

ACCIDENT REPORTING / DISABILITY MANAGEMENT



AT WORK OR AT HOME



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INTRODUCTION

Pembina Trails School Division is committed to preventing workplace injuries and illnesses through maintaining a safe and healthy work environment. In the event an employee suffers an injury or illness, on or off the job, the school division will take all reasonable steps to provide a safe and timely return to work (RTW), by providing alternative or modified work through the return to work program.

Pembina Trails will work in collaboration with employees (and union representatives, where applicable) to identify suitable work and develop individualized RTW or modified work plans based upon functional abilities information provided from health care providers and the Workers Compensation Board (WCB). The RTW process commences immediately, without delay, after an injury or illness occurs.

This program applies to all employees who are unable to perform their regular work as a result of injury or illness. All employees must fully cooperate in the safe and timely return to work of injured and ill workers.

RESPONSIBILITIES

Management and employees of the Pembina Trails School Division are expected to support and fully comply with the procedures in the accident reporting and return to work process (RTW). School staff, management, supervisors, and the Safety, Health & Environment (SHE) Officer are expected to promote the RTW Program, assist individuals on RTW Plans, and help to create a supportive working environment among peer and co-workers. Information, such as the result of an injury, is confidential and all involved parties must be prepared to respect privacy issues and ensure confidentiality of employee information as per PHIA and FIPPA.

Management

It is the responsibility of the Pembina Trails School Division management to ensure that the accident reporting requirements and RTW Program is communicated and implemented. It is also the responsibility of management to promote, demonstrate full support, and ensure that the RTW Program is implemented in a positive and respectful manner.

Direct Supervisor

The employee's direct supervisor should respond to the employee's first report of injury with empathy, take the time to handle the investigation properly and acknowledge immediate medical attention requirements. Additional responsibilities include, but are not limited to:

- Complete all necessary documentation in a timely manner and maintain a record of employee discussions and agreed actions;
- Forward all injury related paperwork to the Safety Officer;
- Work with management and the Safety Officer to develop a suitable return to work plan for the employee and stay within outlined abilities/limitations;
- Monitor the injured employee's progress and support the employee during his/her return to work; when appropriate, inform co-workers in the immediate area of return to work plans while maintaining appropriate confidentiality requirements;
- Promote and enforce safe work practices;
- Maintain regular (weekly) communication with the employee;

All supervisors should be open to provide temporary modified duties and/or the work schedule identified in a RTW plan and will monitor to ensure the employee is working within the restrictions set. The supervisor will notify the Safety Officer when the employee requires adjustment to the RTW Plan and/or when the employee is able to return to full duty.

Injured, Ill or Disabled Employees

Injured, ill or disabled employees are expected to participate actively in the accident reporting and return to work program. This includes, but is not limited to:

- Report all injuries to his/her supervisor on the day the accident occurred, no later than the end of shift.
- Obtain medical treatment and keep health care providers informed about return to work and accommodation options that are available.
- Provide details of the injury/illness and required medical information and documentation to the supervisor the same day or next day after their medical appointment.
- Provide details of work restrictions/accommodations regardless of the injury and know activity limitations as they relate to the performance of job duties.
- Return completed documents to the appropriate party within the outlined timeframe.
- Participate in the development of a suitable return to work plan.
- Regularly communicate the status of the injury and the expected date of recovery to their supervisor.
- Apply safe work practices and work within outlined abilities to avoid re-injury.

Once the employee has been cleared to return to the work (with or without restrictions), they are expected to cooperate and work with their supervisor and the Safety Officer to create a RTW plan (where required) and make every effort towards a full recovery. The employee must perform according to the RTW plan and follow all directions and treatments, outlined by the treating health care practitioner, both at work and at home. The employee must keep their immediate supervisor informed of any changes to his/her medical situation and potential impact on the RTW Plan and/or modifications to the plan.

Safety Health & Environment (SHE) Officer

The Safety, Health & Environment Officer is responsible for coordinating all activities associated with the RTW Program, working with supervisors, WCB and external parties to design and implement effective RTW Plans and complete required administration of such. The Safety Officer will also work with supervisors to facilitate the injured employee's earliest possible return to the workplace and his/her pre-injury/illness position.

Union

Unions have a responsibility to take an active role as a partner in the accommodation process and to cooperate with supervisors to find accommodation solutions for employees returning to work. A union representative may be included in a return to work/accommodation discussion when the accommodation measures will affect the rights of other employees under the collective bargaining agreement; and or if the employee requests their union representative present during accommodation/return to work discussions.

Unions are required to actively support accommodation measures regardless of what has been specified in the collective agreement. However, collective agreement provisions are to be respected. Supervisors are obligated first to explore the accommodation options that will not interfere with rights and entitlements provided under collective agreements. (Note: information on a union's involvement during the return to work process was obtained from the Canadian Human Rights Commission's "A Guide for Managing the Return to Work").

All Workers

All employees in the Pembina Trails School Division have a responsibility to know, understand and cooperate with the accident reporting and return to work process. Employees also have the additional responsibility to support their co-workers when they have suffered an injury and to assist them in their return to work.

ACCIDENT REPORTING

ACCIDENT OR INJURY:

Both employees and supervisors have key responsibilities for properly reporting injuries and illnesses. Should you be injured at work or while performing work related duties, the following requirements and restrictions will apply:

1. Report your injury as soon as practical to your supervisor, but no later than the end of your work shift. Once an injury occurs, all of your actions must be designed to safely conclude your immediate tasks (if necessary) and report your injury.
2. Medical treatment for your injury is important and first aid measures must be applied immediately. If treatment at a medical facility is required, notify your supervisor and they will assist in providing transportation to the nearest medical centre.
3. Retrieve all necessary paperwork from your supervisor prior to leaving the workplace.
Note: The accident reporting package contains all the necessary paperwork you will need to complete for your injury as well as important information for your health care provider. That is why it is necessary to have the package in hand, prior to leaving the workplace to seek medical treatment.
4. At the medical centre, have the health care provider complete the Occupational Health Assessment Form (OHAF) if your injury will require you to have modified/light duties or reduced work hours. This form will provide your employer with your functional abilities and assist them in accommodating you at work.
5. Provide all completed paperwork to your supervisor the same day/next day/or **before the start of your next shift** whichever is sooner. Both teaching and non-teaching staff will have paperwork to complete and return.

Non-Teaching Staff

MSBA Employee Accident Report
WCB Workers Accident Report
WCB Notice of Injury (Green Card)
Occupational Health Assessment Form

Teachers/Consultants

MSBA Employee Accident Report
Occupational Health Assessment Form

Note 1: All non-teaching employees filing a WCB claim with their doctor need to have reported their accident to their supervisor; and completed and returned the appropriate paperwork to their supervisor to ensure that their claims will be initiated and that they are appropriately paid.

Note 2: Only non-teaching staff are eligible for WCB coverage.

6. The injured staff member requiring modified/light duties or reduced work hours must supply their supervisor with a fully completed Occupational Health Assessment Form (OHAF). The form must indicate what their functional abilities are so the school division can provide appropriate modified/light duties/or alternate work to accommodate the injury and prevent time loss. The form must be supplied no later than the same day or next day after the appointment.

