

How to File a WorkSafeBC ("WCB") Claim for Custodians in K-12 CUPE Locals



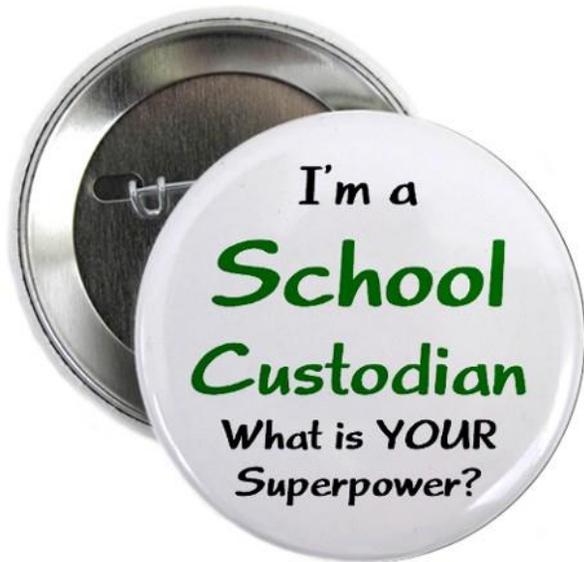
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Representative and WCB Advocacy*

School Custodians ("Custodians") have a very important role in K-12. The safety of schools and the students has never been more important, nor more at risk due to funding cuts and increasing workload. Workload issues and injury rates have been increasing over the years.

This Guide is designed to help answer some of the most frequently asked questions about what to do in the event of a WCB Claim, a WCB Appeal, a return to work program, or employers attempting to protest or re-open WCB claims.

Laws, policy and practices change frequently. This is only a guide.



FAST FACTS for Custodians – Classification Unit 765008:

After Teaching Assistants, Custodians had the highest injury rate over a rolling 5-year period in the Public Sector Schools. See

<https://online.worksafebc.com/anonymous/wcb.ISR.web/IndustryStatsPortal.aspx?c=5>

The tasks most associated with musculoskeletal injuries (“MSIs”) - such as strains and sprains - were cleaning floors, handling garbage, miscellaneous tasks such as helping a teacher, cleaning and moving furniture, and moving lunch tables. This was reiterated by the US Bureau of Labor Statistics in “Hidden costs of custodial injuries” where they state:

“One example is musculoskeletal injuries. For every 10,000 workers, more than 81 such incidents require days off, with 42.1 the result of heavy lifting”

See

<https://www.ncbi.nlm.nih.gov/pubmed/21846314>

Overexertion (MSIs) and resulting strains / sprains accounted for most of the claims (26%) in the education sector for all workers.

WCB Statistics for 2017:

- 62% of all workers (these statistics apply to all sectors) injured were male and 38% were female.
- The average age of all workers injured on the job was 42.
- 13% of all workers injured were under age 25.
- 22% of all workers injured were over age 55.
- Strains and then back strains / sprains in particular were the most common injuries.

Workers (all occupations) whose work involved frequent pushing / pulling tasks (such as floor cleaning) had over five times the risk of MSIs compared with workers whose shifts involved the least amount of pushing /pulling tasks during their shifts.

A higher risk of MSIs was also associated with working in schools with: grass fields (compared with gravel), portable buildings, and/or more hours of non-school rental use as per “Injury risk associated with physical demands and school environment characteristics among a cohort of custodial workers” (March 2011). See

<https://www.ncbi.nlm.nih.gov/pubmed/21846314>

Most of the injuries are due to preventable ergonomic issues. See the “International Journal of Occupational Safety and Ergonomics” at:

<https://www.tandfonline.com/doi/abs/10.1080/10803548.2018.1424299>

Excessive workload is an ongoing serious issue. The prevalence of this is reviewed in “Excessive Workload in the Janitorial Industry – An Emerging Health and

Safety Concern” (March 2017) by the University of California, Berkeley. See

<http://lohp.org/wp-content/uploads/2017/10/Doing-Too-Much-Too-Fast-How-Workload-Impacts-Janitors-Health-and-Safety.pdf>



COMMONLY INJURED AREAS FOR CUSTODIANS IN K-12:

The most common body parts affected include:

- ❖ Neck
- ❖ Back (especially the lower back as per the 2005 Cornell University Ergonomic Audit and Back Injury Assessment of Custodial Staff)
- ❖ Shoulders
- ❖ Arms
- ❖ Elbows
- ❖ Wrists / hands / fingers
- ❖ Knees



COMMON OHS ISSUES FOR ALL CUSTODIANS IN ALL SECTORS (NOT JUST K-12):

- Ergonomic Hazards (repetitive work, work pace, equipment such as the backpack vacuums, awkward postures and resultant tendon, muscular and back injuries)
- Workload (pressured pace, having to rush, unrealistic scope of work)
- Safety Hazards (slippery floors, faulty equipment, glass and cut hazards)
- Stress Hazards (stress/anxiety, increased workload, employer treatment, lack of sleep and night shifts, irregular meal schedule)
- Chemical Hazards (liquid cleaners, including green products, used for cleaning bathrooms, floors, etc. that cause allergic reactions, irritation and respiratory effects)
- Lack of emergency plans (e.g., building exit plans)
- Lack of protective gear (e.g., gloves or masks).



GENERAL MOTIONS ASSOCIATED WITH RISK FOR ALL WORKERS:

- ⚠ Force
- ⚠ Awkward postures
- ⚠ Static / stationary positions
- ⚠ Continuous pressure
- ⚠ Vibrating equipment

GENERAL RISK FACTORS FOR CUSTODIANS IN K-12:

Injuries (especially MSIs) were associated with:

- ⚠ Age range from 46-55 years.
- ⚠ Bending for longer periods of time.
- ⚠ Lifting more than 10 lb more frequently.
- ⚠ Pushing/pulling duties or motions.
- ⚠ Right hand grasping occurs 80% of the work time.
- ⚠ Portables are consistently associated with higher injury risk.
- ⚠ Schools with more rental hours are associated with a higher risk of injury.





RISK FACTORS IDENTIFIED IN THE JOB DESCRIPTION:

In a typical Custodian Job Description, it lists a number of heavy and / and or forceful activities (not including repetitive duties and other duties). Here are a few examples:

- ◆ Lifting and changing of garbage bags frequently. The bags are often 30 inches by 38 inches in diameter. The average weight is 15 to 20 lbs, but these often have to be lifted to a main dumpster which is 4 to 5 feet high. This could be done several times a day.
- ◆ Dry mopping done for two hours using a large mop. The motion often uses a figure 8 pattern with frequent bending due to getting under class room desks.

- ◆ Snow shovelling.
- ◆ Vacuuming is often done for 45 minutes each day, on carpet and stairs.
- ◆ Waxing is often done twice per year. It takes part as part of a multi-person team, for two weeks during Spring break (mixed with other duties) and throughout the Summer break. Sliding a wet mop with wax is difficult because of the drag / friction, figure 8 motion, etc.
- ◆ Lift and moving of furniture on a regular heavy basis occurring in the Spring break, Winter break and Summer break, along with regular cleaning. In summer, stacking of desks, chairs, etc. Desks may easily at least weigh 6 lbs (student), however, stacking and moving can occur up to 90 times per day, along with moving heavy teacher's desks which weigh up to 80 lbs. In addition, all of the chairs are lifted too (one chair per each student desk). Filing cabinets weighing up to 70 lbs are lifted, 6 per day, each day.



ESTABLISHING A CUSTODIAN SAFE WORK PROGRAM:

1. Gather and collate data to identify the hazards and risks that staff may encounter. Hazards and risks are not the same - a hazard refers to something that has the potential to cause harm. A risk refers to the *likelihood* that an injury will occur.
2. Compile a list of all the accidents reported by cleaning workers over a two-year period.

3. Analyze the data:

- What types of injuries the cleaning crew experiences and how often they occur?
 - How serious are the injuries?
 - When do these injuries occur e.g. when performing certain tasks (e.g. lifting, vacuuming, performing floorcare)?
 - When do these injuries most frequently occur (e.g. day, evening, or weekends)?
 - What do these injuries most frequently involve e.g. tasks, equipment, cleaning solutions, etc.?
 - Where do these injuries most frequently occur?
4. Create recommendations for the Joint Health and Safety Committee ("JHSC").

