

Task/Process: Injury, Illness and Incident Reporting	Department: All theatres, head office
Prepared/Revised by: Jessica Lagoda, Mark Lavaway, Ashley Heng	Approved by: Mark Lavaway
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Ed Mirvish Enterprises Limited – Injury, Illness and Incident Reporting

Purpose:

This policy outlines the procedures for reporting Injury, Illness and Incidents that occur at any Ed Mirvish Enterprises Ltd. (EMEL) workplace.

Consistent reporting of injuries, illnesses and incidents allows EMEL to comply with the Workplace Safety Insurance Board (WSIB), Ministry of Labour, Immigration, Training and Skills Development and other legislated reporting requirements, to complete timely investigations and implement corrective action to eliminate the potential for other injuries/illnesses.

Scope:

The EMEL Injury, Illness and Incident Reporting Policy applies to all areas at:

- The Princess of Wales Theatre – 300 King St. W.
- The Royal Alexandra Theatre – 260 King St. W.
- The CAA Ed Mirvish Theatre – 244 Victoria St.
- The CAA Theatre – 651 Yonge St.
- Mirvish Productions Head Office – 322 King St. W. / Mandated Remote Work Locations

Definitions:

Injury: A general term defined as physical or psychological damage to one's body caused by an accident or harmful incident.

Illness: An unhealthy condition of the body or mind.

Incident: An occurrence, condition or situation that may result in an injury, illness or fatality.

Psychological Injury: Psychological injury or mental injury includes a range of cognitive, emotional, and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave, and interact with others.

Roles & Responsibilities:

Employee:

- If the employee injures themselves or witnesses an injury while at work, they must be aware of the reporting procedures listed below and follow them accordingly.

- An employee is also required to assist their Manager or Supervisor in completing the report and may be contacted by WSIB for further information. If the employee is contacted, they are required to participate in the process.

Manager/Supervisor

- Upon being notified of an injury or incident in their department/workplace, they must be aware of the reporting procedures listed below and follow them accordingly to assess the situation at hand.
- Inform the HR Department upon filling out or receiving an injury report. It is the responsibility of the Manager or Supervisor to ensure that all paperwork related to the injury is filled out accurately and in a timely manner.

Joint Health & Safety Committee Members:

- Represent their respective constituents and must be aware of the reporting procedures listed below
- To bring forward any matters concerning actual or perceived Health & Safety issues within the workplace.
- To be informed of all recorded injury, illness and incidences at their workplace
- Identify and discuss any workplace hazards that may have caused any injuries, illnesses or incidences at the workplace
- JHSC Members may also be required to cooperate during any health & safety investigations.

HR Department:

- Must be aware of the reporting procedures listed below
- Upon receiving the Injury/Incident Report Form, the HR Department will be responsible for reporting the workplace injury or illness by filling out a Form 7 within three business days.
- The HR Department will stay in contact with the FOH Managers to ensure that employees have a full recovery, and offer Return to Work Program alternatives if necessary
- To inform all necessary managers that need to be aware and to contact the Ministry of Labour during critical injuries
- To notify JHSC members of all injuries and incidences during meetings
- Work together to prevent future occurrences of injuries and incidences
- Maintain and retain all workplace injuries or illnesses records for a period of three years

Reporting Procedures:

Following types of incidents/injuries/illness will be reported using the Patron Injury/Illness Report (Appendix A), the Workplace Injury/Incident Report Form (Appendix C) or EMEL Incident Report Form (Appendix D):

- i. Any Injuries including psychological injuries
- ii. Fatalities or Critical Injury Occupational Illness
- iii. Medical treatment cases v. Modified duties cases
- iv. First aid Fire / Explosions
- v. Property damage

vi. Environmental incidents/spills

Any visitor, contractor or non-company personnel sustain injury on premises and requires medical treatment

- vii. The supervisor will ensure the following types of incidents are reported to the employee's chain of command as applicable to the facility, which may include assistant managers, managers, the Operations Manager, HR Manager, and Health & Safety Representative immediately.
- a. Fatalities
 - b. Critical Injuries
 - c. Major spill or release of hazardous chemical
 - d. Any significant incident

If an accident, explosion, fire, or violence causing injury occurs:

- i. If a person is disabled from performing his or her usual work or requires medical attention because of an accident, explosion, fire, or incident of workplace violence at a workplace, but no person dies or is critically injured because of that occurrence, HR shall, within four days of the occurrence, give written notice of the occurrence containing the prescribed information and particulars to the following:
 - a. The JHSC
 - b. The MLITSD, if an inspector requires notification of the Director
 - c. The Emergency Response plan also addresses additional reporting requirements for incidents related to property damage, fire, explosion and environmental incidents.

