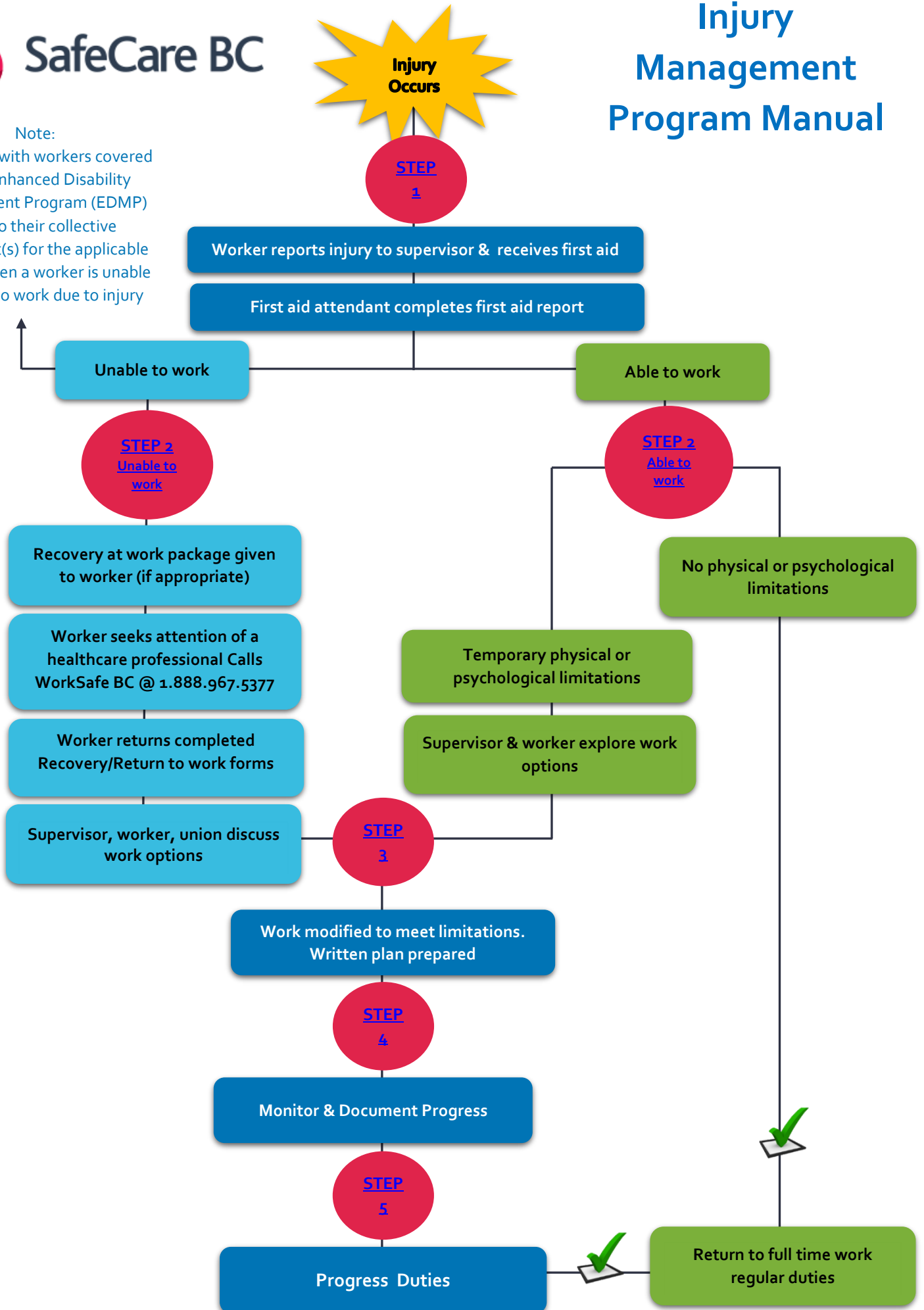




Note:
Employers with workers covered by the Enhanced Disability Management Program (EDMP) refer to their collective agreement(s) for the applicable process when a worker is unable to return to work due to injury



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Injury Management Program

Enhanced Disability Management Program (EDMP)

Where by collective agreement, the injured worker is covered under the Enhanced Disability Management Program (EDMP) the employer is to refer to language within their collective agreement.