7. Once completed, all documentation (WCB Green Card, WCB Worker Incident Report, and doctor's notes/OHAF) must be forwarded to the division's Safety Officer for follow up.
8. Once all the paperwork has been received by the Safety Officer a WCB claim will be initiated for the worker, where applicable.
9. The supervisor and S&H Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again. An investigation report must be completed and forwarded to the divisional Safety Officer.
10. The Safety Officer will initiate an investigation for any serious injuries to ensure that control measures have been implemented and, where appropriate, lead to changes to the division's safe work practices and policies. All severe cases will be reported to the Secretary Treasurer, Assistant Superintendent, Human Resources and Policy and to Manitoba Education and Training.
11. Any issues arising out of the accident or near miss must be discussed at the next Health and Safety Committee meeting to ensure follow up and implementation of corrective measures have occurred.

REPORTING PROCEDURES

A. MSBA-HUB ACCIDENT REPORT:

An MSBA Accident Report must be completed for all incidents (students, teachers, non-teachers, visitors, Contractors, etc.) that occur on school division property.

Access to MSBA Accident / Incident Report Online form:

<https://www.hubinternational.com/programs-and-associations/manitoba-school-boards-association/>

B. STUDENT ACCIDENT OR INJURY:

- All student accidents are to be submitted electronically via the MSBA Accident Reporting website using the [Student Accident Incident Report Online Form](#). If required, please seek assistance from the school office. If required, please seek assistance from the school office.
- Severe cases shall also be reported immediately to the division's Safety Officer. The Executive Assistant to the Secretary Treasurer will report severe cases to the Secretary Treasurer and Senior Admin Team link. An investigation report will be completed for serious incidents by the division's Safety Officer.

C. TEACHING STAFF INJURY:

- Teaching staff, work-related accidents are to be reported electronically via the MSBA Accident Reporting website using the [Employee - Accident Incident Report Online Form](#).
- In the event that an on the job injury requires an absence from work please contact the Assistant Superintendent, Human Resources and Policy. The time absent from work, as a direct result of a workplace injury, is not charged against the accumulated sick leave balance but is limited to the balance accrued at the time of the injury.
- If you will be seeking medical treatment for an injury or have restrictions as a result of an injury at work or at home, please have your doctor complete the divisional Occupational Health Assessment Form and return the form to Assistant Superintendent, Human Resources and Policy. The Occupational Health Assessment Form indicates what the teacher's functional abilities may be due to the injury and allows the division to determine light or alternate duties to return the worker safely back to work. Forms are included in the accident reporting package and are also available on the Pembina Trails safety website under Accident Reporting.

D. NON-TEACHING STAFF & EDUCATIONAL ASSISTANT'S ACCIDENT OR INJURY:

- All non-teaching staff work related accidents are to be reported electronically via the MSBA Accident Reporting website using the [Employee Accident Incident Online Report Form](#).
- **For minor first aid injuries:**
A [WCB Green Card](#) must be filled out immediately (**by the worker and signed by the worker's supervisor**) and forwarded to the division's Safety Officer. The green card identifies that the injury occurred during work hours and provides information about the incident to the employer in the event that medical attention is required at a later date.
- **For work related injuries requiring medical care:**
A [WCB Workers Incident Report](#) must be completed by the worker and forward to the division's Safety Officer.

The employee must also have their health care provider complete a [Divisional Occupational Health Assessment Form \(OHAF\)](#) if the worker has an injury that may prevent them from being able to perform their full duties while at work. The OHAF Form indicates what the worker's functional abilities may be due to the incident and allows the division to determine light or alternate duties to safely accommodate the employee. The form must be completed in full and indicate what their capabilities are, the duration for the restrictions and a date for the next assessment. The employee is required to have this form completed whenever their functional capabilities change. The employee is required to return this form to the school office or supervisor no later than the same day or next day after visiting the health care provider. Supervisors are required to forward all documentation to the Safety Officer so that the WCB claim can be updated.

- **Injuries that require surgery or treatment:**
Where an employee is injured at work and as a result requires surgery/surgery at a later date/or treatment a [WCB Workers Incident Report](#) must be completed by the worker and forward to the division's Safety Officer.
- A doctor's note will be required by the employee for any time off due to surgery for a work or non-work related injury and must be submitted prior to the first day of missed work. When the worker is able to return to light or alternate duties, they must have their doctor complete the divisional OHAF. The form must indicate the worker's functional capabilities. This allows the division to accommodate the worker with light or alternate duties.

For workers seeking treatment for a work or non-work related injury, they must have their doctor complete the divisional OHAF. The form must indicate the worker's functional capabilities. This allows the division to accommodate the worker with light or alternate duties.

All paperwork must be submitted to the worker's supervisor and forwarded to the Safety Officer.

E. SCHOOL VISITORS:

- School visitor accidents are to be reported electronically via the MSBA Accident Reporting website using the [Non- Student Accident Incident Online Report Form](#).
- The supervisor and Safety and Committee worker representative must initiate an accident investigation to determine the cause of the incident and implement control measures to prevent the incident from happening again.
- Severe cases shall be reported immediately to the division's Safety Officer. An investigation report will be completed for all serious Incidents by the Safety Officer. Severe cases will be reported immediately to the Secretary Treasurer and to the Senior Admin Team link.

F. CONTRACTORS:

- All accidents must be reported to the Safety Officer. An investigation report will be completed for all serious incidents by the contractor and a copy forwarded to the division's Safety Officer. Severe cases will be reported immediately to the Secretary Treasurer and to the Assistant Superintendent, Divisional Support Services.

G. VEHICLE ACCIDENTS WHILE AT WORK:

- For any accidents involving a personal vehicle but occurring during the course of work, immediately notify your supervisor.
- For any accidents involving a divisional vehicle, immediately notify your supervisor. All accidents involving Facilities & Operations staff shall be reported immediately to the Director of Facilities & Operations and the Safety Officer. All accidents involving IT staff shall be reported immediately to the Director of IT and the Safety Officer. Severe cases will be reported immediately to the Safety Officer and Secretary Treasurer.
- All employees involved in vehicle accidents are required to complete the Western Financial Employee Accident/Incident Report.
- Notify MPI and report your accident. If you are injured you will also be required to initiate an injury claim through MPI. It is strongly recommended that you open an injury claim at the time of the incident as some vehicle related injuries do not appear until several days or weeks after the incident has occurred and MPI will not always accept an injury claim after some time has passed. At the time of your accident MPI will also notify you whether or not a police report is required.
- For any accidents involving a divisional vehicle the division's Safety Officer will investigate and complete the Pembina Trails Accident Report.

