

# Time Sensitive Actions for You

If you **MISSED WORK OR SEE A HEALTHCARE PROVIDER**  
**(Even on your own time)** due to Work Related Injury.

Attached **Planning a Safe Return to Work Form** may  
be completed by your healthcare provider  
and then returned as soon as reasonably possible as per  
the instructions on the form.

**You must report the injury to Workers  
Compensation Board (WCB)**

**Call WCB** at (204)-954-4100 or 1-800-362-3340 from  
8 a.m. – 7 p.m. weekdays or apply online at  
[www.wcb.mb.ca](http://www.wcb.mb.ca).

You must **contact Occupational and  
Environmental Safety and Health**  
at (204) 831-2153

If you are unable to attend  
next scheduled shift at work

**Follow your absence reporting protocol** and advise  
that absence is due to work related injury.

See Attached **Employees Responsibilities and Procedures Checklist** for details and other  
important information.

**TO BE COMPLETED BY HEALTHCARE PROVIDER – Deer Lodge Centre 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**

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

| <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                             |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
|---|--|-----------------------------|---|--------------------------|---|-----------|-----------|-----------|--------|--|--|--------|--|--|--------|
| <b>WORK ABILITIES</b> - Please complete all that apply IF restrictions are indicated - (please be specific)   |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| <b>PHYSICAL DEMANDS</b> <input type="checkbox"/> No Restrictions on Physical Demands  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| <b>PHYSICAL Demands</b>   | <b>Fully Able</b>                          | <b>Restrictions</b>         | <b>PHYSICAL Demands</b>   | <b>Fully Able</b>        | <b>Restrictions</b>   |           |           |           |        |  |  |        |  |  |        |
| Repetitive Motion   | <input type="checkbox"/>                   | <input type="checkbox"/>    | Neck ROM  | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Bending/Twisting  | <input type="checkbox"/>                   | <input type="checkbox"/>    | Upper Extremity ROM   | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Sitting   | <input type="checkbox"/>                   | <input type="checkbox"/>    | Hand Dexterity  | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Standing  | <input type="checkbox"/>                   | <input type="checkbox"/>    | Keyboarding   | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Walking   | <input type="checkbox"/>                   | <input type="checkbox"/>    | Low Back-Trunk ROM  | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Squat/Kneel   | <input type="checkbox"/>                   | <input type="checkbox"/>    | Lower Extremity ROM   | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| Stairs  | <input type="checkbox"/>                   | <input type="checkbox"/>    | Driving   | <input type="checkbox"/> | <input type="checkbox"/>  |           |           |           |        |  |  |        |  |  |        |
| <b>EXERTION CAPABILITIES:</b> <input type="checkbox"/> No Restrictions on Exertion Capabilities   |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| <b>Exertion Capabilities</b>  | Please Circle appropriate capability level |                             |   |                          | <b>KEY</b>  |           |           |           |        |  |  |        |  |  |        |
|   | (0 – 4 kgs.)<br>(0 – 10lbs.)               | (4-10 kgs.)<br>(10-20 lbs.) | (10-20 kgs.)<br>(20-50lbs.)   | (> 25kgs.)<br>(>50 lbs.) |   |           |           |           |        |  |  |        |  |  |        |
| <b>LIFTING</b>  |  |                             |   |                          | <b>*FREQUENCY</b><br><b>N – Never</b> (not performed)<br><b>O – Occasional</b> (up to 33% of the day)<br><b>F – Frequent</b> (between 34-66% of the day)<br><b>C – Constant</b> (between 67-100% of the day)  |           |           |           |        |  |  |        |  |  |        |
| Floor to waist  | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| Waist to shoulder   | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| Above shoulder  | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| <b>CARRYING</b>   | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| <b>PUSH/PULL</b>  | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| <b>GRIP/GRASP</b>   | N O F C                                    | N O F C                     | N O F C   | N O F C                  |   |           |           |           |        |  |  |        |  |  |        |
| <b>PSYCHOSOCIAL DEMANDS</b><br><input type="checkbox"/> No Restrictions on Psychosocial Demands   |  |                             | <b>RETURN TO WORK BASED ON RESTRICTIONS</b>   |                          |   |           |           |           |        |  |  |        |  |  |        |
| IF APPLICABLE, please comment on their effect as they pertain specifically to work duties. <i>Examples: Multi-Tasking, meet deadlines, problem solving, attention/memory, work under pressure</i> |  |                             | <input type="checkbox"/> The employee can return to modified duties within the restrictions specified above (please indicated hours/days)<br><br>Estimated Duration: _____<br><input type="checkbox"/> Temporary <input type="checkbox"/> Permanent<br><br>Start Date) <u>  </u> / <u>  </u> / <u>  </u><br><u>  </u> <u>  </u> <u>  </u> |                          | <input type="checkbox"/> Return to work is not appropriate at this time.  |           |           |           |        |  |  |        |  |  |        |
|   |  |                             |   |                          | <table border="1"> <thead> <tr> <th>Graduated</th> <th>hours/day</th> <th>days/week</th> </tr> </thead> <tbody> <tr> <td>week 1</td> <td></td> <td></td> </tr> <tr> <td>week 2</td> <td></td> <td></td> </tr> <tr> <td>week 3</td> <td></td> <td></td> </tr> <tr> <td>week 4</td> <td></td> <td></td> </tr> </tbody> </table> | Graduated | hours/day | days/week | week 1 |  |  | week 2 |  |  | week 3 |
| Graduated   | hours/day                                  | days/week                   |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| week 1  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| week 2  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| week 3  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| week 4  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |
| <b>PLEASE FAX COMPLETED FORMS TO DLC OESH CONFIDENTIAL FAX LINE 204-831-2918</b>  |  |                             |   |                          |   |           |           |           |        |  |  |        |  |  |        |



