

RETURN-TO-WORK GUIDE FOR EMPLOYERS



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INTRODUCTION

This return-to-work guide for employers outlines the steps to follow from the moment a worker is injured until they fully return to work. It also provides tools and best practices for achieving ideal return-to-work outcomes.

Being proactive and having open communication between everyone involved will help to ensure an injured worker can stay at work or return to work as early and safely as possible. It will help to prevent disability and minimize the socio-economic impacts on you and the injured worker.

What is return to work?

Return to work (RTW) is a process that occurs when a worker suffers an injury or illness to help them return to work as soon as functionally possible. The process can occur at the same time as the worker receives medical and rehabilitation treatment to improve their overall recovery.

What are the benefits for employers of return to work?

- 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 its workers;
- Provides a consistent process to guide injured workers back to work;
- Decreases workers' time away from work, which reduces time-loss claims, prevents disability and keeps assessment rates down;
- Reduces hiring and training costs;
- Improves the health and safety culture;
- Reduces the risk of similar injuries occurring by identifying and controlling hazards; and
- Enhances company image.

Did you know?

The RTW process starts as soon as the work-related injury occurs. The employer does not need to wait for YWCHSB to begin the process.

Did you know?

Generally, injured workers who participate in early and safe RTW planning return to work more quickly than workers who do not.



Who is involved in the process and what roles do they play?

Behind every worker hurt on the job, there is a team of people supporting their road to recovery using the following best practices.

This team includes:

- **Employer:**

You play the most influential role in the RTW process by providing creative opportunities for accommodating an injured worker's functional abilities. As well, by participating in the case management team, you can help to facilitate and shape the stay-at-work or the RTW plan.

- Stay in contact with the worker during their recovery period.
- Help create a RTW plan.
- Discuss suitable work. Determine if the work is compatible with the worker's capabilities and, where possible, if it pays the same.
- Provide Yukon Workers' Compensation Health and Safety Board (YWCHSB) with any information about the worker's RTW.

- **Injured worker:**

- Work together with the employer to develop and participate in the RTW plan.
- Accept suitable work when it is identified.
- Talk to their health care providers about their work tasks and what they are able to do while they recover.
- Attend all scheduled appointments and follow the set treatment plan.
- Keep the employer informed about their recovery.
- Keep YWCHSB informed about their progress.

- **YWCHSB:**

- Monitor the worker's recovery.
- Explore RTW options with the employer, worker and health care providers.
- Assist all parties in the process for early and safe RTW.
- Establish a case management team, if necessary.
- Coordinate medical services and loss-of-earnings benefits.
- Mediate disputes, when required.

- **Health care providers:**

- Advise the worker about their medical recovery and provide the Functional Abilities Form.
- Provide treatment and other services necessary for the injured worker's recovery.
- Provide a report to YWCHSB.
- Work closely with other health care providers involved, if applicable, to facilitate the worker's safe and timely return to employment.

Did you know?

RTW is affected by human rights legislation. It is illegal to discriminate against a person on the basis of a physical or mental disability.

Discrimination is against the law!

WHAT SHOULD YOU DO IF A WORKER IS INJURED ON THE JOB?

Step 1: Provide or find first aid or medical aid

1. Provide first aid or medical aid. Call 911 for a serious injury.
2. If needed, provide transportation to the nearest medical facility.
3. At the medical facility, the health care provider completes a [Functional Abilities Form](#) (FAF) and provides a copy to the worker.
4. Request a copy of this form from your worker.

What is a FAF?

The [Functional Abilities Form](#) (FAF) and the [Psychological Functional Abilities Form](#) (PFAF) identify a worker's functional limitations and abilities (what the worker can and cannot do) with respect to their work-related injury. They do not include the worker's diagnosis or other medical information.

What should you do with the FAF?

Discuss the worker's functional abilities with them to identify suitable work, such as modified or regular duties.

Step 2: Report the injury

1. Complete the [Employer's Report of Injury/Illness form](#) and submit it to YWCHSB within three days of becoming aware of an injury.
2. Remind your worker to complete the [Worker's Report of Injury/Illness form](#) and submit it to YWCHSB.
3. Request a copy of the Worker's Report of Injury/Illness from your worker.

Serious injuries

Serious injuries (such as, a fracture, loss of consciousness) must be reported to YWCHSB IMMEDIATELY. Call 867-667-5450 or 1-800-661-0443



Step 3: Communicate and collaborate

1. Contact the worker as soon as possible after the injury to discuss “stay at work” or “early and safe return to work.”
2. Contact YWCHSB regularly to share updates on your worker’s progress and suitable work options.
3. Maintain regular, frequent contact with the worker throughout their recovery.
4. If there is a job demands analysis or job description, please provide it to YWCHSB.

Step 4: Identify suitable work

After a workplace injury or illness occurs, act promptly to identify suitable work for the worker.

When identifying suitable work and developing the RTW plan, consider the following:

1. Worker safety: it's the top priority.
2. Demands of the job (see Job Demands Analysis sample, in Appendix E);
3. Worker’s functional abilities and prognosis for recovery;
4. Worker’s skills, abilities and education;
5. Appropriate job training, orientation and understanding of all hazards and controls for any new duties or tasks;
6. Worker’s connection to their usual work area;
7. RTW goals and timelines.

