

PRINCIPLES OF INJURY MANAGEMENT PARTICIPANT MANUAL

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BC Construction Safety Alliance (BCCSA)

The BCCSA is an association fully funded by its member companies. The BCCSA's mission is to work in partnership with WorkSafeBC, to promote a positive occupational health and safety culture for the construction industry by providing programs and services where employers work together to reduce the human and financial impacts associated with workplace incidents.

Acknowledgements

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Disclaimer

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INTRODUCTION

This course was developed by the BCCSA for owners, supervisors, joint health and safety committees, and injury management coordinators to explain the importance of managing injuries in the workplace. It will also provide guidance on creating an injury management program.

Course Format

The course format contains:

- **Theory:** You will review the importance of injury management, where to find support, and discuss how to create and implement an Injury Management program.
- **Activities:** You will work on practical exercises designed to help you gain familiarity with injury management. The instructor will review each exercise with you to make sure you understand the material.

LEARNING OUTCOMES

UPON COMPLETING THE PIM COURSE, YOU SHOULD BE ABLE TO:

1.	Describe the benefits of a successful Injury Management program
2.	Describe legislative requirements that pertain to workplace injury management
3.	Relate how the Guiding Principles support the development of an Injury Management Program
4.	Describe the roles and responsibilities of key workplace and external parties in the injury management process
5.	Explain what's involved in creating a Job Jar
6.	Describe how to create and implement a Return to Work/Stay at Work Plan
7.	Explain what is needed to maintain an Injury Management Program
8.	Identify when in the injury management process reporting to WorkSafeBC is required

What to Expect in this Course

This course will help anyone responsible for injury management in their workplace. Although this course emphasizes the important role that supervisors play in the injury management process, the person responsible for injury management may vary depending on the workplace and the size of the workforce. Regardless, of who is responsible for injury management, a team approach that places the worker at the centre of the process has the greatest chance of success. Recovery at work requires teamwork between you, the worker, and the worker's health care provider(s).

No pre-requisite training is required for this course.

There will be an open book multiple choice quiz at the end of the course. A passing mark of 80% is required.

A completion certificate will be provided to each participant following successful completion of this course.

Note that a PIM Certificate of Completion is required for the [NCSO® and NHSA™ programs](#). If you are pursuing your NCSO® or NHSA™ designations, you can obtain more information on the [NCSO® and NHSA™ designations](#) by visiting the BCCSA website.

Activity #1 | Introductions

MODULE 1

INTRODUCTION TO INJURY MANAGEMENT

What is Injury Management (IM)?

Injury Management is a proactive and responsive approach to assisting injured workers to:

- Stay at work
- Return to safe and productive work as soon as possible

The primary goal of having an Injury Management (IM) program is to promote full recovery through early intervention and ongoing support in case of injury.

For your workers, having an effective IM program can promote injured workers' effective and timely recovery while minimizing interruptions to their livelihood, their daily patterns, or their economic, social, or workplace status.

For employers, it is good business to have an IM program, especially one developed in advance of an injury. Work and production interruptions can be minimized with a proactive strategy of involvement, communication, training, and coordination throughout the workplace, and with healthcare workers.

Early intervention by all parties is critical to ensuring the best possible outcomes. This includes workers, supervisors, first aid attendants, injury management coordinators, management, and physicians.

Returning to work, when it's safe during recovery, enhances the mental health and physical well-being of an injured worker. Additionally, it helps maintain their income, employment benefits, social connections, routines, and job security.¹

Legislative Requirements

On January 1, 2024, injury management legislation came into force in BC which affects both workers and employers.

Duty to Accommodate

The "duty to accommodate" is a legal requirement arising out of human rights legislation and labour standards. For the purposes of IM, employers are required to make every "reasonable" effort to accommodate ill or injured workers. The law requires the employer to do everything it can to accommodate the needs of the employee to the point of undue hardship.

Having an effective IM program with a variety of suitable and alternative duties will help satisfy this requirement. While having injured workers stay at work or return to work makes business sense, there is a legal obligation for companies to accommodate injured/ill workers, as opposed to letting them go. Many companies are not aware of this. The extent to which companies have to accommodate depends on the employer's size, nature of business, resources, etc. to the point of undue hardship. For example, the larger the company, the more opportunities there will be to accommodate the worker.

So, what is considered undue hardship?

Undue hardship is defined as the point at which it is too difficult, unsafe, or expensive to remove barriers so injured workers can return to work. Undue hardship is determined by:

¹WorkSafeBC, "Return to Work.", May 22, 2024, <https://www.worksafebc.com/en/claims/return-to-work>.

- A case-by-case basis
- Thorough investigation
- Consideration of specific circumstances of each situation
- The employer cannot create work, lose money, or take work away from other workers. Examples of undue hardship would be loss of money or competitiveness, missed bids, or collective agreement issues.

Duty to Cooperate

In BC, workers and employers have a mutual obligation to:

- cooperate by contacting each other
- maintain communication
- identifying suitable work
- providing WSBC with information

If a worker isn't taking steps to comply with their obligations or address an issue they are facing, WorkSafeBC may contact them to learn more about any concerns and offer support.

In rare cases, further escalation may be required, as laid out in the legislation. If a worker remains non-compliant, WorkSafeBC may reduce or suspend compensation payments.

Duty to Maintain Employment

In BC, employers have an obligation to maintain the worker's employment. The duty to maintain employment only applies to some employers. If an employer regularly employs twenty or more workers and has employed the injured worker for at least one year before their injury, the employer has an obligation to maintain that worker's employment. If an employer isn't taking steps to comply with their obligations or address an issue, WorkSafeBC will contact them to discuss the issues and potential barriers to cooperation and offer support.

In rare cases, further escalation or penalties may be required, as laid out in the legislation. If an employer remains non-compliant, WorkSafeBC may apply an administrative penalty based on the amount of the wage loss or other benefits being paid to the worker.

Activity #2 – Explaining Legislative Requirements

Answer the following questions in your groups and write your answers in your manual:

Where are the injury management legislative requirements located in the *Workers Compensation Act*?

What are the legal responsibilities of the Duty to Cooperate?

What are an employer's responsibilities for the Duty to Maintain Employment?

A Return to Work Case Study

The following case study contains information regarding a workplace incident and worker injury. We will use this information to complete activities related to the process of injury management throughout the course:

Background

ABC Construction Inc. is a road construction company with operations throughout B.C. They are working on improving their OHS program for COR® certification.

One of their workers, Mark Brown, is in his mid-forties and not very physically fit. He started in road construction as a labourer at 16 years of age when he felt school was boring. He has worked for the past 11 years as an Excavator Operator. Mark has had a few spells on WorkSafeBC claims due to back problems.

Mark's supervisor, Peter Rock, likes to implement improvements on his projects such as a new inventory system to keep track of rental equipment. Peter recently changed some written procedures to improve both safety and production. Mark has seen many changes and is tired of change, especially as he feels that many of these changes never seem to work. Peter is aware of Mark's reluctance to try new things or make suggestions for improvements. On the day of the incident, Peter and Mark had a tense conversation about the changes in procedures. This left both parties feeling frustrated and the issue remained unresolved.

The Incident

Late in the workday, Mark (a little preoccupied) was climbing off an excavator and twisted his body in an awkward manner. He felt a painful stab in his lower back. He couldn't straighten up and had difficulty walking to his vehicle. As it was almost 4:30 pm on a Friday, Mark went home without telling anyone about his injury.

On Saturday morning, he couldn't get out of bed as the pain in his back was intense. His family took care of him over the weekend, and he saw his doctor on Monday. Mark told the doctor about hurting himself at work on Friday. The doctor gave Mark a note stating that he could not work, started him on a treatment program, and suggested he report the injury to his employer. Mark phoned work and asked a co-worker to tell his supervisor, Peter, that he would be off work for a few days with a bad back. Mark contacted WorkSafeBC to make a claim.

Peter was surprised when he learned that Mark was claiming his injury was work related and that he was making a WorkSafeBC claim. This was the first time he had heard about this incident and injury. He had not completed any of the required WorkSafeBC forms as he had not been notified of the situation. Peter was upset as he had a very heavy workload to manage and had been counting on Mark being at work.

MODULE 2

THE IMPORTANCE OF INJURY MANAGEMENT

Understanding the importance of injury management helps companies to create a program that meets the legal requirements and supports the well-being of both workers and the business.

Early Intervention

Early Intervention is important because it supports injured workers to return to work early, heal faster, require fewer medical treatments, and benefit from working.

Early Intervention involves meeting with the worker, getting appropriate first aid assessment or other medical attention, and taking the opportunity to respond in a way that will allow the injured worker to recover at work.

The goal of early intervention is to:

- Engage and support the worker
- Keep the worker connected to the workplace
- Encourage early active rehabilitation for soft tissue injuries

The Supervisor (or Injury Management Coordinator) should communicate with the worker to convey support by:

- Explaining the process and expectations
- Discussing the benefits of active rehabilitation
- Discussing the benefits of physiotherapy
- Discussing the benefits of suitable work

This would occur at the time of injury or as soon as possible depending on the severity of the injury. The use of early intervention strategies contributes to the success of Injury Management programs when jointly endorsed by workers and management.

The Costs of Injuries and Illnesses

Economic and personal costs grow rapidly the longer workers are off the job. In addition to the financial and emotional costs that can be endured by an injured worker, challenges may arise for workers who may face a reduced income and associated change in lifestyle. Also, with reduced or no insurable earnings, a worker may be unable to contribute to retirement plans such as the Canada Pension Plan or a Registered Retirement Savings Plan (RRSP).

