



Committed to Achieving Dignity and Equality in the Workplace

Canadian Mental Health Association – John Howard Society of Niagara –
Lincoln County Humane – Niagara Regional Sexual Assault Centre
Regional Municipality of Niagara – St. Catharines Museum – Niagara Institute – Town of Lincoln – Township of West Lincoln – Welland Humane

WSIB (Workplace Safety & Insurance Board)

Workers' Compensation

Safe Workplaces

It's your right!

- ◆ **How to report an injury**
- ◆ **How to start a claim**
- ◆ **Steps to follow**
- ◆ **Employer & Employee Obligations**
- ◆ **Modified Work**



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Unit #3, 133 Front Street North

Thorold, ON L2V 0A3

Tel 905.685.0001

Fax 905.685.7222

www.cupe1287.com

CAUTION

Know your rights

This booklet will provide an overview of some of the important aspects of the Workplace Safety & Insurance Act. It is not intended to be a legal document.

We hope that this booklet will help you understand your rights concerning workers' compensation, and that it will help you to follow the proper procedures and receive the appropriate benefits.

Time Limits

The Workplace Safety & Insurance Act (WSIA) sets a six-month time limit to file an application for benefits and/or to appeal most decisions. Time limits are strictly enforced although the Workers' Safety Insurance Board (WSIB) retains its right to extend time limits when appropriate. If you have any questions regarding the issue of time limits, **please contact the Union office at 905-685-0001.**



All members of any Union Local or any employee working for an employer who suffer a work-related injury or illness, are entitled to WSIB coverage.

To increase your chances of a successful, hassle-free claim, there are a number of steps that you can take.

OFFER OF MODIFIED WORK

“What happens if I refuse modified work?”

If you think the modified work being offered is not within your physical capabilities, discuss the offer of modified work with your doctor. You should also contact the WSIB Representative at the Union office immediately to get assistance, even if your doctor advises you to stay home.

“Appropriate employment, “ means employment that...

- ◆ Is suitable
- ◆ Is within the worker's functional abilities
- ◆ Is available
- ◆ Restores the worker's pre-injury earnings

LOCAL 1287 WSIB REPRESENTATIVE:

TEL: 905-685-0001

FAX: 905-685-7222



PLEASE CONTACT YOUR LOCAL UNION OFFICE TO OBTAIN YOUR LOCALS WSIB REPRESENTATIVE FOR ASSISTANCE.

“Can I re-open a claim?”

If a compensable injury recurs or flares up, or if it is more serious than originally thought, you can ask the WSIB to re-open the claim.



You will need to establish continuity with respect to ongoing difficulties since the original accident.

“How do I demonstrate continuity?”

By providing WSIB with:

- ◆ a list of co-workers (names, addresses and phone numbers)
- ◆ with whom you have talked about the injury
- ◆ A list of doctor visits regarding the injury
- ◆ A list of your complaints to the employer about the injury.

It is important when you return to work to report each recurrence of pain to your co-workers as well as your doctor.

OBLIGATION TO COOPERATE

The Workplace Safety & Insurance Act (WSIA) sets out a duty of co-operation for both Workers and the Accident Employer as follows:

WORKER

Contact the accident employer as soon as possible after the injury occurs and maintain communication throughout the period of recovery.

Assist the employer as required or requested to identify suitable work that is **available, consistent, and within the range of your functional abilities.**

EMPLOYER

Contact the worker as soon as possible after the injury occurs and maintain communication throughout the period of the worker's recovery. Attempt to provide suitable employment that is available and consistent with the employee's functional abilities.

EARLY AND SAFE RETURN TO WORK

When a workplace injury or disease occurs, the workplace parties (worker, Union and Employer) are required under the Act to co-operate and work together in achieving the worker's early and safe return to appropriate employment with the accident employer.

STEPS TO FOLLOW IN CASE OF AN INJURY

1. REPORT ANY INCIDENT IMMEDIATELY

You should report all accidents/incidents immediately and give a detailed explanation to your Supervisors and Union Representative as soon as possible.

Important Tips on Reporting

Report the injury properly

Based on your completed ***Employee's Report of Accident / Injury*** form, the Employer is required to complete the ***Form 7*** and submit it to the WSIB.

Be sure to include the following in your report:

- ◆ All areas of injury or hurt
- ◆ Where it occurred
- ◆ When it occurred
- ◆ Type and cause of injury
- ◆ Full name of any witness(es)
- ◆ Any pre-scheduled overtime (in the last four weeks)

Be consistent in your reports

You may be required to give details of your injury/illness to numerous people; such as, first aid givers, the WSIB, supervisors, hospital staff, your own doctor or specialist, etc. WSIB will receive copies of those reports, so it is important that each report contains the same information.