Common questions to ask 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 organization?
- Would the organization pay someone to complete the job tasks or work?

Suitable work includes more than the above. Do not be afraid to innovate and develop a creative way to bring your worker back to work. Think outside the box!

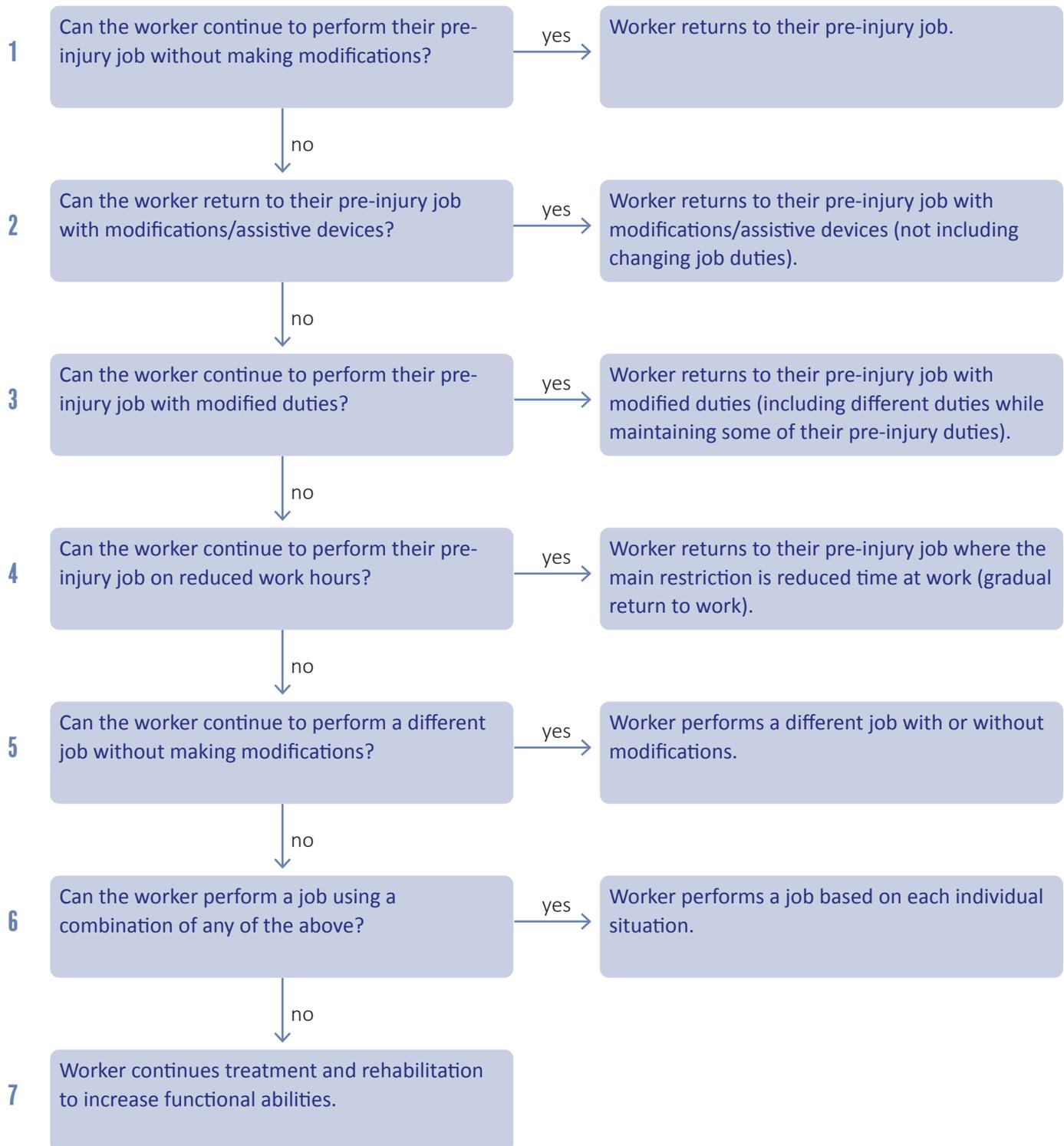
What is suitable work?

Suitable work meets all of the following criteria:

1. The work is within the worker’s functional abilities.
2. The worker has or is reasonably able to acquire the necessary skills to perform the work.
3. The work does not pose a health or safety risk to the worker or co-workers.
4. The work restores the worker’s pre-injury earnings, if possible.

At each stage, look at the job demands and compare them to the worker's functional abilities. Identify the barriers that prevent RTW and determine if you can overcome them by making modifications.

This flow chart has been developed to assist you with Step 4, when identifying suitable work for your injured worker.



This table provides more details about the options you and the injured worker can use to identify suitable work.

