

## INJURY CLAIMS MANAGEMENT

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## **INJURY AND CLAIMS MANAGEMENT POLICY**

It is the intent of GRD Construction Ltd. to provide all workers who injured themselves performing work related duties, with the opportunity to perform either modified or alternate work duties till such time as they can return to their previous job functions. Return to work in any fashion will need to be cleared by their attending physician or medical professional.

GRD Construction Ltd. is committed to providing our employees with a work program that is safe beneficial and conducive to the fastest and most effective return to their previous position work.

Note: The information in this policy does not take precedence over applicable government legislation, with which all employees should be familiar.

**Date – August 1, 2013**

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**Bobby Janjua – CEO**

## **INJURY CLAIMS MANAGEMENT**

GRD Construction Ltd. will create a WCB and/or OH&S file for each accident. This file will include all reports and documents pertaining to the incident, including all information and communication related to WCB and/or OH&S claims.

Regular contact shall be kept with the WCB and/or OH&S case manager to determine and maintain open communication regarding the condition and status of the injured worker and the claim.

If the worker is unable to return to work for an extended period of time a GRD Construction Ltd. representative shall contact the worker at regular times every month for follow up. All contact shall be documented.

All lost time injury claims will be recorded on the Month and Year to Date Safety Statistics.

### **Return to Work (See Return to Work Program)**

A worker shall be evaluated as to the fitness of their abilities to preform job functions prior to their return to work in any capacity. If a worker is unable to return to work to the scope of practice previously performed, modified jobs will be arranged that are satisfactory to the worker and the company depending on the evaluation by treating physician or a medical professional till such time that the worker is able to return to their precious job.

A worker may not refuse to accept an offer of modified work has been approved by their attending physician and/or medical professional. Where a worker refuses to accept modified work, the WCB and/or OH&S case manager will be notified and the refusal shall be documented in their case file.

When considering a modified work program, it is important to keep in mind that:

- Modified work may include modifications to the original scope of work.
- May include an alternate position
- Will need to be accepted in writing by the company and employee
- Must comply with WCB and/or OH&S guidelines
- Must comply with the recommendations of the attending physician or medical professional.

**Due to the nature of the construction work requirements, it may not be possible to provide suitable modified work when it is required.**

A foreman shall monitor any worker on modified job duties to ensure that any problems or concerns that arise are addressed in a timely fashion, satisfactory, to the worker and the company.

Injured workers are responsible to communicate with their foreman and/or company representative regarding any issues or concerns that arise.

### **Non-Occupational Injury and/or Illness**

GRD Construction Ltd. believes in trying to aid a worker that sustained a non-occupational injury or illness so as to promote a full and speedy recovery, if extenuating circumstances are accepted by the Joint Health and Safety Committee.

Each worker that sustained such an injury or illness is responsible to communicate their condition to their foreman/supervisor and/or safety coordinator immediately. Follow-up will then be initiated.

## **RETURN TO WORK POLICY**

GRD Construction Ltd. is committed to providing and promoting a safe and healthy workplace for our employees. Preventing accidents, injuries and illnesses is our primary objective.

When an employee is injured on the job GRD Construction Ltd. will use our Return to Work process to assist the employee in returning to work as soon as medically feasible. We will attempt to create opportunities for them to return to a safe, transitional work assignment as soon as medically possible.

The process may have different names (return-to-work program, modified work program, transitional work); however, our goal remains the same: to return injured employees to safe work.

Our ultimate goal is to return our injured employees to their original jobs. If an injured employee is unable to perform all the tasks of the original job, GRD Construction Ltd. will make every effort to provide a transitional work assignment that meets the injured workers capabilities.

The success of this program involves the combined efforts of management, employees, medical providers and WorkSafeBC/WCB Alberta.

Note: The information in this policy does not take precedence over applicable government legislation with which all employees should be familiar.

**Date – August 1, 2013**

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**Bobby Janjua – CEO**

## **RETURN TO WORK PROGRAM**

A program that promotes Return to Work (RTW) for workers who have been injured is an important part of a comprehensive Health and Safety Program. Although it is clearly preferable to have no injuries and therefore no need to RTW, a program that maintains contact with injured workers, their health care provider(s) and WorkSafeBC/WCB Alberta can provide a number of benefits to both the worker and the employer.