H. SCHOOL BUS ACCIDENTS:

- Any accident arising out of the operation of a school bus must be immediately reported to the school division by means of communication with the Dispatch Office (489-2597). The driver may not operate the bus until he or she has had instructions to do so and the school bus is in safe mechanical condition. The Dispatch Office will immediately inform the principal(s).
- In all accidents an exchange of vehicle and driver's license information is required. Additionally, names of persons (including students) involved or witness(es) to the accident should be obtained.
- An accident involving an injury requires the Dispatch Office to immediately inform the Director or Assistant Director of Transportation, Secretary Treasurer, principal(s) and Safety Officer.
- The driver is required to report the accident to Manitoba Public Insurance and/ or police. If the driver is injured they will also be required to initiate an injury claim through MPI. MPI will state whether or not a police report must be completed. A copy of any written report is to be obtained by the driver and forwarded with the Manitoba School Bus Accident Report to the Safety Officer.
- The driver, in conjunction with their supervisor, must also complete the Western Financial Employee Accident/Incident Report.

REPORTING SERIOUS ACCIDENTS/INCIDENTS

In the event of a serious accident, the employee's direct supervisor and the division's Safety Officer must be contacted immediately. The Safety Officer will report the accident to the Workplace Health & Safety Division, Department of Labour, as required by law. Serious accidents/incidents can be defined as follows:

A serious accident/incident is defined as one:

- ❑ in which a worker is killed;
- ❑ in which a worker suffers
 - an injury resulting from electrical contact,
 - unconsciousness as the result of a concussion,
 - a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot,
 - amputation of an arm, leg, hand, foot, finger or toe,
 - third degree burns,
 - permanent or temporary loss of sight,
 - **a cut or laceration that requires medical treatment at a hospital,**
 - asphyxiation or poisoning; or
- ❑ that involves
 - the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation,
 - an explosion, fire or flood, an uncontrolled spill or escape of a hazardous substance, or
 - the failure of a supplied air respirator.

Notice of a serious injury: When reporting an incident, the following information must be provided:

- ❑ the name and address of each person involved in the incident,
- ❑ the name and address of the employer, or any other employers involved,
- ❑ the name and address of each person who witnessed the incident,
- ❑ the date, time and location of the incident,
- ❑ the apparent cause of the incident and the circumstances that gave rise to it.

Note: No equipment or materials involved in a serious incident may be moved, unless it is necessary to release an injured person or to avoid creating additional hazards. The site must be secured until the division's Safety Officer and WS&H inspector arrive to investigate the accident.

RETURN TO WORK PROGRAM

INTRODUCTION:

The Pembina Trails School Division is committed to developing and maintaining a safe and healthy work environment. In keeping with this goal, the division will make every reasonable effort to provide suitable modified or alternate work to employees who are temporarily or permanently unable to return to or continue to perform their regular duties as a result of injury or illness.

This program applies to all employees of Pembina Trails School Division who are unable to perform their regular work as outlined in their job description as a result of:

- An occupational injury or illness and/or
- Injury or illness unrelated to occupational activity, and/or
- An active claim with WCB or Blue Cross, etc.
- Persons with disabilities, regardless of the cause or nature of the disability.

PURPOSE:

The goal of the return to work program is to:

- Support employees who experience health-related concerns, regardless of origin, thus minimizing the impacts of injuries or illness on employees and the workplace.
- Provide suitable accommodations for employees who have sustained an injury or who are experiencing an illness that impacts their ability to perform all aspects of their pre-injury or pre-illness jobs.
- Design safe, appropriate, timely, meaningful, productive and individualized accommodation and return to work plans based on functional capabilities/occupational health assessment.
- Ensure employees are empowered and supported to participate in coordinating a safe, timely and suitable return to work.
- Ensure work assigned and performed brings value to the organization and employee.
- Minimize both the human and financial impacts of an injury or illness.
- Ensure the safety and well-being of employees with consideration to relevant provisions in The Workplace Safety and Health Act, The Workers Compensation Act, The Human Rights Code, the Collective Agreement and any other applicable legislation.

BENEFITS OF THE RETURN TO WORK PROGRAM

There are many benefits of an early and safe return to work for both employers and workers:

Employer Benefits:

- Fulfills legislative requirements including the duty to accommodate under the Human Rights Act;
- Retains experienced, skilled, and knowledgeable workers;
- Improves worker morale and relations;
- Demonstrates the value the organization places on their workers;
- Provides consistency in the treatment of injured workers;
- Decreases worker's time away from work, which reduces time loss claims;
- Reduces hiring and training costs;
- Improves the health and safety culture;
- Reduces risk of similar injuries occurring by identifying and controlling hazards; and
- Enhances company image.

Worker Benefits:

- Improves recovery and rehabilitation, and prevents disability;
- Maintains physical fitness and cardiovascular health;
- Maintains financial benefits (pension, Employment Insurance, medical and dental plans, vacation leave benefits);
- Increases worker morale; and
- Protects worker employability.

RETURN TO WORK PROCESS

1. Immediately report all injuries or illnesses to your supervisor and obtain necessary first aid and/or health care. If needed, the employer can provide transportation to the nearest medical centre.
2. Obtain the accident reporting package from your supervisor prior to leaving the workplace. At the medical center, request the health care provider to complete the occupational health assessment form and identify your functional capabilities.

Note: the accident reporting package has important information for you and your doctor and that is why it is necessary to have the package in hand, prior to leaving the workplace to seek medical treatment.

3. Complete and return all the necessary paperwork for your injury the same day or next day and forwarded to the Safety Officer same day or next day (as quickly as possible) for reporting purposes.
4. Return the fully completed Occupational Health Assessment Form to your immediate supervisor the same day or next day, but no later, after the meeting with your health care provider.
5. When receiving medical treatment for any compensable work related injury or illness, tell the healthcare provider the treatment is due to an “on the job injury.”
6. You are expected to follow your physician’s treatment plan; attend all scheduled follow-up visits or physical therapy appointments; and provide work status reports from your physician to WCB and your supervisor.
7. When possible, any medical appointments should be scheduled before or after your shift times so that your absence from work will be minimized.
8. To facilitate the healing process, you are required to adhere to your medical restrictions at home as well as at work.
9. Cooperate fully with the WCB adjudicator that may be assigned to your claim.
10. Keeping a positive attitude during your recovery is essential to the healing process.
11. Upon receipt of your OHAF, you may be required to meet with your supervisor and the Safety Officer to determine your RTW plan. You will be required to assist Pembina Trails to identify suitable work consistent with the OHAF and you and your supervisor will be required to communicate regularly on your RTW plan and recovery of your injury.

Note: please see the information below regarding how to identify suitable work and what is suitable work.

12. If you are having difficulty with your return to work duties you must report any difficulties to your direct supervisor. If the supervisor is unable to resolve the dispute issue the Safety Officer may be involved.
13. Participation in the Return-to-Work (RTW) program at Pembina Trails is mandatory for all employees, regardless of the circumstances responsible for your absence. This is a requirement regardless of if the injury occurred at work or elsewhere.
14. If your health care provider has determined that you can return to work, the Division will provide light duty/modified/or alternate work for occupational injuries based on their operational needs.