There are multiple “costs” to a workplace injury. These include both direct and indirect costs. Direct costs are often insured, meaning that a company has calculated the risk in advance of the situation and has the means to recuperate the financial expenses. Indirect costs are often uninsured and can be difficult to predict and / or prepare for. The following are some examples of each:

Direct costs of a workplace injury can include:

- WorkSafeBC payments made to the injured workers
- Payments made to health care and rehabilitation providers
- WorkSafeBC premiums
- Transport costs (ambulance, taxi, Medi-vac)

Indirect costs of a workplace injury may include:

- costs of paperwork,
- discussions, meetings
- family life disrupted for injured worker
- injured worker potentially misses job opportunities while off

Activity #3 – Injury Costs

What are some other examples of direct costs associated with an injured worker being off?

What are some other examples of indirect costs associated with an injured worker being off?

Why are indirect costs hard to plan for?

Monitoring Absences

Part of Injury Management is monitoring absences in the workplace. The goal is to reduce the frequency and duration of health-related time away from work. (including sick days, injuries, and work-related illnesses or incidents). Early and strategic interventions with open communication can often minimize potential workplace injuries, illnesses, and time loss.

Why is it important to monitor absences?

Does your company track absences? How?

The best practice is for workers to be trained in a process related to being absent including:

- calling their supervisor directly when they are absent from work
- expecting the supervisor to ask them if there's work they can do
- understand that suitable duties will be made available, and they'll be welcomed back when they can do any portion of work.

In summary, an excellent IM program can optimize the injured worker's safe and full recovery through early and timely intervention. It can also help build morale, keep good workers, reduce costs, and keep projects running smoothly.

Benefits of Injury Management

Work provides a wealth of benefits to people: financial, physical, mental, and emotional. It provides a sense of accomplishment and a feeling of belonging for the worker, and a safer workplace for the employer. Work gives an identity to both the worker and the employer.

Activity #4 – Benefits for Workplace Parties

Your group will be asked to identify either the Benefits for Workers or the Benefits for the Employer. Record your group's answers in the spaces provided here. Have one person agree to report out to the larger group.

Benefits for the Worker

Many believe that being away from work reduces stress and promotes healing. They do not consider that the worker's daily life has been disrupted. That disruption can itself heighten or cause unnecessary disability resulting in extended time off work.

Benefits of returning to work can include:

There are many benefits to having an effective Injury Management program for the Employer. These include:

MODULE 3

DEVELOPING AN IM PROGRAM

An Injury Management Program should identify what you expect to achieve and how you will measure progress. For example, “We want to reduce the duration of employee health-related absences or reduce our overall absenteeism rate by 7% in the next 3 quarters.”

Any goal you set to achieve can be evaluated using what is known as the S.M.A.R.T. method:

Are the goals of the program:

- S** - Specific
- M** - Measurable
- A** - Achievable
- R** - Realistic
- T** - Timebound

The goals of the program should be known by everyone. For example, a company can communicate this information at health and safety meetings or other safety training.

Also consider non-statistical measures of success, such as changes in workers’ awareness of IM, or their attitudes to other workers who are off work due to injury. This can be done by surveys or informal observations.

For an Injury Management Program to succeed, workers need to trust and support the IM process. The IM program needs to be regularly communicated to workers.

GUIDING PRINCIPLES

Guiding Principles identify common features of successful Injury Management programs. By considering these principles when developing, implementing, and managing your program you can ensure that proper approaches are followed and that all individuals are involved. These principles are mutually supportive and interdependent. For example, an immediate and planned response by both the first aid attendant and the supervisor at the time of injury can contribute enormously to the worker’s early and safe return to work.

Prevent injuries and illnesses

Having a health and safety program is an important injury prevention strategy. Prevention includes paying attention to any early warning signs (e.g., unusual absence) and knowing how to respond.

Examples of early warning signs might include a worker holding their shoulder in pain several times during a shift, or a worker constantly arguing with their supervisor and co-workers. These might be signs of an underlying injury or illness. A conversation with that person might prevent a time loss claim. Communication is key.

Immediate and Planned Response

When a worker is injured or becomes ill, it is crucial for all parties to respond immediately and initiate the Injury Management process. High-quality first aid can reduce the number and duration of claims. Excellent first aid attendants:

- help keep workers on the job with timely first aid
- work with supervisors to identify stay at work or return to work possibilities
- are aware of the Information Package for the Physician
- follow up on the injured workers and complete the required records

Early Intervention

Success in injury management depends on the employer acting promptly to engage the worker, convey support, keep the worker connected to the workplace, and encourage early active rehabilitation.

This process involves meeting with the worker, getting appropriate first aid, or other medical attention, and taking the opportunity to respond in a way that will allow your injured worker to recover at work. This may include giving the worker an Injured Worker Package, providing them with suitable duties, or offering assessment and treatment from a medical professional.

Excellence in Supervision

The relationship between the worker and their immediate supervisor can directly affect the speed and quality of recovery and the return-to-work outcome—often more than the relationship with co-workers.

Where there is friction, disrespect, and /or poor communication, injured workers often return to work more slowly. When workers feel they are valued, expected, and needed on the job, they often return to work sooner and more successfully.

Since supervision is also clearly linked to productivity, motivation, and quality, it makes good business sense to look at the role of supervisors in the injury management process.

Involvement of the Injured/Ill Worker

The worker's participation in the development of their Stay at Work (SAW) / Return to Work (RTW) plan is essential as it provides a sense of ownership and responsibility for rehabilitation on and off the job. It also supports the Duty to Cooperate.

Supportive and Rehabilitative Focus

The Injury Management program and individualized SAW / RTW plans must focus on safe, effective, and timely return to work. Work itself should be part of the rehabilitation.

Maintaining the work relationship/routine between the worker and employer while the worker is away from the workplace helps the worker feel connected and valued.

The tasks and duties contained in an individual's SAW / RTW plan must be suitable, meaningful, and productive—subject to the worker's training, knowledge, skills, abilities, and experience.

There are two levels of duties: **suitable** and **alternate**.

Suitable work is the first choice for injured workers, based on elements of the worker's normal duties that align with their injury. As the worker's recovery progresses, additional modified duties requiring increased capacity can be included in the list of suitable work duties.

Alternate duties are the second choice and are generally lighter transitional duties outside the scope of normal work—they are provided when injured workers cannot do any of their regular work. Eventually, the goal is that the worker progresses back to doing their full set of regular duties.

Activity #5 – Applying the Principles

In your assigned group identify why these principles are important and how would they apply to your program. Are there any principles missing?

ELEMENTS OF AN INJURY MANAGEMENT PROGRAM

There are 5 Elements involved in successfully developing and implementing an effective and sustainable injury management program.

Element 1: Develop an IM Policy

Developing an Injury Management policy that has been approved and signed by management (and the union where applicable) formalizes the company's commitment. The IM policy should state the intent of the program and the actions that will be taken to assist injured workers to stay at or return to work.

It must envision and promote a coordinated approach in all areas of the company. It should also supplement your company's broader health and safety policy.

A sample Injury Management Policy can be found in the appendices (Appendix A).

Element 2: Identify Roles and Responsibilities

A successful Injury Management program takes a team effort with everyone understanding the roles and responsibilities of all involved parties.

The Role and Responsibilities of the Supervisor

Supervisors make a significant difference in injured worker outcomes. Positive support from their supervisor and co-workers will increase the likelihood that an employee will successfully stay at work or have an early and sustainable return to work.

For ill or injured employees, supervisors:

- Are the first point of contact
- Have the ability to manage the immediate work environment
- Can influence organizational support

How supervisors communicate can influence return-to-work outcomes. Effective communication by a supervisor can help the injured worker retain a connection to the workplace. This can enhance a worker's sense of belonging and value and helps prevent them from becoming stigmatized.

Supervisor responsibilities for injury management can include:

- Informs and educates workers about the Injury Management program
- Talk with the injured worker as soon as possible after the injury
- Accompany the injured worker to medical care after the injury, if needed
- Plan suitable or alternate duties in consultation with the worker
- Communicate with the Injury Management Coordinator
- Reminds injured worker of the required paperwork and communicates expectations
- Completes the Communication Log (Appendix L)
- Meets with the injured worker at regular intervals, connecting the worker to the workplace

The Role and Responsibilities of the First Aid Attendant

- Provides immediate first aid including assessment and treatment
- Immediately informs the supervisor of any injury or illness
- Decides on an appropriate course of action: stay at work or medical aid
- Reminds worker of the IM process
- Completes all necessary paperwork and records details including subsequent first aid
- Notifies the supervisor of any change in the condition of the injured worker

The Role and Responsibilities of the Injured or Ill Worker

- Reports all injuries/illnesses immediately and obtains first aid as required
- Follows the SAW/RTW program including suitable or alternate duties
- If medical aid is required, take the Information Package to the physician
- Participates in creating and following through with their SAW/RTW Plan
- Communicate with the employer, IM Coordinator, WorkSafeBC, and health care providers about progress

The Role and Responsibilities of the Injury Management Coordinator

The IM Coordinator facilitates the IM process by coordinating the parties involved, regularly monitoring the status of each claim, and following up with workers as they return to their pre-injury duties. Your Injury Management Coordinator should be involved as early in the process as possible. They should be contacted when a worker needs to seek medical attention and be aware of any Stay at Work/Return to Work plans, specifically when:

- A worker has been injured causing their absence from the workplace
- The worker is not immediately able to return to their pre-injury duties
- A worker has been ill for some time with no plan for their return

Their responsibilities can include:

- Assisting injured workers to stay at work or return to work
- Working with supervisors to ensure communication with the injured worker

- Maintaining the Communication Log (see Appendix L)
- Encouraging the injured worker to be part of the workplace
- Coordinating lists of possible suitable or alternate duties (Job Jar)
- Ensuring all paperwork is current and up to date
- Tracking progress of SAW/RTW plans and relevant paperwork
- Acting as the key liaison for the company
- Working with WorkSafeBC and healthcare providers
- Tracking costs and data related to workplace injuries
- Maintaining the confidentiality of worker's records
- Ensuring Job Demands Analysis (JDA) are available

Activity #6 – Preparing for Roles and Responsibilities

In pairs or groups, review the roles and responsibilities for your assigned workplace party and create a list of training that may be needed to fulfill their duties; how would they need to prepare for their role?