Suitable Work Options/Accommodations		
Option	Description	Examples
Modified duties	Modify the job tasks or methods to complete tasks so that the job demands are within your worker's limitations and restrictions.	<ul style="list-style-type: none"> • Minimize standing by using a sit-stand stool. • Minimize manual handling by using carts, hoists, housekeeping techniques. • Increase time to complete tasks. • Remove non-essential duties or prioritize tasks. • Provide direction as written instructions.
Alternate duties	Identify duties your worker did not perform pre-injury.	<ul style="list-style-type: none"> • Provide a different job position. • Assist another division with, for example, backlog, back-burner tasks. • Identify special projects. • Allow shadowing of the person who is doing their pre-injury job. • Create meaningful make-work projects or odd jobs. • Take on suitable duties of co-workers.
Reduced hours	Adjust hours to allow injured worker to return to work while progressively building strength and tolerance.	<ul style="list-style-type: none"> • Weeks 1 to 2: four hours of work. • Weeks 3 to 4: six hours of work. • Weeks 5 to 6: eight hours of work. • Allow time to attend scheduled rehabilitation appointments.
Training	Consider if your worker requires education, training or refresher courses for their job.	<ul style="list-style-type: none"> • Offer technical training. • Offer training on new equipment. • Offer cross-training in other job duties for possible alternate work.
Temporary assignment	Consider a temporary placement to assess an injured worker's functional capabilities in a job setting.	<ul style="list-style-type: none"> • Identify a temporary job placement.
Graduated early and safe RTW	<p>A combination of any of the above options aimed at facilitating an injured worker's gradual transition from disability to full employment.</p> <p>The worker gradually and safely resumes employment through a steady progression of hours, days and/or duties tailored to their needs.</p>	<ul style="list-style-type: none"> • Offer reduced days: <ul style="list-style-type: none"> • Monday, Wednesday, Friday: full-time with full duties. • Offer progressive hours/duties: <ul style="list-style-type: none"> • Weeks 1 to 2: reduced hours with modified duties. • Weeks 3 to 4: reduced hours with alternate duties. • Weeks 5 to 6: full-time with full duties. • Allow time to attend scheduled rehabilitation appointments.

Step 5: Create your worker's return-to-work plan

A personalized RTW plan meets the specific needs of the injured worker. Working together is key to creating a successful RTW plan that considers the worker's functional abilities; rehabilitation and treatment; skills and abilities; job demands; and available suitable work.

Best practices to create an individualized return-to-work plan:

1. Hold a RTW planning meeting with your injured worker (and YWCHSB, if required). Topics to discuss include:
 - a. *Rehabilitation and recovery:*
 - i. Review current functional abilities on the worker's FAF;
 - ii. Determine if treatment appointments are required during the work day; and
 - iii. Provide information on supports available (other than YWCHSB), for example, short-term training to support RTW, a disability insurance plan, if applicable.
 - b. *Job demands:*
 - i. Identify job demands.
 - c. *Functional abilities:*
 - i. Identify limitations and restrictions including medication side effects;
 - ii. Estimate the duration of functional limitations;
 - iii. Discuss your worker's ability to travel and get to work;
 - iv. Explore personal protective equipment (PPE) requirements and the worker's ability to wear it; and
 - v. Identify any pre-existing limitations that may affect suitable work.
 - d. *Suitable work (accommodation):*
 - i. Identify suitable work by reviewing the job demands and comparing them to the worker's functional abilities;
 - ii. Offer suitable work and discuss potential barriers, alternatives and any necessary modifications;
 - iii. Review the job demands including the essential duties, physical demands, work environment and productivity standards;
 - iv. Explore job suitability including required skills, training and education;
 - v. Prioritize safety including safety training, hazards, controls and PPE; and
 - vi. Plan work schedule and hours.
 - e. *RTW milestones:*
 - i. Identify the expected duration of the RTW plan; and
 - ii. Plan the progression of hours and/or duties.
 - f. *Communication:*
 - i. Identify a key contact person at work to monitor and adjust suitable or alternate work, for example, HR staff member, the worker's supervisor.
 - ii. Establish a schedule for follow up meetings.
 - g. *Responsibility for covering loss of earnings.*
 - i. If applicable, establish if there will be cost sharing between you and YWCHSB and the duration of that agreement.
2. Document the RTW planning meeting for your worker. Two sample basic RTW plans are provided in Appendix E (on pages 20 and 21).
3. Ensure you and your worker sign the RTW plan. Send a copy to YWCHSB.

Stay at work:

The RTW plan should assist the worker in remaining at work as long as is safe and functionally possible.

Written RTW plans:

While a written RTW plan is not always required, it is a way to monitor a claim and support your worker to keep their recovery on track.



Step 6: Implement and monitor your worker's plan

Once you and your worker have agreed on an RTW plan, implement it and return the worker to work as soon as it is safe to do so. Follow these steps to ensure successful RTW outcomes:

1. Start your worker on the suitable and agreed-upon work and re-orient the worker to the work, if required.
2. Check in with your worker regularly to monitor their progress (initially daily, then weekly at a minimum).
3. Document and address any concerns immediately.
4. Request updated functional abilities information from the worker or from YWCHSB.
5. Adjust the RTW plan according to the recovery progress and operations, and submit any updates to YWCHSB.
6. Report progress, hours worked and concerns to YWCHSB regularly (for example, every two weeks).
7. Conclude the RTW plan when the goals have been achieved.
8. Notify YWCHSB as soon as the RTW period concludes.

Long-term accommodations:

Sometimes a worker may have permanent restrictions due to their injury. Discuss this with YWCHSB. You need to assess and, if possible, provide long-term or permanent accommodations.

