



## HSC - Employee Responsibilities and Procedures *Absence from Work – Work Related Injury or Illness*

<b>Employee Work Related Injury or Illness:</b>										
1.	You must immediately notify the Supervisor/Manager as soon as a work related injury or illness has occurred. A <i>Work Related Injury/Near Miss Form</i> must be completed as soon as possible. For WRHA Community Corporate – call 204-940-8482 to report									
2.	If you feel that the work related injury or illness requires medical attention or prevents you from continued work and/or carrying out your job duties, you should, wherever possible, notify OESH at ph: 204-787-3312, and seek care from a healthcare provider (for example, physician, chiropractor, physiotherapist, athletic therapist) as soon as reasonably possible.									
3.	<p>If the work related injury/illness prevents you from attending work and/or carrying out your job duties or you seek care from a healthcare provider,</p> <ul style="list-style-type: none"> <li>• contact your Supervisor/Manager. You must advise of your expected return to work date if known and may be required to provide your manager with a medical note supporting your absence.</li> <li>• <b>report the injury to Workers Compensation Board (WCB)</b> by calling 204-954-4100 or 1-800-362-3340 from 8 a.m. – 7 p.m. weekdays or apply online at <a href="http://www.wcb.mb.ca">www.wcb.mb.ca</a>. Ensure you receive your claim number and keep it with you.</li> </ul> <p>If you apply for WCB benefits, it may take several weeks until you receive your first payment. You may be entitled to a payroll advance if available and/or in accordance with your collective agreement where applicable to assist you while waiting for the WCB decision. Contact your payroll office for more information, email <a href="mailto:wrha_payroll@wrha.mb.ca">wrha_payroll@wrha.mb.ca</a></p>									
4.	<p>Contact your union office as they may be of assistance to you:</p> <table border="0"> <tr> <td>MNU ph: 783-4338</td> <td>CUPE ph: 987-2873</td> <td>MAHCP ph: 772-0425</td> </tr> <tr> <td>OEM ph: 786-8658</td> <td>MGEU ph: 986-6438</td> <td>UFCW ph: 943-1869</td> </tr> <tr> <td>MMA ph: 985-5888</td> <td>PSAC ph: n/a</td> <td></td> </tr> </table>	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	
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5.	Keep all receipts for treatment, medications and travel and submit to the Workers' Compensation Board of Manitoba as you may be eligible for reimbursement.									
<b>Returning to work immediately with no restrictions</b>										
6.	If the work related injury or illness did not require modifications to your regular duties and you did not miss time from work (other than the day of injury) you will report to work for your next scheduled shift.									
<b>Returning to work immediately with restrictions</b>										
7.	<p>You must speak directly to your Manager, Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.</p> <p>If further medical information (in the form of a <b>Modified Duty Form</b> or otherwise) is reasonably required and is requested, you must provide that information to OESH or your manager 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 WCB to assist you in your recovery and to develop a safe return to work plan.</p>									



8.	<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>
<p><b>Extended absences due to work related injury or illness</b> (<i>If it is not anticipated that you will return to work immediately</i>)</p>	
9.	<p>If you file a WCB or MPI claim, your benefits must be pre-paid in order to ensure their continuation. Certain benefits must be pre-paid. Contact WRHA Benefits at email <a href="mailto:wrha_benefits@wrha.mb.ca">wrha_benefits@wrha.mb.ca</a> for information and to <b>make arrangements to pre-pay your benefits</b> where applicable.</p>
10.	<p>Depending on your collective agreement, you may be entitled to a wage supplement or top up. <b>You must request this supplement in order to receive it.</b> Contact WRHA Payroll at email <a href="mailto:wrha_payroll@wrha.mb.ca">wrha_payroll@wrha.mb.ca</a>. You must provide a copy of your WCB cheque stub.</p>
11.	<p>If it is not anticipated that you will return to work immediately, or you are off for more than 60 days, it is <b>recommended that you apply for Disability and Rehabilitation Benefits</b> or Great West Life (for WRHA Community employees) where applicable, even if you are in receipt of WCB or MPI benefits as, if accepted, they can become a secondary insurer covering your benefits over and above WCB or MPI. Contact WRHA Benefits at <a href="mailto:wrha_benefits@wrha.mb.ca">wrha_benefits@wrha.mb.ca</a></p>
12.	<p>You must speak directly to your Manager, Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.</p> <p>If a <b>Modified Duty Form</b> is reasonably required and is requested, you must provide the <b>Modified Duty Form</b> to 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 WCB to assist you in your recovery and to develop a safe return to work plan.</p>
13.	<p>Where medical restrictions have been 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>
14.	<p><b>If declared fit</b> to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed <b>Modified Duty Form</b> 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 WCB to assist you in your recovery and to develop a safe</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>	<a href="mailto:wrha_payroll@wrha.mb.ca">wrha_payroll@wrha.mb.ca</a> or <a href="mailto:wrha_benefits@wrha.mb.ca">wrha_benefits@wrha.mb.ca</a> 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> El on-line – <a href="http://www.hrsdc.gc.ca">www.hrsdc.gc.ca</a>	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)