Injury Management Program Overview

The following information is a guide for the development and implementation of an Injury Management Program (also referred to as a Recovery-at-Work or Return-to-Work Program) for workers who have experienced a work-related injury, illness, or occupational disease.

Injury Management Policy Statement – Example

[Organization name] is committed to providing a safe and healthy working environment for its workers.

[Organization's name] Injury Management Program includes both a Recovery-at-Work and Return-to-Work Program and has been developed to support workers who are unable to perform full duties due to a work-related injury, illness, or occupational disease.

The Injury Management Program is an extension of [organizations name] commitment to accommodating workers through early intervention and the provision of temporary, alternate, productive and meaningful work.

If a worker is unable to continue with full duties, the program provides opportunities to perform their regular work with modifications to duties or hours or, when available, to perform temporary work that meets the workers physical and/or psychological capabilities.

[Organization's name] and its workers are committed to co-operating and participating in the Injury Management Program.

Signed by Senior Management

Date

Program Scope

The Injury Management Program facilitates a worker's recovery from all work-related injuries, illnesses, or occupational diseases that impact their ability to perform regular work.

All workers are eligible to participate in the Recovery at Work Program, including:

- Front-line workers
- Managers and supervisors
- Senior management

The Injury Management Program is designed to provide temporary accommodations until workers get better and can return to regular work duties. **The Program is not designed for permanent accommodation or for workers who never return to pre-injury duties.**

Goals and Objectives

Injury Management programs serve as part of an injured worker's therapy and recovery by helping them stay at work or return to productive and appropriate work as soon as possible. Injury Management programs are based on the philosophy that many injured workers can safely perform productive work during their recovery.

The success of the program depends on actively managing incidents, maintaining open communication between all parties, and, when necessary, providing temporary modified or alternate work duties to fit the injured worker's capabilities. The injured worker should be an active participant in all steps of the program.

Benefits for workers

- Helps injured workers recover faster
- Reduces financial uncertainty for the worker and their family
- Maintains necessary job skills
- Maintains a sense of attachment with co-workers
- Reduces the risk of negative long-term health effects

Benefits for employers

- Demonstrates to all workers they are valued employees
- Returns injured workers to work in a safe and timely manner
- Maintains worker/employer relationships
- Reduces the cost of claims
- Helps retain healthy and qualified workers
- Reduces the cost of training replacement workers
- Includes the employer in the recovery process for the injured employee

1

Step 1: Worker receives first aid

- The worker's supervisor is notified, and the worker receives first aid as soon as possible.
- The first aid attendant assesses, and/or treats the worker at work, or assesses and stabilizes the worker and refers them to medical treatment.
- For many minor injuries (cuts, lacerations, soft tissue injuries etc.), the first aid attendant can provide initial care, treatment, and follow-up assessment.
- OHS First Aid Regulations are located under [Section 3 of the OHS Regulations](#).
- First aid attendants must have a valid first aid certificate and be designated as first aid attendants.

NOTE:

Employers with workers covered by the Enhanced Disability Management Program (EDMP) refer to the worker's collective agreement for the applicable process when a worker be unable to work due to injury

First Aid Attendant Completes the First Aid Report

- A record of all injuries and exposures must be:
 - kept by the employer for 3 years
 - kept confidential; and
 - be made available to the injured worker and WorkSafeBC (Example: [WSBC Form 55m60](#)).
- The first aid attendant is responsible, and has full authority, for all first aid treatment for an injured worker until responsibility for treatment is accepted by:
 - a person with an equivalent or higher first aid certificate
 - an ambulance service considered acceptable to WSBC; or
 - a place of medical treatment.
- The first aid attendant does not have authority to overrule a worker's decision to seek treatment from a healthcare professional or the worker's choice of healthcare professional
- Information regarding a worker's temporary physical or psychological capabilities and limitations *may* be discussed with both the worker and the worker's supervisor.