APPENDIX A: SUMMARY OF THE SIX STEPS WHEN A WORKER IS HURT ON THE JOB

STEP 1

First aid/medical treatment

- Provide first aid/medical aid. Call 911 for serious injury;
- If needed, provide transportation to the nearest medical centre; and
- Request that your worker provide a copy of the [Functional Abilities Form](#) they received from the health care provider at their appointment.

STEP 2

Report the injury

- Complete the [Employer's Report of Injury/Illness form](#) within three days of becoming aware of an injury; and
- Remind the worker to complete their [Worker's Report of Injury/Illness form](#).

STEP 3

Communicate and collaborate

- Contact the worker as soon as possible after the injury to discuss “stay at work” or “early and safe return to work;”
- Maintain regular, frequent contact with the worker throughout their recovery;
- Contact YWCHSB regularly to share updates on the suitable work options and RTW progress; and
- If there is a job demands analysis or job description, please provide a copy to YWCHSB.

STEP 4

Identify suitable work

- Discuss the functional abilities with the worker and identify suitable modified work;
- Consider the job demands, the worker's functional abilities and identify barriers; and
- Be creative.

STEP 5

Create your worker's RTW plan

- Meet with your injured worker to develop a RTW plan;
- Identify a key contact person at work to monitor and adjust suitable or alternate work;
- Create an informal or formal RTW plan, as needed; and
- Inform YWCHSB of the RTW plan.

STEP 6

Implement and monitor

- Return the worker back to work according to the RTW plan;
- Check in with the worker regularly;
- Provide updates to YWCHSB as needed or requested;
- Communicate any progress, problems or concerns with YWCHSB; and
- Monitor until completion of RTW plan and advise YWCHSB when completed.



APPENDIX B: COMMON RETURN-TO-WORK QUESTIONS

Who pays the loss of earnings to my injured worker over the duration of the RTW plan?

Injured workers who miss time from work as a result of a work-related injury may be eligible for benefits to compensate for their loss of earnings. Please contact the YWCHSB case manager to discuss options.

Who pays for the equipment/supplies or other expenses related to accommodations in the RTW plan?

In some cases, YWCHSB may help cover the cost of equipment and services necessary to assist with RTW. If you are an employer who regularly employs 20 or more workers, you are responsible for payment of expenses up to a maximum of \$1,000 related to the accommodation of the work or workplace (as per Section 41, *Workers' Compensation Act*). YWCHSB is responsible for expenses in excess of \$1,000 if considered appropriate for the accommodation.

What is an RTW plan?

An RTW plan is an individualized plan for the injured worker that considers their functional limitations, rehabilitation or treatment plan, job demands and the availability of suitable work. The plan assists them to either remain at work or return to work as soon as is safe and medically possible.

Can I use a RTW plan for non-work related injuries?

Yes, the duty to accommodate under the *Human Rights Act* applies to both work- and non-work-related injuries. However, YWCHSB's involvement is with work-related injuries only.

When is the need for a RTW plan triggered?

Start the process of preparing a RTW plan immediately after the occurrence or identification of a workplace injury, illness or disability. It is in your interest to start the process immediately. While you are not required to wait for YWCHSB to initiate the process, we can help by providing assistance and guidance in developing the RTW plan.

Does an injured worker have to accept the suitable work?

If an injured worker refuses the suitable work, they need to give reasons. YWCHSB reviews and considers the reasons by looking to see if objective medical information meets the proposed job demands. If YWCHSB 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 YWCHSB agrees with the worker's reasons for refusal, we will help you, the employer, identify alternative suitable work.

If the injured worker and I cannot agree on their fitness for work, who decides when they should return to work?

YWCHSB analyzes key information to determine when a worker is fit to safely return to work. This includes medical reports detailing functional abilities as well as prognosis information from health care providers.

Can an injured worker return to work before they are fully recovered?

Yes! The RTW plan is part of the recovery process and helps the injured worker get back to work as soon as is safe and medically possible.

What should I do if I receive conflicting information about the worker's functional abilities?

As the employer, you should contact YWCHSB to discuss it.

What should I do if my injured worker starts working outside their limitations and restrictions?

You should approach the worker immediately and express your concern for their health and safety. If the worker tells you that they can take on those duties because they are healing faster than anticipated, ask them to get an updated FAF that clears them for those duties. YWCHSB can assist with obtaining an updated FAF, if required.

Do I need to document everything?

You do not need to document everything. Nevertheless, documentation provides an accessible summary of the injury, the actions taken and discussions held, and the RTW process. This documented summary helps ensure follow-up on actions and provides a record of events should anyone involved leave the organization. The documentation can assist in providing evidence for reviews, appeals or human rights tribunals, if needed.

What does it mean when a health care provider states that the worker is fit for limited, light, medium or heavy physical demands?

At YWCHSB, we refer to the following definitions:

- “Limited” means loads up to 5 kg (11 lbs).
- “Light” means activities that involve handling loads between 5 and 10 kg (11 to 22 lbs).
- “Medium” means activities that involve handling loads between 10 and 20 kg (22 to 44 lbs).
- “Heavy” means activities that involve handling loads over 20 kg (44 lbs).

If you have any questions regarding the physical demands the injured worker is capable of performing and their limitations and restrictions, contact YWCHSB.

Can I lay off the worker due to a work-related injury?

