

Employer Duty to Provide Immediate Notification of Workplace Incidents



While all OHS laws require employers to provide notification of injuries, illnesses and other workplace health and safety incidents, the specifics vary significantly by jurisdiction. The chart below illustrates the Who/What/When/Where/How of each jurisdiction that you need to know to ensure compliance in all parts of Canada.

Immediate Incident Notification Requirements by Jurisdiction(1)

(**Abbrevs:** JHSC = Joint Health & Safety Committee; HSR = Health & Safety Representative)

Jurisd.	Triggering Incidents Requiring Notification	When Notification Required	Who Must Be Notified	Means of Notification	What Notification Must Include
---------	---	----------------------------	----------------------	-----------------------	--------------------------------

FED	<p><u>Accident, occupational disease or other hazardous occurrence resulting in:</u></p> <ul style="list-style-type: none"> *Employee death * Disabling injury to 2 or more employees *Loss of body member or use *Permanent impairment of body function *Explosion *Damage to boiler or pressure vessel resulting in fire or rupture *Free fall of elevating device * Damage to elevating device rendering it unserviceable 	Within 24 hours of becoming aware of incident	Nearest district office of Dept. of Employment & Social Dev. responsible for HRSDC Labour Program	Phone or telex	<ul style="list-style-type: none"> *Date *Time *Location *Nature of incident
AB(2)	<ul style="list-style-type: none"> *Fatal injury or accident to worker *Injury or accident resulting in worker's hospitalization as inpatient *Unplanned or uncontrolled explosion including near misses not resulting in actual injury *Collapse or upset of crane, derrick or hoist *Collapse or failure of component integral to integrity of building or structure 	As soon as possible	Director of Inspection	Quickest practical means of communication available	<ul style="list-style-type: none"> *Time *Place *Nature of incident

BC	<p><u>Accident that:</u></p> <ul style="list-style-type: none"> *Resulted in worker's death or serious injury *Involved major structural failure or collapse of crane, tower, building, bridge, hoist, temporary construction support system or excavation *Involved major release of hazardous substance *Involved a fire or explosion including near misses not resulting in actual injury 	Immediately	WorkSafeBC	Phone or online via WorkSafeBC website	Un-specified
MB	<p><u>Serious incident, i.e.:</u></p> <ul style="list-style-type: none"> *Worker killed *Worker injured from elec. contact; unconsciousness from concussion; fractured arm, leg, skull, spine, hand, pelvis, foot; amputated arm, leg, hand, foot, toe, finger; third degree burns; permanent or temporary loss of sight; cut or laceration requiring hospitalization; asphyxiation or poisoning *Collapse or structural failure of crane, building, structure, hoist, lift, temporary support system or excavation *Explosion, fire or flood *Uncontrolled spill or escape of hazardous substance *Failure of atmosphere-supplying respirator 	Immediately	Director or safety and health officer	Fastest means of communication available	<p>*Date, time, location*Name & address of each person involved in incident* Name & address of each employer involved in incident*Name & address of each witness</p> <p>*Apparent cause & circumstances giving rise to it</p>

NB	<p><u>A. Serious injury to employee resulting in(3):</u></p> <ul style="list-style-type: none"> *Death *Loss of consciousness *Amputation *Fracture (other than to finger or toe) *Burn requiring medical attention *Loss of vision in one or both eyes *Deep laceration *Admission to hospital as inpatient <p><u>B. Other Accidents</u></p> <ul style="list-style-type: none"> *Accidental explosion or exposure to biological, chemical or physical agent at workplace including near misses not resulting in actual injury *Catastrophic event or equipment failure at workplace including near misses not resulting in actual injury 	Immediately	<p>*WorkSafeNB (both A & B)</p> <p>*JHSC/HSR (of A but not B)</p>	<p>Notice to WorkSafeNB may be provided by phone (1 800 222-9775) or Preliminary Report of Incidents Notification Form</p> <p>Means of notifying JHSC and HSR not specified</p>	<p>*Company name, address, contact info* Nature of incident*Date, time, location*Brief description of incident</p> <p>*Infor-mation about injuries</p>
----	---	-------------	---	---	--

