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| Procedure # | HR 110-P1 |
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| Approved by: | Chris Whitaker President and CEO |
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| Policy Holder Signature: |  |
| Policy Holder: | Vice-President, Human Resources |
| Admin. Contact(s): | Manager, Health and Safety |
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Workplace Safety and Insurance Coverage for Students on Unpaid Work Placements

Purpose:

This procedure outlines the process for implementing the MTCU's *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*.

This document is available in alternate format on request.

Definitions:

ACE-INA: ACE-INA Insurers, a private insurance company retained by the Government of Ontario.

Approved Program: A postsecondary academic program of study offered by Humber (i.e. the training agency) that is funded through MTCU's operating grant.

Eligible Claim: A claim for benefits to the WSIB or ACE-INA for an illness or injury arising out of or in the course of a student's participation in an Unpaid Work Placement with a Placement Employer.

MTCU: Ministry of Training, Colleges and Universities.

Placement Coordinator: An employee of Humber who is responsible for administering the work placement process or provides support to students in unpaid work placements. The placement coordinator role may be carried out by a broad range of other job titles, including faculty, placement officer or field placement advisor.

Placement Employer: The employer with whom the Student Trainee is placed by Humber to receive training as part of the requirements of his/her Approved Program.

Placement Supervisor: The supervisor at the placement organization who directs the activities of the student trainee and/or who is in control of the local workplace during the student's placement.

Student Trainee: A student engaged in an Unpaid Work Placement with a Placement Employer.

Training Agency: A postsecondary institution that is funded by an MTCU operating grant. For this document, the training agency is Humber.

Unpaid Work Placement: An unpaid work placement that is required as part of an Approved Program offered by Humber. This Procedure covers all unpaid student work placements that are eligible to receive MTCU benefits or ACE-INA coverage, as set out under the MTCU guidelines.

WSIA: Workplace Safety and Insurance Act, 1997.

WSIB: Workplace Safety and Insurance Board.

Procedures:

1. Responsibilities

1.1 Deans, Associate Deans, Managers and Supervisors

- Ensure that Humber placement coordinators and other employees under their supervision follow the MTCU guidelines and this procedure.
- Ensure that approved program curriculum incorporate awareness training in safe work practices in the field of study.
- Ensure that appropriate resources are provided to comply with MTCU's requirements and this procedure.

1.2 Humber Placement Coordinators

- Read, understand, and follow this document.
- Attend an information session on the policy, procedure and guidelines as offered through Health and Safety Services.
- Ensure that completed and signed original copies of the *Student Declaration of Understanding* (Appendix A) and the *Letter to Placement Employer* (Appendix B) are kept for all placements.
- Ensure that all requirements prior to the commencement of an unpaid work placement are followed as outlined in this document, including providing the Placement Employer with required information on the student trainees (Appendix C).
- Implement the reporting and follow-up process outlined in this document in the event that a student is injured or contracted a disease during an unpaid work placement.
- Coordinate a student's return to work following an unpaid work placement injury/illness, in consultation with Health and Safety Services.
- Respond promptly to student health and safety-related concerns regarding the placement.

1.3 Student Trainees

- Complete and provide the original signed copy of the *Student Declaration of Understanding* letter (Appendix A) to the Humber Placement Coordinator.
- Complete a *Student Work Placement Safety Checklist* (Appendix D) and review the findings with the Placement Supervisor.

- Report any safety issues at the work placement to the Placement Supervisor. High-risk or unresolved safety issues are to be reported to the Humber Placement Coordinator.
- Work safely at all times, and participate in and implement all safety-related training and procedures provided by the Placement Employer and Humber.
- In the event of a workplace injury, illness or accident involving the student during the unpaid placement, follow the response and reporting procedures outlined in this document.

1.4 Placement Employers / Placement Supervisors

- Follow Humber's procedures and the MTCU guidelines.
- Complete Humber's *Letter to Placement Employer* (Appendix B) and indicate whether the placement organization is covered under the *Workplace Safety and Insurance Act*.
- Provide a safe work environment for student trainees.
- Ensure that students are provided with safety orientation, information, supervision, and protective equipment related to workplace hazards specific to the placement, and that students abide by all safety requirements.
- In the event of a workplace injury, illness or accident incurred by the student during the unpaid placement, follow the response and reporting procedures outlined in this document.

1.5 Student Health Centre

- Receive the *Student Placement Incident Report* (Appendix E), review the information immediately, and contact the student to follow up as required.
- Immediately (and at least within 24 hours) provide a copy of the *Student Placement Incident Report* to Health and Safety Services when the incident report is received.
- Act as a resource to the School, the Humber Placement Coordinator, and Health and Safety Services on matters related to student health incidents during placements.

1.6 Health and Safety Services

- Administer the accident claim (WSIB or ACE-INA) in the event of a student injury/disease during an unpaid work placement, including appropriate measures for filing a claim with the WSIB and administration of the return to work process.
- Liaise with the student trainee, the placement coordinator, the WSIB, ACE-INA and/or the MTCU on matters related to an injury/disease claim. The WSIB or ACE-INA will contact the student directly regarding his or her claim.
- Liaise with the MTCU on general and claim-specific procedures related to workplace insurance for students on unpaid work placements.
- Develop, schedule and deliver information sessions regarding the Policy, Procedure and steps for implementing the MTCU Guideline.
- Act as a resource to the School, the Placement Coordinator and the Placement Employer on implementation of this Policy and Procedure.

