

Workplace Safety and Insurance Board Coverage

Points to Remember

(Updated January, 2010)

- Workplace Safety and Insurance Board (WSIB) coverage for students participating in work experience is outlined in Policy/Program Memorandum 76A available at: www.edu.gov.on.ca/extra/eng/ppm/76a-95.html). For further information see: www.wsib.on.ca/wsib/wopm.nsf/Public/120407
- WSIB coverage is provided for students involved in cooperative education programs, work experience, job shadowing/twinning (of more than one day) who are fourteen years of age or older. The coverage does not extend to students who are placed as teacher's aides in a school classroom or shop where they are under the supervision of a teacher.
- Before a student starts on a placement, the teacher must determine who will be responsible for ensuring WSIB coverage for the student. In most cases it will be provided for the student through the Ministry of Education who will be considered the "employer" for the purpose of the premium. For students who are receiving a wage and are on the company payroll the company covers WSIB for the student. For students receiving a wage but placed with a company which is not required by law to have WSIB coverage for their employees, the Ministry of Education will be responsible for WSIB coverage.
- Each fall, boards must report to the Ministry of Education (Student Success/Learning to 18 Strategic Policy Branch) the total number of placement hours completed by students in their board for all forms of experiential learning for which the Ministry has supplied WSIB coverage. This total includes hours completed through summer school/night school and alternative programs but does not include hours where a student is placed as a teacher's assistant. These reported hours plus a review of the reported injuries to students over the past year form the basis for the premium that will be charged to the Ministry of Education by the WSIB.

Work Education Agreement Form

- The Work Education Agreement Form was revised in 05/07 and is available on-line at www.edu.gov.on.ca/eng/document/forms/631970.pdf or through Publications Ontario.
- In the revised form, you are asked to identify in Section A the employment sector in which the student is placed e.g. agriculture, construction, education. For information on identifying sectors see www.wsib.on.ca/wsib/wsibsite.nsf/public/EmployersIndustrySectors.

Accident Reporting

- Students must report any injury, however minor, to their work placement supervisor and teacher. Accidents requiring only first-aid do not have to be reported to the WSIB. If treatment is required from a medical practitioner, the Employer's Report of Injury/Disease (Form 7) must be completed and sent to the WSIB with copies to the Ministry of Education.
- The teacher must complete an Employer's Report of Injury/disease (form 7) if the Ministry of Education is responsible for WSIB coverage for the student. This form must be completed within 3 days and received by the WSIB within 7 business days after you learn of your reporting obligation i.e. when the accident has been reported to you.

- In **Section B Employer Information**, indicate the Ministry of Education name, address, contact information and firm number (# 250379-FJ). In the Branch Address section, put the name of your Board, School name, address and phone number.

B. Employer Information			Fold here for #10 envelope	
Trade and Legal Name (if different provide both) Ministry of Education		Check one: <input checked="" type="checkbox"/> Firm Number OR <input type="checkbox"/> Account Number	Provide Number 250379-FJ	
Mailing Address 900 Bay Street, 4th floor		Rate Group Number	Classification Unit Code	
City/Town Toronto	Province Ont	Postal Code M7A 1L2	Telephone (416) 325-2527	
Description of Business Activity Government: secondary co-op education		Does your firm have 20 or more workers? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	FAX Number (416) 325-2552	
Branch Address where worker is based (if different from mailing address - no abbreviations) Your Board of Education name and School name and address				
City/Town	Province	Postal Code	Alternate Telephone ()	

- Put the name of the employer where the student was placed and where the injury occurred, in the Accident/Illness Details section on the second page.

7. Accident/Illness Dates and Details (Continued)	
7. Did the accident/illness happen on the employer's premises (owned, leased or maintained)? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Specify where (shop floor, warehouse, client/customer site, parking lot, etc.). Name and address of the placement employer, etc.

- In **Section E Lost Time – No Lost Time**, only report a student has lost time if it involves an absence due to this injury **on their next scheduled day at their co-op placement**. If they have had to leave the workplace to have medical treatment the day of the injury, but can return the next day, it is not a lost time injury.
- The school board official must fax, or submit in hard copy, the completed Form 7 and a copy of the Work Education Agreement Form to the WSIB and to the Ministry of Education within the above time.
 - WSIB: Fax # (416) 344-4684 Address: 200 Front Street West, Toronto Ontario M5V 3J1
 - Ministry of Education : Fax (416) 325-2552 Address: Student Success/ Learning to 18 Strategic Policy Branch, Mowat Block 4th Floor, 900 Bay Street, Toronto ON M7A 1L2

Note: If you fax Form 7 and the WEA it is not necessary to mail the original.
- Form 7 is available on the WSIB website at www.wsib.on.ca/wsib/wsibsite.nsf/public/FormsEmployers
- Form 8 has now replaced the pink Treatment Memorandum Form (156C) previously used by healthcare practitioners. Ensure that your students know to inform the health care practitioner that the accident happened at a cooperative education placement. Students should ask for a copy of the Form 8 that the Health care practitioner sends in to WSIB to give to the co-op teacher for the files. The original form will be submitted by the Practitioner to the WSIB to be added to their file on the student's accident.
- The Functional Abilities Form (FAF) is **completed by the treating health care practitioner only when requested by the employer (placement supervisor) or worker (co-op students)**. In this form the health care professional identifies the overall functional ability and work restructuring that will assist the student to return to suitable work.
- If a student is critically or fatally injured, the work placement employer must immediately report the injury to the Ministry of Labour www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900834_e.htm