Key provisions of an effective RTW program include:

1. Maintaining contact with injured workers and their health care provider to determine when they may be able to return to work.
2. Offering modified work that allows workers to stay employed.
3. Using the Functional Abilities Form to assess the limitations workers may have and using that information to provide work that is within the workers capabilities.
4. Maintaining contact and working with WorkSafeBC or claims adjudicator to bring injured workers back to work.
5. Ensuring that workers are aware of the company's RTW program so that in the event that they are injured, they know that modified work is available.

Communication is important. Workers benefit when they know the company is interested in their wellbeing. Health care providers may not understand the work that is available, so it is important to advise them of being the kinds of work that your company has available for injured workers. WorkSafeBC/WCB Alberta claims adjudicators can be helpful in dealing with many different aspects of disability management.

In the event that one of our employees is injured GRD Construction Ltd. will work with the worker his/her health care provider and the WorkSafeBC/WCB Alberta to see that the employee is returned to work as soon as reasonably possible.

All employees will be advised at the time of hire that we will attempt to provide modified work that allows employees to safely remain at work until they are able to resume normal duties. The work offered must be safe for the worker for preform with his/her injury.

Where an employee is disabled and off work due to an injury GRD Construction Ltd will:

1. Contact him/her by telephone at least once every week to maintain contact and assess when he/she may be able to return to either modified work or regular duties.
2. Write or phone the workers' health care provider to advise him/her that modified work can be made available to the worker and to assess the kind of modification that the health care provider may recommend or require.
3. The health care provider will be given a Functional Abilities Form when it is appropriate, given the nature of the injury and the workers response to treatment.
4. The status of disability cases will be reviewed with the appropriate WorkSafeBC/WCB Alberta account manager/claims adjudicator at least monthly.

**RETURN TO WORK – LETTER TO HEALTH CARE PRACTITIONER**

Dear Health Care Practitioner:

**We need your help.**

GRD Construction Ltd. has adopted the philosophy of returning an injured worker to meaningful, productive work of value, where possible, when an occupational injury occurs in order to protect their earning ability and minimize the disruption to their personal lives.

A Return to Work Program has been developed which is committed to providing suitable work consistent with the functional capabilities of the injured worker in consultation with WorkSafeBC. The injured worker will gradually be phased back into their regular job, if possible, with modified work within their capabilities (as assessed by you)

**What we need from you:**

1. Please list any specific physical precautions that we should consider.
  - Our goal, with your cooperation, is to return the injured worker to his/her pre-injury position as soon as possible.
  - This program was developed to benefit all concerned and we appreciate your cooperation.
2. Please complete the attached Functional Abilities Form for Return to Work. This will assist you, as well as the injured worker and us, in planning for his/her rehabilitation.
3. Please ensure a copy is returned to the employee's supervisor or fax to the office.

If you have any questions concerning the above, please contact us.

Sincerely,

Safety Coordinator

**MEDICAL RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_, hereby release my treating physician,  
(Print Name)

\_\_\_\_\_, to give my employer, pertinent information about my  
(Print Physicians's Name)  
current Work-related injury/illness and how that injury may affect my ability to perform the essential functions of my job. No other confidential medical information obtained will be used in the return to work program and there will be no release of medical information from the employer's file.

\_\_\_\_\_  
Injured Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF RETURN TO WORK PROGRAM RECEIVED FROM**

I, hereby acknowledge that I received the GRD Construction Ltd. Return to Work Program package. I understand that GRD Construction Ltd. will accommodate me by providing Light Duties and/or Modified return to work schedule in accordance with my Physicians Instructions, my WorkSafeBC/WCB Alberta case manager and GRD Construction Ltd. Safety Coordinator.

