Workplace Safety and Insurance Board (WSIB) Claims
Reporting an Injury

Ref. "School Law 2007: A Reference Guide for Ontario" & "WSIB Training Participants Manual Rights and Obligations Level 1"

Background

The WSIB administers benefits for workers who are injured on the job or become ill because of the job. Under the system, employees do not have the right to sue employers but can be compensated by the WSIB if they sustain "a personal injury by accident arising out of and in the course of employment"

What Injuries Should be Reported?

No matter how trivial an injury appears to be, it should be reported to the employer. If an injury is not immediately reported, it may become difficult or even impossible to show later on that it was work related. Not every injury reported t the employer needs to be reported to the Board.

The Importance Of Reporting and Filing a Claim

Whenever a work-related injury is not reported, two things happen

1) The worker loses the protection of the Workplace Safety & Insurance Act
2) The employers responsibility for the injury goes unrecognized and nothing is done to improve the conditions that caused the injury…….if in doubt, file a claim.

Proper reporting allows the workers compensation system to work smother for injured workers. Statistics also show that when an injury has not been reported properly, investigations/delays occur and more frequent denials result.

What should you do if you have sustained a work-related injury or illness check list

- ☐ Immediately report the injury/illness to the supervisor (i.e. Principal) in writing where possible, indicating date, time nature of accident, body parts affected and witnesses. Accuracy in providing this information is extremely important.
- ☐ Seek medical attention right away. If a specific medical practitioner is not available, go to the Emergency Department. Regardless of who you see, clearly indicate that it is a work-related injury/illness. A Form 8 must be completed (Physicians First Report) and forwarded to WSIB.
- ☐ You should request your employer complete a Form 7 (Employer's Report of Disease) and that you receive a copy.
- ☐ You should complete a Form 6 (Worker's Report of Injury/Disease) or a Worker's Progress Report. Complete these forms in detail and return them to the WSIB immediately, remembering to keep a copy for your records. Accuracy is extremely important when completing this form. Inaccuracy or inconsistency by a worker on the Form 6 could create problems with the worker's credibility later on. Form 6 is available at *http://www.wsib.on.ca/wsib/wsibsite.nsf/public/FormsWorkers*
- ☐ Contact your bargaining unit immediately so that they may assist you. Provide them with copies of any documentation that has been forwarded to the WSIB.
- ☐ For gradual onset injuries, you should advise your employer and the Board as soon as you learn of a health problem that is casually related to the workplace

What Else Can Be Done To Ensure A Problem Free Claim

- Make sure that all parts of the body that may be injured are listed when you complete Form 6, when your employer is completing Form 7, and when the attending physician dealing with the injury completes Form 8.
- It is best to rely on your own personal physician for treatment. Obviously this should not stop you from seeking immediate medical attention if emergency attention to an injury is required.
- It is important that workers keep in regular contact with their medical practitioner (i.e. doctor) regarding the injury for which they are being compensated for.
- Provide the treating physician with an accurate job description.
- Keep record of all appointments with physicians, specialists etc. (using OSSTF WSIB Fact Reporting & Tracking Form or similar)

Payment

The WSIB pays 85% of your net average earnings while you are off. Many OSSTF/FEESO collective agreements have "top up" provisions to ensure that there is no interruption of income. Check with your bargaining unit to verify that your payments are being calculated correctly.

Early and Safe Return to Work

Any time the WSIB fees that an employee's medical condition has changed from totally disabled to partially disabled, the WSIB will expect that the employee will return to work that is modified to reflect any medical restrictions. You must cooperate in the return to work process or the WSIB may discontinue benefits. OSSTF believes there should be a joint committee comprising the injured worker, union rep, employer rep that will work together to ensure an appropriate return to work program. Always keep in touch with your Federation as you return to work so they can help you through the process.

***Duties of Employee**

Employees are required to co-operate at all times with the WSIB and the employer during the early and safe return to work by:
-reporting the injury/illness to the employer as soon as possible after the injury and continue to communicate with the employer throughout the recovery period
-assisting the employer to identify appropriate employment
-providing information s requested by the WSIB
-notifying the WSIB of any change to the worker's health status, income or job.

***Duties of Employers in the Return to Work Process**

The employer is required to:
-contact the employee as soon as possible after the injury and maintain regular communication through the recovery period
-identify and arrange appropriate employment
-provide information as requested by the WSIB
-notify the WSIB of any change in the employee's income or job

***Duties of the WSIB in the Return to Work Process**

Generally, the WSIB regards the return to work process as an agreement between the employer and the employee, and takes a very minimal role. However, the WSIB may:
-suggest available resources
-monitor the activities and progress of the employee or employer
-determine whether the parties are meeting their obligations
-meditate and decide on any disputes that may arise between the parties

What is a Functional Abilities Form?

This is a WSIB form that is used to try to determine what an employee is physically capable of doing and what limitations/restrictions are required to return to work. The Functional Abilities Form (FAF) should not provide the employer with a diagnosis but rather a list of limitations or restrictions that would assist an employer in modifying work. If an employee's physician believes that he or she is temporarily totally disabled, the physician should not list any restrictions on the FAF and should clearly indicate on the form that the employee is not ready to do any type of work at all.