## 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 <b>Work Related Injury/Near Miss Form</b> must be completed as soon as possible. For WRHA Community or Corporate staff – 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: 204-831-2153, 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 <b>or</b> 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 OESH 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. Phone : 204-831-2119.</p> |
| 4.  | Contact your union office as they may be of assistance to you:<br>PIPS ph: 204-942-1304      MAHCP ph: 204-772-0425      OEM ph: 204-786-8658<br>PSAC ph: 204-837-5384      MMA ph: 204-985-5888  |
| 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 <b>before returning to work</b> in any capacity. (Manager to consult with OESH)</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.</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 your Human Resource Benefits Office at ph: 204-831-2566 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 your payroll office 204-831-2119. 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 your Human Resource Benefits Office at ph: 204-831-2566.</p>  |
| 12.  | <p>You must speak directly to your Manager <b>before returning to work</b> in any capacity. (Manager to consult with OESH)</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 return to work plan.</p>  |



**MY CONTACTS – Deer Lodge Centre**  
**For you to fill out and use when needed**

| <b>Deer Lodge Centre Contact Numbers</b>                                 |                        |           |              |
|--|------------------------|-----------|--------------|
| My Manager/Supervisor  |                        |           |              |
| OESH DLC – General Line  |                        |           | 204-831-2153 |
| OESH Occupational Health Nurse   |                        |           | 204-831-2122 |
| OESH Disability Management Coordinator                                   |                        |           | 204-837-0865 |
| OESH Email: <a href="mailto:OESH_DLC@wrha.mb.ca">OESH_DLC@wrha.mb.ca</a> | OESH Confidential Fax: |           | 204-831-2918 |
| Human Resource Consultant  |                        |           | 204-831-2155 |
| Payroll:   | 204-831-2119           | Benefits: | 204-831-2119 |

| <b>My Health Care Providers Contact Numbers</b> |  |
|---|--|
| Health Care Provider                            |  |
| Health Care Provider                            |  |
| Health Care Provider                            |  |

| <b>Insurance and Claim Contact Numbers</b>                        |         |                                |
|---|---------|--------------------------------|
| WCB/MPI Case Manager  | Claim # | Phone #                        |
| HEB/GWL Case Manager  | Claim # | Phone #                        |
| Healthcare Employee Benefits                                      |         | 204-942-6591 or 1-888-842-4233 |
| Manitoba Public Insurance   |         | 204-985-7000 or 1-800-665-2410 |
| Claimant Advisor Office at MPI                                    |         | 204-954-7413                   |
| Worker's Compensation Board                                       |         | 204-954-4100 or 1-800-362-3340 |
| Worker Advisor Office at WCB                                      |         | 204-945-5787                   |
| Employment Insurance  |         | 1-800-206-7218                 |
| El on-line – <a href="http://www.hrsdc.gc.ca">www.hrsdc.gc.ca</a> |         |                                |

| <b>Union Contact Numbers</b> |              |
|------------------------------|--------------|
| My Union Representative      |              |
| PIPSC                        | 204-942-1304 |
| PSAC                         | 204-837-5384 |
| OEM                          | 204-786-8658 |
| MAHCP                        | 204-772-0425 |
| MMA                          | 204-985-5888 |

| <b>Other Contact Numbers</b> |                                |
|------------------------------|--------------------------------|
| Employee Assistance Program  | 204-786-8880 or 1-800-590-5553 |
| 24 hour WCB Distress Line    | 204-786-8175 or 1-800-719-3809 |
| 24 hour Crisis Line          | 204-786-8686                   |
| Mobile Crisis Unit           | 204-940-1781 (24 hours)        |