No. In order to satisfy the duty to accommodate, the employer must accommodate to the point of undue hardship. This can be achieved by looking at modifying the job methods and tools as well as looking at other available job positions that meet the worker’s skills, education and functional abilities.

For how long do I need to provide a RTW plan?

Everyone’s recovery is different and the timeline will differ depending upon the injuries or illnesses and the individual circumstances.

You need to provide a RTW plan until the worker has successfully returned to work, either to their pre-injury job or to a different one. The timing of this depends on when the worker has reached their maximum medical recovery and whether they have permanent restrictions or limitations.

Who at YWCHSB can help?

If you need assistance with your RTW program development and implementation, contact the return to work/health care services liaison.

If you have questions or need assistance with a specific claim, contact the case manager.

If you need help with your safety program or with investigating incidents and controlling hazards, contact the Occupational Health and Safety Branch at work.safe@gov.yk.ca or the contact numbers below.

General inquires (office hours): 867-667-5645.

24-hour incident reporting line: 867-667-5450 or toll free, 1-800-661-0443.

You can find information on our website: wcb.yk.ca.



APPENDIX C: GLOSSARY

Accommodation – the use of modified work and/or adaptive technologies to enable a worker to return to work following a work-related injury.

Alternate duties – a suitable job or bundle of duties, different from the pre-injury job or duties, that an employer provides to accommodate a worker who has temporary or permanent functional restrictions as a result of the injury. Alternate duties could be used on a trial basis to determine a worker’s functional abilities.

Disability management – the process in the workplace designed to facilitate the continued employment of a worker with illness, injury and/or disability. Disability management is achieved through a coordinated effort that takes into account the worker’s functional abilities.

Duty to accommodate – a fundamental legal obligation under the *Human Rights Act*. In the employment context, it usually takes the form of accommodating workers with disabilities (injuries and illnesses).

Employer – every person, firm, association, organization or corporation that has in their service one or more workers in an industry. See the definition in the [Workers’ Compensation Act](#) for inclusions.

Functional abilities – an injured worker’s limitations and abilities (what the worker can and cannot do) with respect to a work-related injury.

Health care provider – generally, the treating health care provider who is recognized by YWCHSB and responsible for the ongoing care of the worker. Health care providers include physicians, specialists and others recognized under legislation such as, the *Medical Profession Act*, the *Health Professions Act*, the *Registered Nurses Profession Act* or by YWCHSB.

Injury – *Workers’ Compensation Act* Section 3(1)

- a. *an injury as a result of an event, or series of events, occasioned by a physical or natural cause,*
- b. *an injury as a result of a wilful and intentional act, not being the act of the worker,*
- c. *a disablement, but does not include the disablement of mental stress or disablement caused by mental stress, other than post-traumatic stress,*
- d. *an occupational disease, which includes a disease from causes and conditions peculiar to or characteristic of a particular trade or occupation or peculiar to the particular employment; but does not include an ordinary disease of life, or*
- e. *each as a result of an injury.*

Modified duties – the changes to the job duties of the pre-injury position that are required to accommodate the worker’s functional restrictions resulting from the work-related injury. Modified work includes altering or removing some duties.

Return to work – a process to help injured workers return to safe, productive and suitable employment as soon as is medically possible.

Return-to-work plan – the plan documented by the employer and worker to progress the worker back to their regular duties in a specified time frame. It details key job activities, limitations, accommodations and milestones.

Suitable employment – work that meets all of the following criteria:

- a. *the work is within the worker’s functional abilities;*
- b. *the worker has, or is reasonably able to acquire, the necessary skills to perform the work;*
- c. *the work does not pose a health or safety risk to the worker or co-workers; and*
- d. *the work restores the worker’s pre-injury earnings, if possible.*

Undue hardship – the limit beyond which an employer can no longer accommodate a worker’s return to work. This can happen when the employer cannot sustain the economic or efficiency costs of the accommodation. Determining undue hardship depends on the individual circumstances and takes into account health, safety and financial considerations.

