> Students applying for placements with the police, security, daycare, Children's Aid, WPSHC, etc., may require police screening prior to acceptance. Some other institutions may require that students be bonded.   |          |                 |
| <b>Safety Equipment/Uniforms/Dress:</b> The Student must comply with all safety standards of the workplace including the wearing of protective clothing/equipment. The Student is responsible for the purchase of any clothing/equipment not supplied by the workplace. Students working in healthcare may be required to buy scrubs. Students in all placements must comply with the dress standards of the workplace.  |          |                 |
| <b>Insurance:</b> Students in all placements must be covered by Workplace Safety and Insurance Board. This is paid by the Ministry of Education when the student is not paid for work in the placement. Should the student be paid, the employer is responsible for the cost of Worker's Compensation coverage. The Work Education Agreement (WEA) must be signed by all parties before the Student begins work at the placement. Students are covered when their work placement is located on school board property, and when they are supervised by teaching or non-teaching staff members (e.g., teachers, building custodians, electrical maintenance supervisors, audio-visual technicians, or purchasing officers). In addition, the Student should have Ontario Health Plan coverage. |          |                 |
| <b>Reporting Accidents in the Workplace:</b> In the event of any accidents involving the Cooperative Education Student in the workplace, the Student must report the accident immediately to the workplace supervisor and to the monitoring teacher. When medical attention is required, the teacher will complete the accident report.  |          |                 |
| <b>Transportation:</b> If a student chooses to drive to placement, the student must be covered by the vehicle owner's insurance. The Board of Education does not accept responsibility. It is the student's responsibility to get to and from work and school at their expense. If driving a company vehicle is a part of the Student's responsibility in the placement, as outlined in the student's Cooperative Education Learning Plan (CELP), the student must have the appropriate classification of driver's license, and be covered by the placement's insurance. The student should not drive a personally owned vehicle for the placement.  |          |                 |
| <b>I understand that</b> I will be interviewed by the Cooperative Education teacher and the placement supervisor(s) to be accepted for the placement.  |          |                 |

|  |  |  |
|--|--|--|
| <p><b>I understand that</b> the Cooperative Education Program requires me to spend considerable time working in the community as a co-op student, and as such I will represent the school, the program, and my teacher in a favourable manner at all times.</p>  |  |  |
| <p><b>I understand that</b> the job I will be performing as a part of my cooperative education placement is related to in-school credits.</p>  |  |  |
| <p><b>I understand that</b> I must conform to all rules of the program with respect to the following:</p> <ul style="list-style-type: none"> <li>• Attend regularly and punctually both in school and on the job until the end of placement as scheduled in the school calendar and Work Education Agreement (WEA);</li> <li>• Report all absences promptly to my placement supervisor, co-op teacher, and the WFSS Attendance office;</li> <li>• Make up for any hours missed in the placement;</li> <li>• Complete all required assignments both in-school and on the job;</li> <li>• Abide by the rules of the placement;</li> <li>• Work the required hours of the job following company hours;</li> <li>• Communicate in a positive manner with my co-op teacher, placement supervisor, and fellow students;</li> <li>• Work cooperatively with colleagues in school and on the job;</li> <li>• Maintain strict confidentiality regarding workplace matters; and</li> <li>• Maintain professional working relations with co-workers.</li> </ul> |  |  |
| <p><b>I understand that</b> I should not expect to be paid for my work term.</p>   |  |  |
| <p><b>I understand that</b> the Cooperative Education placement may take priority over part-time employment and that any adjustment to working hours must be cooperatively arranged with my Coop teacher and Coop supervisor.</p>  |  |  |
| <p><b>I understand that</b> I am responsible for all related school and work expenses.</p>   |  |  |
| <p><b>I understand that</b> I must declare to the Coop teacher any medical condition which may affect my Coop placement.</p>   |  |  |
| <p><b>I understand that</b> I may be required to have a medical examination and/or provide medical information for placement purposes.</p>   |  |  |
| <p><b>I understand that</b> immunization is required/recommended for many work placements. I understand precautions are necessary and immunization is advised. I understand that I am responsible for this at my own expense. If I receive a COVID-19 vaccination as a requirement for my work placement, I understand that I must complete the required educational program.</p>  |  |  |
| <p><b>I understand that</b> some placements require a security check, character check, credit check, or other pre-placement screening. This may include a social media screening.</p>  |  |  |
| <p><b>I understand that</b> certain placements may require additional specialized application forms and subsequent interviews prior to acceptance of a student.</p>  |  |  |
| <p><b>I understand that</b> I may have to wear prescribed clothing for my placement such as safety equipment, business attire, etc., depending on the placement and job description.</p>   |  |  |

|  |  |  |
|--|--|--|
| <b>I understand that</b> I must observe all Health and Safety regulations on-the-job and contact the school on the same day in the case of an accident (or injury) and illness (such as COVID-19).   |  |  |
| <b>I understand that</b> I should be covered by the Ontario Health Plan through family coverage.   |  |  |
| <b>I understand that</b> my Cooperative Education teacher needs to provide pertinent information about me to a prospective supervisor for placement purposes.  |  |  |
| <b>I understand that</b> I must provide truthful information to my Cooperative Education teacher and supervisor upon request, and that failure to do so may be grounds for termination of my Coop placement and/or removal from the Coop program with loss of credits. |  |  |
| <b>I understand that</b> theft or vandalism are grounds for termination of my Coop placement and/or removal for the Program with loss of credits.  |  |  |
| <b>I understand that</b> I must provide my Coop teacher with updated information should there be any change in the data provided on my application form while I am enrolled in Coop. (Change of address, email, phone number, emergency contact, etc).                 |  |  |
| <b>I understand that</b> being absent without notice is not acceptable at placement nor within the Program. Should this happen, the placement may be terminated.   |  |  |
| <b>I understand that</b> I can be removed from the Coop program with loss of credits if I am unable to meet program requirements either in school or on the job.   |  |  |

## 2.1 Acknowledgment of the Statement of Understanding

I have read all statements contained within the Cooperative Education Statement of Understanding and agree to its terms as indicated by my signature below:

|                              |  |
|------------------------------|--|
| <b>Student Name (Print):</b> |  |
| <b>Student Signature:</b>    |  |
| <b>Date:</b>                 |  |

I understand that my child is enrolling in a Cooperative Education program which will involve substantial time in the community. I am aware that immunization/tests/precautions are advised/mandatory for certain placements as outlined in the attached pages. I understand that my child must adhere to the standards outlined in the Cooperative Education Statement of Understanding.

|                                      |  |
|--------------------------------------|--|
| <b>Parent/Guardian Name (Print):</b> |  |
| <b>Parent/Guardian Signature:</b>    |  |
| <b>Date:</b>                         |  |