Element 3: Identify External Parties

Third-Party Case Managers

Some companies contract their case management to third party providers. Depending on your circumstances, there are advantages and disadvantages to this strategy. The key is for your company to stay engaged in the IM process as part of your company's overall health and safety program.

Healthcare Providers

Physicians

The Canadian Medical Association outlines the physician's role in injury management.

A physician should:

- Participate in a timely return to work
- Consult with other health care professionals, the employer, and the worker
- Facilitate the return to work by encouraging communication by all parties early in the treatment or rehabilitation process
- Provide specific information describing the patient's work capabilities and work accommodation possibilities.

It is important to note that physician/patient confidentiality is maintained throughout the process. Physicians are only able to release information about their patient's work capabilities - what the worker can and cannot do as it relates to the job functions - and not their patient's diagnosis (the nature of the injury or illness).

For the physician to be able to release their patient's functional abilities to others (such as the employer), the patient needs to sign a Release of Information. This release is contained within the Information Package for the Physician that the injured worker takes to the physician.

Physiotherapists

Employers can refer workers to physiotherapy at the time of injury; workers do not require a referral from a physician.

Visit the WorkSafeBC website for more information on the WorkSafeBC [Early Access to Physiotherapy Program](#) and find out if the program exists in your area.

WorkSafeBC

WorkSafeBC's goal is to rehabilitate injured workers and help them return to work as soon as it is safe to do so by:

- Providing assistance and support: to injured workers, their employers, physicians, and other healthcare workers
- Helping to develop and implement return to work plans.
- Assisting with early referrals within a few days of the injury and up to 12 weeks later.
- Helping resolve other issues for injured workers.

WorkSafeBC's decisions regarding an injured worker's claim are based on the information provided to them. Be sure to keep the facts clear, timely, and your paperwork organized. Keep all records and notes. This information may be important should there be a disagreement regarding the claim at some point.

The Return to Work Consultation and Education Services Support Line can connect you with Return to Work Specialists. [\(Return to Work Consultation and Education Services Support Line - WorkSafeBC\).](#)

Element 4: Jobs Demands Analysis (JDA)

A Job Demands Analysis (JDA) is an important part of your Injury Management Program.

A JDA includes a physical demands description and a cognitive (mental) demands analysis. It aims to systematically evaluate the physical, cognitive (mental), and environmental demands of a task or job.

A job demands analysis must include details about the job position, requirements related to safety, training needed, hours of work, skills needed, equipment used, and the work environment, with considerations for accessibility.

A job demands analysis can be used to:

- assess the compatibility between a worker and the requirements of a specific job
- determine accommodations that may be needed to support a recovering worker
- educate others on the demands of certain jobs
- allow a treating physician to know about the injured worker's current job requirements

The Important Forms in this manual include a blank Job Data Analysis Form you can use at your workplace.

For more information on JDAs, review the information on this website: [CCOHS: Return to Work - Job Demands Analysis](#)

Element 5: Job Jar

Having suitable, or alternate, work available allows your employer to meet their Duty to Accommodate requirement and allows an injured worker to continue to work while recovering from their injury.

Suitable Work

Suitable work may involve modified, light, or different duties. It must be:

- Meaningful and productive
- Safe for the worker and others
- Suitable to the worker's skills and abilities
- Within the worker's medical restriction and functional abilities

Providing suitable work may involve:

- Physical changes to a work area, equipment, or sequence of activities
- Reduction of hours (not preferable in most cases)
- Reorganization or elimination of tasks
- Permitting absences or breaks
- Assignment to another job

Finding suitable work may take some effort and creativity. It involves knowing the uniqueness of each worker, their functional abilities, and the requirements of your workplace. Since each situation is unique, a cookie-cutter approach to Stay at Work/Return to Work will not succeed.

Alternate Work

When modifications cannot be made to an injured worker's existing job, alternate work should be available. This work is different from the work performed prior to the injury, and it may or may not require modifications. It is important to create a list of possible alternate duties.

Job Jars are pre-made lists of suitable work and alternate duties within the company/organization. Best practice indicates a Job Jar lets you match the duties to the abilities of the injured worker. Once developed, this enables a supervisor to efficiently create a suitable work offer.

Remember that the process of accommodation is not just making a random list of duties and giving them to any injured worker. You are matching the duties to the abilities of the particular injured worker, specific to their occupation and the abilities associated with their injury.

Management, in consultation with the JOHS committee, can create a comprehensive list of available activities, which may require the worker to receive some training. For example, if the job involved computer work, the injured worker may need to be shown some basic computer skills.

It is important to make this Job Jar available when developing the return-to-work plan; however, it's equally important to ask the worker what additional skills or talents they can bring to the table to assist.

Review the Case Study from Module 1 and identify a list of tasks that Mark performs as an equipment operator. Then create a Job Jar based on the activities of ABC Road Construction to determine what tasks Mark can complete as suitable or alternate work:

MODULE 4

IMPLEMENT AN INJURY MANAGEMENT PROGRAM

Managing an Injury or Illness

Managing an injury or illness can be facilitated by:

- Initial Reporting and Assessment
- SAW/RTW Plans
- A Suitable or Alternate Work Offer

Initial Reporting and Assessment

Workers need to seek first aid as soon as possible after an injury/illness. The worker's supervisor also needs to be contacted.

If the first aid attendant has determined that no medical attention is required, and the worker is able to stay at work, the supervisor and worker should identify potential functional abilities based on the first aid attendant's assessment. If medical aid is required, the injured worker should take the Information Package for the Physician to the healthcare provider. The physician assesses, completes, and returns the Functional Abilities Form. (See Appendix F)

SAW/RTW Plans

A Stay at Work Plan applies in situations where the worker is not required to convalesce at home or in the hospital. It generally follows a Suitable Work Offer (expands on the information provided there). A Return to Work Plan, on the other hand, is for injured workers who have missed time from work. To help with the process of developing these plans, the BCCSA has created a Stay at Work Planning Form, which is provided as a Word file for ease of use.

SAW/RTW Plans:

- » Are important written communication and record-keeping tools within an IM Program
- » Support the injured worker in recovery
- » Identify and address injury-specific limitations and abilities
- » Involve a collaborative process (take account of input from both worker and supervisor)
- » Are structured (e.g., progress an injured worker back to full and regular duties by gradually increasing their hours and/or duties over a designated time period)
- » Identify suitable/alternate duties
- » Indicate suitable work hours/ shifts
- » Vary in scope and duration, depending on injury type and severity (i.e., they cover a fixed length of time and specify an end goal – a date of full return to work)
- » Reflect a proactive, holistic approach to recovery in the workplace
- » Return to Work and Stay at Work plans provide

Clarity about expectations for the injured worker:

- » What work duties to do
- » Any adjustments to the schedule (e.g., allowance for needed breaks or for time needed to complete tasks)
- » Anticipated recovery (e.g., how long it will take, what stages of recovery or full recovery might look like)

Clarity about expectations for the Supervisor or Injury Management Coordinator

- » When parameters are met
- » When to ask for assistance to progress

Clarity for

- » The healthcare provider (ensures that activities in the plan do not adversely affect recovery)
- » Manager/supervisor (needs to know what the plan is to support implementation)
- » WorkSafeBC (will need to know a plan is in place and has been offered to an injured worker)

Important Forms

In addition to the WorkSafeBC forms that need to be completed at the time of injury, there are a number of forms (documents) specific to your IM program that need to be completed to have your injured worker stay at work or be part of a well-coordinated return to work plan.

BCCSA provides a list of documents that are useful for developing an IM program on the [BCCSA website](#) in Word form for ease of use. Samples of some of these can be found in the Appendices of this manual including:

Appendix A: Sample Injury Management Policy

Appendix B: Letter to Employee

Appendix C: Letter to Physician

Appendix D: Stay at Work/Return to Work Planning Form

Appendix E: Suitable Work or Alternate Work Offer Form (Modified or Alternate Work Offer Form)