Note: Light duty work is a temporary measure to help the transition back to a full day work status. Generally, light duty is limited to six weeks duration.
15. During your return to work you may be assigned work duties on a shift other than your scheduled shift due to divisional operational needs. This is a temporary situation and you will be returned to your regular work assignment once you have fully recovered.
16. Keep your Supervisor and WCB case manager informed on a weekly basis of your progress.
17. Immediately advise your supervisor and WCB case manager when you have been released back to work for full or light duty.
18. Upon a return to work, if an employee has less than 10 days of sick leave or is medically required to re-enter the work force on a gradual return to work, the employee must be placed on a one week lag. Timesheets must be submitted to payroll every Friday until the employee has accrued the necessary 10 days of sick leave and/or has returned to their full time equivalency.

Once an employee has returned to work full time **and** has 10 days of accrued sick leave, payroll will advise the employee by email and bring all hours up to date and will be paid

WORK ACCOMODATIONS

The term accommodation means the modification of a job, task, equipment or schedule to assist an injured worker in returning to work. Accommodation may include, but is not limited to:

- Modified Work** - modifications to a worker's pre-injury job that enables a worker to safely resume work. This may include modification to the job, task, function, hours of work, frequency of breaks, worksite, or any combination of these. Graduated return to work, when the worker temporarily works limited hours or limited duties as part of a plan leading to full employment, is included in modified work. Modified work can be temporary or permanent in nature.

- **Alternate Work** - work that is different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work. Worker safety must be a priority. When providing any new job duties or tasks ensure the worker has appropriate job training, orientation, and understands all hazards and controls.
- **Restrictions** - physical or psychological limitations resulting from a worker's injury or illness. These can apply to work and activities of daily living. Restrictions may be considered temporary when recovery and rehabilitation is progressing towards full recovery or permanent where no further recovery is expected.
- **Reduced Hours** – adjustment of the work hours to allow the injured worker to return to work while progressively building strength and tolerance. Reduced hours also allow the worker time to attend scheduled rehabilitation appointments. Examples of reduced hours may include: Week one – 2 hours of work /day; week two – 4 hours of work/day; week three – 6 hours of work/day; and week four – 8 hours of work/day (worker may be back to full hours but may still be on modified or light duties).
- **Transitional Work** - most accommodations are considered transitional work which is any group of tasks or specific jobs that are not intended to be the end result of the return to work process. The worker is expected to eventually be capable of returning to full pre-injury duties.
- **Return to Work Process** - a structured set of steps to follow in determining what type of accommodation is needed. The steps are as follows:
 - Determine if the employee can perform his or her existing job;
 - If the employee cannot perform his or her existing job, determine if he or she can perform his or her job in a modified form.
 - If the employee cannot perform his or her job in a modified form, determine if he or she can perform an alternate job in its existing form;
 - If the employee cannot perform alternate job in its existing form determine if he or she can perform an alternate job in a modified form.

When moving through the return to work process, efforts should be made to maximize the injured, ill or disabled employee's knowledge, qualifications and abilities while respecting their outlined restrictions. This means that when looking at alternate and modified jobs, begin with the department in which the employee currently works then expand to other departments within the same division before looking at alternate jobs in other divisions.

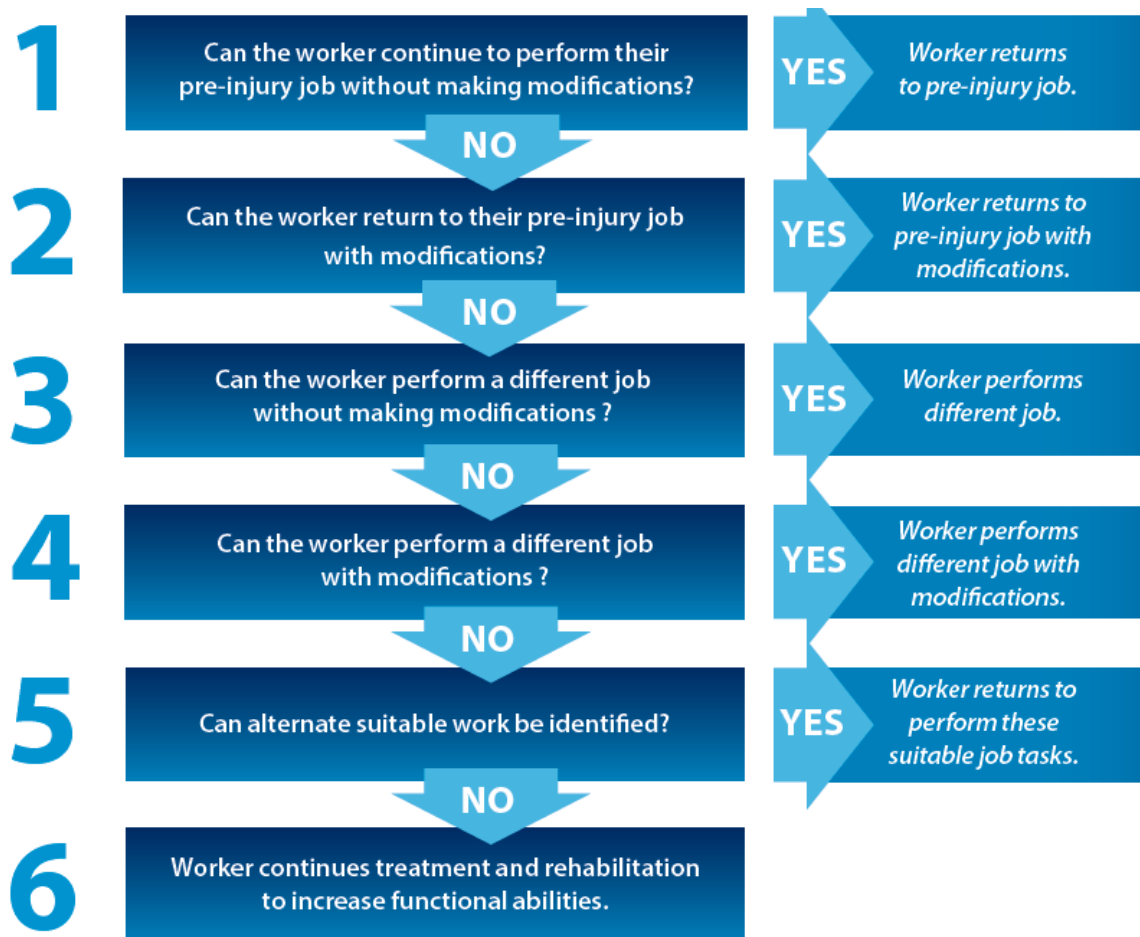
- **What are Functional Abilities?** – Functional abilities are a worker's physical and psychological capabilities. This uses the worker's medical limitations and restrictions (which can be found on the Occupational Health Assessment Form) to determine what type of work they are capable of during their return to work.

IDENTIFYING SUITABLE WORK

After an injury or illness occurs, promptly act to identify suitable work. When identifying suitable work and developing the return to work plan, consider the following:

- Demands of the job – see job description;
- Worker’s functional abilities (identified on the Occupational Health Assessment Form) and prognosis for recovery;
- Worker’s skills, abilities, education; and
- Goals and timelines.