APPENDIX D: ADDITIONAL RESOURCES

YWCHSB policy and legislation: www.wcb.yk.ca

Northern Safety Network Yukon: www.yukonsafety.com/rtw

National Institute of Disability Management and Research: www.nidmar.ca

Canadian Centre for Occupational Health and Safety: www.ccohs.ca

APPENDIX E: RESOURCES AND SAMPLES

Resource/sample	Purpose/description	Frequency	How it is submitted
Functional Abilities Form (FAF)	Completed by a health care provider (for example, physician, physiotherapist, psychologist, chiropractor) to evaluate the injured worker's functional abilities and limitations at a given point in time. Used by the case management team when planning RTW.	At initial visit to health care provider. At follow-up visits to health care provider if there are changes in the worker's functional abilities.	Injured worker provides a hard copy to the employer.
Employer's Report of Injury Form	Employer's description of the incident that caused the work-related injury.	Once, within three days from the date the employer was notified of the injury.	Online, fax, mail or in-person to YWCHSB Employer provides a copy to the injured worker
Worker's Report of Injury Form	Worker's description of the incident that caused the work-related injury.	Once, within 12 months from the date of the work-related injury.	Online, fax, mail or in-person to YWCHSB.
Wage Request Form (Available from YWCHSB)	Employer-provided summary of the injured worker's wage information to be used by YWCHSB to determine potential loss-of-earnings benefits.	As requested by YWCHSB.	Fax, mail or in-person to YWCHSB.
Job Demands Analysis (JDA) sample	The joint employer-worker analysis of the specific physical and psychological requirements of the injured worker's job. It can be used during RTW planning to identify possible modified duties for the injured worker. NOTE: Employers are urged to prepare a collection/database of JDAs before injuries occur that apply to their current positions.	As required during RTW planning. As requested by YWCHSB.	Fax, mail or in-person to YWCHSB.
Communications Log sample	A record of the interactions between an employer and worker about RTW that provides a summary of key discussions, issues and resolutions. NOTE: Although not always required, it is recommended that the employer and worker keep a communications log current during the RTW process.	As required during the RTW process. As requested by YWCHSB.	Submitted to YWCHSB by fax mail, or in-person upon request.
Return-to-Work Plan sample	The plan documented by the employer and worker to progress the worker back to their regular duties in a specified time frame with details about key job activities, limitations, accommodations and milestones. NOTE: Although not always required, it is recommended that the employer and worker keep a communications log current during the RTW process.	As required during the RTW process. As requested by YWCHSB.	Submitted to YWCHSB by fax mail or in-person upon request.
Checklist for Managing Return to Work sample	An optional tool for the employer that summarizes the key steps and information required to complete the RTW process.	As required.	N/A
Prompts for Identifying Suitable Alternate Work	An optional tool for the employer and worker offering questions, ideas and examples to help in identifying alternate work.	As required.	N/A



FUNCTIONAL ABILITIES FORM

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

WORKER'S INFORMATION		HEALTH CARE PROVIDER'S INFORMATION	
Last Name		Name	
First Name			
Address		Address	
Telephone #	Date of Birth (d/m/y)		
Has worker filed claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim # or part of body		
Date of Injury (d/m/y)		Telephone #	Fax #
		Date of Visit (d/m/y)	Time of Visit
PART A			
<input type="checkbox"/> Patient has no functional limitations			
PART B			
<input type="checkbox"/> Patient has functional limitations and can return to work providing the following limitations can be appropriately accommodated:			
<input type="checkbox"/> No lifting	<input type="checkbox"/> Use of upper extremity *	<input type="checkbox"/> Sitting *	
<input type="checkbox"/> No overhead lifting	<input type="checkbox"/> Bending, twisting or kneeling	<input type="checkbox"/> Limitations due to medications *	
<input type="checkbox"/> Lifting as tolerated	<input type="checkbox"/> Climbing stairs/ladders	<input type="checkbox"/> Limitations due to environmental conditions	
<input type="checkbox"/> Walking *	<input type="checkbox"/> Standing *	<input type="checkbox"/> Reduced hours *	
<input type="checkbox"/> Other * _____			
* Please provide further details on these limitations			

Estimated duration of functional limitations (in days)			
<input type="checkbox"/> I have reviewed details of this report with patient and have provided him/her with a copy of the report. I certify that this is a complete and accurate report.			
Health Care Provider's Signature _____		Date of next visit (d/m/y) _____	

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. If you have any questions about the collection of this information, please contact the Privacy Officer at YWCHSB at the above listed address or at (867) 667-5645 or 1-800-661-0443.





PSYCHOLOGICAL FUNCTIONAL ABILITIES FORM

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 667-8740, Web: www.wcb.yk.ca

WORKER'S INFORMATION		PROVIDER'S INFORMATION	
Surname		Name	
First Name			
Address		Address	
Telephone #	Date of Birth (d/m/y)		
Has worker filed a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim # or Part of body	Telephone #	
Date of Injury (d/m/y)			
Family Doctor		Fax#	
Employer		Date of Visit (d/m/y)	

PART A

Patient has no functional limitations

PART B

For Patients Exposed to a Traumatic Event at Work

Patient has functional limitations and can return to work providing the following limitations can be appropriately accommodated

<input type="checkbox"/> Allow temporarily leaving job site	<input type="checkbox"/> Gradual re-exposure to feared situations
<input type="checkbox"/> Limitations due to environmental conditions	<input type="checkbox"/> Reduce exposure to dangerous situations
<input type="checkbox"/> Time off for counselling appointments	<input type="checkbox"/> Have another employee as backup
<input type="checkbox"/> Change job environment/location	<input type="checkbox"/> Arrange transportation to work
<input type="checkbox"/> Reduce exposure to reminders/triggers*	<input type="checkbox"/> Reduce cognitive demands
<input type="checkbox"/> Limitations due to medications*	<input type="checkbox"/> Attend work ASAP without working
<input type="checkbox"/> Reduced hours*	

***Please provide further details on these limitations** _____

Estimated duration of functional limitations (in days) _____

I have reviewed the details of this report with client and have provided him/her with a copy of the report.

I certify that this is a complete and accurate report. The fees charged are in accordance with the fee schedule and I have received no prior payment.

Signature _____ Date (d/m/y) _____

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. For further information, contact (867) 667-5645 or 1-800-661-0443.