DATE: \_\_\_\_\_ SITE: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Worker's Signature: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

\*Please copy and return this form to the safety office once completed\*

**SUPERVISOR CHECKLIST FOR INJURED WORKERS PROCEDURE FORM**

If a worker has been injured on your site and will be attending a physician you must ensure that the following takes place:

- Worker Filled out “Workers Report of Injury Form” (or one was filled out for them if they are unable to do so)
- Worker received Worker Injury/Recovery Package
- Worker signed “Acknowledgement of Return to Work Program Received”
- Phone Safety Coordinator and inform her of the worker’s injury  
**Office: 604-503-5525**
- Ensure the following forms are returned to office as soon as possible
  1. “Workers Report of Injury” form
  2. First Aid Report
  3. “Acknowledgement of Return to Work Program Received” form

Supervisor’s Name: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_

Site: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form must be returned to the office as soon as possible.\*

**INJURED EMPLOYEE PROCEDURE LETTER**

Dear Employee:

Unfortunately, you have been injured on a GRD Construction Ltd. worksite and we would like to assist you in matters pertaining to your WorkSafeBC/WCB Alberta claim. We recognize that our employees are most valuable resource and in keeping with this belief, we have developed a “Workers Injury/Recovery” Package that also contains a “Return to Work” Program for all employees who are recovering from a work related injury. This may involve the provisions of modified work.

Modified works are job duties that are within your restrictions and that you are capable of doing while recovering from your work related injury. In order for us to accurately identify your work restrictions and offer appropriate modified work, you are required to have your Doctor complete the forms provided.

If you have been injured while working on a GRD Construction Ltd. worksite, the following procedures apply:

1. Notify your supervisor and/or attend first aid.
2. Sign for receiving the Workers Injury/Recovery Package.
3. Complete the “Workers Report of Injury” and give it to your supervisor when
4. Take the return to work package (inside your Workers Injury/Recovery Package) to the Doctor or Physiotherapist and have them complete the Medical Assessment form

***\*Do not come back and say your Doctor/Physiotherapist would not complete the forms. This will delay any compensation you may be entitled to.\****

5. Return the forms to your supervisor – Or office if that is easier for you.
6. You must accept a modified return to work program if you are offered on as long as it is within your physical means – if you are medically capable, as decided upon you Doctor/Physiotherapist or by WorkSafeBC/WCB Alberta Medical personnel, to perform the tasks you MUST return to work or you will no longer receive WorkSafeBC/WCB Alberta benefits.
7. Remain in regular contact with your supervisor.

If you have any problems or questions, call GRD Construction Ltd. Safety Coordinator  
**Office: 604-503-5525**

## **MODIFIED RETURN TO WORK PROCEDURE**

### **INTRODUCTION**

In The past it was believed that an injured worker had to be completely recovered before returning to work. It is now understood that the sooner a person returns to the work place in any meaningful capacity the quicker that person will recover fully. A modified work program assists in the rehabilitation and early return to work of an injured employee, while enabling the Company to reduce the costs of injury and illness.

### **MODIFIED WORK POLICY**

GRD Construction Ltd. will maintain a modified work program to assist in the rehabilitation and early return to work of all injured or ill employees.

We will make every reasonable effort to provide suitable (temporary) employment to any employee unable to perform their duties. This may include a modification of the employee's original position or providing an alternate position, depending on the employee's temporary functional limitations.

All employees, regardless of injury or illness, will be considered for placement in modified work.

### **PROCEDURE**

#### **Types of Modified Work.**

Modified work may consist of the following:

- **Modifying the existing job** – an employee's existing job is changed to remove those parts of the job which the employee is currently unable to do because of the injury,
- **Provide Transitional Work** – an employee will perform regular job duties; however, less time is spend doing these duties. For example, an employee may work 2 hours /day for the first week, 4 hours/day for the second and then return to regular hours on the 3<sup>rd</sup>.
- **Providing an Alternate Job** – an employee is given duties other than his usual ones.
- **Training** – an employee is sent for training to enhance job skills.
- **Any combination of the above** – Modified Work may be made by combining the above listed formats. E.g. training for 2 days followed by Alternate Work.