2. MTCU Workplace Insurance Coverage (WSIB and ACE-INA)

2.1 Coverage Eligibility

Humber students must meet the following mandatory requirements in order to be eligible for MTCU insurance coverage:

- The student must be participating in an unpaid work placement.
- The student is participating, however minimally, in the activities of the placement employer's industry and as such is associated with the health and safety risks of that industry.
- The work placement is arranged or authorized by Humber, and is part of an educational/training program funded or subsidized by the MTCU operating grants.

Students are still eligible for benefits through MTCU even if they receive the following types of payment:

- Social assistance benefits (e.g. through Ontario Works Program)
- Training Allowances
- Honoraria
- Reimbursement of expenses
- Stipends or any money paid to the student by Humber

International students on unpaid student placements are also eligible to receive benefits under WSIB or ACE-INA if they meet all of the eligibility requirements.

2.2 Coverage Ineligibility:

The following students are not eligible for MTCU insurance coverage:

- Students in postsecondary education/training programs that are not funded through MTCU operating grants.
- Students in unpaid placements which are not a required part of the academic program and which they have arranged or organized themselves; such placements are considered volunteer work.
- Students who are paid a salary. Students on a placement who receive wages from the placement employer are considered workers and must be provided with insurance coverage by the placement employer.
- Students whose unpaid work placement is with Humber. Students on an unpaid work placement with Humber will be covered under Humber's WSIB coverage.
- Students who are in the classroom portion of their training program.
- Students who, as part of a formal course or program, attend a placement with an Ontario Placement Employer but the placement occurs outside of Ontario.

3. Prior to Commencement of Unpaid Work Placements

Schools and departments are responsible for ensuring that the following steps are taken prior to the start of an unpaid work placement.

3.1 Student Notification

- 3.1.1 Each student will be provided with a declaration letter that informs them of the following:

- Insurance coverage is provided to them through MTCU (WSIB or private insurance) for any injury or illness incurred during an eligible unpaid work placement.
 - If they are injured or contract a disease while on the placement, they must report the incident to the Placement Employer and Humber, and they can make a claim for benefits.
 - Humber will disclose the student's personal information relating to the placement and the claim to MTCU.
 - They must participate in all safety-related training and implement safety procedures required by the Placement Employer and Humber.
 - Humber may provide personal information to the Placement Employer, limited to full name, local address and telephone number, placement schedule and acceptance of the conditions of the placement.
- 3.1.2 The student will be required to sign the declaration letter and to provide the original signed copy to the Placement Coordinator. The signed copy must be kept in the student's file.
- 3.1.3 A template letter, *Student Declaration of Understanding*, is provided in Appendix A.

3.2 Placement Employer Notification

- 3.2.1 The Placement Employer will be provided with a letter containing the following:
- A description of the type of coverage available to student trainees on unpaid work placements.
 - A request to indicate whether the placement employer has WSIB coverage during the period of the unpaid work placement.
 - A description of the WSIB reporting procedures in the event of an injury/disease.
 - A link to the MTCU Guidelines and to the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* (Appendix F), to be used in the event of a workplace injury/disease.
 - For students returning to work after an illness or injury, the requirement to review any restrictions and provide appropriate accommodation to ensure the student's safe and timely return to the placement.
 - The requirement to provide the student with appropriate training and supervision related to health and safety hazards that the student may encounter at the placement organization.
- 3.2.2 The Humber Placement Coordinator will keep the signed original of the placement letter on file and ensure that Placement Employer has a copy.
- 3.2.3 A template letter, *Letter to Placement Employer*, is provided in Appendix B.

3.3 Student Information to Placement Employer Prior to Placement

- 3.3.1 When confirming unpaid work placements, Placement Coordinators are required to ensure that the following student information is provided to the Placement Employer prior to the student's placement.
- A. When placing one student with the Placement Employer:
- Full name;
 - Local Address and telephone number;
 - Specific days when the student will be on worksite and;

- That the student trainee is aware of the conditions of the Unpaid Work Placement.
- B. When placing multiple students with the same Placement Employer, provide a list with (refer to Appendix C for a template):
- Full name of each student;
 - Local Address and telephone number of each student;
 - Specific days when each student will be on worksite and;
 - That the student trainee is aware of the conditions of the Unpaid Work Placement.

3.4 Establish Type of Insurance Coverage (WSIB or Private Insurance)

- 3.4.1 Ensure that the Placement Employer has indicated in the Placement Employer Letter (Appendix B) whether the placement organization is covered under the Workplace Safety Insurance Act or not.

Which type of Coverage Applies?

Many organizations that employ workers in Ontario are required to register with the WSIB, however there are exceptions. Examples of employers who are not required to carry insurance with the WSIB include but are not limited to: membership organizations (such as labour organizations, professional associations, political organizations, etc.), non-profit organizations, and offices of lawyers, dentists, medical doctors and veterinarians. It is important to confirm with each placement employer whether or not they are registered with the WSIB.

