

Early Access to Physiotherapy Program (EAPP)

Employer Criteria Checklist

The following questions will assist you in assessing your Injury Management Program and help determine your eligibility to participate in the EAPP. If you left any criteria below unchecked, please follow the associated resource link for more information. If you require additional assistance please contact the Employer RTW Programs Support Line at 604.279.8155 or toll free 1.877.633.6233. Please send the completed form to physiotherapy clinic and email to EmployerRTWprograms@worksafebc.com.

- Employer has established procedures for injury management.
- Employer has a designated return to work (RTW) coordinator, with the necessary **return to work knowledge** and competencies.
- Employer provides the injured worker with an initial completed modified work offer(s) as well as a Functional Assessment Form, prior to the referral to physiotherapy for a functional assessment (e.g., **injured worker package**).
- Employer has an **inventory of modified duties** associated with occupations that generate the most injuries, classified by injury type (e.g., shoulder, back, knee).
- Employer currently offers modified and alternative duties to injured workers on the day of injury or next scheduled shift.
- RTW coordinator (or supervisor) contacts injured worker to:
 - a. Offer modified duties on day of injury or next shift.
 - b. Discuss recovering at work or returning to work if the worker is at home.
 - c. Follow up regularly with employees on modified work.
 - d. Document employee status daily.
- RTW **return to work plans** for employees who are on modified work and ready to progress to full duties.
- RTW coordinator uses the **WorkSafeBC employer portal** to send all claim documents. This includes (not exhaustive): Employer's Report of Injury (F7), Functional Abilities Form, initial modified duty offer, and a progressive RTW plan.

Employer information

Date (yyyy-mm-dd)	Legal company name		WorkSafeBC account number		
Address		City	Province	Postal code	
Employer RTW coordinator's last name	First name	Phone number	Email address		
Senior executive's last name	First name	Phone number	Email address		
Signature					
This acknowledges that we have met all the above EAPP criteria.					
Physiotherapy clinic's name	Address		City	Province	Postal code