2a

Step 2: Able to Return to Work – No Physical / Psychological Limitations

- The first aid attendant completes the first aid report ([WSBC Form 55m66 or equivalent](#))
- The injured worker completes an Employees Report to the Employer ([WSBC Form 6a](#)) or an internal injury/incident report form that is acceptable to the WSBC
- The worker may then return to regular and full work.

Step 2: Able to Return to Work – Temporary Physical or Psychological Limitations

- The first aid attendant completes the first aid report ([WSBC Form 55m60 or equivalent](#))
- The injured worker completes the Employees Report to the Employer ([WBC Form 6a](#)) or an internal injury/incident report form that is acceptable to WSBC
- If, in discussion with the first aid attendant, the injured worker determines that he/she can return to work with temporary physical and/or psychological limitations, the worker (with or

without the assistance of the first aid attendant) updates the supervisor on what their temporary physical or psychological limitations are

- [\(Appendix A\)](#) Sample letter that describes the intent of the recovery-at-work program. Such a letter may be provided to the worker at this time
- The supervisor and the injured worker explore work options focusing on tasks that accommodate the injured worker's temporary limitations. It may be helpful for the worker and the supervisor to review both the Modified Work Guidelines ([Appendix G](#)) and the Modified Duties Activities list ([Appendix H](#))
- Once the supervisor and worker have discussed temporary work options, proceed to Step Three ([Work Modified to Meet Limitations](#)).

Employees have the ability to access physiotherapy as early as the day of injury with assessment and treatment covered through WorkSafeBC. Incorporating direct access into your Recovery-at-Work program is an excellent way to ensure your workers receive both assessment and treatment services they need after a workplace injury. Click [here](#) for information on physiotherapy providers

2b

Step 2: Medical Treatment

- The first aid attendant completes the first aid report ([WSBC Form 55m60 or equivalent](#))
- If the injuries are considered by the first aid attendant to be serious or beyond the scope of the attendant's training, the first aid attendant may refer the worker to medical treatment. Neither the first aid attendant nor the manager/supervisor has the authority to overrule a worker's decision to seek treatment from a healthcare professional or the worker's choice of healthcare professional
- The worker then
 - Completes a [WSBC Form 6A](#) or equivalent
 - Is given information on how to contact WorkSafeBC Claim Centre to initiate a claim by calling 1.888.967.5377 (toll-free); and
 - Seeks further assessment and/or medical treatment.
- Note: If the injured worker is unable to complete their report of injury, the first aid attendant may, through discussion with the worker, complete the form.
- The first aid attendant:
 - Discusses the Injury Management Program with the worker, including the employer's ability to modify work to accommodate temporary physical or psychological limitations
 - Provides the injured worker with a copy of the Injury Management Program package ([Appendix C and D](#)), to be completed by a healthcare professional of the worker's choice (medical physicians, chiropractors, physiotherapists, dentists, etc.) Note: In the event of a serious injury, where emergency transportation and/or treatment is necessary, the first aid attendant's priority is the well-being of the injured worker. In this situation, the Recovery at Work Package may be offered at a later time
 - Ensures the injured worker can safely leave the building and, if not, that suitable alternate transportation is available and/or provided
 - Provides the supervisor a copy of the [Form 6A](#) (Employees Report to the Employer or equivalent).

- The supervisor reviews the injury report and either completes and submits [Form 7](#) (Employers Report To WSBC) to WSBC, or forwards the report to the designated person responsible for completion and submission of Form 7's to WSBC.
- The injured worker is responsible to return the completed Functional Abilities Form to their supervisor ([Appendix D](#)) as soon as possible

3

Step 3: Work Modified to Meet Limitations and Written Plan Prepared

The goal of the recovery-at-work program is to ensure the injured worker can progress safely back to pre-injury work in a timely manner