Appendix F: Functional Abilities Form

Appendix G: Sample Functional Abilities—Physiotherapist Form

Appendix H: Sample Employee Checklist

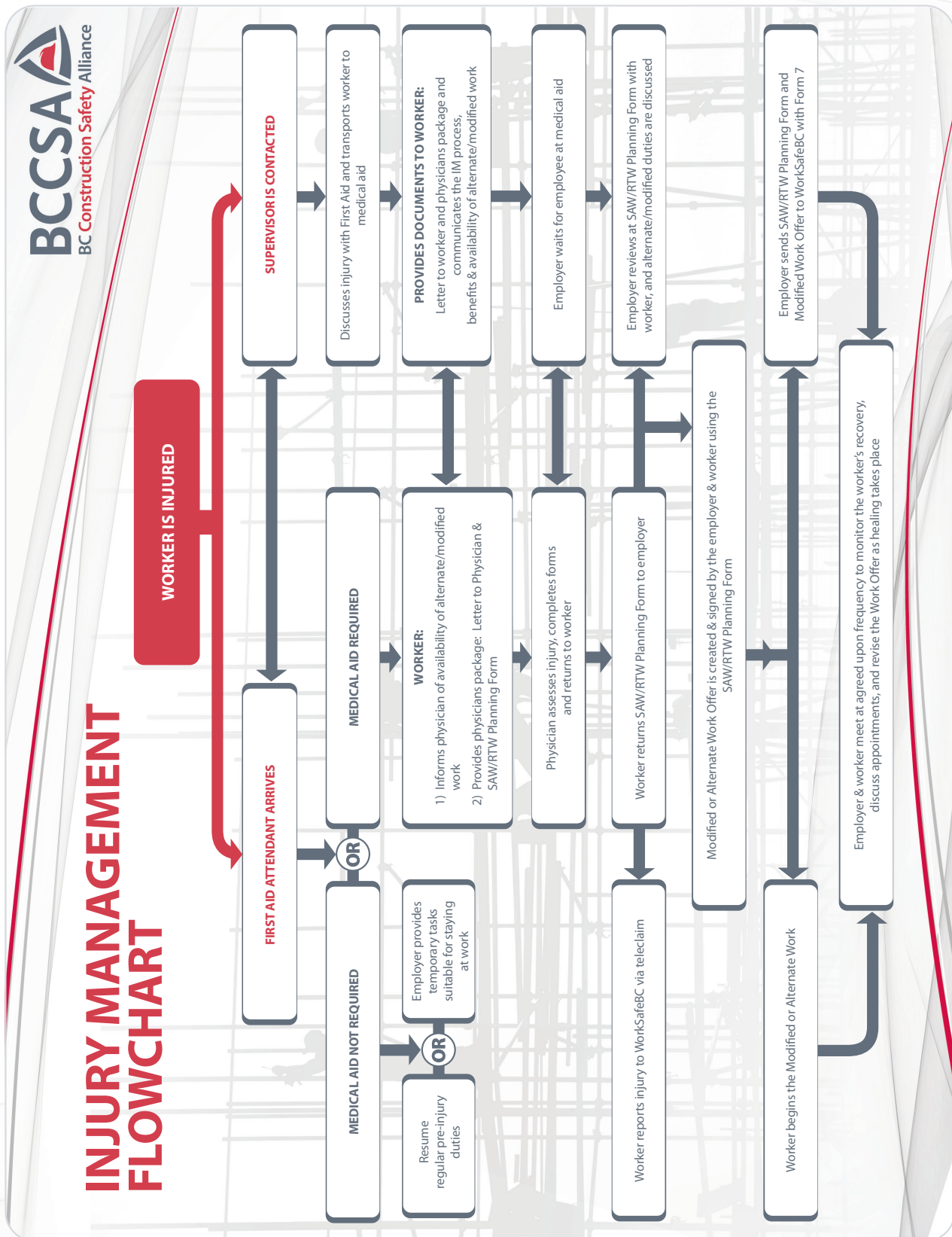
Appendix I: Sample Employer Checklist

Appendix J: Blank Job Demands Analysis Form

Appendix L: Communication Log

Appendix M: IM Program Checklist

The following Injury Management Flow Chart outlines the process



A Suitable Work Offer or Alternate Work

Based on the assessment of the worker's capabilities, the supervisor and the injured worker create a Suitable Work Offer. Having a written plan helps everyone move towards the same goal of having the worker back to their own job as soon as possible. Make sure the offer is specific and has an end date. The completed offer is submitted to WorkSafeBC along with the Employer's Report of Injury (Form 7).

Activity #8 – Complete a Suitable Work Offer

Review the Case Study from Module 1 and complete the activity.

1. Your group will have 5 minutes to review the pre-filled SAW/RTW Planning Form and then complete a Suitable Work Offer.
2. For the Temporary Limitations/Restrictions section of the Suitable Work Offer, groups can write "see the SAW/RTW Planning Form." The focus of this activity is determining Specific Duties.
3. For the Specific Duties section, you can reference your Job Jar and / or be creative.
4. Be prepared to explain your group's plan to the rest of the class.

STAY-AT-WORK/RETURN-TO-WORK PLANNING FORM

PHYSICIAN'S SECTION

Employee authorization to release information:

 I, (print full name), **Mark Brown** hereby authorize my attending physician to release the information below to my employer
ABC Road Company (company name)

Employer contact name (print contact name)

Employer contact phone number (phone number including area code)

Mark Brown

Employee's signature

Peter Rock

Date (yyyy-mm-dd)

Saturday (next day)

Area of injury

Lower Back

Patient is able to return to regular activities?

YES ☒

 If limitations are required please refer to the **Guidelines for modified work** below for your patient's area of injury.

PLEASE CIRCLE THE APPROPRIATE INJURY BOX

 If you are recommending avoiding or limiting activities, please indicate for how long? **10 working days**

If you have further recommendations please advise:

Lifting limited to 8kgs. Limit work to 4 hrs/day for first week. Need to see worker in one week.

Guidelines for modified work

This document provides a list of typical physical limitations for common injuries. These limitations are guidelines to help develop an appropriate offer of selective/light employment or a return-to-work plan.

Low Back
Ensure:

- The worker can self-pace and/or take micro breaks
- The worker can change position between walking, standing, and sitting

Limit:

- Walking on uneven ground
- Lifting and carrying to light or medium loads, depending on frequency and postures

Avoid:

- Jarring
- Repetitive bending
- Long periods of static standing or sitting
- Extreme bending of the back
- Twisting of the back

Shoulder
Ensure:

- The worker can self-pace and/or take micro breaks.

Limit:

- Climbing ladders
- Activities using arm above shoulder level, including reaching down
- Activities which require lifting and carrying to light or medium loads

Avoid:

- Holding the arm outstretched for periods especially while holding weights and applying force
- Lifting and carrying with arm above shoulder level

Knee
Ensure:

- The worker can self-pace and/or take micro breaks
- The worker can occasionally elevate the knee
- The worker can frequently change position between standing, walking, and sitting

Limit:

- Walking on uneven ground

Avoid:

- Long periods of standing or walking
- Deep squatting, kneeling, or crouching
- Pivoting of the knee
- Participating in activities requiring bracing, balancing, or running
- Stair use or ladder climbing

Ankle
Ensure:

- The worker can occasionally elevate the ankle
- The worker can self pace and/or take micro breaks

Limit:

- The use of stairs

Avoid:

- Long periods of standing or walking
- Walking on uneven ground
- Climbing ladders
- Deep squatting and crouching
- Activities requiring balancing, bracing, or running

Elbow/Forearm
Ensure:

- The worker can self-pace and/or take micro breaks

Limit:

- Repetitive or sustained gripping, especially where high forces are required
- Repetitive elbow bending
- The total time spent keyboarding or driving
- The use of impact tools (including power tools and hammers)

Avoid:

- Hanging weights
- Forearm rotations
- Pressure on the elbow

Wrist/Hand
Limit:

- Repetitive gripping, especially where high or sustained forces are needed
- Lifting and carrying to light or medium loads
- The total time keyboarding or driving

Avoid:

- Extreme postures of the wrist, especially with force

Neck
Ensure:

- The worker can self-pace and/or take micro breaks

Limit:

- Activities with arms above shoulder level, including reaching down
- Activities with lifting and carrying to light or medium loads
- Hanging weights
- Ladder climbing

Avoid:

- Lifting and carrying with arms above shoulder level
- Extremes of looking up, down or over the shoulder, especially if sustained for more than a few seconds

Strength categories for handling loads

National Occupational Classification (NOC) is the nationally accepted reference on occupations in Canada and provides a standardized framework for definitions such as pulling, pushing, lifting and/or moving objects during the work performed.

The NOC defines strength used in handling loads (e.g. pulling, pushing, lifting and/or moving objects during the work performed) as follows:

Limited: Work activities involve handling loads up to 5 kg

Light: Work activities involved handling loads of 5 kg but less than 10 kg

Medium: Work activities involve handling loads between 10 and 20 kg

Heavy: Work activities involve handling loads more than 20 kg

WORK SAFE BC

Physician's Name (please print)

Dr. Healthy

Physician signature

Dr. Healthy

Date (yyyy-mm-dd)

Saturday

Next follow-up appointment (yyyy-mm-dd)

1 week from today

Anticipated date for FULL Return-to-Work (yyyy-mm-dd)

3 weeks

Please fax a copy to WorkSafeBC at 1-888-922-8807 or 604-233-9777 and provide your patient with a copy to return to their employer

MODIFIED OR ALTERNATE WORK OFFER

Employee's Last Name	First name	Date (yyyy-mm-dd)
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Modified and/or alternate duties will help bridge the gap during your period of transition back to full regular duties. In keeping with our commitment to provide suitable employment to injured employees, we are offering you the following modified and/or alternate work placement:

Job position:	Location of placement:
Temporary limitations:	
Specific duties:	
Hours of work per day:	Number of days per week:
Start date modified work placement (yyyy-mm-dd):	End date modified work placement (yyyy-mm-dd):
Anticipated date of return to full regular duties (yyyy-mm-dd):	
Supervisor's name:	Supervisor's telephone:

NOTE TO EMPLOYEE: Remember that you are only to do the tasks that are within your current physical capabilities.

We would like to remind you of your ongoing obligations to co-operate in the following:

- ✓ Check in with your Supervisor daily to communicate your progress
- ✓ Report to your Supervisor immediately any issues regarding your progress or assigned tasks
- ✓ If you are asked by a fellow employee to assist in tasks that are not within your limitations, inform them of your recover at work program and restrictions, and advise them to speak to the site Supervisor for assistance
- ✓ Every effort must be made to attend work. If you are unable to do so, you must notify your designated contact immediately
- ✓ Your modified work placement will be reviewed and revised as needed based on your functional abilities or receipt of new information.

<input type="checkbox"/> Offer accepted	<input type="checkbox"/> Offer refused (if refused, please provide reasons):
Employee's signature:	Date (yyyy-mm-dd):
Employer's signature:	Date (yyyy-mm-dd):

Copies: Employee, Supervisor, Injury Management Coordinator

Please fax copy to WorkSafeBC at 1-888-922-8807 or 604-233-9777.

Page 1 of 1

Implementing a SAW/RTW Plan requires communication and coordination. The plan should be reviewed on a daily basis. Before placing the worker on their suitable work or alternate duties, ensure you:

- Inform co-workers and rally their support to help the worker
- Make any modifications required
- Provide the injured worker with any needed training regarding the job duties and safe work procedures

If a worker requires suitable or alternate work, the supervisor needs to document it. The supervisor will have completed a Suitable Work Offer, but it may also be useful to start a Communications Log. This can be used to document that modified duties were provided and then document the workers' progression. Here's a sample entry:

"Worker injured left wrist at 10 am. Suitable duties provided as per Suitable Work Offer. 1 pm: checked on worker, wrist feeling much better, will stay on suitable work remainder of the day. Next day (8 am) worker reported wrist feels ok to do full duties. 11 am: worker reported doing full duties; wrist feels fine."