EMPLOYER'S REPORT OF INJURY/ILLNESS

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645: Toll free: 1-800-661-0443, Fax: (867) 667-8740, Website: www.wcb.yk.ca

TELL US ABOUT YOUR WORKER

Worker's last name		Worker's first name		Initial	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
Worker's mailing address			Home telephone # ()		
			Work telephone # ()		
			E-mail address		
Date of birth (d/m/y)	During your busy periods, do you regularly employ 20 or more workers?		<input type="checkbox"/> Yes	Social insurance #	
			<input type="checkbox"/> No		
Employer's name and address (include government department if applicable)			Worker's occupation		
			Name of supervisor		
			Employer's telephone # ()		
			Employer's cell # ()		

TELL US ABOUT THE WORKER'S INJURY/ILLNESS

Date of injury/illness. If injury occurred over time, indicate date worker first reported problems to the employer (d/m/y)		Time		<input type="checkbox"/> AM		
				<input type="checkbox"/> PM		
What equipment was being used?		Part of body injured (indicate left or right)				
What happened?						
Do you have any reason to believe this claim should be denied?		<input type="checkbox"/> Yes	When was the injury/illness reported to supervisor?			
		<input type="checkbox"/> No				
Has the worker sent in a Worker's Report of Injury/Illness?		<input type="checkbox"/> Yes	City, town or place of injury/illness			
		<input type="checkbox"/> No				
Was first aid given at the work site?	<input type="checkbox"/> Yes	If Yes, please attach a copy of the first aid report	Did the injury/illness happen on the employer's premises?	<input type="checkbox"/> Yes	Was the worker doing work for employer when the injury occurred?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No
Did the worker seek medical attention beyond the work site?	<input type="checkbox"/> Yes	Did the worker miss work after the date of injury/illness?	<input type="checkbox"/> Yes	If Yes, this is a Time Loss Claim. Please complete the box below.		
	<input type="checkbox"/> No		<input type="checkbox"/> No			

TIME LOSS CLAIM

Has the worker returned to work?	<input type="checkbox"/> Yes	If Yes, when (d/m/y)?	If No, have you created a Return-to-Work Plan?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No			<input type="checkbox"/> No
Please provide the worker's gross income for the 2 full pay periods immediately prior to the injury/illness				
From (date)		to (date)		\$
and (date)		to (date)		\$
OR: Who would we contact for this information?				
				Telephone

This report must be submitted to the Yukon Workers' Compensation Health and Safety Board ASAP. Employers will be fined if this report is not received within 3 days of when you become aware of the injury. It can be faxed, mailed or dropped off at our office.

Major injuries (including fractures, loss of consciousness, etc.) must be reported to the Yukon Workers' Compensation Health and Safety Board **IMMEDIATELY**. Call (867) 667-5450 or 1-800-661-0443.

ABOUT YOUR INFORMATION

I declare that the above information is true and correct to the best of my knowledge, and I am authorized to sign this report on behalf of the employer.	
Signature	Date (d/m/y)
Print Name	Telephone Number

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. For further information, contact (867) 667-5645 or 1-800-661-0443.





WORKER'S REPORT OF INJURY/ILLNESS

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645: Toll free: 1-800-661-0443, Fax: (867) 667-8740, Website: www.wcb.yk.ca

TELL US ABOUT YOU

Worker's last name	Worker's first name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Worker's mailing address _____ _____ _____	Home telephone # ()		
	Work telephone # ()		
	Cell number # ()		
	E-mail address		
Date of birth (d/m/y)	Social insurance #		
Employer's name and address (include government department if applicable) _____ _____ _____	Worker's occupation		
	Name of supervisor		
	Supervisor's telephone # ()		
	Cell number # ()		

TELL US ABOUT YOUR INJURY/ILLNESS

In your own words, what happened? _____ _____ _____			
Part of body injured (indicate left or right)			Have you hurt this part of your body before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of injury/illness (d/m/y)	If your injury/illness occurred over time, when did you first experience symptoms?		
Who did you report the injury/illness to?		When did you report the injury/illness (d/m/y)?	
What were your hours of work on the day of injury/illness? (from/to)		What equipment was being used?	
Was first aid given at the work site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you doing work for your employer when the injury/illness occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the injury/illness happen on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you seek medical attention beyond first aid at the work site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
When?		Who treated you?	
Did you miss work after the date of injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when (d/m/y)?	

If you have not already done so, you need to report your injury/illness to your employer right away. You can give them a copy of this form.

ABOUT YOUR INFORMATION

I declare that the information provided is true and correct. I consent to the release from any source including the Canada Revenue Agency to the Yukon Workers' Compensation Health and Safety Board (YWCHSB) of any medical or employment information relevant to my claim. I consent to YWCHSB disclosing to healthcare providers, hospitals, physicians, my employers, other workers' compensation boards, Canada Revenue Agency and any other relevant third parties, all relevant information necessary to administer my claim in accordance with the law.

I acknowledge that the YWCHSB may collect information it considers relevant to my claim to determine benefit entitlement and that my social insurance number may be used for reporting to Canada Revenue Agency and collecting information from Canada Revenue Agency for the purpose of determining benefit entitlement in accordance with the law.

Signature _____ Date (d/m/y) _____

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. YWCHSB may obtain and disclose information from this claim, to the employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers' Compensation Act*.