**LIMITATIONS & CAPABILITES FOR SPECIFIC INJURIES****LUMBER SPRAINS AND STRAINS****Modified Work**

**Limitations:** **No** extremes of extension or flexion; **No** extremes of twisting; **No** climbing ladders

Capabilities: Lifting with knees (with a straight back, no stooping) not more than 5 lbs up to 3 times/hr;

Squatting up to 4 times/hr.; standing or walking with a 5 minute break at least every 20; sitting with a 5-minute break every 30 mins; driving car only up to 2 hrs./day.

**Manual Work**

**Capabilities:** Lifting with knees (with straight back) not more than 25 lbs. up to 15 times/hr; squatting up to 16 times/hr; standing or walking with a 10 mins break every 1-2 times/hr; sitting with a 10 ,minute break every 1-2 hours; extremes of flexion or extension allowed up to 12 times/hr; extremes of twisting allowed up to 16 times/hr, climbing ladders allowed up to 25 rungs 6 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs./day.

**THORACIC SPRAINS AND STRAINS**

**Limitations:** **No** extremes of extension or flexion; **No** extremes of twisting; **No** climbing ladders

Capabilities: Lifting with knees (with a straight back, no stooping) not more than 5 lbs. up to 3 times/hr;

Squatting up to 4 times/hr; standing or walking with a 5 minute break at least every 20; sitting with a 5-minute break every 30 mins; driving car only up to 2 hrs. /day.

**Capabilities:** Lifting with knees (with straight back) not more than 25 lbs. up to 15 times/hr; squatting up to 16 times/hr; standing or walking with a 10 mins break every 1-2 times/hr; sitting with a 10 ,minute break every 1-2 hours; extremes of flexion or extension allowed up to 12 times/hr; extremes of twisting allowed up to 16 times/hr, climbing ladders allowed up to 25 rungs 6 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs./day.

## NECK SPRAINS AND STRAINS

### Modified Work

**Limitations:** **No** lifting over shoulder lifting to level of shoulder not more than 5 lbs. up to 2 times/hr.; **No** extremes of motion including extension or flexion; **No** extremes of twisting or lateral rotation; **No** climbing ladders.

**Capabilities:** Standing or walking with a 5 minute break at least every 20 mins; sitting with a 5 minute break every 30 minutes (using operator head set if extended phone operations); driving car only up to 2 hrs./day; possible use of cervical collar with change of position and stretching every 30 mins; modify workstation or position to eliminate lifting away from body or using twisting motion.

### Manual Work

**Capabilities:** Lifting over shoulder not more than 25 lbs. up to 15 times/hr.; lifting to level of shoulder up to 30 lbs of weight not more than 15 times/hr; standing or walking with a 10 min break at least every 1-2 hours; extremes flexion or extension allowed up to 20 times/hr; extremes of twisting allowed up to 16 times/hr; climbing ladders allowed up to 40 rungs 8 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs/day.

## SHOULDER – TENDINITIS / BURSITIS / IMPINGEMENT / ROTATOR CUFF SYNDROMES / ADHESIVE CAPSULITIS / BICIPITAL TENOSYNOVITIS

**Limitations:** **No** lifting over shoulder work (reaching above shoulder) plus **No** reaching to shoulder level (90 degree position); **No** holding arm in abduction or flexion (away from the body)

**Capabilities:** pulling and pushing not more than 8 lbs up to 4 times/hr; lifting and carrying up to 5 lbs. 3 times/hrs.; single arm upper extremity work using injured arm for light work only; possible immobilization by abduction brace, sling, or clavicle brace.

### Manual Work

**Capabilities:** Reaching above shoulder not more than 12 times/hr with up to 15 lbs. or weight; reaching to shoulder up to 15 times/hr with up to 25 lbs. of weight; holding arm abduction or flexion up to 12 times/hr with up to 15 lbs. of weight; pulling and pushing up to 60 lbs. 20 times/hr; lifting and carrying up to 40 lbs 15 times/hr; single upper extremity work using injured arm for moderate work only (full use of non-injured arm); possible immobilization by abduction brace, sling or clavicle brace; climbing ladders up to 50 rungs/hr.