SAMPLE WORK PRACTICES RECOMMENDATIONS:

To reduce the risk of injuries, the following should be considered:

- 🧑‍🔧 Alternating the higher risk tasks throughout the day. High risk tasks include: cleaning floors, handling garbage, miscellaneous tasks cleaning, moving furniture, and moving lunch tables.
- 🧑‍🔧 Ensuring Custodians have assistance with heavy lifting and other demanding tasks during the summer.
- 🧑‍🔧 Consider lightweight equipment or storing equipment in the portables to remove the need for carrying heavy equipment between buildings.
- 🧑‍🔧 For tasks with highest risk factors and longest duration, encourage Custodians to break up heavy or forceful work duties with other duties.



See the BCSSCA “Safe Work Practices for Custodians” at:

<http://ceui.org/files/2016/02/custodians-safety-material-canada.pdf>



GENERAL INFORMATION - WHAT SHOULD I DO IF I HAVE BEEN INJURED AT WORK?

- 🔑 **Advise** your employer immediately – verbally and in writing, that an injury or condition occurred, even if it occurred over a period of time.
- 🔑 **Fill** out the accident report / accident log the same day. Include witness reports, even if it was an injury that occurred over time.
- 🔑 **Seek** medical attention the same day.
- 🔑 **Give** a copy of your job description, accident

report and WCB Form e.g. Form 6, to your physician.

- 🔑 **Know** your rights – visit the WCB website and be aware of the “Teleclaim” process for new WCB claims. See

<https://www.worksafebc.com/en/contact-us/departments-and-services/claims>

- 🔑 **Have** all your forms, reports, chronology of accident details, etc with you during discussions with WCB.

- 🔑 **Review** and correct any Teleclaim comments made in your WCB claim file.

- 🔑 **Keep** an updated diary of the accident / incident and of the WCB claim, even after you return to work or your injury resolves.

- 🔑 **Make** sure the employer’s report of injury (Form 7) is filled out correctly, that you get a copy & that the OH&S committee is involved at all stages of the claim process, including the return to work process.



WHAT ARE THE SPECIFIC STEPS THAT I NEED TO FOLLOW?

Step 1

Obtain First Aid immediately. Where the exposures occurred gradually or over a long period of time, report the exposure to your physician. Please see the attached “Letter to Physician.”

Even where an injury or exposure occurred gradually or over a long period of time, report the exposure to your physician once you become aware of it.

Step 2

Even if First Aid or immediate medical attention is not required, report the condition, illness, or any

exposure (even if no symptoms are present) to the employer immediately.

- + You should report all exposures, accidents or incidents to your employer immediately.
- + Please give a detailed explanation to your supervisors and Local Union representative (e.g. Shop Steward or OH&S Committee member), as soon as possible. All information must be consistent. Keep a diary of all details, calls, meetings, events, etc.

Step 3

Report the Injury to the WCB, in writing and via Teleclaim, and your Physician within 24 hours.

How Do I File A WCB Claim?

- ? Read the CUPE Form 6 Guide.
- ? Ask the employer for a Form 6 or go to the WCB website. Your Local may also have copies of the Form 6. You may also telephone Teleclaim. The employer must file the Employer’s Report of Injury/Disease (Form 7).

Ask for a copy once they have filled it out.
Review it for errors or omissions.



? See your physician within 24 hours, even if it is a Clinic or Hospital (as required due to the injury) and not your regular physician. Your physician should file a Form 8 / 11. Ensure you provide a copy of the Form 6, Incident Report, your Job Description and any other materials describing what happened to your physician for review PRIOR to the physician filling out and filing the Form 8 / 11. Read and provide copies of the CUPE Form 8 / 11 Guide to your physician.

- ?** Your Local Union representative should be made aware of the filing of the Form 6 in order to verify that the information is correct, provide assistance, note errors, advise the OH&S Committee of problems or concerns, and note trends.
- ?** Note: the WCB often requires advance notice and authorization before certain services are paid for e.g. physiotherapy, massage therapy, chiropractic treatment.

The link to the WCB Form 6 is as follows:

http://www.worksafebc.com/claims/report_injury/default.asp

Or,

1 888 WORKERS (1 888 967-5377), or #5377 for Telus, Rogers, and Bell mobility customers.