To identify suitable work, follow the steps below:



At each step, look at the job demands and compare to the worker’s functional abilities. Identify the barriers that prevent a return to work and determine if you can implement modifications to overcome the barrier. Whenever possible try to identify duties that maintain the injured worker’s connection to their usual work areas.

WHAT IS SUITABLE WORK?

Suitable work must be work that:

- Is within your worker's functional abilities;
- Is safe and does not put the worker or co-workers at risk nor hinder recovery;
- Is meaningful and promotes healthy recovery. It serves a purpose or valuable function to the organization; and
- Is equal to pre-injury earnings, where possible.

Some considerations when assessing suitable work:

- Does your worker have the education and skills to safely complete the work?
- Is your worker trained? Can you train your worker to do the suitable work?
- Is your worker on medications that may impair their ability to safely perform the suitable work?
- Can your worker safely access the site location or facility?
- Does the work contribute to recovery?
- Does the work contribute to the goals of the Division?

PAYROLL PRACTICE/INFORMATION FOR RTW

Since 2010, Pembina Trails School Division has adopted a payroll practice to ensure non-teaching employees are not overpaid when they exhaust sick leave accrual benefits.

In order to ensure employees are paid correctly, upon a return to work, if an employee has less than 10 days of sick leave the employee may be placed on a one week lag and is expected to submit timesheets to payroll every Friday.

Once an employee has returned to work full time **and** meets the current accounting criteria, payroll will advise the employee by email and bring all hours up to date, removing the need for further timesheets.

If you have any questions or concerns please email payroll@pembinatrails.ca.

FREQUENTLY ASKED QUESTIONS

ACCIDENT REPORTING AND FORM COMPLETION:

Q. Who does the injured worker report the injury to?

A. When an employee is injured they must report their injury as soon as practical to their supervisor, but no later than the end of their work shift. Once an injury occurs, all of your actions must be designed to safely conclude your immediate tasks (if necessary) and report your injury.

Q. Who gives the injured worker the accident reporting package, and when?

A. The school principal, your direct supervisor and/or the admin office will have copies of the accident reporting package. Please ensure you have a copy of the accident reporting **package in hand prior to leaving the building** to seek medical attention. The accident reporting package has important information for you and your health care provider and that is why it is necessary to have the package in hand, prior to leaving the workplace to seek medical treatment.

Q. Who provides instructions for the injured worker regarding the completed forms?

A. The school principal, your direct supervisor and/or the admin office can provide you with instructions regarding how to complete the forms. Each accident reporting package also contains a cover page with instructions on how and when to complete each form.

Q. If I am a teacher/consultant and I am injured what coverage do I have?

A. Teachers/consultants are not covered under Workers Compensation and therefore this group is covered only under the employee's private insurance with Blue Cross. Please refer to your Blue Cross Health & Dental Benefits plan booklet.

Q. What forms require completion (Worker's Report of Injury form, Employers Report of Injury form, company incident form, Occupational Health Assessment form - Functional Abilities component returned to employer), and when?

A. Each accident reporting package contains a cover page with instructions on how and when to complete each form. In summary:

- MSBA Accident/Incident Report Form – is required for all injured parties and must be completed for all accident/incidents the same day or next day.
- WCB green card – is completed by all non-teaching staff for all accidents/incidents the same day or next day.
- WCB worker accident report – is completed by all non-teaching staff when they seek medical treatment. The employee is required to return this form to the school office or supervisor the same day or no later than the next day after visiting their health care provider.
- Occupational Health Assessment Form – is completed by all staff when the worker will have modified duties/light duties or reduced work hours. Forms are returned to the employer the day of treatment or no later than the following day after treatment.

Q. How and when does the worker provide the completed forms to the employer?

A. The worker must provide the completed forms to their supervisor the same day/next day. The WCB workers accident report form must be completed by the worker the same day they seek medical treatment. The Occupational Health Assessment form is completed by the worker's health care provider and both forms are returned to the employer the day of treatment or no later than the following day after treatment.

Q. Who forwards the forms to the WCB, and when?

A. Once the forms have been completed and handed in to the worker's supervisor, the supervisor forwards all paperwork to the divisional Safety Officer. The Safety Officer is tasked with the duty of initiating the employee's injury claim with the Workers' Compensation Board (WCB). The school division has five days after the incident occurs to initiate the worker's WCB claim. If the division does not initiate a claim within the five day grace period WCB holds the right to fine the employer for non-reporting.

The Safety Officer is the only staff member that can initiate a claim on your behalf. Although your doctor provides information to WCB regarding your injury and medical information, they do not initiate the claim process for you. If you attempt to go through your doctor to initiate a WCB claim, the school division will be notified by WCB that they have received claim information received through a worker's medical provider. WCB will then request the school division to initiate a claim. However, your claim can not be initiated if you have not reported the incident or have not completed and handed in the appropriate paperwork.

To ensure your claim is accepted and appropriately paid you must report your injury to your supervisor on time and in accordance with the accident reporting requirements.

Q. What happens if the Occupational Health Assessment form isn't provided?

A. If the worker refuses to provide an occupational health assessment form completed by their health care provider, in a timely fashion or not at all, WCB will be immediately notified, and will be requested to provide information regarding the worker's functional capabilities from their health care department. When this information is received by the employer the worker will be contacted and notified that they will be required to attend a meeting regarding their return to work plan. After the meeting the worker will be required to start work either the same day or next day. **Please note that disciplinary action may apply if a worker refuses to follow the Division's procedures for accident reporting and return to work.**

RETURN TO WORK PLANNING:

Q. Can I use the RTW program for non-work related injuries?

A. Yes, the duty to accommodate under the Human Rights Act applies to both work and non-work related injuries. Please contact your supervisor to let them know you would like to return to work but will have work restrictions due to a non-work related injury. You will be required to have your medical practitioner complete the school division's Occupational Health Assessment Form so that your supervisor understands your functional capabilities and can create a return to work plan for you.

Q. Who schedules the meeting, and when?

A. Your supervisor will schedule the return to work meeting immediately upon receipt of the occupational health assessment form or when information becomes available, either from you, your health care provider or WCB. Note: For teacher related injuries the MTS Disability Benefits Coordinator can also provide a range of support.

Q. Who should attend the meeting?

Typically the worker, the worker's supervisor and the Safety Officer may attend the return to work meeting. You may ask your union representative to be present, but it is not required.

- Q. Who determines what my return to work plan will entail and when does it start? How is suitable work identified?
- A. Upon receipt of your Occupational Health Assessment Form, you may be required to meet with your supervisor and the Safety Officer to determine your return to work plan. You will be required to assist Pembina Trails to identify suitable work consistent with your job description and the functional capabilities identified on the Occupational Health Assessment Form. The occupational health assessment form contains important information regarding your specific restrictions/accommodations. That information is used to determine which of your job duties you can continue, which duties need to be modified and which duties are temporarily suspended until you are back to full strength.

Your return to work plan will be implemented immediately. You and your supervisor will be required to communicate regularly on your return to work plan and recovery of your injury. If your plan is not working, you are in pain or feel your injury is worsening, stop work and notify your supervisor immediately. At that time your plan will be re-evaluated and changed to prevent further injury.