NL	<p><u>Fatality to any person</u> <u>Serious injury to any person resulting in:</u> *Fracture of skull, spine, pelvis, femur, humerus, fibula, tibia, ulna, radius *Amputation of major part of hand or foot *Loss of sight in an eye *Serious internal hemorrhage *Burn requiring medical attention *Gas poisoning or asphyxiation causing total or partial loss of physical control *Other injury likely to endanger life or cause serious injury (4) <u>Near misses with potential to cause death or serious injury even if not actually causing such</u></p>	Immediately	<p>*Assistant deputy minister *JHSC/HSR</p>	Phone or online	Not specified
----	---	-------------	--	-----------------	---------------

NS	<p><u>Fire, flood, accident causing:</u></p> <ul style="list-style-type: none"> *Unconsciousness *Fracture of skull, spine, pelvis, arm, leg, ankle, wrist or major part of hand or foot *Loss or amputation of leg, arm, hand, foot, finger or toe *Loss of sight in one or both eyes *Poisoning or asphyxiation *Injury requiring inpatient hospital admission *Any injury endangering an employee's life(4) <p><u>Fatality</u></p> <p><u>Other Accidents:</u></p> <ul style="list-style-type: none"> *Accidental explosion *Major structural failure or collapse of building or structure *Major release of hazardous substance *Falls in situations requiring fall protection, including near misses not involving actual injuries 	Within 24 hours	<p>*Executive OHS Director or designate</p> <p>*JHSC/HSR</p>	Phone or online	<p>Doesn't specify info required but does say that completing WCB Injury Report Form required for workers' comp notification (see Table 3 below) will also work for OHS notification purposes if it's provided to Exec. OHS Director within 24 hours</p>
----	---	-----------------	--	-----------------	--

ON	<p><u>A person is killed or critically injured, i.e., suffers injury that.:</u></p> <ul style="list-style-type: none"> *Places life in jeopardy *Produces unconsciousness *Results in substantial blood loss *Fractures arm or leg (but not finger or toe) *Amputates arm, leg or hand (but not finger or toe) *Consists of burns to major portion of body *Causes sight loss in an eye 	Immediately	<p>*MOL inspector</p> <p>*JHSC/HSR</p>	Phone or other direct means	<p>*Constructor & employer name, address*Nature & circumstances of incident & bodily injury sustained*Description of machinery or equipment involved*Time and place</p> <p>* Name & address of victim, all witnesses & treating physician or surgeon</p>
PEI	<p><u>Accident in which worker seriously injured in a way which may cause (including near misses involving potential but not actual):</u></p> <ul style="list-style-type: none"> *Death *Loss of limb *Unconsciousness *Substantial blood loss *Fracture *Amputation of leg, arm hand or foot *Burn to major portion of body *Sight loss in an eye <p><u>Accidental explosions with or without injuries</u></p>	Within 24 hours	<p>*OHS director or representative</p> <p>*JHSC/HSR</p>	Fastest means available	Doesn't specify

QC	<u>Accidents causing:</u> *Worker's death *Worker's total or partial loss of limb or its use *Significant physical trauma to worker *Serious injuries to several workers preventing them from working for at least 1 day *Property damage of \$166,612(5) or more	Within 24 hours	*CNESST *JHSC/HSR	In writing delivered by most rapid means of communication	Doesn't specify
----	--	-----------------	----------------------	---	-----------------

SK	<p><u>Accidents causing serious bodily injury, i.e., those:</u></p> <ul style="list-style-type: none"> *Actually causing a worker's death *That had the potential to but didn't actually cause a worker's death, e.g., a near miss *A worker's hospitalization as an inpatient for at least 72 hours <p><u>Dangerous occurrences, i.e., those that could have but didn't result in worker's serious bodily injury, including:</u></p> <ul style="list-style-type: none"> *Structural failure or collapse of structure, scaffold, temporary falsework or concrete framework, all or part of an excavated shaft, tunnel, caisson, coffer dam, trench or excavation *Failure of crane or hoist *Overturning of crane or unit of powered mobile equipment *Accidental contact with energized elec. conductor *Bursting of grinding wheel *Uncontrolled spill or escape of toxic, corrosive or explosive substance *Premature or accidental detonation of explosives *Failure of elevated or suspended platform *Failure of atmosphere-supplying respirator 	As soon as reasonably possible	<p>*OHS Division</p> <p>*JHSC co-chairs/HSR</p>	<p>Phone notice + written notice by personal delivery or fax, courier or post</p>	<p><u>For serious bodily injury accidents:</u>*Name of each dead or injured worker*Name of each victim's employer*Date, time, location</p> <p>*Circumstances of accident</p> <p>*Apparent injuries</p> <p>*Name, fax, phone of employer /contractor or designated contact</p> <p><u>For dangerous occurrence accidents:</u></p> <p>*Name of each employer, contractor & owner at site</p> <p>*Date, time, location</p> <p>*Circumstances of accident</p> <p>*Name, fax, phone of employer / contractor or designated contact</p>
----	--	--------------------------------	---	---	---

