

Recover at Work

starter toolkit for employers



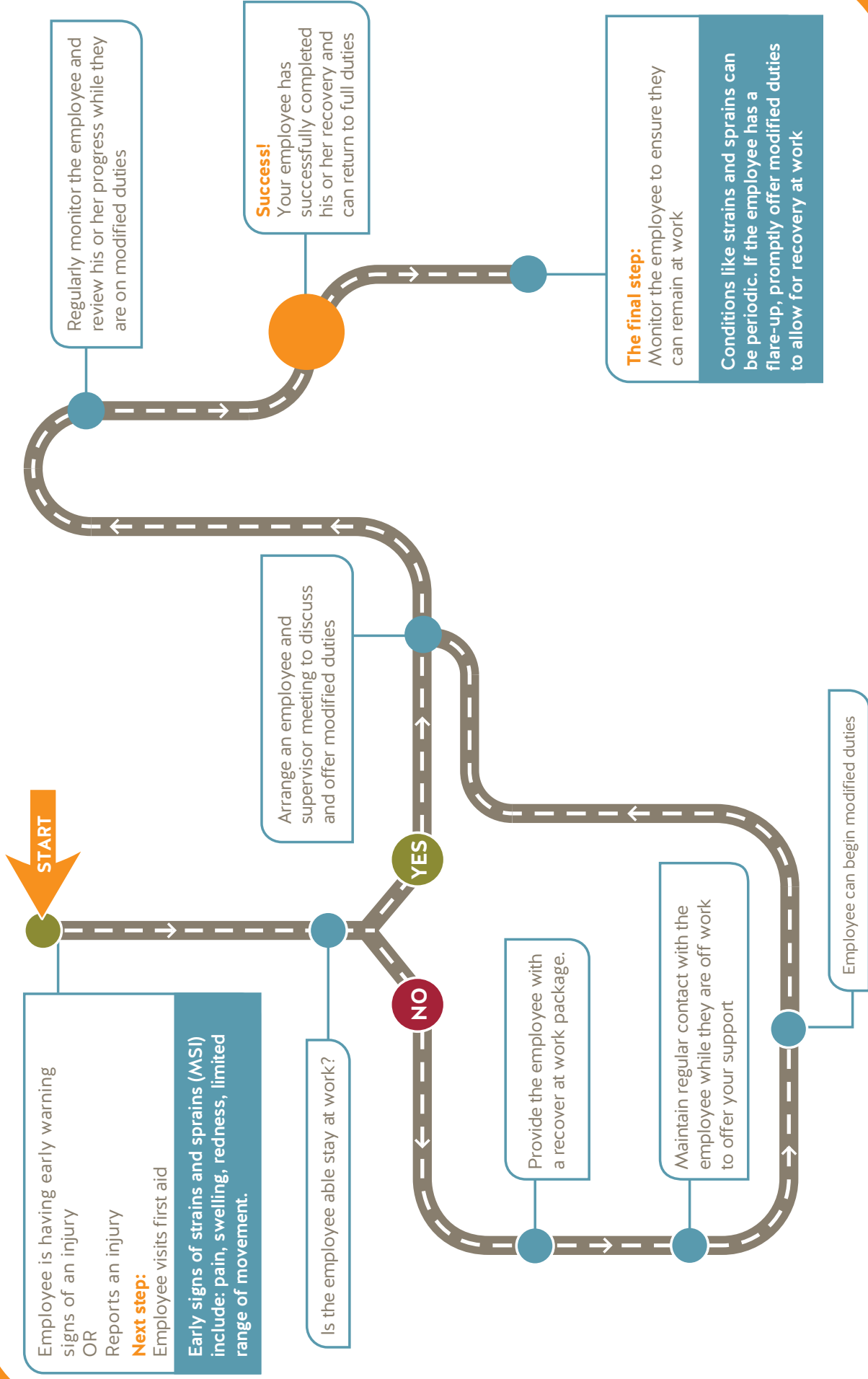
Employer

Recover at work package

For further assistance contact:

Recover at work road map for employers

This road map outlines steps to take when your employee is injured or experiencing symptoms at work.



Has your employee been injured at work?

Immediately

- If an emergency, activate your emergency response plan and call 911
- Ensure the injured employee receives first aid
- If medical attention is required, provide the injured employee with a Recover At Work package to take to their health care provider
- Advise your employee to contact WorkSafeBC at 1.888.967.5377 or [worksafebc.com](https://www.worksafebc.com) to report their injury
- Request your employee bring the completed Functional Abilities Assessment back and meet with you immediately following their health care appointment

Same day or next shift

Meet with the injured employee to:

- Review and discuss the Functional Abilities Assessment
- Discuss modified duties
- Make a modified work offer in writing
- Give the employee a copy of the modified work offer

Ongoing

- Maintain regular contact with the injured employee for the duration of the modified duties or while they are off work, to discuss
 - their progress
 - changes in their condition
 - any other concerns related to their recovery
- Advise employee to contact WorkSafeBC to discuss their recovery progress



Typical Physical Limitations for Common Injuries

This document provides a list of typical limitations for common physical injuries.