3.5 Student Safety

- 3.5.1 Humber is responsible for ensuring that all student trainees receive appropriate training in safe work practices as part of their academic program. Humber is also responsible for applying due diligence to ensure that students are not placed in unsafe working environments. This can be done by incorporating measures such as:
- A formal agreement between the Humber and Placement Employer as to specific safety measures and training requirements.
 - Completion of a *Student Work Placement Safety Checklist* by the student. A template of a checklist to be used by the student for such purposes is provided in Appendix D. The student will complete the checklist in consultation with the Placement Supervisor. Any identified health and safety issues will be discussed with the Placement Supervisor. Unresolved or high risk health and safety issues are to be brought to the attention of the Humber Placement Coordinator for review.
- 3.5.2. Placement Employers are responsible for ensuring the safety of student trainees particularly with respect to workplace health and safety hazards that may be encountered at the placement workplace. Placement Employers are required to provide appropriate safety training and orientation, supervision and equipment to protect student trainees from these hazards.

4. Workplace Injuries and Illnesses

4.1 First Aid

Any injury or illness, however minor, to a student participating in a work experience must be reported by the student to his/her Placement Supervisor and to his/her Humber Placement Coordinator. The report must provide information about the incident, including when, where, the nature of the injury and how it occurred. Incidents which require only first aid treatment do not have external reporting requirements; however, a record of the incident (e.g. Student Placement Incident Report) should be kept on file. Students are required to follow the reporting procedures outlined in Section 5 (items 1 through 7 only).

First Aid: includes cleaning minor cuts, scrapes or scratches; treating a minor burn; applying bandages/dressing, cold compress/pack, or a splint; and changing a bandage or dressing at a follow-up appointment.

4.2 Health Care / Lost Time

Work related injuries or illness that result in Health Care or Lost Time from a work placement trigger external reporting requirements. The reporting process, and benefits for which the student may be eligible, is determined by the type of insurance coverage for which the student is eligible, either WSIB or private insurance (ACE-INA).

Health Care: includes any treatment that could only be administered by a health care practitioner such as a doctor, chiropractor or physiotherapist; services provided at hospitals and health facilities; and prescription drugs.

Lost Time: means that due to the nature of the injury, the individual has missed time from work beyond the day of the incident.

4.3 Critical Injury

A critical injury includes one of a serious nature that **places life in jeopardy, or results in unconsciousness, substantial blood loss, fracture of leg or arm but not a finger or a toe, involves the amputation of a leg, arm, hand or foot but not a finger or toe, major burns to a major portion of the body or loss of sight in an eye.** In addition to the requirements outlined in Section 5, critical injuries trigger reporting requirements to the Ministry of Labour. This is a requirement under the *Occupational Health and Safety Act of Ontario*.

The reporting obligation to the Ministry of Labour for a student critical injury that takes place on the Placement Employer's premises is the responsibility of the Placement Employer. Health and Safety Services will assist in ensuring that appropriate reporting of the injury takes place. Additional information may be required to determine if an injury is critical. Placement Coordinators should immediately notify Health and Safety Services via telephone at (416) 675 6622 extension 4866, fax at (416) 675 4708 or email at healthandsafety@humber.ca if notified of an injury that is or could be classified as a 'critical injury.'

5. What to do if a Student is Injured/Ill During an Unpaid Work Placement

5.1 Incident Response and Reporting Procedures

1. Any student experiencing an injury/illness as a result of a work placement incident must seek appropriate medical attention as required (e.g. hospital emergency department, placement employer's health clinic, outside clinic, family physician).
2. The student is required to follow the injury/illness response and reporting process of his/her Placement Employer.
3. The student must also immediately report the injury/illness to his/her Placement Supervisor and Humber Placement Coordinator.
4. The student must complete the '*Student Placement Incident Report*' (Appendix E) in collaboration with the Placement Supervisor.
5. The student must fax the completed Incident Report within 24 hours of the incident to:
 - (a) the Humber Health Centre at (416) 675 6320, and
 - (b) the Humber Placement Coordinator.
6. Upon receiving the Incident Report, the Health Centre will fax a copy of the report to Health and Safety Services at (416) 675 4708.
7. The Health Centre will review the Incident Report and contact the student to follow up with the incident, if required.
8. The Humber Placement Coordinator will ensure that the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form is completed and sent to Health and Safety Services within 24 hours of the incident, as follows:
 - a. Access the blank online form, [Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form](http://www.tcu.gov.on.ca/pepg/publications/placement.html) from the MTCU website at www.tcu.gov.on.ca/pepg/publications/placement.html.
 - b. Ensure the form is completed and signed by all three parties (Student, Placement Supervisor and Placement Coordinator on behalf of Humber), and
 - c. Provide the completed form to Health and Safety Services via fax 416-675-4708 or by email to healthandsafety@humber.ca.
9. Humber's Placement Coordinator will provide Health and Safety Services with the following document within 24 hours of the incident, depending on the Placement Employer's insurance coverage:
 - a. **Where WSIB insurance applies**, a copy of the Placement Employer's completed portion of the '*Letter of Authorization to Represent Employer*.' Proceed to Section 11 below.
 - b. **Where ACE INA insurance applies**, Health and Safety Services will provide the ACE-INA claim forms to the student. Proceed to Section 12 below.