- When the injured worker recovers or returns to work in a temporary modified capacity, the supervisor should:
 - Review the documentation and consider options that *may* provide suitable modified duties or alternate work based on the information provided by the healthcare professional.
 - Schedule a meeting with the injured/recovering worker to discuss and develop a mutually agreeable recovery at work plan.
- The supervisor makes arrangements for the participation of a union representative or the injured worker may opt to contact a union representative of their own choosing, should they wish
- Criteria for determining a suitable temporary modified work plan require duties to be:
 - Meaningful and productive;
 - Safe, meaning they neither harm the worker or slow their recovery;
 - Suited to the worker's skills and abilities; and
 - Within the worker's current capabilities and limitations.
- Temporary workplace modifications may include:
 - Modifying the worker's pre-injury job; and/or
 - Modifying the worker's days and hours of work; and/or
 - Identifying alternate work.
- When a worker's regular pre-injury job cannot be adequately modified, consider:
 - Assigning the worker to another job, which may or may not require modifications;
 - Assigning a special project; or
 - Scheduling required training upgrades.
- Ensure expectations for timely follow-up meetings are established and that the worker understands when they should contact their supervisor
- Upon completion of the modified work plan ([Appendix E](#)), the supervisor must:
 - Provide the worker with a copy of the plan;

Engaging Joint Occupational Health and Safety Committee Members, Worker Representatives, and/or front-line staff in the development of a standard modified duty task list is essential for promoting program support and worker participation. A list also allows the worker and supervisor to choose from pre-set task options, appropriate to the worker and their temporary limitations.

[\(See Appendix H and I\)](#)

- Ensure that the worker understands the plan and their responsibility for working within the guidelines of the plan, including the completion of the daily log (where included as part of the plan) and communicating with the supervisor; and
- Inform co-workers about the need to support the returning injured worker, and that they are not to place unsupported expectations upon the recovering worker.
- Once the plan has been agreed to, both worker and supervisor sign the plan, a copy of which may also be sent to the WSBC Case Manager
- In circumstances where medical sign-off is required, the draft modified work plan should be forwarded to the injured workers healthcare professional prior to mutual sign off by the injured worker and supervisor
- If the worker does not agree with the work plan, he/she is not required to return to work
- If the worker does not agree with the plan and/or chooses not to return to work, the worker signs that he/she does not agree with the plan. The supervisor then notifies the WorkSafeBC Case Manager and provides copies of the Recovery-at-Work Plan and completed Functional Abilities for Recovery at Work form
- The WorkSafeBC Case Manager then reviews the plan and the work restrictions to decide next steps.

4

Step 4: Work Modified to Meet the Workers Capabilities and Limitations

- Communication with the injured worker should be consistent and regular. It's important to collaboratively revisit the plan and timelines on a regular basis
- Face-to-face meetings with the worker can eliminate misunderstandings or confusion over the recovery-at-work process and may help remove barriers to a successful return to work
- Creating a communication log to document discussions and progress notes between the supervisor, injured worker, WSBC Case Manager, and healthcare professional should be maintained throughout the recovery-at-work period
- Creating a daily communication or progress log for completion by the injured worker helps to monitor progress while recovering at work. ([Appendix Fa & Fb](#))
- Where a claim has been submitted to WorkSafeBC, the supervisor reports the program outcomes to WorkSafeBC.

5

Step 5: Progression of Duties

- In addition to collaboratively re-visiting the plan and timelines, it's important to review the injured worker's duties. The progression of duties should include:
 - Information provided through the worker's communication plan
 - Discussions between the supervisor and the injured worker as it pertains to their recovery
 - Information provided by the worker's healthcare professional
 - Information provided by the injured worker's WorkSafeBC Case Manager.



Successful Return to Work Full Time Regular Duties

- The ideal outcome is for the injured worker to return to full-time regular duties.

- If the worker did not lose time from work and recovered fully while on the Recovery-at-Work Plan, document the outcome, including all the notes associated with the worker's successful recovery. All documentation is to be kept confidential.
- If the worker lost time from work, participated in the Recovery-at-Work/Return-to-Work Program, and successfully returned to full time regular duties, document the outcome, including all notes associated with the worker's successful recovery. All documentation is to be kept confidential. Complete [WSBC Form 9](#). Retain a copy of the Form 9 for your records and forward a copy to the WSBC Case Manager.

Unsuccessful Return to Full Time Regular Duties

- If the worker lost time from work, participated in the Return-to-Work Program but was unable to complete the program, document the outcome and notify the WorkSafeBC Case Manager.

Appendixes

Appendix A: Letter to the Injured Worker – No Time Loss - Sample

At [organization name] we believe the Recovery at Work program will help you recover from your injury so that you may return to your full and regular work quicker.