CAN THE UNION ASSIST ME WITH THE COMPLETION OF THE WCB FORMS?

If you need assistance, contact your Local, or contact the CUPE BC Regional Office via your Local President and National Representative. Not all Locals provide assistance. WCB assistance is not required under the BC Labour Relations Code. You may also call the BC Workers' Advisers Office, as per the contact information located later in this Guide.

The most important WCB document is the Form 6. Accuracy and consistency on this form are critical.

Include details of the following:

- When did the injury or exposure occur?
- How often it occurred?
- The duration of symptoms? Note there may be multiple body areas or initial symptoms that mask other symptoms due to severity at the time.
- The duration of the event, accident or incident?
- The symptoms that were initially experienced?
- What substances were being used?
- What equipment was used?
- Was anything broken, missing or out of the ordinary?
- Staff shortages?
- Anything unusual, unaccustomed, or out of the ordinary?

- Changes to your job?
- Changes to staffing levels?
- Presence of any similar claims / injuries other people experienced for filed?
- OHS issues that directly relate to the claim, but NOT labour relations issues?
- Witnesses to the accident?

Remember – always keep a copy of the Form 6 for your physician to review and for the Teleclaim call.

If the WCB sends any additional forms or questionnaires ask for assistance from the Union immediately. This especially applies to the Activity Related Questionnaires from the WCB for Repetitive Strain Injuries. Assistance must always be requested for these types of documents due to their complexity.





POINTS TO REMEMBER WHEN DEALING WITH THE EMPLOYER AND THE WCB:

 It is your right to file a WCB claim. No one can tell you not to file a WCB claim, including the employer.

 Advise the employer of any injury or the possible onset of a work related disease/condition. If you feel you are able to continue working, then you should keep detailed records of the incident, document the

names of any witnesses and any conversations. Note if you were working in pain, performing limited duties, had people helping you, or left work early.

 Even if you are told by your supervisor that you will be provided light duty work, a WCB claim should still be filed and the relevant Incident/Accident Reports filed. WCB claims are often denied because of either late reporting to the employer or the WCB, or, not seeing a physician the same day.

 The WCB requires that the injury or condition occur “out of, and in the course of, employment.”

 The work activity need not be the only factor.

 A pre-existing condition might be aggravated by the work duties and still be acceptable.

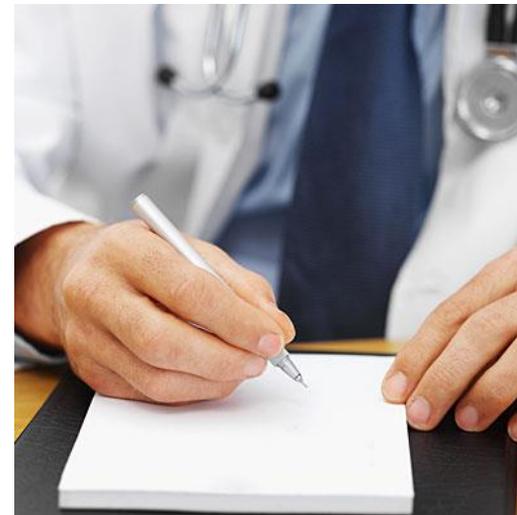
 There is no requirement in law or Policy that work be the only causative factor or the most significant causative factor.



- Wheelchairs, canes, special shoes, hearing aids, dentures, artificial limbs, etc.
- Most prescription drugs.
- Modification of the workplace.
- Return to work programs.
- Vocational rehabilitation.
- Travel costs for treatment.

EXAMPLES OF WHAT THE WCB MIGHT ALLOW IF THE WCB CLAIM IS ACCEPTED, IN ADDITION TO WAGE LOSS AND TREATMENT:

- Specialized medical testing such as with the Visiting Specialist's Clinic, Functional Capacity Evaluations, and diagnostic testing such as MRIs.



