



## Employee Responsibilities and Procedures

### *Absence from Work – Work Related Injury or Illness*

<b>Employee Work Related Injury or Illness:</b>										
1.	You must immediately notify the Supervisor/Manager as soon as a work related injury or illness has occurred. A <b>Work Related Injury/Near Miss Form</b> must be completed as soon as possible. For WRHA Community Corporate – call (204) 940-8482 to report									
2.	If you feel that the work related injury or illness requires medical attention or prevents you from continued work and/or carrying out your job duties, you should, wherever possible, notify OESH (204) 661-7289, and seek care from a healthcare provider (for example, physician, chiropractor, physiotherapist, athletic therapist) as soon as reasonably possible.									
3.	<p>If the work related injury/illness prevents you from attending work and/or carrying out your job duties <b>or</b> you seek care from a healthcare provider,</p> <ul style="list-style-type: none"> <li>• contact your Supervisor/Manager. You must advise of your expected return to work date if known and may be required to provide your manager with a medical note supporting your absence.</li> <li>• <b>report the injury to Workers Compensation Board (WCB)</b> by calling (204) 954-4100 or 1-800-362-3340 from 8 a.m. – 7 p.m. weekdays or apply online at <a href="http://www.wcb.mb.ca">www.wcb.mb.ca</a>. Ensure you receive your claim number and keep it with you.</li> </ul> <p>If you apply for WCB benefits, it may take several weeks until you receive your first payment. You may be entitled to a payroll advance if available and/or in accordance with your collective agreement where applicable to assist you while waiting for the WCB decision. Contact HR Shared Services for more information – (204) 940-8500 (select option 5 then option 2).</p>									
4.	<p>Contact your union office as they may be of assistance to you:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">MNU ph: (204) 942-1320</td> <td style="width: 33%;">CUPE ph: (204) 942-0343</td> <td style="width: 33%;">MAHCP ph: (204) 772-0425</td> </tr> <tr> <td>OEM ph: (204) 786-8658</td> <td>MGEU ph: n/a</td> <td>UFCW ph: n/a</td> </tr> <tr> <td>MMA ph: (204) 985-5888</td> <td>IUOE ph: n/a</td> <td>PSAC ph: n/a</td> </tr> </table>	MNU ph: (204) 942-1320	CUPE ph: (204) 942-0343	MAHCP ph: (204) 772-0425	OEM ph: (204) 786-8658	MGEU ph: n/a	UFCW ph: n/a	MMA ph: (204) 985-5888	IUOE ph: n/a	PSAC ph: n/a
MNU ph: (204) 942-1320	CUPE ph: (204) 942-0343	MAHCP ph: (204) 772-0425								
OEM ph: (204) 786-8658	MGEU ph: n/a	UFCW ph: n/a								
MMA ph: (204) 985-5888	IUOE ph: n/a	PSAC ph: n/a								
5.	Keep all receipts for treatment, medications and travel and submit to the Workers' Compensation Board of Manitoba as you may be eligible for reimbursement.									
<b>Returning to work immediately with no restrictions</b>										
6.	If the work related injury or illness did not require modifications to your regular duties and you did not miss time from work (other than the day of injury) you will report to work for your next scheduled shift.									
<b>Returning to work immediately with restrictions</b>										
7.	<p>You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.</p> <p>If further medical information (in the form of a <b>Modified Duty Form</b> or otherwise) is reasonably required and is requested, you must provide that information to OESH or your manager to coordinate your return to work.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and WCB to assist you in your</p>									

	recovery and to develop a safe return to work plan.
8.	<p>Where medical restrictions are identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent.</p> <p>If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.</p>
<b>Extended absences due to work related injury or illness</b> <i>(If it is not anticipated that you will return to work immediately)</i>	
9.	If you file a WCB or MPI claim, your benefits must be pre-paid in order to ensure their continuation. Certain benefits must be pre-paid. Contact HR Shared Services - (204) 940-8500 (select option 5 then option 2) for information and to <b>make arrangements to pre-pay your benefits</b> where applicable.
10.	Depending on your collective agreement, you may be entitled to a wage supplement or top up. <b>You must request this supplement in order to receive it.</b> Contact HR Shared Services for more information – (204) 940-8500 (select option 5 then option 2). You must provide a copy of your WCB cheque stub.
11.	If it is not anticipated that you will return to work immediately, or you are off for more than 60 days, it is <b>recommended that you apply for Disability and Rehabilitation Benefits</b> or Great West Life (for WRHA Community employees) where applicable, even if you are in receipt of WCB or MPI benefits as, if accepted, they can become a secondary insurer covering your benefits over and above WCB or MPI. Contact HR Shared Services for more information – (204) 940-8500 (select option 5 then option 2).
12.	<p>You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.</p> <p>If a <b>Modified Duty Form</b> is reasonably required and is requested, you must provide the <b>Modified Duty Form</b> to OESH to coordinate your return to work.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and WCB to assist you in your recovery and to develop a safe return to work plan.</p>
13.	<p>Where medical restrictions have been identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent.</p> <p>If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.</p>
14.	<p><b>If declared fit</b> to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed <b>Modified Duty Form</b> where reasonably required by OESH to coordinate your return to regular duties.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, you, your manager, Union, Human Resources and WCB to assist you in your recovery and to develop a safe</p>