Neck	Shoulder	Elbow/Forearm	Wrist/Hand
<p>Ensure</p> <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> Activities with arms above shoulder level, including reaching down Activities with lifting and carrying to light or medium loads Hanging weights Ladder climbing <p>Avoid</p> <ul style="list-style-type: none"> Lifting and carrying with arms above shoulder level Extremes of looking up, down, or over the shoulder, especially if sustained for more than a few seconds 	<p>Ensure</p> <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> Climbing ladders Activities using arm above shoulder level, including reaching down Activities which require lifting and carrying to light or medium loads <p>Avoid</p> <ul style="list-style-type: none"> Holding the arm outstretched for periods especially while holding weights and applying force Lifting and carrying with arm above shoulder level 	<p>Ensure</p> <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> Repetitive or sustained gripping, especially where high forces are required Repetitive elbow bending The total time spent keyboarding or driving The use of impact tools (including power tools and hammers) <p>Avoid</p> <ul style="list-style-type: none"> Hanging weights Forearm rotations Pressure on the elbow 	<p>Ensure</p> <ul style="list-style-type: none"> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> Repetitive gripping, especially where high or sustained forces are needed Lifting and carrying to light or medium loads The total time keyboarding or driving <p>Avoid</p> <ul style="list-style-type: none"> Extreme postures of the wrist, especially with force

Low Back	Knee	Ankle
<p>Ensure</p> <ul style="list-style-type: none"> • The worker can self-pace and/or take micro breaks • The worker can change position between walking, standing, and sitting <p>Limit</p> <ul style="list-style-type: none"> • Walking on uneven ground • Lifting and carrying to light or medium loads, depending on frequency and postures <p>Avoid</p> <ul style="list-style-type: none"> • Jarring • Repetitive bending • Long periods of static standing or sitting • Extreme bending of the back • Twisting of the back 	<p>Ensure</p> <ul style="list-style-type: none"> • The worker can self-pace and/or take micro breaks • The worker can occasionally elevate the knee • The worker can frequently change position between standing, walking, and sitting <p>Limit</p> <ul style="list-style-type: none"> • Walking on uneven ground <p>Avoid</p> <ul style="list-style-type: none"> • Long periods of standing or walking • Deep squatting, kneeling, or crouching • Pivoting of the knee • Participating in activities requiring bracing, balancing, or running • Stair use or ladder climbing 	<p>Ensure</p> <ul style="list-style-type: none"> • The worker can occasionally elevate the ankle • The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> • The use of stairs <p>Avoid</p> <ul style="list-style-type: none"> • Long periods of standing or walking • Walking on uneven ground • Climbing ladders • Deep squatting and crouching • Activities requiring balancing, bracing, or running

These typical physical limitations are guidelines to help develop an appropriate stay-at-work or return-to-work plan.

Strength categories for handling loads

National Occupational Classification (NOC) is the nationally accepted reference on occupations in Canada and provides a standardized framework for definitions such as pulling, pushing, lifting and/or moving objects during the work performed.

The NOC defines strength used in handling loads (e.g. pulling, pushing, lifting and/or moving objects during the work performed) as follows:

Limited: Work activities involve handling loads up to 5 kg

Light: Work activities involve handling loads of 5 kg but less than 10kg

Medium: Work activities involve handling loads between 10 and 20 kg

Heavy: Work activities involve handling loads more than 20 kg

MODIFIED WORK OFFER

In keeping with our commitment to provide accommodation opportunities that are individualized and employee focused, we are offering the following duties to promote recovery and rehabilitation:

Employee last name	First name	Date (yyyy-mm-dd)
Job position:		
Temporary Limitations:		
Specific duties:		
Hours of work per day	Number of days per week	
Start date (yyyy-mm-dd)	Finish date (yyyy-mm-dd)	
Manager/Supervisor name		

Please remember that you are only to do the duties that are allowed and are within your current limitations. If you have any questions or concerns with the work you have been assigned, please discuss it with your manager immediately.

We will meet with you weekly to review your progress. The first meeting is scheduled for:	Start Date (yyyy-mm-dd)
Employee signature	Date (yyyy-mm-dd)
Manager/ Supervisor signature	Date (yyyy-mm-dd)

Injured or experiencing symptoms?