Some injuries/illnesses do not take full effect on the body until later that evening, the next day, or possibly the next week. Therefore, it is critical to report and document all symptoms of the injury/illness. When you report to a Supervisor, it is in your best interest to have a co-worker or union steward (from your worksite) present, if possible.

2. MAKE NOTE OF ANY WITNESS(ES)

Ask any witness to the accident/incident to write down what they saw. They should include the time and date on their statement, and they should also sign it. This is acceptable proof of an injury and is especially important if the injury is not visible or if there is a delayed reaction.

3. SEE A DOCTOR

It is extremely important that you seek immediate medical attention. If your injury/illness requires immediate medical attention, the employer is required to cover the travel costs.

4. INFORM THE UNION OF YOUR INJURY

In all cases of workplace injury/illness, you should contact the WSIB Representative at the Union office for advice and assistance. **This should be done as soon as possible after the injury/illness occurs.**

5. LET PEOPLE KNOW ABOUT THE PAIN YOU FEEL

It is important to tell co-workers, supervisors, and the attending physician, about your pain. This helps establish and document injuries/illnesses that may seem, at the time, inconsequential. Continuity of complaint may help you substantiate your claim.

6. KEEP COPIES OF ALL CORRESPONDENCE

It is crucial that you keep a copy of all correspondence and written documentation regarding the injury/illness, including prescriptions, doctors' notes, forms and letters.

7. KEEP A DIARY OF ALL VERBAL COMMUNICATION

If you have verbal contact with the WSIB, it is a good idea to make a short note of what both parties said, including the time and date of the call – WSIB does this at their end. It is also a good idea to keep a diary of all other verbal communications you have regarding the injury/illness, for example, any telephone conversations with the Employer or the Union.

8. STAY CALM

It may be extremely difficult at times, but when talking to the WSIB you should try to stay calm. Getting angry and threatening the WSIB Adjudicator will not benefit you in any way. It is important to remember that WSIB documents all telephone calls you have with them. **Let your WSIB Representative in the Union office do the talking to the WSIB unless you are contacted directly by WSIB personnel.**

THE FUNCTIONAL ABILITIES FORM

Doctors are required to fill out a **Functional Abilities Form** when requested to do so. These forms are to assist workers in an early and safe return to work. Doctors are only to provide information regarding an injured worker's functional abilities. This information describes what you can do at work and what you cannot do because of your injuries. However, this form does not ask if you are able to return to work immediately. If you cannot return to work right away, make sure your doctor writes this on the form and does not suggest any restrictions until you are ready to start modified work.

Tell your doctor about all the ways your injury will affect you in your job. Once the doctor completes this form, copies are sent directly to the WSIB office. A copy is also to be given to the appropriate Locals Representative/OHN. **Regional employees** fax to the OHN at 905-685-5355.

Note: No medical information should be provided to a Manager/Supervisor.

Please also provide copies of these forms to your locals WSIB Representative at the Union office.

When you or your Health Care Provider suggest that you can resume regular or modified duties, **contact your Manager/Supervisor and the WSIB Representative at the Union office to request a Return to Work meeting.** Consistency is very important. The same medical professional should complete all documents you are sending to the WSIB and Employer.

Return to Work

Important

If your health care provider (family physician, specialist etc.) recommends that you return to graduated work hours, they should specify the number of hours per day per week and for how many weeks you are to remain on graduated work hours until you are expected to return to full hours -

For example: 4 hours per day, Monday to Friday for 2 weeks or
4 hours per day Monday, Wednesday and Friday for 2 weeks.



The **Form 6** describes your version of what happened and what your injuries are or illness is. Accuracy on this form is critical. Make sure you include details of the following:

- ◆ Any equipment, tools, or objects that were involved, including their sizes and weights
- ◆ Any materials that were being used or handled
- ◆ All witnesses to the accident
- ◆ Anything else you can remember about the accident / illness.

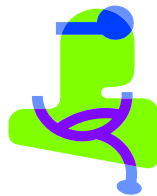
Make sure you describe the accident fully, providing lots of details. Do not just say, *“I fell and hurt myself”*. Say how you fell and how you were hurt. All parts of the body that were injured should be reported.

For example: *“I was walking when I slipped on some floor polish that was on the floor. My right leg went forward and I lost my balance. I fell backward. I hit my shoulder on a 20” floor scrubber and then I landed on the floor. I hurt my right shoulder on the 20” floor scrubber and hurt my neck, back, and right hip when I landed on the floor.”*

Make sure you mention all the places where you feel pain or believe you may have been injured. When all of these details are reported on **Form 6**, it is easier to prove your case later if something is questioned.

5. DOCTOR’S FIRST REPORT – FORM 8

In addition to **Forms 7, and 6**, you can also apply for benefits by having the doctor who initially treats you send a **Form 8** to the WSIB. Most doctors and hospital emergency departments have copies of this form on hand, and are aware of their responsibilities.