Planning a Safe Return to Work – Modified Duty Form

**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**

<p><b>Employee Information</b></p> <p>Name: _____</p> <p>Position: _____</p> <p>Site: _____</p> <p><b>Authorization of Employee:</b> I authorize the release of this information to the Winnipeg Regional Health Authority Occupational and Environmental Safety &amp; Health Department</p> <p>_____ Employee Signature</p>		<p><b>Healthcare Provider Information</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p><b>Objective Evidence Confirmed:</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Signature: _____</p> <p><b>Examination Information</b></p> <p>Date of Examination: _____</p> <p><b>Nature of Illness/Injury:</b> specific diagnosis should not be provided</p> <p>Comments: _____</p>																																																																																																																																												
<p><input type="checkbox"/> NO restrictions on physical demands, exertion capabilities or psychosocial demands and can return on <u>  </u> d / <u>  </u> m / <u>  </u> y</p> <p><b>WORK ABILITIES - Please complete all that apply IF restrictions are indicated - (please be specific)</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">PHYSICAL DEMANDS</th> </tr> <tr> <th>PHYSICAL Demands</th> <th>Fully Able</th> <th>Restrictions</th> <th>PHYSICAL Demands</th> </tr> </thead> <tbody> <tr> <td>Repetitive Motion</td> <td><input type="checkbox"/></td> <td></td> <td>Neck ROM</td> </tr> <tr> <td>Bending/Twisting</td> <td><input type="checkbox"/></td> <td></td> <td>Upper Extremity ROM</td> </tr> <tr> <td>Sitting</td> <td><input type="checkbox"/></td> <td></td> <td>Hand Dexterity</td> </tr> <tr> <td>Standing</td> <td><input type="checkbox"/></td> <td></td> <td>Keyboarding</td> </tr> <tr> <td>Walking</td> <td><input type="checkbox"/></td> <td></td> <td>Low Back-Trunk ROM</td> </tr> <tr> <td>Squat/Kneel</td> <td><input type="checkbox"/></td> <td></td> <td>Lower Extremity ROM</td> </tr> <tr> <td>Stairs</td> <td><input type="checkbox"/></td> <td></td> <td>Driving</td> </tr> </tbody> </table>				PHYSICAL DEMANDS				PHYSICAL Demands	Fully Able	Restrictions	PHYSICAL Demands	Repetitive Motion	<input type="checkbox"/>		Neck ROM	Bending/Twisting	<input type="checkbox"/>		Upper Extremity ROM	Sitting	<input type="checkbox"/>		Hand Dexterity	Standing	<input type="checkbox"/>		Keyboarding	Walking	<input type="checkbox"/>		Low Back-Trunk ROM	Squat/Kneel	<input type="checkbox"/>		Lower Extremity ROM	Stairs	<input type="checkbox"/>		Driving																																																																																																							
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<p><b>PLEASE FAX COMPLETED FORMS TO WRHA OESH CONFIDENTIAL FAX LINE 204-787-1172</b></p>																																																																																																																																														