

LETTER TO PLACEMENT EMPLOYERS

Process for Workplace Safety and Insurance Board coverage:

The Ministry of Training, Colleges and Universities (MTCU) has implemented a new streamlined process for students enrolled in an approved Ontario college program that requires them to complete unpaid work placements.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form. **Placement Employers and Training Agencies (colleges) are not required to complete and sign the online *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form* for each student completing an unpaid work placement in order to be eligible for WSIB coverage or private insurance.** Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease.

The new form has been posted on the Ministry's public website at:

(English)

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR &TAB=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E>

(French)

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR &TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352F&NO=022-13-1352F>

Please note that all WSIB procedures must be followed in the event of an injury/disease. Colleges will keep the signed original of the placement letter on file and ensure that Placement Employers have a copy.

Declaration

By signature of an authorized representative here, we confirm our commitment to immediately report any workplace injuries or disease to Centennial College.

Organization: _____

Address: _____

Name: _____ Signature: _____

Title: _____ Date: _____

Distribution

A copy with the original signature is to be returned to your program coordinator at Centennial College and a copy is to be kept by the placement employer. Please see attached guidelines for **Unpaid Student Work Placement Responsibilities**.

Original to Centennial College

Copy to Placement Employer

Unpaid Student Work Placement Responsibilities

These guidelines highlight the process in regards to insurance coverage for students on unpaid work/education placements, and the responsibilities of all parties in the event of a workplace-related injury or illness to the student.

Student 'worker'	Work Placement Employer	Placement Coordinator/Administrator (Centennial College)	Disability Management Consultant (Centennial College)
<p>Read and sign <u>Student Declaration of Understanding Form</u> before start of unpaid work placement and submit to Placement Coordinator/Administrator.</p> <p>Immediately report all work-related injuries and illnesses to the Placement Employer Supervisor and to the College Placement Coordinator.</p> <p>Complete or assist in the completion of all related accident reports/forms, <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim</u> or <u>ACE INA Insurance Form as appropriate</u> and <u>WSIB Form 6</u>, if applicable.</p> <p>Cooperate with, and provide relevant information to, the College, WSIB and Work Placement Employer.</p> <p>Continue to receive appropriate medical treatment, maintain communication and cooperate with the College for a timely and safe return to work, including participating in a Modified Work/Education Plan, if applicable.</p>	<p>Sign <u>Letter to Placement Employer Form</u>, and keep copy and forward original to College before start of unpaid work placement.</p> <p>Ensure the student 'worker' receives appropriate first aid and medical attention at time of injury/illness.</p> <p>Inform College Placement Coordinator of student's injury or illness within 8 hours of knowledge of such injury or illness.</p> <p>Complete and provide College Placement Coordinator or Administrator with the <u>Accident/Illness Report</u> within 24 hours of the incident, the completed bottom portion of <u>MTCU Letter of Authorization to Represent Employer Form</u>, and a copy of <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim. (Confirmation of Placement Employer section)</u> or <u>ACE INA Insurance Form as appropriate</u>.</p> <p>Cooperate with the College in the investigation of the incident and /or the provision of information related to the incident.</p> <p>Cooperate with the College in the implementation of a modified work plan for the student, if applicable.</p>	<p>Provide <u>Student Declaration of Understanding Form</u> to students and ensure signature and submission of form back to department before participating in work placement.</p> <p>Provide <u>Letter to Placement Employer Form</u>, informing of process and keep original signed copy.</p> <p>Upon knowledge of a work-related injury or illness to the student 'worker', ensure that the injured/ill student has received appropriate medical attention in a timely manner.</p> <p>A needlestick injury report must be completed for such injuries if there is no surveillance protocol in place.</p> <p>Obtain a completed <u>Accident /Illness Report</u>, the completed bottom portion of <u>MTCU Letter of Authorization to Represent Employer Form</u>, and the <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim. (Confirmation of Placement Employer section)</u> or <u>ACE INA Insurance Form as appropriate</u> within 24 hours of the incident. Completes remaining section of <u>Postsecondary Student Unpaid Work Placement Workplace Insurance Claim</u>.</p> <p>Provide above mentioned Forms to Centennial's Disability Management Consultant in HR by fax, email or personal delivery, immediately upon receipt.</p> <p><u>Make every reasonable effort to accommodate the student based on their limitations due to injury, and maintain contact with student in the Return to Work/ Education phase, until no longer necessary.</u></p> <p>Keep Centennial's Disability Management Consultant updated on student's situation and cooperate in the implementation of a Modified Work Plan if applicable, until no longer necessary.</p> <p>Investigate and take appropriate action in response to all reports by students regarding unsafe work conditions or practices at the placement.</p>	<p>Acquire necessary <u>Forms</u> and provides support in understanding and adhering to the process.</p> <p>Review accident information and if necessary, report incident to WSIB or ACE INA as appropriate, by submitting completed paperwork to relevant insurance provider. ie WSIB (Firm # 825021) or ACE INA Insurance. Provide copies to MTCU.</p> <p>Maintain contact with WSIB / ACE INA, MTCU and Placement Coordinator to assist in RTW process.</p> <p>Advise WSIB or ACE INA, and MTCU of RTW Plan.</p> <p>Provide support and advice in the implementation of RTW plan.</p> <p>CONTACT INFORMATION</p> <p>Centennial College Progress Campus Disability Management Consultant Human Resources Department</p> <p>Fax: 416-289-5124 Phone: 416-289-5000, ext. 7012 or 7664</p> <p>Email: ksubraj@centennialcollege.ca lholleran@centennialcollege.ca</p> <p>Definitions/Acronyms: WSIB – Workplace Safety and Insurance Board MTCU – Ministry of Training, Colleges and Universities RTW – Return to Work</p>