- Q. Who documents the RTW plan and submits it to the WCB?
- A. Your return to work plan is documented on page two of the Occupational Health Assessment Form. All information regarding your return to work plan must be forwarded to the divisional Safety Officer. The Safety Officer will forward all information regarding your return to work to your WCB adjudicator.

- Q. How and when does the worker contact the employer, and employer contact the worker?
- A. During the first week of the injury the worker's supervisor will be in contact with them on a regular basis to determine how they are coping with their return to work. After the initial week the worker will be required to keep their supervisor and WCB case manager informed on a weekly basis of their progress. Immediately advise your supervisor and WCB case manager whenever your health care provider changes your functional capabilities and when you have been released back to work for full duties.

- Q. When a worker is unable to return to work due to surgery or debilitating injury who is responsible for maintaining communication, and how often?
- A. The worker is required to keep their supervisor and WCB adjudicator up to date on their injury and claim information as soon as new information becomes available. In the event of a debilitating injury the worker shall maintain contact with their supervisor on a weekly basis and provide information on how their recovery is progressing.

IMPLEMENTING & MONITERING THE RETURN TO WORK PLAN:

- Q. Who coordinates the purchase or modification of any necessary equipment and tools?
- A. If you have a WCB claim for your injury, WCB will cover most expenses for your injury, including any braces/walkers/etc. that you may need. If you are not covered by WCB, your insurance company may cover the cost of some items. If you are being covered by MPI for a vehicle accident, MPI will cover the cost of most expenses for your injury. If your insurance company will not cover the cost of certain items that you require for work, the school, in consultation with the Safety Department and or school division, may cover the cost of these items. Note: Teachers should work with the MTS Disability Benefits Plan Coordinator for assistance in this area.

- Q. Who communicates the RTW plan to any affected co-workers?
A. The employee's direct supervisor is responsible to inform co-workers in the immediate area of the return to work plans while maintaining appropriate confidentiality requirements.
- Q. What happens if any of the parties have concerns with the RTW plan?
A. If you are having difficulty with your return to work duties you must report any difficulties to your direct supervisor. If the supervisor is unable to resolve the dispute issue the Safety Officer may become involved. If the issues still cannot be resolved, WCB will be contacted to assist with the RTW.
- Q. Does an injured worker have to accept the suitable work?
A. If an injured worker refuses the suitable work, they need to state their reasons why. The employee's supervisor will notify the divisional Safety Officer and provide them with the information. The Safety Officer will assist the supervisor in rectifying the reasons for refusal. If the worker still continues to refuse the return to work the WCB adjudicator will be contacted. WCB will review and consider the return to work plan. If WCB disagrees with the injured worker and believes the work is suitable, the injured worker must return to work. If the worker still chooses not to accept the work, they risk suspension or termination of their benefits. If WCB agrees with the reasons the injured worker provides as to why the work is not suitable, the WCB will assist the employer to identify alternative suitable work.
- Q. Can an injured worker return to work before they are fully recovered?
A. Yes! The purpose of the return to work program is to help the injured worker get back to work as soon as safe and medically possible. The reason for modified/light/or alternate duties is to assist the work's return until they are fully recovered.
- Q. What should I do if a worker returns to work with no restrictions but later requests reduced hours?
A. Refer to the worker's functional abilities which can be found on the Occupational Health Assessment Form. If the worker has no restrictions there is no reason that they should need reduced hours. However, medical conditions do change. Ask the Safety Officer to contact the WCB adjudicator to ensure that there is no new medical information that affects the worker's functional abilities.

APPENDIX

- Supervisor's Checklist for Managing a Return to Work
- Accident Reporting Instructions for Teaching Staff
- Accident Reporting Instructions for Non-Teaching Staff and Educational Assistants
- Western Financial Employee Accident/Incident Report Form
- WCB Workers Accident Report Form
- Occupational Health Assessment Form
- Letter to Your Health Care Provider

SUPERVISOR'S CHECKLIST FOR MANAGING A RETURN TO WORK

Note: This checklist can be used to assist supervisory staff in ensuring that all documentation is in order when an injury occurs at work or at home.

Worker Name: _____

Supervisor Name: _____

Date of Injury/Illness: _____

Initial Management

- Injury reported? Date: _____
- Provided first aid or medical attention, and transported to a health care facility?
 Y N
- Worker has completed and submitted the WCB Notice of Injury, WCB Workers Accident Report form and the Western Financial Report and submitted it to their supervisor?
Date: _____
- Supervisor has submitted all paperwork for the workers injury to the Safety Officer?
 Y N
- School/Division's incident investigation completed by the safety committee? Y N
- Occupational Health Assessment Form*, completed in full and returned? Y N
- Return to work date: _____
- Maintained communication with worker and document information.

Return to Work Plan

- Meet with worker to discuss RTW. Date: _____
- Physical demands of pre-injury job or transitional job duties match the worker's functional abilities that are indicated on the Occupational Health Assessment Form?
 Y N
- Document, sign and provide a copy of the RTW plan to the employee and supervisor.
Date: _____
- Submit RTW plan to the Safety Officer. Date: _____

Monitor and Evaluate

- Regular meetings with worker to evaluate RTW plan.
Date: _____ Date: _____ Date: _____
- Provide time sheets of hours worked to the payroll department. Payroll will in turn provide this information to the WCB adjudicator.
- Resolve any issues that arise.

Completion

- Employee returns to regular job duties and hours. Date: _____
- Employee offered long term or permanent accommodation: Date: _____
- Employee and supervisor evaluate the RTW plan and program and suggest improvements for future RTW situations.

NOTES:

ACCIDENT REPORTING INSTRUCTIONS FOR TEACHING STAFF/CONSULTANTS

This package contains the following paperwork:

- MSBA-HUB Employee Accident/Incident Report
- Occupational Health Assessment Form

What paperwork is required to be completed and when must it be handed in?

- All accident/incidents – the teacher/consultant is required to complete the following at the time of the incident:
 - **MSBA-HUB Employee Accident/Incident Report** – complete the paper copy and return to the admin office the same day.
- If you will be seeing a health care provider or missing work due to a work related injury, please complete the following:
 - **Occupational Health Assessment Form** – your health care provider is required to complete this form in full and indicate what your functional capabilities (restrictions/ accommodations) are, the duration for the restrictions, and a date for the next assessment. You will be required to have this form completed whenever functional capabilities change. You are required to return this form to the school office the same day or next day after visiting the doctor. **Note:** Question #3 cannot be left blank.

Note: If your restrictions can not be accommodated you may be temporarily re-assigned until you have recovered and are capable of returning to your original position. The Division will attempt to accommodate teachers/consultants; however accommodation will depend on the extent of the restrictions.

The occupational Health Assessment Form must be returned to your supervisor the day of treatment or no later than the following day after treatment.

****All completed paperwork is required to be delivered to the school office and then forwarded to the Divisional Safety Officer****

ACCIDENT REPORTING INSTRUCTIONS FOR NON-TEACHING STAFF

This package contains the following paperwork:

- MSBA-HUB Non-Student Accident Report
- WCB Green Card
- WCB Workers Accident Report
- Occupational Health Assessment Form

What paperwork is required to be completed and when must it be handed in?

