

Manager's Checklist Regarding Illness or Injury

Empl	oyee Name: Date:
Date	of Injury:
	er to assist with required processes in the case of illness or injury of one of your employees, please refer following checklist and follow up as appropriate to their circumstances: (Check as completed)
REPOR	RTING AND CORRECTIVE ACTION – Immediately Following Work Related Illness or Incident:
	 Coordinate the completion of the Staff Safety Event Report Ensure all areas are completed and legible Implement appropriate corrective action/solutions Document if time loss occurred and/or if medical attention is/will be sought Time loss - Provide employee with necessary information to report injury/illness to WCB
	Submit Staff Safety Event Report immediately to: • Your payroll department: o If medical treatment sought and/or time loss incurred this is considered a potential WCB claim. Please ensure this is indicated on the Staff Safety Event Report. o The employer has 5 business days from the date notified to report the Staff Safety Event Report to WCB o Ensure you indicate the availability and the date modified duties were offered to the employee on the report wSH - wsh@southernhealth.ca Labour Relations - Ir@southernhealth.ca (for MNU Violence Reporting) For Critical Incidents: o Please follow the specific directions on the Staff Safety Event Report
DISAE	BILITY MANAGEMENT - All illness or injury (work related or non-work related):
When	an employee is ill or injured - Prior to their first medical appointment if possible:
	Review Employee Responsibilities and Procedures for Medical Leaves of Absence with employee
	Discuss availability of modified duties with employee to support an early and safe return
	Offer the Functional Abilities Form (FAF) to the employee as a guideline for the health care provider to review if restrictions in the workplace are required

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EMPLOYEE ABSENCE:

	Obtain sufficient medical documentation re: time loss needed or modified duty recommendations. Notification will be accepted from: Physician, Nurse Practitioner, Chiropractor, Physiotherapist, Occupational Therapist, Psychiatrist, Psychologist, Optometrist, Dentist, Podiatrist, Midwife, Naturopath & Athletic Therapist			
	Send any medical documentation obtained to wsh@southernhealth.ca or confidential fax to 204-424-9401 and connect with a Disability Case Coordinator (DCC) if any clarification is required on medical documentation received and to discuss return to work options. The Disability Case Coordinator shall act as contact person for all insurers/program sponsors.			
	Initiate File Summary Form with details of insurer, claim, date of injury & LOA. Maintain in Employee's personnel file and update throughout RTW process. Forward Request for Leave (RFL) forms to your payroll department. This ensures that the proper reporting is completed by payroll department, for example, HEB Manitoba Notice of Absence, ROE's, etc.			
	If not known in advance, note the absence on the Daily Flow Sheet/Daily Staffing Sheet for the dept, with submission to local Payroll on the next business day.			
	Advise employee to contact HEB Manitoba regarding any need for pre-payment of premiums during absence.			
	Ensure any subsequent medical notes are received to support continued absence or change in employee's functional status.			
	Original medical documentation to be <u>kept within (but separate from body of)</u> personnel file.			
<u>RETUR</u>	N TO WORK :			
	Obtain medical documentation identifying either fitness to return to full duties or with outlined restrictions.			
	• Send a copy of medical documentation to <u>wsh@southernhealth.ca</u> to assist with review.			
	 Consult with DCC regarding Return to Work Planning: When Insurer/program sponsor involved (WCB/HEB/MPI/CL/EI/CSSB) Upon receipt of initial medical recommending modified return Determine if appropriate tasks available that meet employee's needs for safety without risk to others. 			
	Manager to connect with DCC to arrange meeting to discuss parameters of return to work to include contacting employee and union as per collective agreement parameters if applicable. DCC contacts insurer with available times if applicable.			

RETURN TO WORK MEETING:

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- Review restrictions/limitations as per medical documentation
- Review tasks within the job description that may need to be modified or removed
- Develop Return to Work Schedule:
 - o Schedule doesn't always need to follow employee's regular rotation depending on needs
 - o Schedule to be provided to employee
 - Schedule to be sent to payroll to ensure employees are paid for their hours worked, if applicable
 - o RFL sent to payroll
- Provide employee copies of Return to Work Weekly Progress Report
- Subsequent progress meeting to be identified prior to end of meeting

	Following meeting:			
		Review employee weekly reports, communicate with employee and implement change as required		
		Scan copies of employee weekly reports to wsh@southernhealth.ca		
Return to regular work activities without restrictions:				
	Note: If	Manager and DCC agree no modifications required to return employee to work safely:		
		Manager completes the File Summary Form and send to wsh@southernhealth.ca identifying completion of back to work program and date of return to full duties.		
		Manager completes an RFL and send to payroll identifying return to payroll date		
		Send a copy of medical documentation identifying clearance for full duties and program information to wsh@southernhealth.ca		
		Manager to keep completed File Summary Form and medical information within Employee's personnel as per HR Personal File policy. WSH will store file within program's archives.		
Permanent Accommodation required:				
		If permanent or long-term accommodations are required based on medical documentation received, please contact DCC to investigate accommodation options.		

DCC available to assist with any questions or concerns at any time.

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