## Employee Responsibilities and Procedures

### *Absence from Work – Non Work Related Injury or Illness*

#### Employee non work related injury or illness:

- |    |  |
|----|--|
| 1. | Wherever possible, the employee must <b>contact their immediate Supervisor</b> prior to the start of a scheduled shift, to advise of the absence from work.  |
| 2. | <b>If deemed unfit</b> to return to work by the attending Healthcare Provider (i.e. physician, chiropractor, physiotherapist, athletic therapist), the employee should contact the workplace by telephone. If the absence exceeds three (3) working days, a medical certificate may be required. |
| 3. | If it is indicated that the illness may prevent you from continued work and/or carrying out your job duties, and if you have not already been contacted by OESH, you should, wherever possible, notify OESH at ph: (204) 837-0183  |
| 4. | Contact your union office as they may be of assistance to you:<br>MNU ph: (204) 942-1320      CUPE ph: (204) 942-0343      MAHCP ph: (204) 772-0425<br>OEM ph: (204) 786-8658      MGEU ph: n/a      UFCW ph: n/a<br>MMA ph: (204) 985-5888      IUOE ph: n/a      PSAC ph: n/a                  |

#### Deemed fit to return to work with no restrictions (*no extended absence*)

- |    |  |
|----|--|
| 5. | <b>If declared fit</b> to return to regular duties, the employee will report to work for their next scheduled shift. |
|----|--|

#### Returning to work immediately with restrictions

- |    |   |
|----|---|
| 6. | You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.<br><br>If further medical information (in the form of a <b>Modified Duty Form</b> or otherwise) is reasonably required and is requested, you must provide the requested information to OESH or your Manager to coordinate your return to work.<br><br>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and insurer where applicable to assist you in your recovery and to develop a safe return to work plan. |
| 7. | Where medical restrictions are identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent.<br><br>If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.  |

#### Extended absences due to non work related injury or illness (*If it is not anticipated that you will return to work immediately*)

- |    |  |
|----|--|
| 8. | If you are not receiving income protection you may be eligible to receive Employment Insurance Benefits for which you have to apply. Please Contact HR Shared Services |
|----|--|

	(204) 940-8500 (select option 5 then option 2) to receive your Record of Employment which is required when applying for EI Benefits.
9.	You must contact HR Shared Services at (204) 940-8500 (select option 5 then option 2) 2 weeks prior to using up your income protection credits, as your benefits must be pre-paid in order to ensure their continuation. Certain benefits must be pre-paid. Contact HR Shared Services at (204) 940-8500 (select option 5 then option 2).for information and to <b>make arrangements to pre-pay your benefits</b> where applicable.
10.	If it is not anticipated that you will return to work immediately, or you will be off work more than 60 days, it is <b>recommended that you apply for Disability and Rehabilitation Benefits</b> or Great West Life (for WRHA Community employees) where applicable as, if accepted, they can become a secondary insurer covering your benefits over and above WCB or MPI. Contact HR Shared Services for more information – (204) 940-8500 (select option 5 then option 2).
11.	<p>You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator <b>before returning to work</b> in any capacity.</p> <p>If further medical information (in the form of a <b>Modified Duty Form</b> or otherwise) is reasonably required and is requested, you must provide that information to your Manager or OESH to coordinate your return to work.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, Occupational Health Nurse, you, your manager, Union, Human Resources and insurer to assist you in your recovery and to develop a safe return to work plan.</p>
12.	<p>Where medical restrictions are identified that are temporary, or of unknown/unspecified duration, you may be required to schedule a follow up appointment with your Healthcare Provider until cleared to return to regular work duties, or the restrictions are deemed permanent.</p> <p>If reasonably required and requested, OESH shall be provided with updated medical certificates or Modified Duty Forms if there is a change in your medical condition (improvement or worsening) that affects your ability to perform your job duties, or attend work regularly.</p>
13.	<p><b>If declared fit</b> to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed <b>Modified Duty Form</b> where reasonably required by OESH to coordinate your return to regular duties.</p> <p>A team meeting may be held, in a manner consistent with your Collective Agreement (where applicable), which may include your Disability Management Coordinator, you, your manager, Union, Human Resources and Insurance Provider to assist you in your recovery and to develop a safe return to work plan.</p>