- For every accident/incident – the worker is required to complete the following at the time of the incident: (injuries can include: whiplash, bruising, pulled muscles, sprains, crush, punch, kick, fall, etc.)
 - **MSBA-HUB Non-Student Accident Report** – complete the paper copy and return to the admin office the same day.
 - **WCB Green Card** – complete the paper copy, keep the yellow copy and return the green copy to the admin office the same day.
 - **Violent Incident Report** – completed by the worker when a violent incident has occurred.
- For work related injuries requiring medical care:
 - **WCB Workers Accident Report** - You (the worker) must complete the WCB Workers Accident Report and return it to the school office as soon as you know you will be seeing a health care provider for your injury or no later than the next day after your appointment.
 - **Occupational Health Assessment Form** – Please have your health care provider complete the Occupational Health Assessment Form (OHAF) if you have an injury that may prevent you from being able to perform your full duties while at work. This form indicates what your functional capabilities are, due to the incident, and allows the division to determine modified/alternate/or light duties to safely accommodate you at work. The form must be completed in full and indicate what your functional capabilities are, the duration for the restrictions, and a date for the next assessment. You will be required to have this form completed whenever your functional capabilities change. You are required to return this form to the school office or supervisor the same day or no later than the next day after visiting the doctor **Note:** Question #3 cannot be left blank.
 - **Note:** All non-teaching employees filing a WCB claim must have reported their accident to their supervisor; completed and returned the appropriate paperwork to their supervisor in a timely fashion to ensure that their claims will be initiated and that they are appropriately paid. Failure to do so may cause your claim to be denied, suspended or terminated.

****All paperwork is required to be delivered to the school office and then forwarded to the Divisional Safety & Health Officer****

EMPLOYEE ACCIDENT/INCIDENT REPORT

All Fields are required to be completed.

Please Select Your School Division & Location:			
School Board:	<input type="text" value="Pembina Trails School Division"/>		
School Name:	<input type="text"/>		
Phone #:	<input type="text" value="204 -"/>		
Last name of injured person:			
<input type="text"/>			
First name of injured person:			
<input type="text"/>			
Job title of injured person:			
<input type="text"/>			
Date of birth :	Month:	Day:	Year:
<input type="text"/>			
Address:			
<input type="text"/>			
City/Province:			
<input type="text"/>			
Postal Code:			
<input type="text"/>			
Telephone # :	<input type="text" value="204 -"/>		
Date of accident:			
<input type="text" value="Month: Day: Year:"/>			
Time of accident:			
<input type="text" value="Hour: Minute: AM / PM"/>			
Where did the accident occur? If other please specify.			
<input type="text" value="IA Class"/> <input type="text" value="Home Ec. Class"/> <input type="text" value="Classroom"/> <input type="text" value="Laboratory"/> <input type="text" value="Playground"/> <input type="text" value="Field Trip"/> <input type="text" value="Bus"/> <input type="text" value="Phys. Ed. – Outside"/> <input type="text" value="Phys. Ed. – Inside"/> <input type="text" value="Other: _____"/>			
Describe in detail how accident occurred:			
<input style="height: 100px;" type="text"/>			

Guidelines on classification of accident/injuries (Check One):

- "MINOR" - Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc.
- "MODERATE" - Serious Cut, More Severe Sprain, Broken Finger, etc.
- "SEVERE" - Injury to Eye, Face, Back, Broken Arm/Leg, etc.

Exact nature and type of injury: Circle all that apply. If other, please specify.

Nature of injury: cut break crush poke burn hit fall concussion amputation

other: _____

Type of injury (Body Part): arm leg head/face chest hip back (upper/lower) hand foot

finger toe other: _____

Where on the body: left right Not applicable

Was injury treated(circle one):

Yes

No

Not Known

Other:

Additional comments:
(type of treatment)

Name of witness(es):

1.

2.

3.

Any additional comments:
(Details of hospital, x-ray, etc.)

Name of principal/supervisor
(in full):

Submitted by:

Email:

Date Submitted:

Day:

Month:

Year:

THE INFORMATION THAT YOU SUPPLY ON THIS FORM WILL BE USED SOLELY FOR THE PURPOSE OF CLAIM INVESTIGATION.



To report your claim faster, please CALL:
 954-4100 (Toll-free 1-800-362-3340)
 or fax this form to:
 954-4999 (Toll-free 1-877-872-3804)
 333 Broadway • Winnipeg R3C 4W3

WORKER INCIDENT REPORT

Claim No.	3
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Worker Information

Last Name		First Name		
Address				City
Province	Postal Code	Telephone No. ()	Date of Birth DD / MM / YYYY	PHIN
Social Insurance Number	Male <input type="checkbox"/> Female <input type="checkbox"/>		Job Title	

Employer Information

Business Name		Address (Include Branch where applicable)		
City	Province	Postal Code	Telephone No. ()	

Incident Details

Date of Incident DD / MM / YYYY	Area(s) of Injury
Date Reported to Employer DD / MM / YYYY	Name and position of person to whom incident was reported.
Please describe the incident in as much detail as possible. (Use separate sheet if necessary. If applicable, identify any witnesses.)	
City and province where incident occurred.	
Did the incident occur on your employer's premises? <input type="checkbox"/> yes <input type="checkbox"/> no If no, specify name and address of premises where incident happened.	

Name and Address of Doctor(s) and/or Hospital(s) that Provided Treatment (Attach separate sheet if necessary)

Name	Address	Date of Visit DD / MM / YYYY
Name	Address	Date of Visit DD / MM / YYYY

Time Loss & Wages (Only complete this section if you have missed time from work beyond the date of the incident)

What was the last day and hour you worked following the incident?	DD / MM / YYYY at HOUR <input type="checkbox"/> AM <input type="checkbox"/> PM
Have you returned to work? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, when? DD / MM / YYYY at HOUR <input type="checkbox"/> AM <input type="checkbox"/> PM
Were you paid wages by your employer while you were off work? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have other sources of employment income? <input type="checkbox"/> yes <input type="checkbox"/> no
How many hours do you work per week? If it varies, please describe.	What are your regular days off? If it varies, please describe.
What is your current hourly wage? \$	What are your regular gross earnings? (Specify weekly, bi-weekly, etc.) \$
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	If married/common-law, is your spouse/partner working? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you personally allowed to claim a deduction on your current year Income Tax Return for:	
Dependant children age 18 years or younger? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many dependants? _____
Disabled dependants age 18 years or older? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many dependants? _____
Child care expenses? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, estimate total deduction for current tax year \$ _____
Child support payments? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, state monthly amount \$ _____ Total for the year \$ _____
Spousal support payments? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, state monthly amount \$ _____ Total for the year \$ _____
Have you applied for income from other sources? (e.g. EI, CPP, Social Insurance, Co. Disability Plan, etc.) <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe.	