Job Demands Analysis (JDA) sample

General Information	
Job position:	
Department:	
Hours of work:	Breaks:
Personal protective equipment (PPE):	
Work environment, location, workstation description:	
Purpose and overview of job:	
Essential Job Tasks (Tasks required for job purpose)	% of time performed
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
Non-essential Job Tasks	% of time performed
•	
•	
•	
•	
•	
Equipment, Tools, Supplies Used	% of time used



Communications Log sample

Communications made by _____

Worker name: _____

Supervisor name: _____

Expected RTW date: _____

Date of contact	Person(s) communicated with	Method of contact	Details	Follow-up required
Example: January 7, 2020	Injured worker at home	Phone	Asked how they were, if they needed anything. Responded doing all right and don't need anything. Will follow-up in couple days.	Contact worker again between Jan 20 and 22

Return-to-Work Plan sample

Name:	Accident job:
Claim #:	NOC strength level:
Accident date:	Accident employer:
Body part:	

Case Management Team:

The case management team supporting [*worker's name*]'s recovery and return to work includes:

Worker:

Employer representative:

Family doctor:

Physiotherapist:

Disability manager:

Objectives of this Return-to-Work Plan

- To preserve, as closely as possible, an injured worker's pre-disability earning capacity.
- To reduce an injured worker's period of disability.
- To reduce or avoid negative effects on an injured worker resulting from long-term absences from work.
- To retain an injured worker's employment skills.
- To maintain an injured worker's contact with their co-workers and employer.
- To improve an injured worker's physical, social and psychological well-being after a work-related disability.
- To assist an injured worker in maintaining dignity and self-esteem.

Entitlement

- Loss-of-earnings benefits as needed.
- Medical expenses related to workplace disability including prescriptions and physiotherapy/chiropractic treatment.

Return-to-Work Goal and Method of Achievement

- The goal is that [*worker's name*] will return to their pre-injury occupation as a [*Occupation*] by participating in a graduated return-to-work program.

Functional Abilities:



Return-to-Work Plan sample

Worker name: [Redacted]

Pre-injury job position: [Redacted]

Pre-injury supervisor: [Redacted]

Modified work supervisor (if different): [Redacted]

Effective date: [Redacted] **Anticipated end date:** [Redacted]

Job Position:

- Home position
- Home position modified
- Alternate job with or without modifications
- Re-bundled tasks

Functional Limitations and Restrictions:
 (List the restrictions that require accommodation.)

RTW Plan Specifications:
 (Describe job duties, tasks and modifications including necessary tools, equipment and training.)

Hours (include progression schedule if applicable):

Work week (date)	Days and hours scheduled each week							Comments
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	

Checklist for Managing Return to Work sample

Note: The checklist may alter depending upon your organization's procedures. Edit as required.

Worker name: _____

Supervisor name: _____

Date of injury/illness: _____

Initial Management (check box if/when completed)

- Injury reported? Date: _____
- First aid or medical attention, and transportation to a health care facility provided?
- Employer's Report of Injury form fully completed and submitted to YWCHSB?
Date submitted: _____
- Organization incident investigation completed?
- Functional Abilities Form returned?
- Expected return-to-work date identified?: _____
- Communication with worker maintained and documented in communications log?

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?
- Document, sign and provide RTW plan. Date: _____
- Submit RTW plan to YWCHSB. Date: _____

Monitor and Evaluate

- Meet regularly with worker to evaluate RTW plan.
Date: _____ Date: _____ Date: _____
- Contact YWCHSB case manager to keep them informed of RTW plan.
Date: _____ Date: _____ Date: _____
- Provide hours worked to YWCHSB case manager.
- Complete monitoring form. Date: _____
- Resolve any issues that arise.

Completion

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

NOTES:



Prompts for Identifying Suitable Work

The following prompts may help you in thinking of alternative work that is of value to the organization. Remember, if the worker is unable to perform their usual job duties with or without modifications then first look for suitable work within the division before looking across the whole organization.

Department or area within organization	Questions to ask	Example ideas
Administration	<ul style="list-style-type: none"> • What tasks have we not got around to doing? • What needs will arise in the next 6 to 12 months? 	<ul style="list-style-type: none"> • Processing tax receipts • Data entry • Filing and reorganizing
Business improvement	<ul style="list-style-type: none"> • Are there new systems or processes that would improve business? 	<ul style="list-style-type: none"> • A filing system • Forms for improved efficiency • Training manual content • Quality assurance system
Promotion, marketing, sales	<ul style="list-style-type: none"> • What work could promote the business? 	<ul style="list-style-type: none"> • Phone sales or calling clients • Developing promotional material • Market research, such as customer satisfaction questionnaires • Updating client database
General labour	<ul style="list-style-type: none"> • Do other areas need an extra hand? 	<ul style="list-style-type: none"> • Cleaning up and organizing • Researching or buying tools and equipment • Checking inventory • Organizing parts and materials • Finding new suppliers including cheaper or better materials
All	<ul style="list-style-type: none"> • Are there safer ways to complete the job? 	<ul style="list-style-type: none"> • Using tools or equipment (such as carts, handles, hoists and power tools) to reduce demands • Using ergonomics to complete the job more safely • Reorganizing job tasks to reduce risks • Adjusting the work environment such as temperature and lighting
All	<ul style="list-style-type: none"> • Are there incomplete tasks? • Are there opportunities for bundling job duties? 	<ul style="list-style-type: none"> • Incomplete projects • Areas that require research • Redistribution of job tasks (make sure that you are not putting co-workers at risk of injury)

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