Reporting an Occupational Illness

- i. If informed that an employee has an occupational illness or that a claim of occupational illness has been filed with the WSIB regarding an occupational illness, written notice is provided to the MLITSD and the JHSC and Human Resources within four days of becoming aware.

Reporting Psychological Injury

- i. Psychological injuries should be treated the same as reporting an Occupational Illness.

Reporting Procedure(s) for:

1. Patron Injuries

- When a worker is informed or witnesses a patron get injured, stay calm and reassure the patron before notifying the Usher Captain and Duty Manager immediately
- If First Aid is needed, a trained employee or manager may administer first aid or call for additional medical assistance.
- If the injury or illness appears to require a higher level of medical attention, an ambulance may be recommended. If an ambulance is refused by the patron, an Emergency Care Refusal Form (Appendix B) is completed and signed by the patron (if possible) and sent to the General Manager, Theatres.
- Once the situation has deescalated, the Manager will complete the Patron Injury/Illness Report (Appendix A) with collected statements and contact information from injured individuals and witnesses if applicable.
- The report will be emailed to the General Manager, Theatres, as well as any relevant FOH Managers at the theatre.

- The injury will be reviewed in accordance with our Recognition of Hazards Policy to identify improvements and prevent future injuries.

2. Worker Injuries

- When a worker gets injured, stay calm and assess the situation before informing your Manager
- If First Aid is needed, a trained employee or manager may administer first aid or call for additional medical assistance
- Once the situation has deescalated, the Manager will complete the Workplace Injury/Incident Report Form (Appendix C) with collected statements and contact information from injured individuals and witnesses if applicable.
- The report will be emailed to the HR Department and General Manager, Theatres, as well as the injured employee's Managers.
- The injury will be reviewed in accordance with our Recognition of Hazards Policy to identify improvements and prevent future injuries.
- If time at work has been lost, employees will require a Return to Work program in order to ensure that the employee safely returns to work.

3. Critical Injuries

- A critical injury, as defined under the *Occupational Health and Safety Act R.S.O. 1990, c. O.1* as 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.
- If a patron or worker is injured and upon assessment it meets the criteria of a critical injury, **call 911 immediately, contact the Ministry of Labour, Immigration, Training and Skills Development at 1-877-202-0008 (operates 24/7)** and your Manager immediately.
- *Do not disturb the scene* unless it is to:
 - save life or relieve human suffering
 - maintain an essential public utility service or a public transportation system
 - prevent unnecessary damage to equipment or other property
- OR
 - A Ministry of Labour, Immigration, Training and Skills Development inspector provides permission to do so
- The Manager will inform the General Manager, Theatres and the HR Department immediately.
- The HR Department will also inform the respective JHSC representatives and the union (if applicable) **within 48 hours**.

- Once the situation has deescalated, the Manager will complete the Workplace Injury/Incident Report Form (Appendix C) with collected statements and contact information from injured individuals and witnesses if applicable.
- If the injured is an employee, they will require a Return to Work program.

4. Incidents

- When a worker is informed or witnesses an incident, stay calm and notify a Supervisor/Manager.
- Once the situation has deescalated, the Supervisor/Manager will complete the EMEL Incident Report Form (Appendix D) with collected statements and contact information from affected individuals and witnesses if applicable.
- The report will be emailed to the General Manager, Theatres, and any other relevant parties at the venue or location of the incident.
- If necessary, the incident will be reviewed in accordance with our EMEL Incident Investigation and Analysis Policy.

Evaluation:

Management will evaluate the Injury, Illness and Incident Reporting Policy as required and monitor and ensure the ongoing compliance of staff.

