

# **WORKPLACE SAFETY & HEALTH DISABILITY MANAGEMENT**

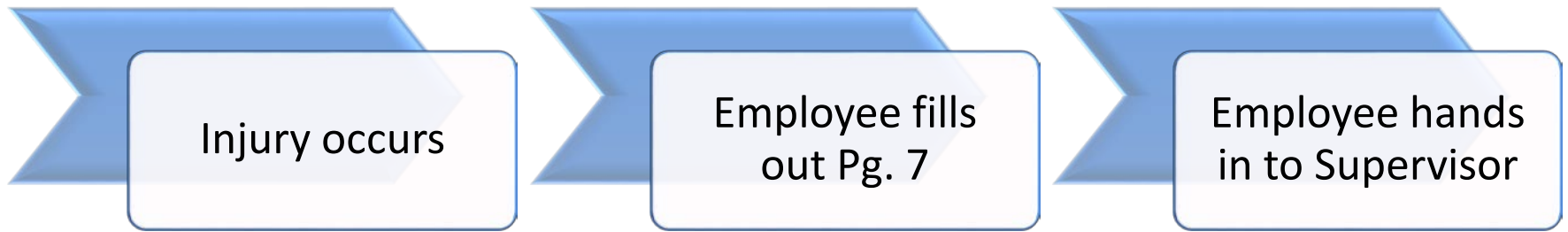
## **Injury & Illness Return to Work Process**



# OUCH! Injury in the Workplace



# Workplace Injury Reporting Process Employee



# Workplace Injury Reporting Process Supervisor

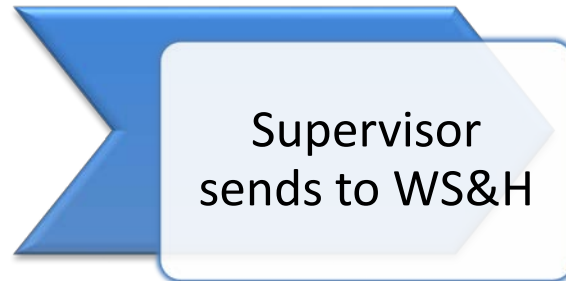
```
graph LR; A[Supervisor reviews] --> B[Supervisor confirms if will be WCB]; B --> C[Supervisor completes Pg. 8];
```

Supervisor reviews

Supervisor confirms if will be WCB

Supervisor completes Pg. 8

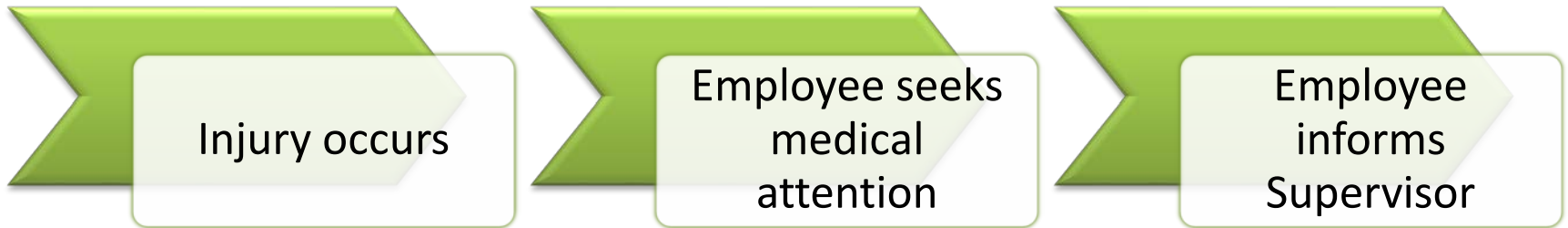
# The Most Important Step!



# OUCH! Injury Outside of Work



# Employee Reporting Process





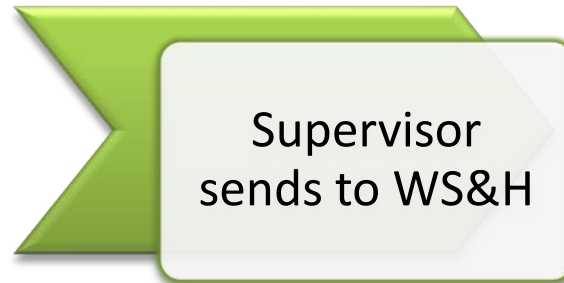
# Supervisor Reporting Process

Supervisor  
reviews medical

Supervisor  
confirms who  
the insurer is

Supervisor starts  
File Summary  
Form

# The Most Important Step!



# WS&H Receives Notification

Supervisor sends  
to WS&H

WS&H reviews all  
documents sent  
in

Communication  
with DCC

Supervisor sends  
to WS&H

# MEDICAL PROVIDED

What is sufficient medical?

# Can we use this medical?



Kaiser Permanente  
2025 Morse Ave  
Sacramento, CA 95825  
(916) 973 5000

RETURN TO

## WORK

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

NAME: RENÉ ROULETTE

UNDER MY CARE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RETURN TO WORK: \_\_\_\_\_

ILLNESS/INJURY: \_\_\_\_\_

### RESTRICTIONS:

NORMAL WORK  LIGHT WORK  NO WORK

### COMMENTS:

AS TOLERATED.