BLUEWATER DISTRICT SCHOOL BOARD
FUNCTIONAL ABILITY FORM

Employee Group:	***Requested By:***
WSIB Claim: ☐ ***Yes*** ☐ ***No***	***WSIB Claim Number:***

To the Employee: The purpose for this form is to provide the Board with information to assess whether you are able to perform the essential duties of your position, and understand your restrictions and/or limitations to assess workplace accommodation if necessary.

Employee's Consent: I authorize the Health Professional involved with my treatment to provide to my employer this form when complete. This form contains information about any medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

Employee Name: *(Please print)*	**Employee Signature:**
Employee ID:	**Telephone No:**
Employee Address:	**Work Location:**

1. Health Care Professional: The following information should be completed by the Health Care Professional

Please check one:
☐ Patient is capable of returning to work with no restrictions.

☐ Patient is capable of returning to work with restrictions. **Complete section 2 (A & B) & 3**

☐ I have reviewed sections 2 (A & B) and have determined that the Patient is totally disabled and is unable to return to work at this time. **Complete sections 3 and 4. Should the absence continue, updated medical information will next be requested after the date of the follow up appointment indicated in section 4.**

First Day of Absence: ___________________________	General Nature of Illness (***please do not include diagnosis***): ____

Date of Assessment: dd mm yyyy

2A: Health Care Professional to complete. Please outline your patient's abilities and/or restrictions based on your objective medical findings.

PHYSICAL (if applicable)

Walking:	**Standing:**	**Sitting:**	**Lifting from floor to waist:**
☐ Full Abilities	☐ Full Abilities	☐ Full Abilities	☐ Full Abilities
☐ Up to 100 metres	☐ Up to 15 minutes	☐ Up to 30 minutes	☐ Up to 5 kilograms
☐ 100 - 200 metres	☐ 15 - 30 minutes	☐ 30 minutes - 1 hour	☐ 5 - 10 kilograms
☐ Other (*please specify*):	☐ Other (*please specify*):	☐ Other (*please specify*):	☐ Other (*please specify*):

Lifting from Waist to Shoulder:	**Stair Climbing:**	☐ **Use of hand(s):** **Left Hand**	**Right Hand**
☐ Full abilities	☐ Full abilities	☐ Gripping	☐ Gripping
☐ Up to 5 kilograms	☐ Up to 5 steps	☐ Pinching	☐ Pinching
☐ 5 - 10 kilograms	☐ 6 - 12 steps	☐ Other (*please specify*):	☐ Other (*please specify*):
☐ Other (*please specify*):	☐ Other (*please specify*):		

BLUEWATER DISTRICT SCHOOL BOARD
FUNCTIONAL ABILITY FORM

☐ **Bending/twisting** repetitive movement of (*please specify*):	☐ **Work at or above shoulder activity**:	☐ **Chemical exposure to**:	**Travel to Work**: Ability to use public transit Ability to drive car	☐ Yes ☐ No ☐ Yes ☐ No

2B: COGNITIVE (*please complete all that is applicable*)

Attention and Concentration: ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Following Directions:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Decision- Making/Supervision:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Multi-Tasking:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:
Ability to Organize: ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Memory:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Social Interaction:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Communication:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:

Please identify the assessment tool(s) used to determine the above abilities *(Examples: Lifting tests, grip strength tests, Anxiety Inventories, Self-Reporting, etc.*

Additional comments on **Limitations (not able to do) and/or Restrictions (should/must not do) for all medical conditions**:

3: Health Care Professional to complete.

From the date of this assessment, the above will apply for approximately: ☐ 6-10 days ☐ 11- 15 days ☐ 16- 25 days ☐ 26 + days	Have you discussed return to work with your patient? ☐ Yes ☐ No
Recommendations for work hours and start date (if applicable): ☐ Regular full time hours ☐ Modified hours ☐Graduated hours	Start Date: dd mm yyyy

Is patient on an active treatment plan?: ☐ Yes ☐ No

Has a referral to another Health Care Professional been made?
☐ Yes (optional - please specify): ____________________ ☐ No

If a referral has been made, will you continue to be the patient's primary Health Care Provider? ☐ Yes ☐ No

4: Recommended date of next appointment to review Abilities and/or Restrictions:

dd mm yyyy

Completing Health Care Professional Name: (Please Print) ____________________

Date: ____________________

Telephone Number: ____________________

Fax Number: ____________________

Signature: ____________________

Please return this form to your patient to forward to our confidential fax # **519-370-6640 or scan document and email to kathy_eccles@bwdsb.on.ca, Employee Support HR**

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, C.E.2, Bluewater District School Board's Accommodation in the Workplace/Return to Work Program, and when work related, the Workplace Safety and Insurance Act, 1997, and will be used to determine an employee's functional abilities for return to work purposes. Questions about this collection should be referred to the Administrator of Employee Relations, (519) 363-2014.

Thank you for your assistance in supporting our valued employee. Rev 2015.12