

# AWCBC 2017

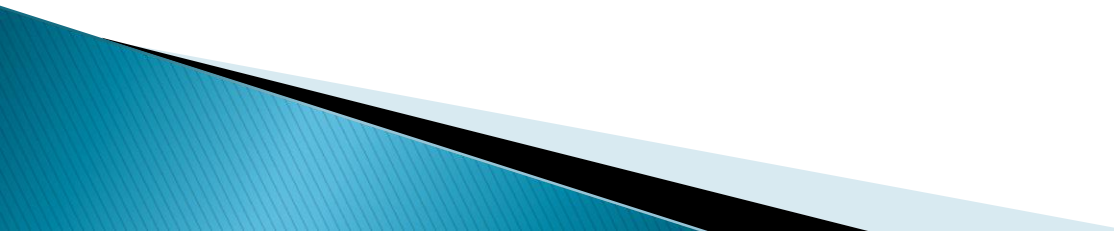


# Introduction

- Bert Hausauer, CRSP
- Chief Safety Officer
- Yellowknife (12) (5 additional), Inuvik (2), Iqaluit (7)
- Industrial & Mines

# Workers' Safety & Compensation Commission

Northwest Territories and Nunavut Worker  
Protection Administrators

- Safety Act and Occupational Health & Safety  
Regulations*
  - Workers' Compensation Act*
  - Mines Health and Safety Act*
  - Explosives Use Act*
  - Oil & Gas Act*
  - Associated Regulations*
  - Codes of Practice*
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# Codes of Practice

- Currently have 22 Gazetted  
available to Stakeholders in hardcopy and  
electronically

\* Newest

- Camps
- Asbestos
- Safety Management Systems

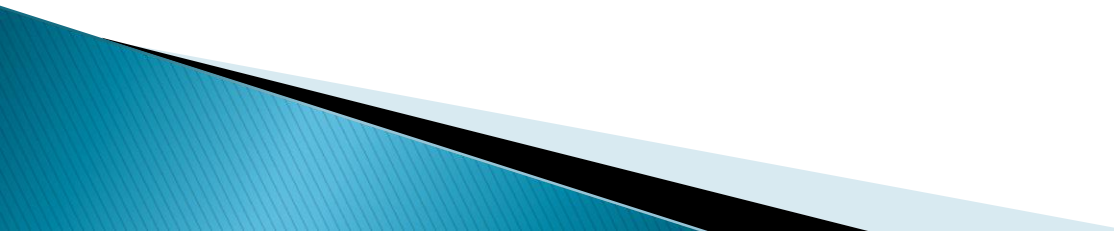
# NWT/NU Statistics

	YEAR	#
Reported Injuries to the WSCC	2016	3587
Reported Injuries to the WSCC	2017	922
Lost Time Injuries	2016	824
Lost Time Injuries	2017	330
Occupational Disease	2016	32
Occupational Disease	2017	21
Fatalities	2017	1

# 2016 Slips Trips & Falls Statistics

- 1 in 5 claims were slip/trip/fall (20.7%)
- October saw the most injuries
- Knees most commonly injured body part.
- WSCC:
  - On average received 1.92 claims per day.
  - Paid out approximately \$4,866,870 to 798 claims (2016)
  - 5 years, average claim costs \$5,785.95.

# Continued Initiatives

- ▶ NAOSH Week Safety Talks
  - ▶ Posters, Pamphlets, Safety Sheets
  - ▶ Toolbox Talk Books
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# OHS Program Development

WSCC has published a step by step guide on building an OHS Program for Small Business







REPORT UNSAFE WORK

# New Initiatives

- ▶ Available on CCOHS:
  - Free for NWT and NU, up to a 2000 seats for online WHMIS 2015
  - Mines Supervisors training exams
- ▶ Sponsored First Aid Training
- ▶ Online Permits (mines)
- ▶ First Aid Registers

# NEW Form Employer's Report of Incident

Accident Causing  
Serious Bodily  
Injury

+

Dangerous  
Occurrence

=

+

Employer's  
Report of Injury

WSCC Workers' Safety & Compensation Commission

The WSCC may use this information for the administration of legislation under our authority, including the Workers' Compensation Acts, the Safety Acts, and/or the Mine Health and Safety Acts, and their associated Regulations, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

If you need assistance filling in this form, or more information, contact our Tele-claim service. NWT Toll Free: 1-800-661-0792 • Nunavut Toll Free: 1-877-404-4407

## Employer's Report of Incident

Attention: If you are only reporting a dangerous occurrence, only complete page 1 of this report.

A - Employer Information			
Business Name	Contact Person	WSCC Account #	Supervisor's Name
Mailing Address		Community	Territory/Province Postal Code
Phone Number	Fax Number	Email Address	
B - Type of Occurrence (Refer to page 3 for definitions of dangerous occurrences and accidents causing serious bodily injury)			
Answer ALL of the following questions.			
Are you reporting:		NOTE: To report an accident causing serious bodily injury or a dangerous occurrence, you must call the 24-hour Incident Reporting line at 1-800-661-0792 and complete and submit this form.	
<ul style="list-style-type: none"> <li>• an injury, illness, or exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• a dangerous occurrence as defined in section 1 of the Occupational Health and Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• an accident causing serious bodily injury as defined in section 1 of the Occupational Health and Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• a dangerous occurrence as defined in section 16.01 of the Mine Health and Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• a reportable incident involving serious injury or death as defined in section 16.01 of the Mine Health and Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>			
C - Persons Involved			
(Fill in a separate report for each injured worker. If this report is for a dangerous occurrence, as defined in section 1 of the Occupational Health and Safety Regulations, also include the name of each employer, principal contractor, and owner at the worksite.)			
First Name	Last Name	Job Title	
First Name	Last Name	Job Title	
First Name	Last Name	Job Title	
D - Place, Date and Time of Incident			
City	Territory/Province	Worksite	
Date of Incident (mm/dd/yy)	Time of Incident (am/pm)	Date and Time First Reported to Employer	
E - Incident Details			
Describe incident in as much detail as possible. Include where it took place, what the worker was doing, what equipment was being used, and whether the incident involved gas, chemicals, or extreme temperatures (attach extra page if more room is needed). Also state which part(s) of the body was injured.			

# OHS Educator Program

- WSCC has introduced an OHS Educator position working with and developing curriculum for youth coming into the workforce

# OHS APP

## WSCC's New OHS App!

Looking for Safety Information?

Visit our OHS App for  
quick access to Legislation,  
Resources, and Summaries  
on safety topics!

Visit [wsc.nt.ca](http://wsc.nt.ca) or [wsc.nu.ca](http://wsc.nu.ca)  
for more information,  
and to access the App.





**QUESTIONS?**