The first aid attendant has reported that you are physically and/or psychologically able to remain at work but that you may require some temporary modifications to your work during your recovery period.

To ensure that [Organizations name] can design a suitable modified Recovery-at-Work Program, it is important you return to your area of work and discuss you plan with our supervisor.

In looking at possible work options, we'll offer activities that meet the following criteria:

- The work must be meaningful and productive
- The work duties must be safe with no risk of harming or slowing your recovery
- The work must be suited to your skills and abilities and within your current capabilities and limitations

If temporary work modification is required, it may include:

- Modifying the pre-injury job; and/or
- Identifying alternate work;
- Assigning you to another job which may nor may not require modifications;
- Assigning you to a special project on a temporary basis.

[Name and Position]

Employee Acknowledgement:

I, [name], have read over the Recovery at Work Program information, and understand the above.

Signature _____

Date _____

Appendix B: Letter to the Injured Worker – Time Loss - Sample

Dear Employee:

We regret to hear of your recent injury. We're committed to helping you recover and transition back to work as quickly as possible through our Recovery-at-Work Program.

To participate in the program, it is important that you have your healthcare professional read and complete the information contained in this package which includes:

- An introduction letter to your healthcare professional that explains the Recovery-at-Work Program, and an authorization form for the release of relevant information pertaining to your physical and/or psychological limitations relative to the work
- A Functional Abilities Form, which describes the physical requirements of your job. This will help your health care professional determine appropriate activities during your recovery;
- A copy of WorkSafeBC's Guidelines for Modified Work

The information that your healthcare professional provides allows us to find suitable work based on your work abilities and limitations. We ask that you provide the enclosed package to your healthcare professional, have him/her provide the requested information and that you return the Authorization Form, Functional Abilities Form and a signed copy of this letter to your supervisor as quickly as possible.

If you have any questions regarding the Recovery-at-Work Program, or if you want to discuss how this Program will be applied to your situation, please contact [\[contact name and number\]](#). We will work with you to design a Recovery at Work Plan that meets your needs.

Sincerely,

[\[Name and Position\]](#)

Employee Acknowledgement:

I, [\[name\]](#), have read over the Recovery at Work Program information, and understand the above.

Signature _____

Date _____

Appendix C: Letter to Healthcare Professional

[Insert date here]

Dear Healthcare Professional:

[Organizations name] believes that our employees are our most important asset. We are committed to helping our employees with physical or psychological challenges recover at work as soon as appropriate so that they may regain their livelihood.

At [Organizations Name] we have developed and implemented a Recovery-at- Work Program. The Program is intended to permit a safe and timely return to work. Temporary work assignments are designed to meet the employees current physical or psychological needs and will not expose the employee to conditions which might aggravate the injury or cause re-injury.

Please complete the attached form and provide a copy of the completed form to your patient.

Payment for the completion of this form will be made by [organization].

Thank you for assisting our worker's safe recovery from their work-related injury.

Sincerely,

Title

Appendix D: Functional Abilities Form for Recovery at Work

[Organizations name] authorizes payment of this form, **completed in full**, in accordance with the provincially recommended fee code upon receipt of invoice.

Section A: WORKER INFORMATION (To be completed by the worker)

I authorize the release of the information below to my employer [organizations name]

Worker Name: _____ Signature _____ Date: _____

Current position _____ Job Description attached Yes No

Section B: HEALTHCARE PROFESSIONAL INFORMATION (Completed by healthcare professional)

Name: _____ Profession/Specialty: _____

Address: _____

Phone: _____ Date of visit: _____

Section C: FUNCTIONAL / COGNITIVE ABILITIES (To be completed by health care professional)

- Please check all boxes that are applicable in Section C
- Patient has no functional limitations
- Patient has no cognitive limitations
- Patient has functional and/or cognitive limitations and can return to work provided the following limitations can be accommodated:
- | | |
|---|--|
| <input type="checkbox"/> No manual lifting | <input type="checkbox"/> Use of upper extremities* |
| <input type="checkbox"/> No overhead lifting | <input type="checkbox"/> Bending, twisting or kneeling |
| <input type="checkbox"/> Lifting as tolerated | <input type="checkbox"/> Climbing stairs/ladders |
| <input type="checkbox"/> Walking* | <input type="checkbox"/> Limitations due to medications* |
| <input type="checkbox"/> Standing* | <input type="checkbox"/> Limitations due to environmental conditions |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Limitations due to cognitive functioning* |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
- Patient can not return to work despite modified and/or alternate duty options