10. Health and Safety Services will review all injury-related reports and documents, and will initiate external reporting processes as required.
11. Reporting Process: WSIB Insurance Coverage
 - 11a. Health and Safety Services will complete *WSIB Form 7* within three days of learning of an unpaid placement-related injury or illness.
 - 11b. Health and Safety Services will forward the completed *WSIB Form 7*, *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form and the *Letter of Authorization to Represent Employer* form to the WSIB, MTCU and the Student Trainee no later than seven business days of learning of a placement-related injury or illness.
 - 11c. Health and Safety Services will act as the central point of contact for Humber, between the Humber Placement Coordinator, the WSIB and the MTCU on matters related to the claim. The WSIB will also contact the student directly regarding his or her claim.
 - 11d. The student is responsible for providing ongoing communication with the Placement Supervisor, Humber Placement Coordinator, Health and Safety Services and the WSIB regarding his or her claim.

12. Reporting Process: Private Insurance Coverage

- 12a. The student must complete and submit the ACE-INA forms **directly to ACE-INA** with a copy to Health and Safety Services. ACE-INA requires the initial claim to be made within the 30-day period following the accident.
- 12b. Health and Safety Services will forward copies of the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form and the ACE-INA forms to the MTCU.
- 12c. Health and Safety Services will act as a central point of contact for Humber with the MTCU on matters related to the claim. The student will communicate directly with ACE-INA regarding his or her claim.
- 12d. The student is responsible for providing ongoing communication with the Placement Supervisor, the Humber Placement Coordinator, Health and Safety Services and ACE-INA regarding his or her claim.

5.2 Summary of Documents Required for Filing a Claim

5.2.1 WSIB Claims

- Student Placement Injury Report (Appendix E)
- Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form (refer to Appendix F for a scanned copy)
- Letter of Authorization to Represent Employer (Appendix G)
- WSIB Form 7

5.2.2 ACE-INA Claims

- Student Placement Injury Report (Appendix E)
- Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form (refer to Appendix F for a scanned copy)
- ACE-INA Claim Form

5.3 Reporting Timelines

5.3.1 Reports to the WSIB must be completed within 3 days and submitted within 7 days of learning of the incident. There are fines imposed for late reporting to the WSIB. Notifying Health and Safety Services within 24 hours of learning of an incident will allow time to gather all of the required information, while still meeting the WSIB timelines.

5.3.2 ACE-INA requires that claims be made within 30 days of the incident occurrence. The contact information for ACE-INA is located on their forms.

5.4 Letter of Authorization to Represent Employer

The *Workplace Safety & Insurance Act (1997)* governs the WSIB insurance system between employers and workers. The 'employer' of a student during the course of their unpaid work experience is the employer for which the student is performing work. However, in the event of an accident, because unpaid student placements are insured through the MTCU, Humber must assume the role of the employer for the purpose of administering the claim. Health and Safety Services communicates authorization to assume the role of the employer to the WSIB, through the completed *'Letter of Authorization to Represent Employer'* (Appendix G).

6.0 ACE-INA Data Collection

For the purposes of determining private insurance premiums, information regarding student unpaid work placements at placement employers without WSIB coverage must be provided to the MTCU three times annually. Health and Safety Services provides a report to the MTCU with the requested information identifying the program, total hours of the unpaid work placement, number of students (grant eligible versus visa) and the application industry. At the end of each semester, Health and Safety Services will contact each academic school to provide this information. See Appendix H for a sample of the ACE-INA Insurance Statistics form.

7.0 Return to Work Process for Ill/Injured Students

Health and Safety Services will be responsible for maintaining contact with the Student Trainee, the Humber Placement Coordinator and the WSIB to ensure the availability of timely information relating to a Student Trainee's restrictions and the student's ability to safely resume the placement with the Placement Employer.

The Humber Placement Coordinator, in consultation with Health and Safety Services, will review the Student Trainee's restrictions and any required accommodations. The Humber

Placement Coordinator will contact the Placement Supervisor to discuss appropriate accommodations and modifications to the program, where required.

The Student Trainee has the option of sending medical documentation directly to Health and Safety Services; all such documentation will be stored within Human Resources and treated in accordance with policy provisions for confidentiality.

8.0 Forms

Appendix A – Student Declaration of Understanding
Appendix B – Letter to Placement Employer
Appendix C – Template - Listing of Multiple Student Trainees at Single Placement Employer
Appendix D – Student Work Placement Safety Checklist
Appendix E – Student Placement Incident Report
Appendix F – Postsecondary Student Unpaid Work Placement Workplace Insurance Claim
Appendix G – Letter of Authorization to Act on Behalf of the Employer
Appendix H– Sample – MTCU ACE–INA Insurance Statistics Form

References

- Freedom of Information and Protection of Privacy Act (FIPPA).
- Ministry of Training, Colleges and Universities *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*, rev. June 2014.
- Occupational Health and Safety Act, 1990.
- Ontario Human Rights Code (OHRC), 1962.
- Workplace Safety and Insurance Act, 1997.
- Workplace Safety and Insurance Board. (2002). Coverage under the Ontario Workplace Safety and Insurance Act.
- Workplace Safety and Insurance Board. (2007). Operational Policy Manual; Who is an Employer; Document No. 12-01-01.
- Workplace Safety and Insurance Board. (2004). Operational Policy Manual; Individuals on Unpaid Training Placements; Document No. 12-04-04.
- Workplace Safety and Insurance Board. (2007). Operational Policy Manual; Non-Resident Workers; Document No. 12-04-12.
- Workplace Safety and Insurance Board. (2008). Operational Policy Manual; Coverage for Unpaid Trainees; Document No. 12-04-05.

