**Appendix 4.3 – Transportation and Release of Injured Workers**

**POLICY**

If an employee is physically incapable of using their normal form of transportation because of injury, the employer will provide transportation to a hospital, physician or worker’s home.

**PROCEDURE**

1. Upon becoming aware of a worker’s injury or other impairment, the supervisor shall investigate the matter as promptly as possible.
2. Where is determined that the worker cannot continue to work and needs immediate medical attention, the worker will be provided with transportation provided by Emergency Medical Services (Ambulance) to a hospital, medical clinic or physician’s office.
3. Where it is determined that no immediate medical attention is necessary, but the worker cannot continue to perform his or her normal functions, he or she shall be provided with transportation (Taxi) home if unable to use his or her normal means of transportation.
4. Where the worker disagrees with the assessment of the supervisor that he or she is unable to continue working, a health & safety representative or another supervisor will be called upon to review the matter and to make an assessment of fitness to resume work.
5. Where it is determined that medical care is not immediately required, but that the worker is unable to continue working, and the worker requests use of his or her own vehicle to return home, or intends to use public transportation, the supervisor shall permit the worker to leave, after a release is signed by the worker which acknowledges his or her fitness to leave without assistance.
6. The supervisor of the injured worker is responsible for arranging transportation, if a taxi service is used it should be included in the report of the incident. A note of the cost of the transportation should be attached to the report and forwarded to the Safety Coordinator.
7. Ensure that the employee gets to the taxi.
8. The employee’s supervisor must compete and forward the Accident Investigation Report and forward it to the Safety Coordinator.

**INJURED EMPLOYEE RELEASE FORM**

I have been advised to leave work because my supervisor feels I am unable to remain and perform the essential duties of my job without compromising my own health and safety or the health and safety of others.

(S)he also feels that I am not able to get home/to my doctor’s office using my normal means of transportation, and has offered to arrange for transportation by taxi, at the expense of Danosh Construction Inc.

I do not wish to avail myself of this choice and release my supervisor and Danosh Construction Inc. from any liability that may arise as a result of this decision.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR/WITNESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_