* Please provide further details on these limitations

Estimated duration of functional/cognitive limitations (in days): _____

Next re-assessment date (if necessary) _____

- I have reviewed the details of this report with the patient and have provided him/her with a copy of the report. I certify that this report is a complete and accurate report.

Healthcare Professional's Signature _____

Appendix E: Recovery at Work – Sample Template

Contact Information

Worker's First Name	Worker's Last Name	Contact Number
Supervisor's First Name	Supervisor's Last Name	Contact Number
Union Rep's First Name: if involved	Union Rep's Last Name: if involved	Contact Number
WSBC Case Manager's First Name: if involved	WSBC Case Manager's Last Name: if involved	Contact Number
Worker's Position	Regular Work Schedule <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual / Relief Average hrs per week _____	

Incident/Injury Information

Date of Injury _____ Month / Day / Year	Has the worker lost time from work beyond the day of injury? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ If yes, has the employer submitted a Form 7 To WSBC? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
---	--

Recover at Work Plan Information

Start Date _____ Month / Day / Year	Projected End Date _____ Month / Day / Year
--	--

Functional Abilities and Limitations

<input type="checkbox"/> Self-reported abilities/limitations <input type="checkbox"/> Healthcare Professional abilities/limitations	Specify or attached documentation
--	-----------------------------------

Offer of Temporary Modified Work

Week One: Specify duties	
From _____ to _____ Date Date	From _____ to _____ Start time End Time
Scheduled Days of Work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

Worker to complete the following statement

- I have had input and agree with the plan I do not agree with the plan

Worker's signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers capabilities and limitations

Recover at Work Plan - Week _____(insert week number)

Progress Notes: Include date, daily log comments, discussions between supervisor and worker, observations made related to capabilities and limitations

Self-reported progress of recovery over the past week

Improved Remained about the same Decreased

Week Two: Specify duties

Dates
From _____ to _____
Date Date

Hours of Work
From _____ to _____
Start time End Time

Scheduled Days of Work

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Worker to complete the following statement

I have had input and agree with the plan I decline the recovery at work offer -provide reason below:

Worker's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers capabilities and limitations

Appendix F: Daily Recovery Log – Sample A

Daily Recovery Log

First name: _____	Last Name: _____						
Calendar Day Worked							
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
Shift Worked							
<input type="checkbox"/> Days	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Nights	<input type="checkbox"/> Split	<input type="checkbox"/> Other:			
Daily Duties:							
Please complete the following?							
<ul style="list-style-type: none">• What, if any discomfort or pain did you have in the area of your injury? • What, if any, lifting limitations did you experience in the area of your injury? • What, if any, limitations did you experience with bending or twisting? • What, if any, limitations did you experience pushing or pulling? • What, if any, limitations did you experience in your level of concentration or other, non-physical symptoms due to your injury?							
How did you feel after completing your shift?							

Note: All the duties you perform must be within the guidelines of your recovery at work plan