**ELBOW – INFLAMMATORY CONDITIONS; MEDIAL / LATERAL EPICONDYLITIS****Modified Work**

**Limitations:** **No** over shoulder work (reaching above shoulder) plus **No** reaching to shoulder level (90 degree position); **No** holding arm in abduction or flexion (away from the body)

**Capabilities:** Pulling and pushing not more than 8 lbs up to 4 times/hr; lifting and carrying up to 5 lbs 3 times/hr; single arm upper extremity work using injured arm for light work only; possible immobilization by abduction brace, sling or clavicle brace.

**Manual Work**

**Capabilities:** Reaching above shoulder not more than 12 times/hr with up to 15 lbs. of weight; reaching to shoulder up to 15 times/hr with up to 25lbs of weight; holding arm in abduction or flexion (away from the body) up to 12 times/hr with up to 15 lbs of weight; pulling and pushing up to 60 lbs 20 times/hr; lifting and carrying up to 40 lbs 15 times/hr; single upper extremity work using injured arm for moderate work only (full use of non-injured arm); possible immobilization by abduction brace, sling, or clavicle brace; climbing ladders up to 50 rungs/hr.

**WRIST AND HAND – STRAINS AND SPRAINS****Modified Work**

**Limitations:** **No** pinching; **Avoidance** of prolonged periods in wrist flexion or extension.

**Capabilities:** Repetitive motion activities (with or without splint) not more than 4 times/hr; repetitive keying up to 15 keystrokes/min not more than 2 hrs/day; gripping and using light tools (pens, scissors, etc.) with 5 mins break at least every 20 mins; driving car up to 2 hrs/day; light work up to 5 lbs 3 times/hr.

**Manual Work**

**Capabilities:** Repetitive motion activities not more than 25 times/hr; repetitive keying up to 45 keystrokes/min 8 hrs/day; gripping and using moderate tools (pliers, screwdriver, etc.) fulltime pinching up to 5 times/min; driving car or light truck up to 6 hrs/day or heavy truck up to 3 times/day; moderate to heavy work up to 35 lbs not more than 7 times/hr.

## **KNEE AND LEG – STRAINS AND SPRAINS**

### **Modified Work**

**Limitations:** **No** walking on an irregular surface; **No** climbing stairs; **No** climbing ladders or hill climbing n requiring frequent knee flexion; **No** activities requiring balance; **No** applying strength against bent knee (squatting, kneeling, crouching, stooping, pedaling, etc.)

**Capabilities:** Standing limited to 5-10 min/hr; walking only on a smooth surface using crutches with limited pressure on the foot, elevate leg half of the time; may need immobilization; limited weight bearing.

### **Manual Work**

**Capabilities:** Standing not more than 50 mins/hr; walking on a smooth surface up to 1,200 ft/hr carrying up to 25 lbs; walking on an irregular surface up to 900 ft/hr carrying up to 25 lbs; climbing stairs up to 8 flights/hr carrying up to 40 lbs; climbing ladders up to 50 rungs/hr carrying up to 25 lbs.; activities requiring balance up to 45 mins/hr (if able to work with two hands without assistance for balance); applying strength against bent knee (pedaling, squatting, kneeling, etc.) up to 60 times/hr; may need brace for uneven ground ladders.

## **ANKLE AND FOOT – SPRAINS**

### **Modified Work**

**Capabilities:** Standing limited to 5-10 mins/hr; walking only on a smooth surface using crutches with limited pressure on the foot; elevate leg half of time; may need immobilization; limited weight bearing.

### **Manual Work**

**Capabilities:** Standing not more than 50 mins/hr; walking on a smooth surface up to 1,200 ft/hr carrying up to 25 lbs; walking on an irregular surface up to 900 ft/hr carrying up to 25 lbs; climbing stairs up to 8 flights/hr carrying up to 40 lbs; climbing ladders up to 50 rungs/hr carrying up to 25 lbs; activities requiring balance up to 45 mins/hr (if able to work with two hands without assistance for balance); applying strength against bent knee (pedaling, squatting, kneeling, etc.) up to 60 times/hr, may need brace for uneven ground or ladders.

**MODIFIED WORK PROCEDURES**

IN THE CASE OF A MINOR INJURY, grd Construction Ltd. shall make a verbal offer of modified work. If the worker accepts, the company shall arrange for suitable work and monitor the workers performance. In the care of a more serious injury, the following procedures should be followed.