NT/NU	<p><u>Accidents causing serious bodily injury, i.e., those:</u></p> <ul style="list-style-type: none"> *Actually causes an individual's death *That had the potential to but didn't actually cause an individual's death, e.g., a near miss *An individual's hospitalization as an inpatient for at least 24 hours <p><u>Dangerous occurrences, i.e., those that could have but didn't result in an individual's serious bodily injury, including:</u></p> <ul style="list-style-type: none"> *Structural failure or collapse of structure, scaffold, temporary falsework or concrete framework, all or part of an excavated shaft, tunnel, caisson, coffer dam, trench or excavation *Failure of crane or hoist *Overturning of crane or unit of powered mobile equipment *Accidental contact with energized elec. conductor *Bursting of grinding wheel *Uncontrolled spill or escape of toxic, corrosive or explosive substance *Premature or accidental detonation of explosives *Failure of elevated or suspended platform *Failure of atmosphere-supplying respirator 	As soon as reasonably possible	<p>*Chief Safety Officer</p> <p>*JHSC/HSR (with victim's names redacted)</p>	Phone notice + written notice	<p><u>For serious bodily injury accidents:</u></p> <ul style="list-style-type: none"> *Name of each dead or injured individual *Name of each dead or injured worker *Name of each victim's employer *Date, time, location *Circumstances of accident *Apparent injuries *Name, fax, phone of employer or designated contact <p><u>For dangerous occurrence accidents:</u></p> <ul style="list-style-type: none"> *Name of each employer, principal contractor & owner at site *Date, time, location *Circumstances of accident *Name, fax, phone of employer or designated contact
-------	---	--------------------------------	--	-------------------------------	---

YK	<p><u>Serious injury,</u> <u>i.e.:</u></p> <ul style="list-style-type: none"> *Injury resulting in death *Fracture of major bone, including skull, spine, pelvis or femur *Amputation (other than finger or toe) *Loss of sight in an eye *Internal bleeding *Third degree burns *Dysfunction caused by concussion, electrical contact, lack of oxygen or poisoning *Injury causing paralysis (permanent loss of function) <p><u>Serious accident,</u> <u>i.e.:</u></p> <ul style="list-style-type: none"> *Uncontrolled explosion *Failure of safety device on hoist, hoist mechanism or hoist rope *Collapse or failure or collapse of load-bearing component of building or structure *Collapse or failure of temporary support structure *Inrush of water in underground working *Collapse or cave-in of trench, excavation wall, underground working or stockpile *Accidental release of a hazardous product *Brake failure on powered mobile equipment causing a runaway *Any accident that likely would have caused serious injury but for safety precautions, rescue or just dumb luck 	Immediately or as soon as reasonably practicable	Safety officer or his/her office	Unspecified	Un-specified
----	---	--	----------------------------------	-------------	--------------

NOTES

(1) Table 1 shows incident notification rules for general industry; most jurisdictions have separate and more stringent reporting requirements for mines and mining plants and other high-risk operations

(2) Alberta requirements are based on Bill 30, which takes effect on June 1, 2018

(3) Immediate injury notification in New Brunswick not required if workplace is a vehicle and employee is injured on a highway or public road

(4) Immediate notification in Newfoundland and Nova Scotia doesn't include injuries that may be treated with first aid or medical treatment and from which worker can return to work either immediately or for next scheduled shift

(5) In Qu bec, the threshold property damage amount for reporting is adjusted annually for inflation