You can use the [BCCSA Communication Log](#) (Appendix L) to monitor the progress of the SAW/RTW plan, record outcomes, and evaluate whether it is working for the injured worker. Such logs can also be used to keep management up to date.

MODULE 5

MANAGING THE INJURY MANAGEMENT PROGRAM

POSSIBLE CHALLENGES TO AN IM PROGRAM

All workplaces face challenges when developing, implementing, and/or maintaining their IM programs. Being aware of some of the potential barriers and solutions will assist you in dealing with the inevitable bumps along the way.

Activity #9 – Challenges for Creating a Program

In this activity you are asked to identify some common challenges to creating a successful IM program, who may be involved and why. Write down your suggestions here:

Activity #10 – Challenges for Implementing a Program

In this activity, you are asked to review a range of challenges to implementing an Injury Management Program and identify two challenges that might occur in your workplace. Following your selected challenges, write down how you might overcome these challenges.

1. The injured worker is not cooperating

2. Lack of co-worker support

3. Physician won't cooperate, communicate, or assist with an RTW/SAW plan

4. Cannot find work within the physical restrictions

5. Management may not have a financial incentive to create a program

6. Our work is all labour intensive and does not lend itself to suitable work or alternate duties

7. RTW/SAW Plan is unsuccessful

8. We move from project to project and would not take these individuals with us even if they were healthy/able to work

Training, Educating, and Communicating

For an IM program to be successful, workers must have the training, knowledge, skills, and experience to safely perform the tasks and duties included in their Stay at Work/Return to Work plans.

Even before an injury or illness occurs, consider implementing the following strategies to support an injury management plan:

- Analyse the physical demands associated with various job tasks and for each job, identify the tasks that impose fewer demands
- Include injury management in toolbox talks and safety meetings
- Communicate regularly and often about your approach to injury management, including sharing information on the IM Policy and procedures
- Engage the JOHS Committee as part of your injury management program
- Inform workers during their orientation that the employer has an injury management program
- Invite workers to comment on your injury management plan and listen to their feedback
- Mentor others in the injury management process
- Put up IM posters
- Identify opportunities for injured workers to get training while they're recovering from injury

Where possible and practical, encouraging workers to develop a variety of transferable skills can create options for an injured worker. They may already have the skills to move to an alternate job or do modified duties even temporarily as they heal. Transferable skills can include critical thinking, time management, communication, writing, problem solving, attention to detail, etc.

Measuring IM Program Effectiveness

Knowing what defines success allows you to measure whether your program is effective and therefore successful.

Work with your IM team to identify what you'd like to achieve in your IM Program and how to measure this achievement. The measurement should be specific, attainable, time bound, and known by everyone (e.g., a company can communicate this information at annual OHS meetings or at annual safety training).

What do you measure at work? Is your OHS program measured? What about your IM program? Do you conduct surveys to determine how much workers know about your programs?

Recall the Guiding Principles of Injury Management. These Guiding Principles can be helpful in determining the effectiveness of your IM Program when combined with specific questions.

Review the suggested questions in the IM Program Checklist provided (Appendix M). You don't have to limit your review of IM Program effectiveness to these questions—develop your own questions.

Another way of determining program effectiveness is by re-examining the Challenges to an IM Program discussed earlier. The ability of an IM Program to overcome these challenges clearly demonstrates effectiveness and success.

MODULE 6

RESPONSE TIMELINES

This section focuses on the flow of the IM process (timeline), including the WorkSafeBC Injury Reporting Requirements and the various other actions that should be taken during the days and weeks following the occurrence of a worker injury.

WorkSafeBC Injury Reporting Requirements

Employers are responsible for immediately notifying WorkSafeBC of any accident that:

- Resulted in a serious injury to or the death of a worker
- Involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation
- Involved a major release of a hazardous substance
- Involved a fire or explosion that had a potential for causing serious injury to a worker
- Was an incident, required by regulation to be reported

The WCA Guideline for section 68 defines the terms “serious” and “major.”

For all incidents, employers must complete a preliminary investigation within 48 hours of the occurrence and a full investigation submitted within 30 days. This includes incidents that resulted in injury to a worker requiring medical treatment and incidents that involved only minor injury not requiring medical treatment, but that had a potential for causing more serious injury to a worker.

Some types of incidents that need to be investigated include those where:

- A first aid attendant recommends an worker seek medical treatment
- The injury requires medical treatment
- The worker receives medical treatment for the injury
- The injury or accident results, or is claimed to result, in the breakage of an artificial member, eyeglasses, dentures, or a hearing aid
- The worker or WorkSafeBC has requested that an employer’s report be sent

Note the phone numbers listed in their manuals for reporting fatalities, serious incidents, or unsafe working conditions. If you are unsure whether an incident is serious, report it anyway.

Response Timelines – Two Week Guide

The following is a two-week guide to the flow of the IM process from the time of injury. The steps that apply will depend on the incident, the individual, and the workplace.

Day 1

- Provide excellent first aid, and if possible, return the worker to their job
- Involve the supervisor
- Contact the Injury Management Coordinator, if applicable
- Report the incident if it is serious
- Correct any unsafe hazards or procedures
- Develop a Suitable Work Offer if the injured worker can Stay at Work
- Give the worker the Information Package for the Physician if the injured worker requires medical aid

- Accompany the worker to the hospital or physician if possible
- Have the worker return the completed Stay at Work/Return to Work Planning Form completed by the physician
- Complete WorkSafeBC Forms if required
- Start the Incident Investigation if required

Days 2 - 3

- Complete a preliminary investigation within 48 hours of the incident
- Initiate a WorkSafeBC claim by calling the Prevention Information Line, by completing paperwork online by visiting www.worksafebc.com, or by faxing the relevant forms. Note that the employer is responsible for paying wages on the day of an injury
- Submit all applicable Forms to WorkSafeBC: Form 6 "Application for Compensation and Report of Injury or Occupational Disease" and Form 7 "Employer's Report of Injury"
- Indicate at Item 41 on Form 7:

Do you have any suitable or transitional duties available?

Have these duties been offered to the worker?

- Meet with the worker to begin to identify possible work opportunities
- Meet with the IM Coordinator, if applicable, to establish next steps
- Meet to review and/or develop the Suitable Work Offer or Alternate Work Offer with the worker
- Initiate a Communication Log
- Establish a timeline
- Establish communication with a WorkSafeBC Return to Work Specialist if necessary

Days 4 - 14

- Review progress on the Suitable Work Offer or Alternate Work Offer
- Continue following up with and supporting the injured worker
- Communicate with the physician, health care provider, and Injury Management Coordinator (if applicable)
- Complete and submit all relevant WorkSafeBC forms

Day 14 on

- Continue communicating with all parties
- Involve the injured worker and others such as the JOHS Committee to implement changes
- Modify the safe work procedures and train others if necessary

Report a fatality, serious incident, or unsafe working conditions. If you are unsure whether an incident is serious, report it anyway. Report serious incidents to WorkSafeBC by calling:

Prevention Information Line

Phone toll-free (Canada): 1.888.621.7233 (1.888.621.SAFE)

Claims Call Centre/Teleclaim

Phone toll-free (Canada): 1.888.967.5377 (1.888.WORKERS)
Contact them with any questions about the claims process
<https://www.worksafebc.com/en/claims>

CONCLUSION

Injury Management is very important for both workers and employers. Developing and implementing a program requires effort and support but the benefits can be significant.

Visit the BCCSA website for additional Injury Management resources: www.bccsa.ca

DEFINITIONS

Alternate Work:	A temporary work arrangement offered to an injured worker when their regular pre-injury duties cannot be modified sufficiently to accommodate the worker's physical limitation, medical restrictions, and abilities. The arrangement entails a job or position that is different from the one they performed prior to the injury/illness, and it may or may not be located at the same jobsite. The objective is to keep the worker attached to the workplace during their period of recovery.
Disability:	Physical or cognitive symptoms or limitation resulting from injury or illness on the job.
Duty to Accommodate:	Applies to claims with injury dates of July 1, 2023 forward. Reasonable or practical efforts to provide alternate or modified duties to an injured worker within their medical capabilities. There is no requirement that the duties must be the worker's preferred accommodation. Both workers and employers are required to participate to support return-to-work efforts
Duty to Cooperate:	Applies to claims with injury dates of January 1, 2022 forward. Open communication between employers and injured workers to identify and offer suitable work while recovering. Both employers and injured workers are required to keep regular communication and work together to support return-to-work efforts.
Duty to Maintain Employment:	Applies to claims with injury dates of July 1, 2023 forward. Any employer who regularly employs 20 or more workers has a duty to maintain employment to workers that have been employed 12 or more months continuously, full time or part time, before the date of injury.
Early Intervention:	Meet as early as possible with an injured worker following the reported workplace injury. Ensure first aid treatment and incident investigations are completed. If worker is unable to return to pre-injury employment, assist worker in obtaining a medical assessment promptly to identify functional abilities, allowing opportunities for recovery at work.
Essential Job Tasks:	Tasks that are necessary to produce the required job outcome. Have Job Description Analysis (JDA) for all of your regular job positions to assist in identifying these tasks.
Functional Abilities Form (FAF):	The employer should incorporate this form into their Information Package to Physicians. It allows the health care provider to outline what capabilities the worker has in order to match their abilities to alternate/modified work tasks.