Medical approval is needed before an offer of modified work is made. Any injured employee should be provided with the information package to be delivered to the attending physicians/Physiotherapist.

**Offer of Modified Work**

When the information Package is returned, the information will be reviewed and an appropriate modified work offer will be made. The offer must be made in writing using the “Modified Work Offer” forms and shall be signed by both the injured worker and his supervisor. If any employee refuses modified work, the reasons should be immediately reported and recorded further, if an employee fails to provide the information requested, it may result in a delay of benefits to which the employee may be entitled.

**Monitor Return to Work**

The supervisor of any employee on Modified Work shall ensure that the worker is not directed to perform work that he/she is not medically approved for. The supervisor will also monitor the employee’s progress.

Return to Regular Duties. An employee may return to regular duties once medical clearance has been given by the physician. This approval should be in writing. WorkSafeBC must be informed of the employees return to work.

**Follow-Up**

When an employee returns to regular duties his supervisor should monitor his progress so that concerns may be addressed.

NOTE: Caution is to be exercised to ensure that injuries are not aggravated through the modified work program.

**FORMS**

Workers Report of Injury, Acknowledgment of Return to Work Program Receipt, Medical Release, Function Abilities Form, Supervisor’s Checklist, Return to Work Contact Log, and Return to Work Plan.

**WORKER INJURY / RECOVERY PACKAGE**

If YOU have been injured on the job and will be visiting your Physician, you will need to complete a few forms. Obviously if you have incapacitated in some way, your supervisor or first aid attendant will aid you with this. The forms start the creation of your claim and speed the process along, thereby enabling you to get your wage loss compensation.

**Workers Report of Injury Form**

This is the first form you are required to fill out. It gives the company all of the relevant information regarding your incident so a claim can be started on your behalf. Fill it out and return it to your supervisor who will forward it to head office. If you are unable to complete this form, your supervisor will complete it for you.

**Return to Work Program Receipt Form**

You will be given a package that includes some information about GRD Construction Ltd. Return to Work policy and procedure as well as a physician's return to work form. When you receive this package you will be asked to sign for it.

**Physician/Physiotherapist medical assessment form**

This form is for your Physician or physiotherapist to complete. It will indicate what work you are able to perform and what functional limitations you have for the duration of your recovery. If you do not return this form you may not receive a wage loss compensation form WorkSafeBC/WCB Alberta or it may be delayed.

**Modified Work Offer Form**

In the past it was believed that an injured worker had to be completely recovered before returning to work. It is not understood that the sooner a person returns to the work place in any meaningful capacity the quicker that person will recover fully. You will be required to participate in GRD Construction Ltd. Return to Work Program as once you have been offered the program, should you refuse, and you risk being cut off by WorkSafeBC/WCB Alberta.

Once your doctor has indicated what duties you are able or unable to perform, a formal Modified Work Offer will be given to you detailing all the duties you will be asked to perform while you recover and the duration of your light duties.

Your supervisor will give you a form to sign before you leave the jobsite indicating you have received this package and understand that GRD Construction Ltd. will provide light duties for you ensuring your injury is not aggravated to the best of their abilities.

If you have any questions regarding this process please call your safety coordinator

**Office: 604-503-5525**

**RETURN TO WORK – CONTACT LOG**

Employee’s Name:		Phone	
Supervisor/Manager:		Phone	
Return to Work Date:		Review Date:	
Target End Date:			
Treating Physicians(s):		Phone	
WorkSafe BC Claim Number		Phone	
Claims Adjudicator			

**Record of Contact**

Date of Contact	Person Contacted	Contents of Conversation

**RETURN TO WORK PLAN FORM**

Workers Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Meeting Participants:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RTW at:            1. Pre-injured job            2. Pre-injured Job Accommodated            3. Alternate Work  
(Circle)

Finals Goal Being: To return to regular job duties.