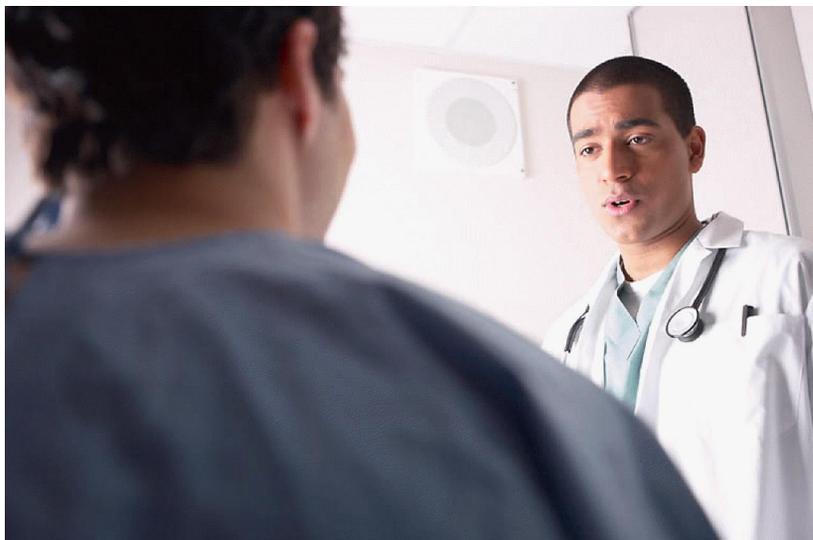


WHAT DOES THE WCB LOOK FOR WHEN INVESTIGATING A CLAIM? WHAT ARE KEY ASPECTS IN CLAIM ADJUDICATION?

The WCB will assess your appeal on such things as:

- Same day reporting to the WCB, the employer, the physician and same day filing of the First Aid / Accident Reports.
- Consistency of information reported to and by the physician, the worker, the employer and the accident / incident reports. The WCB will check for consistency of all information during telephone calls such as during Teleclaim.

- Words such as “maybe,” “probably,” “might have,” “could have,” etc should not be used by physicians or the claimant on any Form, letter or report.
- Continuity of medical treatment (first aid, medication, self-directed treatment) is crucial.
- Continuity of complaints or symptoms determines the duration of WCB compensation in many cases.
- Evidence of non-work causation should be avoided. Was it truly work related and to what degree?
 - Was there evidence of something unusual, out of the ordinary or unaccustomed?
 - Employers who protest or object to the claim.
 - Witnesses.
 - Gaps in the continuity of symptoms.
 - Late onset of symptoms.



WHAT TO TELL THE HEALTH CARE PROFESSIONAL:

- Your physician cannot act as an advocate.
- Please give the CUPE Form 8 / 11 Guide and the Medical Evidence Guide to your physician for review after obtaining it from your Local, the CUPE BC Regional Office or the WCAT website.
- Your physician can rely upon subjective complaints but should normally base their opinions on objective medical evidence and Chart Notes/Clinical Notes.

- Your physician should read your job description, copy of the Accident / Incident Report, Form 6, and injury details to ensure they are consistent in reporting to the WCB in the Form 8 / 11 (Physician's Report).
- Report all symptoms, in all parts of the body, and the duration and ensure these are reflected in the Form 6 (worker report) and Form 7 (employer report) as well.
- Provide copies of all relevant documents, on an ongoing basis, to your physicians.





WHAT IS NEXT? NEXT STEPS:

Do I need to get witnesses?

Ask witnesses to the accident/incident to write down what they saw. They should include the time and date on their statement, and they should also sign it. In many situations, the onus is on the injured worker to prove that the injury “arose out of and in the course of the employment.”

Advise the employer, the attending physician and other practitioners, as well as witnesses about your symptoms, pain, etc, but not your diagnoses – privacy is important.

What can I do while I’m off work waiting for my claim to be approved? What if no sick leave is available?

- ☞ apply for EI sick benefits
- ☞ apply for LTD
- ☞ check your collective agreement for other benefits
- ☞ apply for CPP benefits
- ☞ cooperate with the employer in Duty to Accommodate investigations and processes
- ☞ visit your health care professional on a regular basis

Do I need to report anything else to the WCB after the Form 6 and Teleclaim are completed?

Report any changes in income, secondary employment, overtime, per diems, return to work status, changes in medical conditions or changes in your contact information, etc to the WCB immediately.



What if I don't co-operate or my employer does not co-operate?

The WCB Regulations set out a duty to cooperate for both workers and the employer. Otherwise a claim may be terminated or rejected if this does not occur.