Revisions:

Revision Made	Revision Made By	Date

Approvals:

The following individuals have read and approved the policy herein:

Name and Title	Signature	Date
Mark Lavaway Director of Labour Relations & Business Development		
David Mucci Managing Director		

APPENDIX A – Patron Injury/Illness Report

Ed Mirvish Enterprises Limited - Patron Injury/Illness Report

Name:
Permanent Home Address:
Home Phone:
Customer Order Number:

Details of Injury/Illness

Event patron was attending at the time of the Injury/illness:		
Address of Incident:		
<ul style="list-style-type: none"> <input type="radio"/> Head Office (322 King St. W, Toronto, ON M5V 1J2) <input type="radio"/> Princess of Wales Theatre (300 King St. W, Toronto, ON M5V 1J2) <input type="radio"/> Royal Alexandra Theatre (260 King St. W, Toronto, ON M5V 1H9) 	<ul style="list-style-type: none"> <input type="radio"/> CAA Ed Mirvish Theatre (244 Victoria St. Toronto, ON M5B 1V8) <input type="radio"/> CAA Theatre (651 Yonge St, Toronto, ON M4Y 1Z9) <input type="radio"/> Other: 	
Date and Hour of Injury/Illness:	Date and Hour Reported:	Who was the Injury/Illness reported to?
What happened? If there was an injury, indicate the part of the body involved and specify left of right side. Please note any comments made by the injured party or witness.		
Contributing Factors (for example: clothing, weather conditions, patron’s age/health conditions, etc.)		
Is there anyone else who may have witnessed or who may know about the injury? If so, provide details below: (Names, Addresses, and phone numbers)		

Action Taken

First Aid treatment or advise:
First Aid provided by:
Assistance by doctor or other patron?
Patron went to hospital on his/her own?
Ambulance requested by patron?
Ambulance suggested by first aider?
Ambulance Called?
Time Arrived:
Ambulance Number:
Ambulance Refused by Patron:
If Yes, complete the Emergency Care Refusal Form:

Apparent Condition of Patron upon leaving First Aid Care/ Theatre:
Patron kept under surveillance during performance:
Follow up with Patron Requested? YES NO

Injury/Illness/Incident Investigation and Analysis (if required)

Is Investigation and Analysis Required? YES NO
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Duty Manager:

Date of Report:

Usher Captain:

Report filled out by:

APPENDIX B – EMEL Emergency Care Refusal Form

Ed Mirvish Enterprises Limited
Emergency Care Refusal Form

The patron meets all of the following criteria for refusing emergency care:

- has an ability to make medical decisions and understands the consequences of refusing emergency care;
- there is no evidence of intoxication with drugs or alcohol;
- the patron is at least 18 years of age.

I acknowledge that I may have a medical problem which may require additional medical attention, and that EMEL staff have offered to make a 911 call on my behalf. Instead, I elect to seek alternative medical care and/or refuse further medical evaluation. I understand that EMEL staff may be required to call 911 on my behalf if my condition changes or worsens.

By signing this form, I am releasing EMEL of any liability or medical claims resulting from my decision to refuse emergency care.

I have read and understand the above statements:

Name _____

Signature _____

Date _____

If you change your mind, or your conditions change, call 911 in an emergency, go to the hospital emergency room close to you, or call your family doctor, if appropriate.

Witness Information

Name (printed) _____

Signature _____

Date _____

APPENDIX C – Workplace Injury/Incident Report Form



MIRVISH
PRODUCTIONS

Ed Mirvish Enterprises Limited
Workplace Injury/Incident Report Form

1. Worker Information

Last Name		First Name		Job Title		Employee # (If known)	
Address (Number, Street, Apt, Suite, Unit)				Email			
City		Province	Postal Code		Phone #	Date of Birth (mm/dd/yyyy)	
Is the worker covered by a Union / Collective Agreement?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							