Appendix A

STUDENT DECLARATION OF UNDERSTANDING

**Workplace Safety and Insurance Board (WSIB)
or Private Insurance Coverage for Students on Unpaid Work Placements**

The Humber College Institute of Technology & Advanced Learning and the University of Guelph-Humber (hereafter referred to as "Humber") are committed to ensuring compliance with the Ministry of Training, Colleges and Universities (MTCU) *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*.

Student coverage while on placement

The Government of Ontario, through the MTCU, covers the costs of WSIB benefits or private insurance for injuries or diseases incurred by students enrolled in an approved Ontario postsecondary program and participating in an unpaid work placement to gain work skills and experience required by their program of study.

If an Ontario student is on an unpaid work placement at an employer who is compulsorily or voluntarily covered under the *Workplace Safety and Insurance Act (WSIA)*, the student is eligible for WSIB coverage if he/she is injured or contracts a disease while on the placement. For an unpaid work placement at an employer who is not covered by the WSIA, the student is eligible for limited private insurance (ACE-INA) coverage in the event of an injury/disease.

Declaration

I have read and understand that:

- 1) WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on unpaid work placements as arranged or authorized by Humber as a requirement of my program of study.
- 2) In the event of an accident, injury or illness incurred as a result of my placement, I will immediately report the incident to the Placement Employer and to Humber. I will complete and sign the *Student Placement Injury Report* and the MTCU's *Post-Secondary Student Unpaid Work Placement Workplace Claim Form* and submit to my Humber Placement Coordinator within 24 hours. Over the course of my injury or illness, I will maintain regular contact with my Placement Coordinator and provide information relating to my restrictions and ability to return to the placement.
- 3) In the event that a workplace insurance compensation claim is filed for an injury sustained or a disease contracted while on my work placement, Humber College will disclose my applicable personal information relating to the unpaid work placement, the WSIB claim or the ACE-INA claim to the MTCU for purposes of administration of the claim.
- 4) Over the course of my placement, I will participate in and implement all safety-related training and procedures required by my Placement Employer and Humber.
- 5) I will promptly inform the Placement Employer and my Humber Placement Coordinator of any safety concerns related to my placement.
- 6) My personal information, relevant to my unpaid work placement, may be disclosed by Humber to my unpaid placement employer. This information will be limited to my full name, my local address and telephone number, my placement schedule (i.e. the days I will be at the placement), and my acceptance of the conditions of the placement.

I have read and understand the above, and have had any questions answered to my satisfaction:

Student name (print): _____ Student signature: _____

Student number: _____ Program/School: _____ Date: _____

Parent/Legal Guardian's Signature (for student less than 18 years of age):

Name (print): _____ Signature: _____ Date: _____

Distribution

- Students must return the original signed letter to their Humber Placement Coordinator.
- Students are encouraged to keep a copy for their records.



Appendix B

LETTER TO PLACEMENT EMPLOYER

Process for Workplace Safety and Insurance Board (WSIB)
or Private Insurance Coverage for Students on Unpaid Work Placements

The Humber College Institute of Technology & Advanced Learning and the University of Guelph-Humber (hereafter referred to as "Humber") are committed to working with placement employers to implement the Ministry of Training, Colleges and Universities (MTCU) *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*. The MTCU guidelines require Humber to notify the Placement Employer about workplace insurance coverage and reporting procedures for students on unpaid work placements:

- The Government of Ontario, through the MTCU, covers the costs of WSIB or private insurance (ACE-INA) for injuries or diseases incurred by students enrolled in an approved Ontario postsecondary program and participating in an unpaid work placement as required by their program of study. If the Placement Employer is compulsorily or voluntarily covered by the WSIB, a student injury/disease claim will be processed through the WSIB. For other Placement Employers, the claim will be processed through ACE-INA Insurers, a private insurance company retained by the Government of Ontario.
- In 2013, the MTCU revised its guidelines and no longer requires the completion of the *Work/Education Placement Agreement (WEPA) Form* in order for a student to be eligible for WSIB or private insurance coverage. The WEPA form has been replaced by the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* which is only to be completed when submitting an insurance claim for an injury or disease incurred by the student during the placement. The *Claim Form* will be completed and signed by the Placement Employer, the Student and Humber. Humber will enter its MTCU-issued Firm Number in order to complete the *Claim Form*. The MTCU guidelines and the new *Claim Form* are posted on the MTCU's website at: <http://www.tcu.gov.on.ca/pepg/publications/placement.html>.
- In the event of a workplace injury or disease involving a Humber student on an unpaid work placement at the placement organization, the Placement Employer will immediately report the incident to Humber. A Placement Employer who is covered by the WSIB must follow all WSIB reporting procedures. In addition to completing the appropriate sections on the *Claim Form*, the Placement Employer will complete a *Letter of Authorization* that allows Humber to represent the Placement Employer on matters pertaining to the claim to WSIB. Humber will ensure that a WSIB Form 7 is completed within three days of learning of a work-related accident, and that it is submitted along with and the *Claim Form* and the *Letter of Authorization* to the WSIB.
- For students returning to work after an illness or injury, the Placement Employer will work with Humber to review the Student Trainee's restrictions and, where possible, modify the placement as required in order to accommodate the Student Trainee's safe and timely return to the placement.
- The Placement Employer will provide the Student Trainee with appropriate training and supervision to protect the Student Trainee from health and safety hazards that may be encountered at the placement organization.
- Please be reminded that all eligible insurance costs for students on unpaid work placements will be covered by the Government of Ontario, through the MTCU, and not by the Placement Employer. The MTCU requires Humber to confirm whether the Placement Employer has WSIB coverage. Please check one of the following:
 - The Placement Employer has WSIB coverage.
 - The Placement Employer does not have WSIB coverage.