WHAT ELSE CAN I DO?

- Keep a diary of all communications, correspondence, appointments, and actions have regarding the claim i.e. telephone conversation with the employer, WCB or the Union.

- When speaking to the WCB representatives remain calm. The WCB documents all telephone calls you have with them on a continuous basis for the duration of the claim.
- Keep a copy of all correspondence regarding the injury, including prescriptions, health care professionals' notes, forms and letters. A copy should also be given to your Local Union representative. If you have verbal contact with the WCB, make detailed notes of what both parties said.
- Cooperate in health care treatment.
- Cooperate in safe return to work.
- Complete and return all WCB forms promptly.
- Copy the Local Union on all documents.
- Copy your physician or other practitioner e.g. chiropractor, on all correspondence from the WCB.
- Appeal any WCB decisions within the time required. If your claim is denied, appeal it immediately.



WHAT IF THE EMPLOYER IS OBJECTING TO (“PROTESTING”) MY CLAIM, OR, HAS A CONSULTANT FIGHTING MY CLAIM?

Employers may or may not have Human Resources personnel who assist employers in the filing of claims, review claims, and, in certain cases, protesting claims. Employers are legally allowed to protest a WCB claim, or in certain limited cases, ask the WCB for a review or a re-opening of a claim. An employer may contract these services to a consultant. “These firms include: Morneau Shepell, TeksMed (“TeksMed”), or Disability Management Institute, among others.”

The mandate of these consultants varies widely. Some assist employers in WCB claims, while others assist employers and employees with Return to Work Programs, Job Demands Analysis, Functional Capacity Evaluations, obtaining diagnostics such as MRIs, reducing administration costs, claims costs recovery, claims management, scrutinizing claims that go beyond 10 weeks duration, training, or even Occupational Health and Safety program review.

The primary emphasis of the WCB, and many employers, is to return injured workers to work as soon as possible.

If your employer is protesting a claim, participating in a WCB appeal, has asked for Cost Relief from the WCB, has asked for a claim to be re-opened, or is utilizing a consultant, contact the CUPE Local immediately. Do not sign any Releases or Forms from the employer or a consultant until you have spoken with your Local Union. Any Releases, Forms or documents given to you by the employer or a consultant should be forwarded to the Local Union for review immediately. Some employers or consultants attempt to get permission to speak with your physicians; this should not be given. Occasionally, consultants, as well as the WCB, conduct (or contract to be conducted) video surveillance in order to gather evidence that confirms

the presence or lack of disability. These videos and attendant reports often become the basis for protesting claims and appeals.



For more information go to the WCB Field Investigations Department at:

<https://www.worksafebc.com/en/contact-us/departments-and-services/field-investigations>

Or,

WORKSAFEBC PRACTICE DIRECTIVE # C12-7

TOPIC: Surveillance and Other Evidence

ISSUE DATE: May 2, 2007, Amended March 16, 2011

Contact details and website information may change.

▪ **Disability Management Institute:**

<http://www.disabilityinstitute.com/>

Western Office
#203-2071 Kingsway Avenue
Port Coquitlam, BC V3C 6N2

Toll Free: 1-866-963-9995

▪ **Morneau Shepell:**

<https://www.morneaushepell.com/>

400 – 411 Dunsmuir Street
Vancouver, BC V6B 1X4
Canada

Tel.: 604.642.5200

Fax: 604.632.9930

▪ **TeksMed:**

<http://www.teksmed.com/>

West Office, TeksMed Centre,
Suite 7 - 8635 Young Road,
Chilliwack, BC V2P 4P3

Toll Free Voice: 1-877-850-1021

Toll Free Fax 1-877-504-1777



WHAT IF THE WCB CLAIM OR APPEAL IS DENIED?

