

Section	Administrative Procedure Number
<b>Human Resources Procedures</b>	<b>RCJTC AP.05.09</b>
Administrative Procedure Title	
<b>Health and Safety Procedure</b>	
Date	Revised
<b>September 1, 2010</b>	

If you feel you have been injured while performing your duties, you are required to follow the procedures below. You must immediately inform the RCJTC General Manager of any workplace injury/disease regardless of the level of severity. The following instructions have been prepared to assist you in order to reduce any possible confusion regarding your responsibilities following workplace injury/disease.

**Step 1: Inform the RCJTC General Manager**

Inform the RCJTC General Manager of the injury/disease regardless of the level of severity. Please note that not all injuries require medical attention and it is at the worker’s own discretion to seek medical attention. If you feel your injury is severe enough to require medical aid, you should see a Health Professional\* within twenty-four (24) hours of the injury or onset of illness. It is the worker’s responsibility to inform the RCJTC General Manager of any injury/disease that results in treatment from a health professional and/or results in loss of work time.

\*Health Professional includes any of the following:

- Physiotherapist
- Chiropractor
- Surgeon
- Physician (family/emergency unit/health clinic)
- Optometrist
- Dentist
- Drugless Practitioner

**Step 2: Complete First Aid/Injury Report**

Complete a First Aid/Injury Report with the details of the injury or illness. This should be completed prior to seeking medical aid (unless the nature of the injury is such that it dictates the need for immediate medical treatment; in this case see Step 3).

**Step 3: Health Professional Consultation**

You must inform the health professional that **MODIFIED WORK IS AVAILABLE FOR ALL INJURIES.**

The Treatment Memorandum Form/Letter to Health Professional and Functional Abilities Form must accompany the worker at the initial visit with the health professional of their choice.

The Memorandum/Letter must first be filled out by the RCJTC General Manager. The form is notification to the health professional that the injury/disease is work related and will be reported to the Workplace Safety and Insurance Board (WSIB) by the employer.

The Functional Abilities Form (FAF) must be completed by the health professional and returned by the employee to the RCJTC General Manager within twenty four (24) hours after the initial medical consultation. It is the worker's responsibility to ensure the health professional completes the FAF at the time of the visit and, to return the form to the RCJTC General Manager.

If you seek medical treatment during an evening shift or during non-working hours (i.e. nights or weekends), you are required to inform the RCJTC General Manager at the start of your next regularly scheduled shift, or earlier, when possible. If you do not have this package with you, inform the health professional that it is a work related injury and be sure to get a medical note explaining any recommended restrictions. The RCJTC General Manager will need this note when filing your WSIB claim. You must tell the health professional that **MODIFIED WORK IS AVAILABLE** for all injuries.

#### **Step 4: WSIB Claim**

If the worker has either received medical treatment or lost time from work, an *Employer's Report of Injury/Disease – Form 7*, will be completed from the information provided on the First Aid/Injury Report and submitted to the WSIB by the RCJTC General Manager. A copy of the Form 7 will be forwarded to you for your reference.

After a claim has been filed and reviewed by a WSIB adjudicator, you will receive *Worker's Report of Injury/Disease – Form 6* from the WSIB. This form must be completed by the worker and returned to the WSIB for entitlement of benefits. Please forward a copy of the Form 6 to the RCJTC General Manager and the original to WSIB.

**If you are unsure about any of the above procedures, please do not hesitate to contact the RCJTC General Manager for clarification.**

#### **Related RCJTC Policy**

P.05.09      *Health and Safety Policy*

#### **Related RCJTC Forms**

F.05.09.1      *First Aid/Injury Report Form*  
F.05.09.2      *WSIB Treatment Memorandum Form*  
F.05.09.3      *WSIB Functional Abilities Form*