Declaration

By signature of an authorized representative here under, we confirm that we have read, understand and accept the terms listed in this document.

Signature: _____

Name (print): _____ Title: _____

Organization: _____ Date: _____

Distribution

- Signed original to Humber (*insert Placement Coordinator contact/ mailing info*).
- Copy to Placement Employer.



Appendix D

STUDENT WORK PLACEMENT SAFETY CHECKLIST

A safe and healthy work environment is a priority at every student work placement. Each placement student is to complete this checklist at the start of the work placement in consultation with his/her Placement Supervisor. This safety checklist is intended to familiarize the student about the types of workplace hazards he/she may encounter during the placement, the safety measures that need to be in place, and the types of health and safety training he/she will receive as part of the placement. All health and safety questions/issues are to be discussed with the Placement Supervisor. The student must inform the Humber Placement Coordinator of any unresolved or high risk health and safety questions or issues.

STUDENT NAME:

DATE:

PLACEMENT EMPLOYER:

| # | Item |
|---|--|
| 1 | <input type="checkbox"/> I have been provided with and read the organization's occupational health and safety policy. <input type="checkbox"/> I have been provided with and read the organization's workplace violence and harassment policy. |
| 2 | <input type="checkbox"/> I will be provided with appropriate onsite supervision. The name, email and phone number of my Placement Supervisor are as follows: |
| 3 | <input type="checkbox"/> The placement organization has a joint health and safety committee (JHSC) or a health and safety representative. The name, email and phone number of the JHSC contact / health and safety rep are as follows: |
| 4 | <input type="checkbox"/> The types of hazards that I may be exposed to during my placement may include: <ul style="list-style-type: none"> o Chemical: o Biological: o Ergonomic: o Physical: o Psychosocial (e.g. workplace violence, harassment): o Other: |
| 5 | <input type="checkbox"/> I may be required to use the following tools, materials or equipment during the placement: <ul style="list-style-type: none"> o Hand tools o Power lift equipment o Power tools o Hazardous machinery o Heavy equipment o Vehicle operation o Other: |
| 6 | <input type="checkbox"/> The types of protective measures that are in place to protect me from the workplace hazards listed in #4 and #5 are as follows: |

STUDENT WORK PLACEMENT SAFETY CHECKLIST

| | | | |
|-----------------|---|-----------------|----------------------|
| 7 | <input type="checkbox"/> I will be required to wear the following Personal Protective Equipment (PPE) during the placement: <ul style="list-style-type: none"> o Hearing protection: o Eye protection: o Respiratory protection o Footwear: o Headwear: o Gloves: o Clothing: o Other: | | |
| 8 | <input type="checkbox"/> I will be provided with the following job-related training, including specific training on hazards, protective measures and PPE listed in #4, #5, #6 and #7: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Training</u></td> <td style="width: 50%;"><u>Training Date</u></td> </tr> </table> Health and safety orientation Hazards in the workplace Workplace Hazardous Materials Information System (WHMIS) Protective measures Personal protective equipment Procedures for reporting accidents Procedures for reporting workplace concerns Other: | <u>Training</u> | <u>Training Date</u> |
| <u>Training</u> | <u>Training Date</u> | | |
| 9 | <input type="checkbox"/> The worksite provides an orderly, well-maintained, and safe working and learning environment. | | |
| 10 | <input type="checkbox"/> My placement supervisor is familiar with the process for reporting a workplace-related injury or illness that I may experience during the placement. | | |
| 11 | <input type="checkbox"/> Trained first aiders and/or employee health care facilities are available at the placement organization should an injury or illness occur: Name and Location of trained first aider: Location of closest first aid kit: Name and Location of employee health care facilities: | | |
| 12 | <input type="checkbox"/> Questions I have regarding workplace health and safety on this placement (discuss with placement supervisor): | | |

Please complete and fax, email or deliver to:
 Humber Health Centre
 205 Humber College Boulevard, Toronto, Ontario M9W 5L7
 Fax: 416 - 675 - 6320 (North Campus)
 Phone: 416 - 675 - 6622 x4533

STUDENT PLACEMENT INCIDENT REPORT

THIS FORM MUST BE COMPLETED AND FAXED WITHIN 24 HOURS TO THE HUMBER HEALTH CENTRE AT 416-675-6320 AND YOUR PLACEMENT COORDINATOR.