There are strict time limits for appeals, so immediate action is usually required. Here is a list of actions that need to occur and information you need to have:

1. Local Union members have the option of obtaining free, expert assistance from the BC Workers' Advisors Office. The BC Workers Advisors Office email and contact information is:

<http://www.labour.gov.bc.ca/wab/>

Vancouver / Lower Mainland
500 - 8100 Granville Avenue
Richmond, BC V6Y 3T6
Tel: 604 713-0360
Fax: 604 713-0311
Toll Free: 1 800 663-4261

2. You may also hire your own lawyer at your own cost. Fees range widely. CUPE does not have WCB lawyers.
3. If you chose to use CUPE for assistance, the CUPE BC Regional Office National Representative WCB Advocacy role is to assist members, as opposed to being the Direct Representative. This may include calls, emails, meetings, drafting or reviewing written submissions for the main two stages of the appeal process (Review Division and the WCAT). Court actions, WCAT Requests for Reconsideration and Human Rights Complaints are not performed due to the complexity, legal nature and cost of these types of proceedings.
4. Any assistance, advocacy or representation (each are a different term), can only occur after the standard Releases are signed and returned to the Local Union, as well as copies to the CUPE BC Regional Office National Representative WCB Advocacy. Copies of all Forms and Releases are available from the CUPE BC Regional Office, via your Local Union.



5. Members should obtain documents which will assist with the process.

These include:

- a. Form 6 Guide – used at the WCB Claim Filing Stage
- b. Form 8 / 11 Guide - used at the WCB Claim Filing Stage
- c. "How to File a WorkSafeBC Claim and Return to Work Safely" – used at the WCB Claim Filing Stage, Appeal Stage, Return to Work Stage

- d. WCAT Medical Evidence Guide for the physician – used at the WCB Claim Filing Stage, Appeal Stage
- e. "Permanent Functional Impairment Pension / Disability Award Decision Review Checklist" – used at the WCB Pensions Stage, Long Term Claims, Appeal Stage

6. Make sure you are aware of any time lines, due dates, appeal due dates, etc.

7. Mark any of these dates into your calendar and into a diary or log.

8. File the appeal paperwork as soon as possible. Have the Local Union review the documents.

9. Ask the WCB for Disclosure of your WCB file. Here is the Form and web site.

Note: Forms change frequently so check to ensure this is the most current version.

<http://www.worksafebc.com/forms/>
Form 25M13



10. Copy the Disclosure and any other documents.

11. NEVER assume the Local or the person assisting you has a document you are referring to. The WCB or the appeal tribunals often do not copy other persons on correspondence.

12. Provide a copy of the WCB decision you are appealing or have concerns about to your physicians for review as you will likely need to ask them if they are willing to support you as NON-ADVOCATES in the appeal process, and, if so, we will need comprehensive written opinions from them at some point.

13. Provide a copy of your Job Description and Job Duties to your physicians.

14. Provide a copy of the WCB decision and any other correspondence from the WCB attached to that decision to the Local's attention as soon as possible.

15. Review the WCB claim file "portal" frequently using your Personal Access Number and ID / PIN in order to ensure you are aware of any developments or decisions on your claim.

16. **Not all WCB decision are in writing, some are verbal. Both need to be appealed.**

17. Advise your Local Occupational Health and Safety Committee or Worker Representative or Local Executive / Shop Steward (as opposed to the JHSC unless you only have a JHSC) as to what has transpired, on an ongoing basis.

18. Keep a detailed record of all actions, calls, receipts, treatment, etc.

back to
Work!



WHAT ABOUT A RETURN TO WORK (“RTW”) PROGRAM?

There are many different types of return work programs. Some are through the WCB, others are through the employer or are part of the Duty to Accommodate process. Insurance companies may also have an RTW, where a person returning from Long Term Disability may need assistance. Each is

unique. This Guide will only address the WCB RTW and Vocational Rehabilitation process.

As per the WCB:

“Return to Work Support Services (RTW SS) are designed for the injured worker who does not require a structured treatment program but would benefit from a supported return to work. Return to Work Support Services may be performed by a physiotherapist, an occupational therapist, or a kinesiologist experienced in the performance of return to work services and job-site visits. The goal of RTW SS is to return injured workers to their pre-injury duties at the work place.

Return to Work Support Services provides many supports, such as:

- ⚠ Job site visit (JSV)
- ⚠ Graduated Return to Work (GRTW) Planning
- ⚠ Graduated Return to Work (GRTW) Monitoring
- ⚠ Job Demands Analysis (JDA)

the attending physician, the WorkSafeBC officer and other relevant stakeholders. It will contain specific hours, duties and a defined end date.