Graduated Return to Work (GRTW):	This applies to claims where an injured worker has missed time from work or is not meeting their regular job demands. A structured GRTW plan will typically increase the expected work tasks gradually to meet the worker's regular work duties when completed. In severe cases, the work hours may also be adjusted but this is not recommended in most plans.
Information Package for Physician:	The employer should provide a package to the injured worker to take to their physician for completion. This package should include a letter to the physician outlining the employer's stay at work program including what duties would be available for the worker should modified/alternate work be required. A functional abilities form (FAF) should also be provided for the physician to identify what limitations the worker may have.
Injury Management Coordinator:	An individual designated by the company to oversee the day-to-day activities of the IM Program. The individual's job title within the organization may vary depending on the company's operations.
Job Demands Analysis:	Also referred to as a Job Task Analysis . A process that examines the work task involved in each job (not each worker). It requires a detailed breakdown of the physical, cognitive, sensory, and environmental requirements of a job. An employer may be asked to provide health care providers with an overview of a job so that they can tailor their treatment plans accordingly.
Job Jar:	A pre-determined list of suitable work and alternate tasks available throughout the worksite and/ or company based on the physical abilities required to perform those tasks.
Medical Restrictions:	Clear and specific limits, including, but not limited to, specific work activities, exposures, body motions, positional tolerances (i.e., ability to sit, stand, stoop for a protracted time, etc.), timeframes, lifting and material handling capabilities. The injured worker's health care provider identifies medical restrictions in order to protect the worker from further injury allowing for a safe recovery. Medical restrictions arising from an injury may be physical, cognitive and/or psychological and be of a temporary or permanent nature.
Physical Abilities:	Speaks to the injured worker's capabilities rather than their limitations or restrictions. Allows employers to offer job tasks within their capabilities.
Regularly employed/ continuous employment:	Defined as a worker that has worked continuously for 12 months PRIOR to their work injury without interruption. This can be either part-time work or full-time work. There are some exceptions outlined in WSBC literature such as sick leave, lock out/strike/, parental leave may be taken into consideration.

Release of Information:	Signed by the injured worker and given to the physician allowing the physician to disclose the injured workers' functional capabilities and/or precautions relating to the current work-related medical condition. This release is found on the Stay-at-Work/Return-to-Work Planning Form.
Return to Work:	An intervention that assists the injured work in returning to work following days lost from work due to a workplace injury.
Stay at Work:	An intervention that assists an injured worker in staying at work following a workplace injury, allowing them to recover while working. This could mean either the worker returns to their pre-injury employment or returns to alternate/modified work in keeping with their abilities as outlined by a health care professional. This option is optimal as it allows the worker to continue receiving pay without interruptions and keeps them attached to the workplace and their routines during their recovery.
Stay-at-Work/ Return-to-Work Planning Form:	Also referred to as an SAW/RTW Form: An assessment completed by a health care professional that provides the employer with the worker's physical abilities and medical restrictions to assist in the development of a Suitable or Alternate Work Offer.
Suitable Work:	A temporary work arrangement offered to an injured worker when their regular pre-injury job duties can be modified sufficiently to accommodate the worker's physical abilities and medical restrictions. Suitable Work must be safe, productive, and meaningful; it must also be within workers' capabilities and skills; it may consist of modified, light, or different duties. It may or may not be located at the same jobsite. Modifications may include changes to specific tasks or the methods whereby the tasks are carried out, physical changes to a work area, changes in the equipment used, the provision of assistive/additional equipment (e.g., a footstool or ladder), and/or the re-organization or elimination of certain tasks (e.g., elimination of duties that require the worker to lift over a specified weight or height). The objective is to keep the worker attached to the workplace during their period of recovery. WSBC requires that an OFFER of modified work be made to the injured worker. Just having a list of modified work would not meet the requirements should the worker refuse the offer.
Suitable or Alternative Work Offer:	The employer's offer of transitional duties (i.e., suitable or alternate work). The individualized offer includes a description of the specific duties to be performed under the agreement, the worker's temporary limitations, hours of work during the placement, and length of placement. Duties contained in the offer should be consistent with the worker's current medical restrictions, physical limitations, abilities, and skills. The offer should include the provision for rest breaks when required. Ideally, both the worker and the employer should sign the offer. However, as long as it is apparent the worker received the offer, the signatures are not required to make it valid.

Time Loss:	Time missed from work (beyond the day of injury) by a worker as a result of injury.
Transferable Skills:	Abilities assessed by a vocational professional that may be utilized in various work environments or jobs.
Transitional Duties:	A temporary assignment provided by the employer during the recovery phase of a workplace injury. This is usually a short-term arrangement. It could include any combination of tasks or work functions that may be performed safely, within the injured worker's abilities and without risk of re-injury. It must be meaningful and productive work.
Undue Hardship:	A decision made by WSBC when situations come to the point where it is too difficult, unsafe or expensive to remove barriers for an injured worker to return to work with their current employer. These determinations are reviewed on a case-by-case basis.

Resources

- [Developing and Implementing an Injury Management Program](#) from BCCSA, which reinforces the information provided in this course.
- [Recover at Work starter toolkit for employers](#) from WorkSafeBC, which provides a basic step-by-step guide with tools and resources to help manage a worker's injury from the time of the incident to a full return to work
- If you wish to compare each element of your JDA against an established classification of occupational data, look at the National Occupational Classification Skills and Competencies Taxonomy established by the Government of Canada. This data provides the descriptor as well as the definition for specific skills that may be required for a job or task. [National Occupational Classification Skills and Competencies Taxonomy](#)

Courses

- [BCCSA Training Courses](#)
- EAO (Employers' Advisers Office) courses, including the following:
 - » [Claims management--Introduction](#) (free E-learning course)
 - This course is designed to introduce participants to an overview of the workers' compensation claims process.
 - Topics covered: Introduction to relevant legislation and policies; overview of the claims management process; initial notification & reporting procedures; investigation requirements; and how to identify and manage claims issues. The course is intended to introduce knowledge and skills to help employers manage an injured worker's claim.
 - For a more interactive introduction to Claims Management, please register for the Claims Management – Fundamentals (in-person) seminar.
 - » [Claims Management - Stay at Work/Return to Work](#) (free in-person course)
 - This seminar focuses on Stay at Work and Return to Work programs. Promoting stay at work/return to work is good for both the worker and employer. This seminar is intended to provide employers with information on developing an effective plan to help injured workers remain at work or safely return to suitable work. Topics covered: overview of applicable law, policy, and practices.
 - Note: We recommend completing Claims Management – Introduction prior to registering for this seminar.
- NIDMAR (National Institute of Disability Management and Research)
 - » [Online Disability Management Practitioner Program](#)
 - The online Disability Management Practitioner Program consists of a series of twenty-five modules designed to provide the skills and competencies essential for disability management / return to work practitioners as they assist workers, who have incurred injuries and illnesses, in returning to the workplace.

APPENDICES

Important Forms

- Appendix A: Sample Injury Management Policy
- Appendix B: Letter to Employee
- Appendix C: Letter to Physician
- Appendix D: Stay at Work/Return to Work Planning Form
- Appendix E: Suitable Work or Alternate Work Offer Form
- Appendix F: Functional Abilities Form
- Appendix G: Sample Functional Abilities - Physiotherapist Form
- Appendix H: Sample Employee Checklist
- Appendix I: Sample Employer Checklist
- Appendix J: Blank Job Demands Analysis Form
- Appendix K: Blank Job Jar Sheet
- Appendix L: Communication Log
- Appendix M: IM Program Checklist

Appendix A | Sample Injury Management Policy

Injury Management Policy (Sample)

[Company Name] is committed to assisting injured employees to stay at work or return to work as soon as appropriate following a work-related injury or illness. All offers of transitional duties will adhere to an employee's physical limitations and medical restrictions during his/her period of recovery.

The goals of the injury management program are to establish clear processes that all employees can follow if/when a workplace injury or illness occurs, and to reduce the number of days lost to injury or illness.

Management supports the injury management process and recognises that success relies on the active participation and cooperation by all employees.

[Name, Title, Signature of President/CEO/Senior Manager]

[Date policy was reviewed and signed]

Appendix B | Letter to Employee

Company Letterhead

Employee Address

Date

Dear

We are sorry to hear about your recent injury. We are providing you with our stay-at-work/return-to-work information package that includes:

1. A Letter to Physician explaining our injury management program
2. A Stay-at-Work/Return-to-Work Planning Form for your physician to provide information regarding any limitations for your return-to-work plan.

Please take this information to your physician on your first visit and have him/her complete the Stay-at-Work/Return-to-Work Planning form.

After your appointment, please return to the worksite with your completed form. Your supervisor will meet with you and develop your return-to-work plan with any recommended modifications to your job duties.

Should you have any questions or concerns, please call _____ (employer contact)
at _____ (phone number).

Sincerely,

(contact person's name, title)

Appendix C | Letter to Physician

Company Letterhead

Employee Address

Date

Dear Dr.

As part of our company's injury management program, we have modified or alternate duties available for our employees.

Your recommendations regarding any temporary functional limitations your patient may have will assist us with providing the most suitable work accommodations during your patient's recovery.

After examining (employee's name) please complete the Stay-at-Work/Return-to-Work Planning form and give it to your patient to return to us.