Experiencing early signs of an injury?

Injured at work?

If emergency, activate emergency response plan and call 911

Report to First Aid

Report to supervisor

- obtain Recover at Work package to take to your health care provider
- discuss modified duties

Contact WorkSafeBC
1.888.967.5377 or worksafebc.com to initiate a claim

Meet with supervisor

- discuss Functional Abilities Assessment
- align modified duties
- discuss recovery progress

Follow up with WorkSafeBC
discuss recovery progress

Employee Recover at work package

Provide this to an employee who is injured

Teleclaim registration number: _____

Claim number: _____

Your employer's injury
management coordinator: _____

To file a WorkSafeBC claim, call 1.888.967.5377

Dear employee

We are committed to supporting your recovery and rehabilitation by providing a modified and flexible work environment to accommodate your needs.

If you've been injured at work, please follow these steps:

- Go to first aid for treatment.
- Notify your manager/supervisor.
- Obtain a Recover At Work package from your employer.
- Take the Recover At Work package to your health care provider to complete the Functional Abilities Assessment form.
- Contact WorkSafeBC at 1.888.967.5377 or [worksafebc.com](https://www.worksafebc.com) to report your injury and to establish a claim.
- Following your appointment, return your completed Functional Abilities Assessment form to your supervisor for discussion.

Same day or next shift

Meet with your supervisor

- Review the completed Functional Abilities Assessment form
- Discuss modified duties and work together to develop a Recover At Work plan

Ongoing

- Participate in treatment recommended by your healthcare provider
- Participate in your Recover At Work plan
- Meet with your supervisor weekly to discuss your progress, changes in your condition, or any other concerns related to your recovery
- Follow up with WorkSafeBC to discuss your recovery progress

Functional Abilities Assessment

Employee information

Last name	First name	Middle initial
Dominant hand (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of assessment (Date of service) (yyyy-mm-dd)
Occupation		
Nature of injury (please indicate left or right, if applicable)		

Limitations

These Typical Physical Limitation guidelines are based on the Official Disability Guidelines (ODG), published by the Work Loss Data Institute.

<input type="checkbox"/> Neck Limit <input type="checkbox"/> Activities with arms above shoulder level, including reaching down <input type="checkbox"/> Activities with lifting and carrying to light or medium loads <input type="checkbox"/> Hanging weights <input type="checkbox"/> Ladder climbing Avoid <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 sustained for more than a few seconds	<input type="checkbox"/> Shoulder Limit <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Activities using arm above shoulder level, including reaching down <input type="checkbox"/> Activities which require lifting and carrying to light or medium loads Avoid <input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force <input type="checkbox"/> Lifting and carrying with arm above shoulder level	<input type="checkbox"/> Elbow/Forearm Limit <input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> The total time spent keyboarding or driving <input type="checkbox"/> The use of impact tools (including power tools and hammers) Avoid <input type="checkbox"/> Hanging weights <input type="checkbox"/> Forearm rotations, Pressure on the elbow	<input type="checkbox"/> Wrist/Hand Limit <input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed <input type="checkbox"/> Lifting and carrying to light or medium loads <input type="checkbox"/> The total time keyboarding or driving Avoid <input type="checkbox"/> Extreme postures of the wrist, especially with force
<input type="checkbox"/> Low back Limit <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying to light or medium loads, depending on frequency and postures Avoid <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	<input type="checkbox"/> Knee Limit <input type="checkbox"/> Walking on uneven ground Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Deep squatting, kneeling, or crouching <input type="checkbox"/> Pivoting of the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing, or running <input type="checkbox"/> Stair use or ladder climbing	<input type="checkbox"/> Ankle Limit <input type="checkbox"/> The use of stairs Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Deep squatting and crouching <input type="checkbox"/> Activities requiring balancing, bracing, or running	

Additional recommendations or comments
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Provider information

Health Care Provider's name (please print)	Health Care Provider's signature
Clinic Name	Clinic Phone Number

Dear healthcare provider

At _____ we are committed to supporting our ill/injured employees by providing modified or alternate duties tailored to meet their unique needs. With appropriate support in the workplace, employees' recover faster and are less likely to have long term health effects or other common health conditions.

Please complete the Functional Abilities Assessment form on the reverse side.

Your recommendations regarding any temporary limitations or restrictions will help us work collaboratively with you and your patient to develop a safe and sustainable recover at work plan. Please consider if your patient could do work of some kind before advising they are unfit for work.

If you have any questions and/or concerns, please contact me at (____) _____._____.

We are willing to pay a fee of up to \$_____for the completion of the Functional Abilities Assessment form. Please mail or fax the invoice to_____.

Sincerely,