Description of services:

Job Site Visit: The JSV may include any of the following:

- ◆ Brief review of work tasks;
- ◆ Confirmation of the worker's critical job demands;
- ◆ Exploration of simple job modifications and return to work options;
- ◆ Consultation with relevant stakeholders to establish an appropriate return to work plan; or
- ◆ Ongoing support of the graduated return to work plan, including job coaching.

Graduated Return to Work Plan:

The GRTW Plan is developed with the participation of the injured worker, the employer,



A Graduated Return to Work Monitoring service ensures that a Graduated Return to Work Plan is fully implemented with appropriate support provided as needed. Graduated Return to Work Monitoring provides a minimum of weekly communication with all of the relevant stakeholders and revision of the Graduated Return to Work Plan if warranted.

A Job Demand Analysis is a detailed quantitative and qualitative assessment of the physical demands, environmental and psychosocial stressors associated with a particular job. The JDA will provide quantification of work-place demands including frequency of activities, weights, heights and distances.

Admission criteria:

The program is designed for workers who do not require a structured treatment program but require supported return to work. It is possible that the worker could be receiving physiotherapy or hand therapy in conjunction with Return to Work Services.

The program is not appropriate for workers participating in a WorkSafeBC sponsored rehabilitation program (excluding the Hand Therapy Program).

Length of service:

GRTW plans are generally four to six weeks in duration.

Workers are referred for Return to Work Support Services by a WorkSafeBC officer, usually following recommendations received from various health care providers.” See:

<https://www.worksafebc.com/en/health-care-providers/rehabilitation/return-work-support>

Lastly, a successful return-to-work program requires options available at the workplace that enable an injured worker to safely return to work in a timely manner.



- ☞ May involve transitional duties or a gradual return-to-work progression
- ☞ Are guided by timelines established with a physician, taking the worker's capabilities and medical restrictions into account
- ☞ Have an established start and end

Return-to-work tasks:

- ☞ Are temporary
- ☞ Are meaningful and productive

- ☞ Are designed to help return an injured worker to regular full-time duties in a safe and productive manner
- ☞ Allow the injured worker to return to the job site for partial days, gradually working up to full-time hours
- ☞ Offer graduated hours of transitional or regular duties
- ☞ Can combine offsite treatment with transitional or regular duties



WorkSafeBC nurse advisors are available to monitor the progress of the worker and make recommendations to the case manager or

entitlement officer regarding the transition to full-time hours, ensuring an effective transition.

See:

http://www.worksafebc.com/claims/rehab_and_rtw/rtw_workers/what_is_a_return-to-work_program/default.asp

If you have a WCB claim that was accepted for Vocational Rehabilitation benefits, see the following WCB site excerpt:

“Vocational rehabilitation helps disabled workers get back to work after a compensable injury or the onset of an occupational disease.

Services include:

- ☞ Vocational assessment and planning
- ☞ Counselling
- ☞ Work assessment
- ☞ Work site job modification
- ☞ Job readiness and placement assistance

📌 Skill development

📌 Employability assessments



In some cases, the WCB may offer assistance to the surviving dependent spouse of a worker who has died as a result of a compensable injury or occupational disease. The goal of vocational rehabilitation is to help clients return to work in a timely and safe manner. Quality rehabilitation involves individual vocational assessment, planning, and support that makes the best use of rehabilitation resources and maximizes worker-employer outcomes. See:

http://www.worksafebc.com/claims/rehab_and_rtw/vocational_rehabilitation_services/default.asp

This is only a small sample of what services are provided. However, whether it is the WCB or the employer, your limitations, restrictions, pain and other considerations must be taken into account. The RTW process is detailed; it may take months or more. Contact the CUPE BC Regional Office National Representative WCB Advocacy, via your Local Union, for further information.





NOTES:

Contact numbers:

CUPE BC REGIONAL OFFICE:

tmckenna@cupe.ca

(604) 291-1940

(Note: All referrals **must** first go through the Local President and then the CUPE National Representative)

WorkSafeBC / BC WCB:

<http://www.worksafebc.com/>

1-888-WORKERS

BC Workers' Advisers:

<http://www.labour.gov.bc.ca/wab/>

604-713-0360 or 1-800-663-4261



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Safe Return to Work