2. Accident / Illness Dates and Details

Date and Hour of Incident				Date and Hour Reported to Employer			
dd	mm	yyyy	Time	dd	mm	yyyy	Time
			<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM
Address of Incident:				Name of show being worked on at time of the Incident:			
<input type="checkbox"/> Head Office (322 King St. W, Toronto, ON M5V 1J2) <input type="checkbox"/> Princess of Wales Theatre (300 King St. W, Toronto, ON M5V 1J2) <input type="checkbox"/> Royal Alexandra Theatre (260 King St. W, Toronto, ON M5V 1H9)				<input type="checkbox"/> CAA Ed Mirvish Theatre (244 Victoria St. Toronto, ON M5B 1V8) <input type="checkbox"/> CAA Theatre (651 Yonge St, Toronto, ON M4Y 1Z9) <input type="checkbox"/> Other:			
Exact Location of Incident:				Name of show being worked on at time of the Incident:			
Who was the Incident reported to							
Last Name		First Name		Job Title		Phone Number	
Who was the Incident reported to (If reported to two people)							
Last Name		First Name		Job Title		Phone Number	
Type of Illness / Accident:							
<input type="checkbox"/> Struck / Caught		<input type="checkbox"/> Fall		<input type="checkbox"/> Motor Vehicle Incident			
<input type="checkbox"/> Overexertion		<input type="checkbox"/> Harmful Substances / Environmental		<input type="checkbox"/> Psychological Injury			
<input type="checkbox"/> Repetition		<input type="checkbox"/> Assault		<input type="checkbox"/> Other			
<input type="checkbox"/> Fire /		<input type="checkbox"/> Slip / Trip					
Was the Accident / Illness:							
<input type="checkbox"/> Sudden Specific Event / Occurrence							
<input type="checkbox"/> Gradually accruing overtime							
<input type="checkbox"/> Occupational Disease							
<input type="checkbox"/> Fatality							

Ed Mirvish Enterprises Limited – Injury, Illness and Incident Reporting Policy

Brief Description of Incident, Contributing Factors and Additional Information (for example: clothing, weather conditions age/health conditions, etc.)

Area of Injury (Body Part)

<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/>	Left	Right	Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Arm	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Thigh	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Finger(s)	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>		
		Other _____	<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/> Toe(s)	<input type="checkbox"/>	<input type="checkbox"/> Calf	<input type="checkbox"/>		

Is there anyone else who may have witnessed or were directly involved with the incident? Yes No

If Yes:

1. Name	Job Title	Phone Number
2. Name	Job Title	Phone Number

3. Health Care (If known)

Did the worker receive health care for this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did the employee learn that the worker received health care? dd mm yyyy
If Yes, when dd mm yyyy	

Was First Aid Provided? Yes No

Who Provided First Aid?

Name	Position	Are they Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What was done / advice given:

Ed Mirvish Enterprises Limited – Injury, Illness and Incident Reporting Policy

Was an Ambulance was called?		
	What time did it arrive:	Time
		<input type="checkbox"/> AM <input type="checkbox"/> PM
Where was the worker treated for this Injury		
<input type="checkbox"/> On-Site <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency Room <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Health Professional Office <input type="checkbox"/> Clinic <input type="checkbox"/> Other _____		
Facility Information where the worker was treated (If known)		
Name	Address	Phone Number

4. Lost Time – Loss of Earnings (If known)

1. Please choose one of the following indicators. After the day of accident/awareness of illness, this worker:		
<input type="checkbox"/> Returned to his/her regular job and has not lost any time and/or earnings.		
<input type="checkbox"/> Returned to modified work and has not lost any time and/or earnings.		
<input type="checkbox"/> Has lost time and/or earnings. (if so, complete section 5)		
Provide date worker first lost time	Date worker returned to work (if known)	
dd mm yyyy	dd mm yyyy	<input type="checkbox"/> Regular Work <input type="checkbox"/> Modified Work
This Lost Time - No Lost Time - Modified Work information was confirmed by:		
Name	Job Title	Phone Number
Who is responsible for arranging worker's return to work?		
Name	Job Title	Phone Number

5. Wage Information (If known)

Regular Rate of Pay		
\$ _____ Per	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Other _____	
Normal working hours on last day worked: From: Time		
	Time	To: Time
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

6. Work Schedule (If known)

A. Regular Schedule - Indicate normal workdays and hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

B. Repeating Rotational Shift Worker – Provide

Number of days on:	Number of days off:	Hours per shift:	Number of weeks in cycle:

C. Varied or Irregular Work Schedule - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

	Week 1	Week 2	Week 3	Week 4
From/To Dates (dd/mm/yy)	/	/	/	/
Total Hours Worked				
Total Shifts Worked				

If needed, Include any Add itional Information:

Report Completed By:

Name	Job Title
Email	Date (dd/mm/yyyy)