WCB 2009

For Faster Claim Reporting, Please Call 954-4100

Aussi disponible en français

Worker's Name	Claim No.	3
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Coverage

Was anyone not employed by your employer involved in the incident?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give name and address.
Are you a partner, director or sole proprietor of the company?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are you a sub-contractor?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: <input type="checkbox"/> construction <input type="checkbox"/> logging (Complete appropriate sections below)
Are you an owner operator?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: <input type="checkbox"/> courier <input type="checkbox"/> trucking <input type="checkbox"/> towing (Complete appropriate sections below)
Please answer these questions if the incident occurred between Jan. 1, 1992 and Dec. 31, 2005		
Are you a member of the family of your employer (or if the employer is a corporation, a family member of the director of the corporation)?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, do you reside with the employer or director?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Farming:

Are you related to the farm owner?	<input type="checkbox"/> yes <input type="checkbox"/> no
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Sub-Contractor or Owner Operator: (only complete if you are a sub-contractor or owner operator)

Is your employer covering you under their WCB coverage?	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, are you registered with WCB?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you work in a partnership?	<input type="checkbox"/> yes <input type="checkbox"/> no	Do you employ other workers?	<input type="checkbox"/> yes <input type="checkbox"/> no

Sub-Contractor in Construction

Do you supply any materials or equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
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Sub-Contractor in Logging

Do you supply any materials or equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify.
Were you cutting on the firm's timber sale, timber permit or sawmill license?	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, on whose timber sale, timber permit or sawmill license were you cutting?

Owner Operator is a Courier

What is the gross vehicle weight? (This can be obtained from the Autopac registration)
--

Owner Operator in Trucking

Do you haul within a 16 km radius of the city or town in which the home terminal is located?	<input type="checkbox"/> yes <input type="checkbox"/> no	Are you a long distance driver?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you provide a vehicle?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many vehicles do you provide?	

I understand that under *The Workers Compensation Act* the WCB can collect information about me to adjudicate and manage my claim and that information from my claim may be disclosed to my employer or employer representative for WCB program purposes, or may be released to others as authorized by legislation, including *The Workers Compensation Act*, *The Personal Health Information Act* and *The Freedom of Information and Protection of Privacy Act*. The information collected may be used to conduct WCB evaluations and surveys.

If you have any questions regarding the collection, use or disclosure of information on your claim, please contact the WCB's Access and Privacy Officer at 954-4557 or toll free at 1-800-362-3340 extension 4557.

Release for Medical Information

I authorize persons in possession of medical and other information that the WCB determines relevant to this claim to release same to the WCB upon request.

Release for Income Information from Canada Customs and Revenue Agency

This is your authorization to provide the Workers Compensation Board of Manitoba with copies of my complete income tax return(s) and other taxpayer information including all supporting information slips, schedules and financial statements. The information will be used:

- (1) to assist in establishing my net average earnings and
- (2) to determine and verify eligibility for benefits under the Workers Compensation Act.

This authorization is valid for the two taxation years prior to the year it was signed, the year it was signed, and each following taxation year where benefits are provided.

Signature of Worker X	Date DD / MM / YYYY
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OCCUPATIONAL HEALTH ASSESSMENT FORM

TO ALL EMPLOYEES:

Please return this completed form to your supervisor within 24 hours of being away from work due to accident or illness, and/or prior to the start of your next scheduled shift.

AUTHORIZATION TO RELEASE INFORMATION		
<p>I understand that modified or alternate duties are available at Pembina Trails School Division to assist with my return to work. I authorize my doctor, to release information to Pembina Trails School Division concerning my functional capabilities and/or limitations and restrictions. I give permission for Human Resources to contact my Health Care Provider to discuss or clarify information obtained on this form and /or return to work.</p>		
_____ <small>Employee Name (please print)</small>	_____ <small>Employee Signature</small>	_____ <small>Date (mm/dd/yyyy)</small>

ATTENDING PHYSICIAN (Please complete in full, including restrictions & capabilities section):

Please ensure the above authorization is signed before completing the following information. This will assist Pembina Trails School Division in providing the earliest, safest, meaningful, and productive return to work possible for this employee.

1. On the basis of my examination on _____, 20____, this employee:
 - a) is able to return to regular work duties? Yes No
 - b) is able to work normal scheduled hours? Yes No Reduced Hours Please Specify: _____

2. Indicate the location of the injury:
 - Head (incl. vision, hearing, speech) Systemic or non-physical Neck Chest Abdomen Back (upper / lower) Knee or lower leg (L or R)
 - Ankle or Foot (L or R) Hip or upper leg (L or R) Shoulder / upper arm (L or R) Elbow / lower arm (L or R) Wrist / Hand (L or R)

3. Indicate Functional Capabilities (Complete in full)

lifting <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ push/pull <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ standing <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ squatting <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ bend/twist <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ repetitive work <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____	carrying <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ sitting <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ walking <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ reaching <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____ work above shoulder <input type="checkbox"/> Unable <input type="checkbox"/> Limited: Specify: _____
--	--

Indicate any other limitations/restrictions (concentration, judgment, maintaining stamina, etc.) _____

4. Is the individual taking medication that may affect their ability to work? Yes No Specify limitations: _____
5. Duration of Restrictions: _____
6. Are the limitations considered permanent? Yes No In what period can recovery be anticipated? _____
7. Prognosis: _____
8. This employee will be reassessed on: _____
9. Comments: _____

Providers Name & Address (please print) _____
Signature: _____ Date: _____ Phone Number: _____

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO RETURN THIS FORM TO THEIR SUPERVISOR. PLEASE FORWARD THE ORIGINAL TO THE SAFETY OFFICER



Date

Dear Health Care Provider,

Thank you for providing treatment to our employee. Our return to work programs assist in the rehabilitation of injured workers. We recognize the benefits that a Return to Work (RWT) program provides for both the worker and our organization.

Our approach is to focus on our employee's abilities, while recognizing any identified limitations. Where appropriate, we will offer modified/alternate work or light duties that assist in recovery that the worker can perform safely and effectively without placing them or other workers at undue risk. This approach helps to protect the employment relationship, improve morale, assist in overall recovery and can assist in reducing the worker's income loss.

We commit to ensuring our employee's work within their identified abilities and limitations. Recognizing this, kindly complete the attach copy of the school division's **Occupational Health Assessment Form** in full. This form identifies the worker's *functional abilities* which assists in identifying modified/alternate work or light duties for the worker. The modified work may consist of modifying the employee's existing job by removing those tasks the employee is currently unable to do or providing transitional/part-time or alternate work until the employee is able to return to full time duties. It is a mutually beneficial situation for both the organization and the employee.

We thank you for your valuable time, assistance and cooperation in facilitating the worker's recovery and return to work process. Should you have any questions, please contact the school division's Safety Officer at 204-488-1767, ext. 1292 or email at lcarriere@pembinatrails.ca. The completed Occupational Health Assessment Form can also be faxed to the School Division Office to the attention of Safety Officer at 204-488-8385.

Yours Sincerely,

Pembina Trails School Division
165 Henlow Bay
Winnipeg, MB, R3Y 1G4