Guidelines for Modified Work

Low Back	Shoulder	Knee	Ankle
<p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take microbreaks <input type="checkbox"/> The worker can change position between walking, standing & sitting <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting & carrying light or medium loads <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back 	<p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using arms above shoulder height and reaching down <input type="checkbox"/> Activities that require lifting, carrying, pushing pulling, reaching <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Holding arms outstretched for periods, especially if there’s weight or force involved <input type="checkbox"/> Lifting & carrying above shoulder height 	<p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take microbreaks <input type="checkbox"/> The worker can occasionally elevate the knee <input type="checkbox"/> The worker can change position between standing, walking & sitting <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking on uneven ground <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long periods of walking or standing <input type="checkbox"/> Deep squats, kneeling or crouching <input type="checkbox"/> Pivoting on the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing or running <input type="checkbox"/> Stairs or step stools 	<p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Worker can occasionally elevate the ankle <input type="checkbox"/> The worker can self pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of stairs <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long period of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Deep squats or crouching <input type="checkbox"/> Activities requiring balance, bracing or running
<p>Elbow/Forearm</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive or sustained gripping especially if force involved <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> Total time keyboarding or driving <input type="checkbox"/> Use of anything that creates an impact on the elbow or forearm <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of weights <input type="checkbox"/> Forearm rotation <input type="checkbox"/> Pressure on the elbow 	<p>Wrist/Hand</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self pace and/ or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive gripping especially if there’s high or sustained force <input type="checkbox"/> Lifting and carrying light to medium loads <input type="checkbox"/> The total time keyboarding or driving <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extreme postures of the wrist especially with force 	<p>Neck</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self pace or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activities with arms above shoulder level or reaching down <input type="checkbox"/> Activities with lifting and carrying light to medium loads <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down or over the shoulder especially if more than a few seconds 	<p>National Occupational Classifications (NOC)</p> <p>The NOC defined strength used in pushing, pulling or moving as follows:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited: Involves handling loads up to 5 kg. <input type="checkbox"/> Light: Involves handling loads of 5 kg and less than 10 kg <input type="checkbox"/> Medium: Handling loads between 10 and 20 kg <input type="checkbox"/> Heavy: Handling loads of more than 20 kg

Adapted from WorkSafeBC Guidelines for Modified Work

Appendix H: Modified / Alternate Duty Task List – Example

Modified Duties Caregivers Recovering from a Back Injury

The goal of providing modified duties is to help your injured worker rehabilitate/recover at work so they may transition back to regular pre-injury duties. The following is a list of some duties that may be appropriate for caregivers while they recover from a back-related injury.

When developing a modified duty work plan, it is important to focus on the caregiver’s abilities as well as his/her physical limitations, and for the supervisor and caregiver to work collaboratively throughout this process. The progression of duties should also be a collaborative effort, to ensure the caregiver has a safe and successful return to full and regular duties

Typical Physical Limitations For Caregivers with a Back Injury		
Ensure	Limit	Avoid
<input type="checkbox"/> The worker can change position between walking, standing & sitting <input type="checkbox"/> The worker can self-pace and/or take microbreaks <input type="checkbox"/> The worker can change position between walking, standing & sitting	<input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting & carrying light or medium loads	<input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back

The typical Physical Limitations guidelines have been based on data from the [Disability Guidelines](#), published by the Work Loss Data Institute. Ensure that assigned duties are appropriate given the caregiver’s current limitations and restrictions, as specified by the caregiver, healthcare provider, and the physical limitations as noted in the above table

Potential Modified Tasks

Modified Light Duties		Modified Medium Duties
<input type="checkbox"/> Meal preparation <input type="checkbox"/> Setting up dining room/place settings <input type="checkbox"/> Clearing/cleaning tables <input type="checkbox"/> Serving food <input type="checkbox"/> Assisting residents to dining room <input type="checkbox"/> Prepare snacks <input type="checkbox"/> Reading to resident(s) <input type="checkbox"/> Talking with resident(s) <input type="checkbox"/> Puzzles/baking activities with resident(s) <input type="checkbox"/> Garden with resident(s) <input type="checkbox"/> Entertain residents <input type="checkbox"/> Play games with resident(s) <input type="checkbox"/> Organize resident’s closet <input type="checkbox"/> Organize resident’s drawers <input type="checkbox"/> Organize hall closets <input type="checkbox"/> Tidy resident’s room	<input type="checkbox"/> Make beds <input type="checkbox"/> Tidy common areas <input type="checkbox"/> Label clothes <input type="checkbox"/> Laundry – wash/dry <input type="checkbox"/> Laundry – fold / put away <input type="checkbox"/> Restock supplies/linens <input type="checkbox"/> Talk/meet with family <input type="checkbox"/> Update ADL <input type="checkbox"/> Nail care <input type="checkbox"/> Hair care (wash/dry/style) <input type="checkbox"/> Light AM/HS care (hands/face/teeth) <input type="checkbox"/> Create “Luggage Tag” resident info cards <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Porter residents to dining room <input type="checkbox"/> Porter residents to activities <input type="checkbox"/> Use ceiling lift to put adjust straps <input type="checkbox"/> Use ceiling lifts to reposition <input type="checkbox"/> Wash beds <input type="checkbox"/> Change bed linen <input type="checkbox"/> Remove compression stockings <input type="checkbox"/> Apply creams or ointments <input type="checkbox"/> Dress resident <input type="checkbox"/> De-escalate responsive behaviours <input type="checkbox"/> Change incontinent products <input type="checkbox"/> Peri-care <input type="checkbox"/> Weigh residents <input type="checkbox"/> _____ <input type="checkbox"/> _____