If you have any questions and/or concerns, please contact me at _____ .
(phone number)

Should there be a cost associated with completing the Stay-at-Work/Return-to-Work Planning form please send an invoice to _____ .
(employer's contact)

Sincerely,

(contact person's name, title)

Appendix D | Stay at Work/Return to Work Planning Form

STAY-AT-WORK/RETURN-TO-WORK PLANNING FORM

Employee Authorization to Release Information: I, (print full name) _____, hereby authorize my attending physician to release the information below to my employer (company name) _____	
Employer contact name:	Employer phone number:
Employee's signature:	Date (yyyy-mm-dd):
HEALTH CARE PROVIDER'S SECTION	
Area of injury:	Patient is able to return to regular activities? YES <input type="checkbox"/>
If limitations are required please refer to the Guidelines for modified work below for your patient's area of injury. PLEASE CIRCLE THE APPROPRIATE INJURY BOX If you are recommending avoiding or limiting activities, please indicate for how long? _____ days	
If you have further recommendations please advise:	
Guidelines for modified work This document provides a list of typical physical limitations for common injuries. These limitations are guidelines to help develop an appropriate offer of selective/light employment or a return-to-work plan.	
Low Back Ensure: <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks Limit: <ul style="list-style-type: none"> The worker can change position between walking, standing, and sitting Walking on uneven ground Lifting and carrying to light or medium loads, depending on frequency and postures Avoid: <ul style="list-style-type: none"> Jarring Repetitive bending Long periods of static standing or sitting Extreme bending of the back Twisting of the back 	Shoulder Ensure: <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks. Limit: <ul style="list-style-type: none"> Climbing ladders Activities using arm above shoulder level, including reaching down Activities which require lifting and carrying to light or medium loads Avoid: <ul style="list-style-type: none"> Holding the arm outstretched for periods especially while holding weights and applying force Lifting and carrying with arm above shoulder level
Elbow/Forearm Ensure: <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks Limit: <ul style="list-style-type: none"> Repetitive or sustained gripping, especially where high forces are required Repetitive elbow bending The total time spent keyboarding or driving The use of impact tools (including power tools and hammers) Avoid: <ul style="list-style-type: none"> Hanging weights Forearm rotations Pressure on the elbow 	Wrist/Hand Limit: <ul style="list-style-type: none"> Repetitive gripping, especially where high or sustained forces are needed Lifting and carrying to light or medium loads The total time keyboarding or driving Avoid: <ul style="list-style-type: none"> Extreme postures of the wrist, especially with force
Knee Ensure: <ul style="list-style-type: none"> The worker can self-pace and /or take micro breaks The worker can occasionally elevate the knee The worker can frequently change position between standing, walking, and sitting Limit: <ul style="list-style-type: none"> Walking on uneven ground Avoid: <ul style="list-style-type: none"> Long periods of standing or walking Deep squatting, kneeling, or crouching Pivoting of the knee Participating in activities requiring bracing, balancing, or running Stair use or ladder climbing 	Ankle Ensure: <ul style="list-style-type: none"> The worker can occasionally elevate the ankle The worker can self pace and/or take micro breaks Limit: <ul style="list-style-type: none"> The use of stairs Avoid: <ul style="list-style-type: none"> Long periods of standing or walking Walking on uneven ground Climbing ladders Deep squatting and crouching Activities requiring balancing, bracing, or running
Neck Ensure: <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks Limit: <ul style="list-style-type: none"> Activities with arms above shoulder level, including reaching down Activities with lifting and carrying to light or medium loads Hanging weights Ladder climbing 	
Strength categories for handling loads National Occupational Classification (NOC) is the nationally accepted reference on occupations in Canada and provides a standardized framework for definitions such as pulling, pushing, lifting and/or moving objects during the work performed. The NOC defines strength used in handling loads (e.g. pulling, pushing, lifting and/or moving objects during the work performed) as follows:	
Limited: Work activities involve handling loads up to 5 kg Light: Work activities involved handling loads of 5 kg but less than 10 kg Medium: Work activities involve handling loads between 10 and 20 kg Heavy: Work activities involve handling loads more than 20 kg	
WORK SAFE BC	
Physician's Name	Physician signature
Next follow-up appointment (yyyy-mm-dd)	Date (yyyy-mm-dd)
Anticipated date for return to regular duties: (yyyy-mm-dd)	

Please fax a copy to WorkSafeBC at 1-888-922-8807 or 604-233-9777 and provide your patient with a copy to return to their employer

Appendix E | Suitable Work or Alternate Work Offer Form

MODIFIED OR ALTERNATE WORK OFFER

Employee's Last Name	First name	Date (yyyy-mm-dd)
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Modified and/or alternate duties will help bridge the gap during your period of transition back to full regular duties. In keeping with our commitment to provide suitable employment to injured employees, we are offering you the following modified and/or alternate work placement:

Job position:	Location of placement:
Temporary limitations:	
Specific duties:	
Hours of work per day:	Number of days per week:
Start date modified work placement (yyyy-mm-dd):	End date modified work placement (yyyy-mm-dd):
Anticipated date of return to full regular duties (yyyy-mm-dd):	
Supervisor's name:	Supervisor's telephone:

NOTE TO EMPLOYEE: Remember that you are only to do the tasks that are within your current physical capabilities.

We would like to remind you of your ongoing obligations to co-operate in the following:

- ✓ Check in with your Supervisor daily to communicate your progress
- ✓ Report to your Supervisor immediately any issues regarding your progress or assigned tasks
- ✓ If you are asked by a fellow employee to assist in tasks that are not within your limitations, inform them of your recover at work program and restrictions, and advise them to speak to the site Supervisor for assistance
- ✓ Every effort must be made to attend work. If you are unable to do so, you must notify your designated contact immediately
- ✓ Your modified work placement will be reviewed and revised as needed based on your functional abilities or receipt of new information.

<input type="checkbox"/> Offer accepted	<input type="checkbox"/> Offer refused (if refused, please provide reasons):
Employee's signature:	Date (yyyy-mm-dd):
Employer's signature:	Date (yyyy-mm-dd):

Copies: Employee, Supervisor, Injury Management Coordinator

Please fax copy to WorkSafeBC at 1-888-922-8807 or 604-233-9777.

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Appendix F | Functional Abilities Form

Functional Abilities Assessment

Employee information

Last name	First name	Middle initial
Dominant hand (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of assessment (Date of service) (yyyy-mm-dd)
Occupation		
Nature of injury (please indicate left or right, if applicable)		

Limitations

These Typical Physical Limitation guidelines are based on the Official Disability Guidelines (ODG), published by the Work Loss Data Institute.

<input type="checkbox"/> Neck Limit <input type="checkbox"/> Activities with arms above shoulder level, including reaching down <input type="checkbox"/> Activities with lifting and carrying to light or medium loads <input type="checkbox"/> Hanging weights <input type="checkbox"/> Ladder climbing Avoid <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down, or over the shoulder, especially if sustained for more than a few seconds	<input type="checkbox"/> Shoulder Limit <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Activities using arm above shoulder level, including reaching down <input type="checkbox"/> Activities which require lifting and carrying to light or medium loads Avoid <input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force <input type="checkbox"/> Lifting and carrying with arm above shoulder level	<input type="checkbox"/> Elbow/Forearm Limit <input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> The total time spent keyboarding or driving <input type="checkbox"/> The use of impact tools (including power tools and hammers) Avoid <input type="checkbox"/> Hanging weights <input type="checkbox"/> Forearm rotations, Pressure on the elbow	<input type="checkbox"/> Wrist/Hand Limit <input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed <input type="checkbox"/> Lifting and carrying to light or medium loads <input type="checkbox"/> The total time keyboarding or driving Avoid <input type="checkbox"/> Extreme postures of the wrist, especially with force
<input type="checkbox"/> Low back Limit <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying to light or medium loads, depending on frequency and postures Avoid <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back	<input type="checkbox"/> Knee Limit <input type="checkbox"/> Walking on uneven ground Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Deep squatting, kneeling, or crouching <input type="checkbox"/> Pivoting of the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing, or running <input type="checkbox"/> Stair use or ladder climbing	<input type="checkbox"/> Ankle Limit <input type="checkbox"/> The use of stairs Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Deep squatting and crouching <input type="checkbox"/> Activities requiring balancing, bracing, or running	

Additional recommendations or comments

Provider information

Health Care Provider's name (please print)	Health Care Provider's signature
Clinic Name	Clinic Phone Number

Appendix G | Sample Functional Abilities - Physiotherapist Form



Functional Abilities — Physiotherapy

employer logo here

The following information will assist the employer in providing suitable modified or alternate duties for the injured worker. Please indicate which limitations apply and include any other information or recommendations that would assist in the safe return to work for the worker.

Please return original copy to employer. For payment, please submit a copy to WorkSafeBC (see fax/mail options at end of form.)

Worker information

Last name	First name	Middle initial	WorkSafeBC claim number
Dominant hand (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of assessment (Date of service) (yyyy-mm-dd)	
Occupation			
Area of injury (please indicate left or right, if applicable)			

Limitations

These Typical Physical Limitation guidelines are based on the Official Disability Guidelines (ODG), published by the Work Loss Data Institute.

<input type="checkbox"/> Neck Limit <input type="checkbox"/> Activities with arms above shoulder level, including reaching down <input type="checkbox"/> Activities with lifting and carrying to light or medium loads <input type="checkbox"/> Hanging weights <input type="checkbox"/> Ladder climbing Avoid <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down, or over the shoulder, especially if sustained for more than a few seconds	<input type="checkbox"/> Shoulder Limit <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Activities using arm above shoulder level, including reaching down <input type="checkbox"/> Activities which require lifting and carrying to light or medium loads Avoid <input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force <input type="checkbox"/> Lifting and carrying with arm above shoulder level	<input type="checkbox"/> Elbow/Forearm Limit <input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> The total time spent keyboarding or driving <input type="checkbox"/> The use of impact tools (including power tools and hammers) Avoid <input type="checkbox"/> Hanging weights <input type="checkbox"/> Forearm rotations, Pressure on the elbow	<input type="checkbox"/> Wrist/Hand Limit <input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed <input type="checkbox"/> Lifting and carrying to light or medium loads <input type="checkbox"/> The total time keyboarding or driving Avoid <input type="checkbox"/> Extreme postures of the wrist, especially with force
<input type="checkbox"/> Low back Limit <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying to light or medium loads, depending on frequency and postures Avoid <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back	<input type="checkbox"/> Knee Limit <input type="checkbox"/> Walking on uneven ground Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Deep squatting, kneeling, or crouching <input type="checkbox"/> Pivoting of the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing, or running <input type="checkbox"/> Stair use or ladder climbing	<input type="checkbox"/> Ankle Limit <input type="checkbox"/> The use of stairs Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Deep squatting and crouching <input type="checkbox"/> Activities requiring balancing, bracing, or running	



Functional Abilities — Physiotherapy

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Expected duration of limitations
Treatment schedule
Additional recommendations or comments

If you have any questions, please contact

Employer contact's name	Contact's phone number (include area code)
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Provider information

Physiotherapist's name (please print)	Physiotherapist's signature
Clinic name	Clinic phone number (include area code)

Claims Call Centre

Phone 604.231.8888

Toll-free 1.888.967.5377

M–F, 8:00 a.m. to 6:00 p.m.