Work Schedule									
Week	Work Week	Days scheduled each week and number of hours per day							Additional comments on work schedule
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

*\*Worker, supervisor and Safety Coordinator Follow up Dates: each week a meeting should be held to be sure this worker is on track and changes are made if required.\**



**FUNCTIONAL ABILITIES PLAN**

Workers Last Name:	First Name:	Date
--------------------	-------------	------

Health Professional Designation:  
 Chiropractor       Physician       Physiotherapist       Other

Health Professions Name (Please Print):	Telephone:	Fax:
---	------------	------

Address, City, Province:	Postal Code:
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The following information should be completed by the health professional to identify the patients overall abilities and restrictions.

Date of Assessment:	Please check one: Patient is capable of returning to work with NO restrictions Patient is capable of returning to work with Restrictions Complete sections A/B Patient is physically unable to work at this time Complete Sections B
---------------------	---

**A. Abilities and Restrictions**

1. Please indicate Abilities that apply (circle). Include additional details in section 3

<b>Walking:</b>  Full Abilities Up to 100 meters 100-200 meters Other (please specify)	<b>Standing:</b>  Full Abilities Up to 15 minutes 15-30 mins Other (please specify)	<b>Sitting:</b>  Full Abilities Up to 30 minutes 30 mins-1 hr Other (please specify)	<b>Lifting from floor to waist:</b>  Full Abilities Up to 15 minutes 15-30 mins Other (please specify)						
<b>Lifting from waist to shoulder:</b>  Full Abilities Up to 5 Kg 5-10 kg Other (please specify)	<b>Stair Climbing:</b>  Full Abilities Up to 5 steps 5-10 steps Other (please specify)	<b>Ladder climbing:</b>  Full Abilities 1-3 steps 4-10 steps Other (please specify)	<b>Travel to work:</b>  <table> <tr> <td>Able to use Public transit</td> <td>Ability to drive a car</td> </tr> <tr> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>No</td> <td>No</td> </tr> </table>	Able to use Public transit	Ability to drive a car	Yes	Yes	No	No
Able to use Public transit	Ability to drive a car								
Yes	Yes								
No	No								

2. Please indicate Restrictions that apply. Include additional details in section 3.

<input type="checkbox"/> Bending/twisting Repetitive movement Of (please specify) :	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical Exposure to:	<input type="checkbox"/> Environmental exposure to: (eg. Heat, cold, noise & scents)
---	--	--	--

**Cont'd Functional Abilities Form**

3. Additional comments on Abilities and/or Restrictions	
4. From the date of this assessment, the above will apply for Approximately. (circle one)	5. Have you discussed return to work with the patient: (Circle one)
1-2 Days                      3-7 days                      8-14 Days                      14+ Days	Yes                      No
5. Recommendations for work hours and start date: (Circle one) Regular Fulltime                      Modified Hours                      Graduated Hours	Start Date: (dd/mm/yyyy)
<b>B. Date of Next Appointment</b>	
Recommended date of next appointment to review Abilities and/or Restrictions:                      dd/mm/yyyy	
I hereby declare that the information being submitted in sections A and B of this form is true and complete	
Health Professionals Signature	Date: dd/mm/yyyy

**WORKSAFE BC**

**WORKER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE TO EMPLOYER FORM**

(Actual WorkSafe BC form goes here)

*Cont'd Worker's Report of Injury or Occupational Disease to Employer Form*

*(Actual WorkSafeBC Form goes here)*

**EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE FORM**

(Actual WorkSafeBC form goes here)

***Cont'd Employer's Report of Injury or Occupational Disease Form***

(Actual WorkSafeBC Form goes here)

**WORKERS' COMPENSATION BOARD (ALBERTA)**

**WORKERS REPORT OF INJURY OR OCCUPATIONAL DISEASE FORM**

(Actual WorkSafeBC form goes here)

***Cont'd Workers Report if Injury or Occupational Disease Form***

(Actual WorkSafeBC form goes here)

***Cont'd Workers Report of Injury or Occupational Disease Form***

(Actual WorksafeBC Form goes here)

**EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE**

(Actual WorkSafeBC form goes here)

***Cont'd Employer's Report of Injury or Occupational Disease Form***

(Actual WorkSafeBC Form goes here)