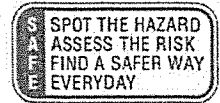
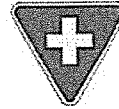




HSC - Employee Responsibilities and Procedures

Absence from Work – Non Work Related Injury or Illness

Employee non work related injury or illness:	
1.	Wherever possible, the employee must contact their immediate Supervisor prior to the start of a scheduled shift, to advise of the absence from work.
2.	If deemed unfit to return to work by the attending Healthcare Provider (i.e. physician, chiropractor, physiotherapist, athletic therapist), the employee should contact the workplace by telephone. If the absence exceeds three (3) working days, a medical certificate may be required.
3.	If it is indicated that the illness may prevent you from continued work and/or carrying out your job duties, and if you have not already been contacted by OESH, you should, wherever possible, notify OESH at ph: 204-787-3312.
4.	Contact your union office as they may be of assistance to you: MNU ph: 783-4338 CUPE ph: 987-2873 MAHCP ph: 772-0425 OEM ph: 786-8658 MGEU ph: 986-6438 UFCW ph: 943-1869 MMA ph: 985-5888 PSAC ph: n/a
Deemed fit to return to work with no restrictions (<i>no extended absence</i>)	
5.	If declared fit to return to regular duties, the employee will report to work for their next scheduled shift.
Returning to work immediately with restrictions	
6.	You must speak directly to your Manager, Occupational Health Nurse or Disability Management Coordinator before returning to work in any capacity. If further medical information (in the form of a Modified Duty Form or otherwise) is reasonably required and is requested, you must provide the requested information to OESH or your Manager to coordinate your return to work. A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and insurer where applicable to assist you in your recovery and to develop a safe return to work plan.
7.	Where medical restrictions are identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent. If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.
Extended absences due to non work related injury or illness (<i>If it is not anticipated that you will return to work immediately</i>)	
8.	If you are not receiving income protection you may be eligible to receive Employment Insurance Benefits for which you have to apply. Please contact your payroll office at email wrha_payroll@wrha.mb.ca to receive your Record of Employment which is required when applying for EI Benefits.



9.	You should contact the WRHA Benefits at wrha_benefits@wrha.mb.ca 2 weeks prior to using up your income protection credits, as your benefits must be pre-paid in order to ensure their continuation. Certain benefits must be pre-paid. Contact WRHA Benefits at email wrha_benefits@wrha.mb.ca for information and to make arrangements to pre-pay your benefits where applicable.
10.	If it is not anticipated that you will return to work immediately, or you will be off work more than 60 days, it is recommended that you apply for Disability and Rehabilitation Benefits or Great West Life (for WRHA Community employees) where applicable as, if accepted, they can become a secondary insurer covering your benefits over and above WCB or MPI. Contact WRHA Benefits at email wrha_benefits@wrha.mb.ca
11.	<p>You must speak directly to your Manager, Occupational Health Nurse or Disability Management Coordinator before returning to work in any capacity.</p> <p>If further medical information (in the form of a Modified Duty Form or otherwise) is reasonably required and is requested, you must provide that information to your Manager or OESH to coordinate your return to work.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and insurer to assist you in your recovery and to develop a safe return to work plan.</p>
12.	<p>Where medical restrictions are identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent.</p> <p>If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.</p>
13.	<p>If declared fit to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed Modified Duty Form where reasonably required by OESH to coordinate your return to regular duties.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, you, your manager, Union, Human Resources and Insurance Provider to assist you in your recovery and to develop a safe return to work plan.</p>



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé



SAFE
HEALTH CARE



MY CONTACTS – Health Sciences Centre
For you to fill out and use when needed

<u>Manager/Supervisor:</u>	
<u>Disability Management Coordinator:</u>	204-787-3312
<u>Payroll/ Benefits:</u>	wrha_payroll@wrha.mb.ca or wrha_benefits@wrha.mb.ca 204-940-8500
<u>Human Resource Consultant:</u>	
<u>Occ. Health Nurse:</u>	204-787-3312
<u>Union Representative:</u>	
<u>MPI/WCB Case Manager:</u>	Claim #
<u>HEBP/GWL Case Manager:</u>	Claim #
<u>Health Care Provider:</u>	
<u>Health Care Provider:</u>	
<u>Health Care Provider:</u>	
:	