PRIVATE AND CONFIDENTIAL

STUDENT DETAILS

| | | |
|--|--|--|
| First Name: | Last Name: | Program: Program Start Date: Semester: |
| Home Address: | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Home Phone Number: Mobile/Other Phone Number: |
| City/Town : Province: Postal Code: | Date of Birth (DD/MM/YY): | |

**NOTE: THE STUDENT WILL BE CONTACTED VIA TELEPHONE BY HR SERVICES AND ASKED TO PROVIDE THEIR SOCIAL INSURANCE NUMBER (SIN).
 THE SIN IS A REQUIRED COMPONENT OF THE REPORTING PROCESS.**

PLACEMENT DETAILS

| | |
|--|-----------------------------|
| Name of Placement Employer's Organization: | Placement Supervisor Name: |
| Placement Employer Address: | Placement Supervisor Title: |
| Placement Employer Phone Number: | Supervisor Phone Number: |

Placement Work Schedule (list typical hours per day and days per week):

INCIDENT DETAILS

| | |
|--|--|
| Date and Hour of Accident/ Awareness of Illness: Click here to enter a date. | Who was the accident/illness reported to? Name & Position: _____ Telephone Number: _____ |
| Date and Hour Reported to Placement Employer: Click here to enter a date. | Telephone Number: _____ |
| Date and Hour Reported to Humber Placement Coordinator: Click here to enter a date. | Name of Humber Placement Coordinator: Telephone Number: _____ |

| | |
|--|---|
| Were there any witnesses or other employees involved in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide name, position title, and phone number: 1. _____ 2. _____ 3. _____ |
|--|---|

INCIDENT DETAILS CONTINUED

| | |
|--------------------------|---|
| Description of Incident: | Type of Incident: <input type="checkbox"/> Slip, trip or fall <input type="checkbox"/> Struck by/against object <input type="checkbox"/> Over exertion <input type="checkbox"/> Repetitive strain <input type="checkbox"/> Exposure to hazardous/ infectious material <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Assault <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Other _____ |
|--------------------------|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------|------|-------|-----------------------------------|--------------------------|--------------------------------|--------------------------|------------------------------|--------------------------|--------------------------------|--------------------------|------------------------------|--------------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------|--------------------------|---------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|--|--|--|--|
| Area of Injury. Please check all that apply. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Head <input type="checkbox"/> Teeth <input type="checkbox"/> Upper Back <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Lower Back <input type="checkbox"/> Eye(s) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Ear(s) <input type="checkbox"/> Pelvis <input type="checkbox"/> Other _____ | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Hip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Ankle</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Arm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Thigh</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Foot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Finger(s)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Knee</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Toe(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Lower leg</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Left | Right | Left | Right | Left | Right | Left | Right | <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"/> 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"/> Elbow | <input type="checkbox"/> | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> | <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> Toe(s) | <input type="checkbox"/> | <input type="checkbox"/> Forearm | <input type="checkbox"/> | <input type="checkbox"/> Lower leg | <input type="checkbox"/> | | | | |
| Left | Right | Left | Right | Left | Right | Left | Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> 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"/> Elbow | <input type="checkbox"/> | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> | <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> Toe(s) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> | <input type="checkbox"/> Lower leg | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| Did the student require treatment for this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, was the treatment: <input type="checkbox"/> First Aid <input type="checkbox"/> Health Care |
| Where was the individual treated for this injury? <input type="checkbox"/> Humber Health Centre <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency Department <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Health Professional Office <input type="checkbox"/> Clinic <input type="checkbox"/> Other _____ | If treatment occurred off-campus, provide the name, address and phone number of health professional or facility who treated the individual: _____ _____ _____ |

| | |
|--|---|
| After the day of the incident/awareness of the illness, this student: <input type="checkbox"/> Returned to regular job duties and has not lost any time <input type="checkbox"/> Returned to *modified work and has not lost any time <input type="checkbox"/> Has lost time ⇒ Provide the date student first lost time: Click here to enter a date. ⇒ Date student returned to placement (if known): Click here to enter a date. | *Modified work indicates a change to the regular work schedule, or an inability to perform the core functions of the job, due to the injury |
|--|---|

| | | | |
|--------------------|-------|----------------------------------|-------|
| Student Signature: | Date: | Placement Supervisor Signature : | Date: |
|--------------------|-------|----------------------------------|-------|

THE STUDENT MUST COMPLETE AND FAX THIS REPORT WITHIN 24 HOURS OF THE INCIDENT TO:
 1) HUMBER HEALTH CENTRE AT 416-675-6320
 2) HUMBER PLACEMENT COORDINATOR

THE HUMBER HEALTH CENTRE MUST FAX THIS INCIDENT REPORT UPON RECEIPT
 TO HEALTH & SAFETY SERVICES AT 416-675-4708

You will receive workplace insurance compensation if you are:

- A student enrolled in an Approved Postsecondary Program;
- Injured or contracted a disease while on an Unpaid Work Placement; and
- Eligible for workplace insurance compensation as determined by,
 - the WSIB, if your Placement Employer is covered under the WSIA (WSIB 416-344-1000); or
 - ACE-INA, if your Placement Employer is not covered under the WSIA (ACE-INA 1-800-387-7199).

Claims under the WSIA are made by submitting the following required documents to WSIB, with copies to MTCU:

- a WSIB Form 7;
- the letter of authorization; and
- *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* completed by the student, the Placement Employer and the Institution.

If your Placement Employer is not covered under the WSIA, your eligibility for and payment of workplace insurance compensation will be determined by ACE-INA.

Claims under ACE-INA are made by submitting an ACE-INA designated form, completed in accordance with the ACE-INA instructions, with a copy to MTCU.

