

# *Occupational Health and Safety Act* (OHSA)

# Notice of Injury or Illness – Prescribed Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***OHSA* Section** | **Description of the occurrence, incident or illness under**  **Section 51 or 52** | **Required detail under Reg 420/21** | **Who receives the written report or notice?** | **Timeline** |
| **Section 51**  A person is killed or is critically injured. | Applies when a worker is killed or critically injured from any cause at a workplace.  The employer must notify the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (HSR), the Union(s), and Ministry of Labour, Training and Skills Development (MLTSD) of the occurrence, by telephone or other direct means.  The employer must provide a written report with the required detail of the occurrence as outlined in O. Red 420/21. | * The name, address and type of business of the employer; * The name and address of the worker; * The nature of the bodily injury; * The name and address of the constructor if the occurrence is at a project; * The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved; * The time, date and place of the occurrence; and * The name and address of:   + The legally qualified medical practitioner, or   + Registered Nurse, (RN) or   + Medical facility that is attending to or attended to the worker. * The names and addresses or other contact information of any witnesses to the occurrence; * The steps taken to prevent a recurrence or further illness. | * JHSC * Union * MLTSD   Written Report:   * JHSC * Union * MLTSD | **Immediately**   * Notification is provided by telephone or other direct means.   **Written Notice**:   * Within 48 hours following the occurrence. |
| **Section 52(1)**  A person is disabled from performing his or her usual work, or requires medical attention. | Applies when a worker is:   * Disabled from performing their usual work; or * Requires medical attention following an accident, fire, explosion or incident of workplace violence in the workplace. | * The name, address and type of business of the employer; * The name of the worker; * The nature of the bodily injury; * The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved; * The time, date and place of the occurrence; * The names and addresses or other contact information of any witnesses to the occurrence; * The steps taken to prevent a recurrence or further illness. | Written report is provided to:   * JHSC or HSR * Union(s) * Director of the MLTSD, if an inspector requires the notification. | **Written Notice**:   * Within four days of the occurrence. |
| **Section 52(2)**  A worker or former worker has an occupational illness. | Applies when a worker or person acting on behalf of a worker advises the employer that:   * The worker has or had an occupational illness; or * A claim of occupational illness is filed with the WSIB. | * The name, address and type of business of the employer; * The name of the worker; * The nature of the occupational illness; * A description of the cause or suspected cause of the occupational illness; * The names and addresses or other contact information of any witnesses to the occurrence; * The steps taken to prevent a recurrence or further illness. | Written report is provided to:   * JHSC or HSR * Union(s) * Director of the MLTSD | **Written Notice**:   * Within four days of being so advised. |