<u>Healthcare Employee Benefits Plan</u>	204-942-6591 or 1-888-842-4233
<u>Manitoba Public Insurance</u>	204-985-7000 or 1-800-665-2410
(Claimant Advisor Office at MPI)	204- 954-7413
<u>Worker's Compensation Board</u>	204-954-4100 or 1-800-362-3340
(Worker Advisor Office at WCB)	Winnipeg 204-945-5787
<u>Great West Life</u>	
* applies only to Home Care direct service staff	204-946-8100
<u>Employment Insurance</u> <u>El on-line – www.hrsdc.gc.ca</u>	1-800-206-7218

Union Contact Numbers:

<u>CUPE</u>	204-987-2873
<u>MAHCP</u>	204-772-0425
<u>MGEU</u>	204-982-6432
<u>MGEU – (Selkirk)</u>	1-866-889-8829
<u>MNU</u>	204-783-4338
<u>OEM</u>	204-786-8658
<u>PARIM</u>	204-787-3673
<u>UFCW</u>	204-943-1869

Employee Assistance Program
24 hour WCB Distress Line
24 hour Crisis Line
Mobile Crisis Unit

204-786-8880 or 1-800-590-5553
204-786-8175 or 1-800-719-3809
204-786-8686
204-946-9109 (24 hours)

TO BE COMPLETED BY HEALTHCARE PROVIDER – WRHA has an extensive return to work program including sedentary duties and modified duties/hours. Each plan is designed specific to the abilities of the employee. Note: Employee and provider must sign where indicated

Employee Information		Healthcare Provider Information	
Name: _____		Name: _____	
Position: _____		Address: _____	
Site: _____		Phone: _____	
Authorization of Employee: I authorize the release of this information to the Winnipeg Regional Health Authority Occupational and Environmental Safety & Health Department _____ Employee Signature		Objective Evidence Confirmed: <input type="checkbox"/> yes	
Examination Information		Examination Information	
Date of Examination: _____		Date of Examination: _____	
Nature of illness/injury: specific diagnosis should not be provided		Nature of illness/injury: specific diagnosis should not be provided	
Comments: _____		Comments: _____	

<input type="checkbox"/> NO restrictions on physical demands, exertion capabilities or psychosocial demands and can return on <u> </u> / <u> </u> / <u> </u>			
WORK ABILITIES - Please complete all that apply IF restrictions are indicated - (please be specific)			
PHYSICAL DEMANDS <input type="checkbox"/> No Restrictions on Physical Demands			
PHYSICAL Demands	Fully Able	PHYSICAL Demands	Fully Able
Repetitive Motion	<input type="checkbox"/>	Neck ROM	<input type="checkbox"/>
Bending/Twisting	<input type="checkbox"/>	Upper Extremity ROM	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	Hand Dexterity	<input type="checkbox"/>
Standing	<input type="checkbox"/>	Keyboarding	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Low Back-Trunk ROM	<input type="checkbox"/>
Squat/Kneel	<input type="checkbox"/>	Lower Extremity ROM	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	Driving	<input type="checkbox"/>
EXERTION CAPABILITIES: <input type="checkbox"/> No Restrictions on Exertion Capabilities			
Please Circle appropriate capability level			
Exertion Capabilities	(0 – 4 kgs.) (0 – 10lbs.)	(4-10 kgs.) (10-20 lbs.)	(10-20 kgs.) (20-50 lbs.)
LIFTING	Floor to waist	Waist to shoulder	Above shoulder
CARRYING	PUSH/PULL	GRIP/GRASP	PSYCHOSOCIAL DEMANDS
N O F C	N O F C	N O F C	N O F C
N O F C	N O F C	N O F C	N O F C
N O F C	N O F C	N O F C	N O F C
N O F C	N O F C	N O F C	N O F C
N O F C	N O F C	N O F C	N O F C
RETURN TO WORK BASED ON RESTRICTIONS			
<input type="checkbox"/> The employee can return to modified duties within the restrictions specified above (please indicated hours/days)			
Estimated Duration: _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Start Date) _____ / _____ / _____			
*FREQUENCY N – Never (not performed) O – Occasional (up to 33% of the day) F – Frequent (between 34-66% of the day) C – Constant (between 67-100% of the day)			
KEY <input type="checkbox"/> Return to work is not appropriate at this time. Objective Reasoning			
PLEASE FAX COMPLETED FORMS TO WRHA OESH CONFIDENTIAL FAX LINE 204-787-1172			