Appendix I: Modified / Alternate Duty Task List – Example

Modified Duties Caregivers Recovering from a Shoulder Injury

The goal of providing modified duties is to help your injured worker rehabilitate/recover at work so that they may transition back to regular pre-injury duties. The following is a list of some duties that may be appropriate for caregivers while recovering from a shoulder-related injury.

When developing a modified duty work plan it is important to focus on the caregiver’s abilities as well as their physical limitations and for the supervisor and caregiver to work collaboratively throughout this process. The progression of duties should also be a collaborative effort to ensure that the caregiver has a safe and successful return to full and regular duties

Typical Physical Limitations For Caregivers with a Back Injury		
Ensure	Limit	Avoid
<input type="checkbox"/> The worker can self-pace and/or take microbreaks	<input type="checkbox"/> Activities with arms above shoulder level including reach down <input type="checkbox"/> Activities which require lifting and carrying of light to medium loads	<input type="checkbox"/> Holding the arms outstretched for periods especially while holding weights and applying force Repetitive bending <input type="checkbox"/> Lifting and carrying with arm above shoulder level

The typical Physical Limitations guidelines have been based on data from the [Disability Guidelines](#), published by the Work Loss Data Institute. Ensure that assigned duties are appropriate given the caregiver’s current limitations and restrictions, as specified by the caregiver, healthcare provider, and the physical limitations as noted in the above table

Potential Modified Tasks

Modified Light Duties		Modified Medium Duties
<input type="checkbox"/> Meal preparation <input type="checkbox"/> Setting up dining room/place settings <input type="checkbox"/> Clearing/cleaning tables <input type="checkbox"/> Serving food <input type="checkbox"/> Assisting residents to dining room <input type="checkbox"/> Prepare snacks <input type="checkbox"/> Reading to resident(s) <input type="checkbox"/> Talking with resident(s) <input type="checkbox"/> Walking with residents <input type="checkbox"/> Puzzles/baking activities with resident(s) <input type="checkbox"/> Garden with resident(s) <input type="checkbox"/> Entertain residents <input type="checkbox"/> Play games with resident(s) <input type="checkbox"/> Organize resident’s closet <input type="checkbox"/> Organize resident’s drawers <input type="checkbox"/> Organize closets	<input type="checkbox"/> Tidy resident’s room <input type="checkbox"/> Make beds <input type="checkbox"/> Tidy common areas <input type="checkbox"/> Label clothes <input type="checkbox"/> Laundry – wash/dry <input type="checkbox"/> Laundry – fold / put away <input type="checkbox"/> Restock supplies/linens <input type="checkbox"/> Talk/meet with family <input type="checkbox"/> Update ADL <input type="checkbox"/> Nail care <input type="checkbox"/> Hair care (wash/dry/style) <input type="checkbox"/> Light AM/HS care (hands/face/teeth) <input type="checkbox"/> Create “Luggage Tag” resident info cards <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Porter residents to dining room <input type="checkbox"/> Porter residents to activities <input type="checkbox"/> Use ceiling lift to put adjust straps <input type="checkbox"/> Use ceiling lifts to reposition <input type="checkbox"/> Wash beds <input type="checkbox"/> Change bed linen <input type="checkbox"/> Remove compression stockings <input type="checkbox"/> Apply creams or ointments <input type="checkbox"/> Dress resident <input type="checkbox"/> De-escalate responsive behaviours <input type="checkbox"/> Change incontinent products <input type="checkbox"/> Peri-care <input type="checkbox"/> Weigh residents <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