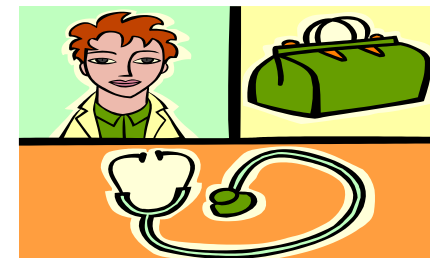
It is important that you provide the doctor with full details of how the accident happened. Make sure that the doctor examines and makes a note of each part of the body that was hurt. The information that you give the doctor should be consistent with the information that you provide to the Employer.

HOW TO START A CLAIM AND APPLY FOR BENEFITS

Workers are required to apply for benefits. This is done by filing a claim for benefits as soon as possible after the injury/disease occurs, and **no later than six months from the day of the accident**, or of becoming aware of an illness or disease that is work-related. WSIB may extend the time limits under certain limited circumstances.

There are five ways to apply for WSIB benefits:

- 1** **Employee’s Report of Accident/Injury Form** - You are responsible to fill out this form and fax it to the appropriate Locals Representative/OHN. **Regional employees** fax to the OHN at 905-685-5355.
- 2** **FORM 7** – Employer’s Report on Injury/Disease
Your employer fills it out and you sign it.
- 3** **FORM 1492C** – Worker’s Claim/Consent Form
Your employer fills it out and you sign it.
- 4** **FORM 6** – Worker’s Report on Injury/Disease
You fill it out yourself, sign it, and send it in.
- 5** **FORM 8** – Physician’s First Report
Your doctor fills it out and sends it in.



1. EMPLOYEE’S REPORT OF ACCIDENT/INJURY FORM

If you are injured at work, no matter how minor it may seem to you, tell your manager/supervisor immediately, either by phone or in person. If your manager/supervisor is not available, tell the acting manager/supervisor or whoever is in charge. After reporting it to your manager/supervisor you should be given an **Employee Incident Report** form to fill out. If you are not given the form within 24 hours, you can obtain a copy from your manager/supervisor, or for Regional staff on **SHERPA under myHR - HR Forms- Employee**



Incident Report form. Once obtained contact the locals **WSIB Representative** at the Union office for assistance.

Once you have filled out the Employee’s Report of Accident/ Injury form it is **your** responsibility to send the form to the appropriate Locals Representative/OHN. **Regional employees** fax to the OHN at 905-685-5355 (number is also on the form). **Please keep a copy of the Form and FAX it to the WSIB Representative at your locals office.**

Seek medical attention immediately. Report to the physician that this is a work-related injury/ illness so the appropriate WSIB forms can be completed and submitted by the doctor on your behalf.

2. EMPLOYER’S REPORT OF INJURY/DISEASE – FORM 7

The Employer must complete a **Form 7** each time they learn about a work-related injury/illness that causes a worker to:

- ◆ Be absent from regular work
- ◆ Earn less than regular pay for regular work (e.g. part-time hours)
- ◆ Require modified work at less than regular pay
- ◆ Require modified work at regular pay for more than seven calendar days following the date of injury/illness
- ◆ Need health care that is more than minor first aid.

Employers are required by law to give a copy of the completed **Form 7** to the worker when they file it with WSIB. If the Employer refuses to provide a copy, workers should immediately contact the WSIB Representative at the Union office.

Reviewing Form 7

You should carefully review the information provided by the Employer to make sure it is complete and correct. Pay special attention to details like your rate of pay, the description of the accident, and the description of the injury/ illness (i.e. which parts of the body were injured). Provide a copy of the **Form 7** to the WSIB Representative at the Union office.

3. FORM 1492C – WORKER’S CLAIM/CONSENT FORM

Your employer fills it out and, after you make sure everything is accurate, you sign it.

4. WORKER’S REPORT OF INJURY/DISEASE – FORM 6

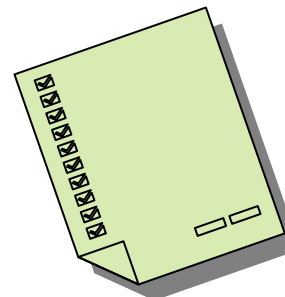
Workers may be required to complete a **Form 6**.

In most cases, the WSIB will send the worker a **Form 6** if they receive:

- ◆ A **Form 7** without the worker’s signature
- ◆ A report from the worker’s physician, or
- ◆ A request from the worker to initiate the claim.

Once you receive a **Form 6**, fill it out and return it to WSIB as soon as possible. You must also send a copy to the Employer.

...continued on Page 8



Fill out the appropriate WSIB Forms