# Can we use this medical?



Kaiser Permanente  
2025 Morse Ave  
Sacramento, CA 95825  
(916) 973 5000

DATE: Sept. 17/17

RETURN TO

## WORK

NAME: RENÉ ROULETTE

UNDER MY CARE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RETURN TO WORK: \_\_\_\_\_

ILLNESS/INJURY: R. SHOULDER

### RESTRICTIONS:

NORMAL WORK  LIGHT WORK  NO WORK

### COMMENTS:

NO LIFTS/TRANSFERS  
NO COMPRESSION STOCKINGS  
NO BATHS  
CAN WORK FULL HOURS

# Is this sufficient?



Kaiser Permanente  
2025 Morse Ave  
Sacramento, CA 95825  
(916) 973 5000

RETURN TO

## WORK

DATE: SEPT. 17/17

NAME: RENÉ ROULETTE

UNDER MY CARE FROM: SEPT. 10 TO: SEPT. 17/17

RETURN TO WORK: IMMEDIATELY

ILLNESS/INJURY: R. SHOULDER

### RESTRICTIONS:

NORMAL WORK  LIGHT WORK  NO WORK

### COMMENTS:

NO LIFTING > 10 LBS.  
NO REACHING OVERHEAD

START @ 4 HR SHIFTS

# Detailed Medical



## Functional Capabilities Assessment

For Planning Early and Safe Return to Work

NAME OF PATIENT: René Roulette DATE OF BIRTH: Jan. 01, 1901 DATE OF VISIT: Sept. 30/17  
 NATURE OF ILLNESS/INJURY: R. shoulder

Is the worker capable of returning to work immediately without restrictions? Yes  No  (if no, complete next section)

Activities	Frequently (66% of day)	Occasionally (33% of day)	Should Not Perform	Activities	Frequently (66% of day)	Occasionally (33% of day)	Should Not Perform
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grip/Grasp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Dexterity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stair Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bending/Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach Below Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Squatting/Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift/Carry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Repetitive Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Back/Trunk ROM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psycho-Social Demands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Weight Restrictions (Check all that apply)	Lifting Floor to Waist	Lifting/Carrying Waist to Shoulder	Lifting/Carrying Above Shoulder	Push/Pull
Full Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Weight (0 – 5 kgs/0 – 11 lbs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moderate Weight (6 – 10 kgs/13 – 22 lbs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Weight (11 – 25 kgs/24 – 55 lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: For Support Service & Direct patient care employees <16 kg/35 lbs force and <25 kg/55 lbs force at waist height is the recommended limit

Based on the above restrictions, is the worker capable of performing light or modified duties? Yes  No

The following are examples of light or modified duties available; please check all that are applicable: (list not all inclusive)

<input type="checkbox"/> Patient handling/transfers	<input checked="" type="checkbox"/> 1:1 with clients	<input checked="" type="checkbox"/> Desk duties: data entry/ filing
<input type="checkbox"/> Compression stockings	<input checked="" type="checkbox"/> Feeding or reading to clients	<input checked="" type="checkbox"/> Special projects
<input type="checkbox"/> Patient assist	<input type="checkbox"/> Oral/ AM care	<input checked="" type="checkbox"/> Co-worker assistance
<input checked="" type="checkbox"/> Light laundry/ housekeeping	<input type="checkbox"/> Recreation tasks	<input checked="" type="checkbox"/> Assignment to another dept.

Other duties discussed:

Estimated duration of restrictions: 4-6 wks Complete recovery expected: Yes  No

Recommended work hours:  Full Time Hours  Reduced Hours (please specify) 4hrs first wk then gradually increase

When is the employee able to return to work? Modified Duties: immed. Regular Duties: unknown

Comments/Additional Information to Facilitate a Successful Return to Work (if more space is required, please attach another sheet)

-above restrictions in place for 3wks.  
- updated restrictions to be provided post follow-up appt.

Next Appointment: Oct. 17/17 Health Care Provider (please print): Dr. Steve G.  
 Health Care Provider Signature: Supern Doc Date: Sept. 17/17

Revision date: June 20, 2016









# Contact Information

Brad Street  
Disability Case Coordinator  
Phone #: (204) 822-2668  
Cell #: (204) 712-5429  
[bstreet@southernhealth.ca](mailto:bstreet@southernhealth.ca)

Kelly Grant  
Disability Case Coordinator  
Phone #: (204) 424-2327  
Cell #: (204) 392-4062  
[kgrant@southernhealth.ca](mailto:kgrant@southernhealth.ca)

Steven Gilbert  
Disability Case Coordinator  
Phone #: (204) 428-2770  
Cell #: (204) 870-1342  
[sgilbert@southernhealth.ca](mailto:sgilbert@southernhealth.ca)

Erin Penner  
Disability Management Assistant  
Phone #: (204) 424-6047  
[epenner2@southernhealth.ca](mailto:epenner2@southernhealth.ca)

**Central WS&H Contact Information:**  
[wsh@southernhealth.ca](mailto:wsh@southernhealth.ca)  
**Fax: 204-424-9401**