Fax

604.233.9777

Toll-free 1.888.922.8807

Mail

WorkSafeBC

PO Box 4700 Stn Terminal

Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.

Appendix H | Sample Employee Checklist**Have you been INJURED AT WORK?****IMMEDIATELY**

IF AN Emergency, CALL 911

If NOT

- ☐ Go to first aid for treatment
- ☐ Notify your manager/supervisor
- ☐ Obtain an Employee Recover at Work package
- ☐ If medical attention is required, take the letter to Healthcare Provider and Functional Abilities form for completion
- ☐ Call WorkSafeBC TELECLAIM at 1-888-967-5377 to report your injury

SAME DAY OR NEXT SHIFT

- ☐ Meet with your manager/supervisor:
 - ☐ Bring your completed Functional Abilities form
 - ☐ Review the Functional Abilities form and if required, determine modified duties together

ONGOING

- ☐ Participate in recommended treatment by your healthcare provider
- ☐ Participate in the modified duties if required
- ☐ Meet with your manager/supervisor weekly to discuss progress, changes in your condition or any other concerns
- ☐ Contact WorkSafeBC to advise your recovery progress.

Appendix I | Sample Employer Checklist**Sample Employer Checklist**

Has your employee been injured at work?

Immediately

If an emergency, call 911

If not

- ☐ Ensure the employee goes to first aid for treatment
- ☐ If medical attention is required
 - Provide the employee with an Employee Recover at Work package
 - Advise the employee to take the letter to Healthcare Provider and Functional Abilities form from the package for completion
 - Have the employee call **WorkSafeBC TELECLAIM** at **1-888-967-5377** to report their injury

Same day or next shift

- ☐ Complete the Employers Report of Injury or Occupational Disease Form 7 and submit to WorkSafeBC
- ☐ Meet with your injured employee:
 - Review completed Functional Abilities form and if required determine modified duties together
 - Complete the Modified Duties Offer form
 - Document on the Communication Log

Ongoing

- ☐ Follow-up with your employee to discuss recovery progress and modified duties
- ☐ Make changes to the modified duties as needed
- ☐ Contact WorkSafeBC to advise of any changes in recovery or the modified duties

WORK SAFE BC

Appendix J | Blank Job Demands Analysis Form

JOB TITLE		LENGTH OF SHIFT (HRS)	hrs
ATTACH A JOB DESCRIPTION: Include a list of tasks and any personal protective equipment or environmental exposure requirements			

PHYSICAL JOB DEMANDS: Grade using a scale of 0-4

0 = NOT REQUIRED	1 = SELDOM REQUIRED: < 5%	2 = MINOR REQUIREMENT: 5-33%	3 = OCCASIONAL REQUIREMENT: 34-66%	4 = FREQUENT REQUIREMENT: 67-100%
-	Less than 30 minutes per day or not daily	30 minutes up to 3.5 hours per day or 1 repetition every 30 minutes	3.5 hours up to 6.5 hours per day or 1 repetition every 2 minutes	6.5 hours per day up to shift length or 1 repetition every 30 seconds

INSTRUCTIONS: Place an **X** under number **0,1,2,3** or **4** to identify the frequency of each body demand or exposure.

PHYSICAL JOB DEMANDS	0	1	2	3	4	DESCRIBE TASK(S) PERFORMED
WHOLE BODY DEMANDS						
SITTING						
SITTING WITH VIBRATION/JARRING						
DRIVING						
STANDING						
RUNNING						
WALKING						
LEVEL						
UNEVEN GROUND						
SLOPES/RAMPS						
CLIMBING						
REGULAR STAIRS						
STEEP STAIRS						
LADDERS						
OTHER						
LOW LEVEL WORK						
KNEELING						
SQUATTING						
CRAWLING						

SPECIFIC BODY DEMANDS

PHYSICAL JOB DEMANDS	0	1	2	3	4	DESCRIBE TASK(S) PERFORMED
NECK MOVEMENTS						
BENDING						
SUSTAINED						
REPETITIVE						
TWISTING						
SUSTAINED						
REPETITIVE						
TRUNK MOVEMENTS						
BENDING						
SUSTAINED						
REPETITIVE						
TWISTING						
SUSTAINED						
REPETITIVE						
SHOULDER MOVEMENTS						
OVERHEAD						
FORWARD REACHING						

GRIPPING DEMANDS

PHYSICAL JOB DEMANDS	0	1	2	3	4	DESCRIBE TASK(S) PERFORMED
DOMINANT HAND						
REPETITIVE						
CONTINUOUS						
NON - DOMINANT HAND						
REPETITIVE						
CONTINUOUS						
FINGER DEXTERITY						

MANUAL HANDLING DEMANDS

PHYSICAL JOB DEMANDS	0	1	2	3	4	DESCRIBE TASK(S) PERFORMED
LIFTING						
LIGHT (MAX 20 LB / 9 KG)						
MEDIUM (MAX 50 LB / 22.5 KG)						
HEAVY (MAX 100 LB / 45 KG)						
VERY HEAVY (OVER 100 LB / 45 KG)						
CARRYING						
LIGHT (MAX 20 LB / 9 KG)						
MEDIUM (MAX 50 LB / 22.5 KG)						
HEAVY (MAX 100 LB / 45 KG)						
VERY HEAVY (OVER 100 LB / 45 KG)						
MOBILE PUSHING						
LIGHT (MAX 20 LB / 9 KG)						
MEDIUM (MAX 50 LB / 22.5 KG)						
HEAVY (MAX 100 LB / 45 KG)						
VERY HEAVY (OVER 100 LB / 45 KG)						
MOBILE PULLING						
LIGHT (MAX 20 LB / 9 KG)						
MEDIUM (MAX 50 LB / 22.5 KG)						
HEAVY (MAX 100 LB / 45 KG)						
VERY HEAVY (OVER 100 LB / 45 KG)						
STATIC PUSHING/PULLING						
LIGHT (MAX 20 LB / 9 KG)						
MEDIUM (MAX 50 LB / 22.5 KG)						
HEAVY (MAX 100 LB / 45 KG)						
VERY HEAVY (OVER 100 LB / 45 KG)						

Appendix K | Blank Job Jar Worksheet

Job Jar Worksheet		
Restricted area		Suitable Work/Alternate Duties
Low Back	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	
Shoulder	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	
Knee	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	
Ankle	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	

Elbow/ Forearm	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	
Wrist	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	
Neck	Limited (up to 5 kgs)	
	Light (5 to 10 kgs)	
	Medium (10 to 20 kgs)	
	Heavy (More than 20kgs)	

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Appendix M | IM Program Checklist

Principles of Injury Management	What we can do to improve Injury Management in my workplace
Prevent injuries and Illnesses <input type="checkbox"/> Does your OHS program include policy and processes that pay attention to any early warning signs (e.g., unusual absence) and know how to respond?	
Immediate and Planned Response <input type="checkbox"/> Does your IM Program offer timely first aid, follow through, and review records? <input type="checkbox"/> When a worker is injured or becomes ill, do first aid and other key stakeholders respond immediately and start an IM plan?	
Early Intervention <input type="checkbox"/> Does your employer act promptly to engage the worker, convey support, keep the worker connected to the workplace, and encourage early active rehabilitation? <input type="checkbox"/> Do your First Aid Attendants provide injury management information? <input type="checkbox"/> Is the worker given an Injured Worker Package or provided with Suitable Duties?	
Excellence in Supervision <input type="checkbox"/> Are your supervisors directly involved in the injury management process? <input type="checkbox"/> Do your supervisors make injured workers feel they are valued, expected, and needed back on the job?	
Involvement of the Injured/Ill Worker <input type="checkbox"/> Do your workers participate in the development of their Stay at Work/Return to Work plan?	
Supportive and Rehabilitative Focus <input type="checkbox"/> Do your individualized Stay at Work/Return to Work plans focus on suitable, safe, effective, and timely return to work? <input type="checkbox"/> Does your company have an inventory of modified duties that are available for all injured employees (e.g., Task jars)? <input type="checkbox"/> Does your RTW/SAW plan effectively manage the work relationship/ routine between the worker and employer while the worker is away from the workplace? <input type="checkbox"/> Does your IM Program help injured workers keep connected and valued? <input type="checkbox"/> Are the tasks and duties contained in an individual's Stay at Work/Return to Work plan suitable, safe, meaningful, and productive - subject to the worker's training, knowledge, skills, abilities, experience, and physical abilities?	

Appendix L | Communication Log

Employee Information

Employee's last name [REDACTED]	First name [REDACTED]	Middle initial [REDACTED]
Occupation [REDACTED]		
Usual work schedule [REDACTED]		
Phone number (include area code) [REDACTED]	Cell (include area code) [REDACTED]	Work number (include area code) [REDACTED]
Supervisor name [REDACTED]		
WorkSafeBC contact name and number (include area code) [REDACTED]		Nurse advisor name and number (include area code) [REDACTED]
Date of injury (yyyy-mm-dd) [REDACTED]	Area of injury [REDACTED]	
Date received physician's functional assessment (yyyy-mm-dd) [REDACTED]		Date worker will return to regular job (yyyy-mm-dd) [REDACTED]
Type of accommodation Modified duties <input type="checkbox"/> Alternate duties <input type="checkbox"/> Modified hours <input type="checkbox"/>		
Start date of return-to-work plan (yyyy-mm-dd) [REDACTED]		Plan prepared by [REDACTED]

Communication log

Date (yyyy-mm-dd)	Discussion	Follow-up date (yyyy-mm-dd)
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]