In this form:

- "ACE-INA" means the ACE-INA Insurers, a private insurer retained by the Government of Ontario.
- "Approved Postsecondary Program" means a postsecondary program offered by an Ontario college of applied arts and technology or an Ontario publicly assisted university, and funded through operating grants provided by the Ministry of Training, Colleges and Universities.
- "Institution" means the Ontario college of applied arts and technology or Ontario publicly assisted university at which the student is enrolled.
- "MTCU" means the Ontario Ministry of Training, Colleges and Universities or any successor ministry.
- "Placement Employer" means the employer providing the Unpaid Work Placement.
- "Unpaid Work Placement" means an unpaid work placement that is required as part of an Approved Postsecondary Program.
- "WSIA" means the *Workplace Safety and Insurance Act, 1997*.
- "WSIB" means the Workplace Safety and Insurance Board.

Note to Institution: As identified in the MTCU *Guidelines for Workplace Insurance for Postsecondary Students on Unpaid Work Placements*, it is your responsibility to inform students before they commence an Unpaid Work Placement that if they are injured or contracted a disease while on an Unpaid Work Placement, the Institution will disclose their personal information to MTCU, if relevant to a workplace insurance compensation claim.

A. Parties Consenting to the Unpaid Work Placement

| | | |
|--------------------|---------------|---------------|
| 1. Name of student | | |
| Last name | First name | Middle name |
| Student no. | Email address | Telephone no. |

| | | |
|-------------------------------|---------------|-------------|
| 2. Name of Placement Employer | | |
| Name of Training Supervisor | | |
| Last name | First name | Middle name |
| Email address | Telephone no. | |

- 2a. Placement Employer is covered under the WSIA, WSIB #: _____
- 2b. Placement Employer is covered under the ACE-INA

| | | | |
|------------------------|---------------------|------------|---------------|
| 3. Firm # | Name of institution | | |
| Name of contact person | | | |
| Last name | | First name | Middle name |
| Email address | | | Telephone no. |

B. The Approved Postsecondary Program

1. Name of the Approved Postsecondary Program in which the student is enrolled

C. Student Unpaid Work Placement Schedule

1. What are the start and completion dates of the student's Unpaid Work Placement?

Start date (yyyy/mm/dd): _____ Completion date (yyyy/mm/dd): _____ Total days: _____

2. What are the normal hours of the student's Unpaid Work Placement?

From (hh:mm): _____ To (hh:mm): _____ Shift work: Yes No

3. What are the normal days of the week of the student's Unpaid Work Placement?

Specify days: _____ To: _____

D. Confirmation of Institution

I, _____
Last name, first name

_____ am authorized to complete this confirmation on behalf of the institution.

Position title

I hereby confirm that:

1. I have read the definitions of Approved Postsecondary Program and Unpaid Work Placement above.
2. The above-named student was enrolled in an Approved Postsecondary Program offered by the Institution and was injured or contracted a disease during an Unpaid Work Placement relating to that program.
3. The Institution has provided the student with notice that it will be disclosing personal information relating to the Unpaid Work Placement and any WSIB or ACE-INA claim to MTCU.
4. I have been informed by the Placement Employer that:
 a. the Placement Employer has WSIB coverage for the entire period of the placement as indicated in Section C.
 b. the Placement Employer is not covered by WSIB for the entire period of the placement as indicated in Section C.

Signature of institution representative

X

Date (yyyy/mm/dd)

Confirmation of Placement Employer

Note: this confirmation may be completed by the student's Unpaid Work Placement training supervisor or other person authorized to complete the confirmation on behalf of the Placement Employer.

I, _____
Last name, first name

_____ am authorized to complete this confirmation on behalf of the Placement

Position held

Employer. I hereby confirm:

1. The Unpaid Work Placement Schedule for the above-noted student as identified in Part C above.
2. The student was injured or contracted a disease while on an Unpaid Work Placement with the Placement Employer.
3. The Placement Employer:
 a. has WSIB coverage for the entire period of the placement as indicated in Section C.
 b. is not covered by WSIB for the entire period of the placement as indicated in Section C.

Signature of Placement Employer Representative

X

Date (yyyy/mm/dd)

Notice of Collection and Consent of Student

MTCU collects your personal information, directly from you and indirectly from your postsecondary institution, your placement employer and either the Workplace Safety and Insurance Board (the Board) or ACE-INA Insurers (the Insurer) to administer and finance the payment of your workplace insurance compensation. Administration includes verifying your eligibility, making payments to the Board or the Insurer and evaluating, monitoring and auditing MTCU's coverage of workplace insurance compensation.

I hereby confirm the accuracy of the personal information about me on this form and consent to the indirect collection of personal information by MTCU.

Signature of student

X

Date (yyyy/mm/dd)

Signature of parent/guardian if under 18

X

Ministry of
Training, Colleges and
Universities

Ministère de la Formation
et des Collèges
et Universités

Mowat Block
900 Bay St.
Toronto ON M7A 1L2

édifice Mowat
900, rue Bay
Toronto ON M7A 1L2

Letter of Authorization to Represent Employer

This section to be completed by Training Agency

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to WSIB in this work related injury.

Training Agency Humber College

Address 205Humber College Blvd.

City, Province Toronto, ON

Postal Code _____ Firm # _____

Contact Person _____ Telephone # _____

This section to be completed by Placement Employer

_____, unpaid training participant is claiming that he/she
(Training Participant's Name)
suffered a work related injury on _____ while on work placement with our
(Date)
company.

Company Name _____

Address _____

City, Province _____

Postal Code _____

Contact Person _____ Telephone Number _____

Placement Employer's Authorization Signature

Date

To be attached to Form 7 and sent to WSIB.

