Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

SEVEN OAKS GENERAL HOSPITAL

Dear Employee:

Winnipeg Regional Health Authority (WRHA) offers a return to work program designed to assist injured or ill Employees' return to meaningful work while they recover and rehabilitate. We are pleased to offer this program to you as we believe in sharing responsibility for the health and well-being of all our Employees.

Injury and illness not only affects you in the workplace, but can also have an impact on your family and social life, your finances and future goals. We believe in a strategy of getting involved when injury or illness affects your ability to work and helping you get assistance and professional services as soon as possible to help you recover.

WRHA supports the practice of bringing Employees back to work as soon as they are medically able. We will work with you as a team to identify how best to help you recover from your injury or illness, return you to meaningful employment and design a plan for recovery specific to your medical needs or any medical restrictions you may have. We can be creative in developing a plan that works to keep you in the workplace.
This may include:

- Graduated and progressive return to work schedules when you are unable to work full shifts
- Modification of your job when you may not be able to do all aspects of it
- Finding an alternative position while you recover

Your participation in this program is to your benefit should you have the misfortune of experiencing an injury or illness that prevents you from performing your regular job.

You have received this package as you have reported a workplace injury, or a health condition that impacts your ability to do your job. We have enclosed with this letter a "Return to Work" package containing information you may need or be asked to complete (or have completed by a health care provider). We will not necessarily require the information to be completed and returned to us immediately. Your supervisor and/or Occupational Health Nurse and/or Disability Management Coordinator will let you know if and when we require specific information to be completed and returned. Once you have reviewed this package, please keep it in a safe place in the event that you need it.

This return to work program is an important part of our commitment to the health and safety of all WRHA employees. If you have additional questions, please contact your Supervisor/Manager, Human Resources or Occupational and Environment Safety and Health Department for more information at (204) 632-3376.

Occupational and Environmental Safety & Health
Seven Oaks General Hospital
2300 McPhillips Ave
Phone: (204) 632-3280 Fax: (204) 694-0479
Updated: April 10, 2017 Version 3

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SOGH - Employee Responsibilities and Procedures
Absence from Work – Work Related Injury or Illness

Employee Work Related Injury or Illness:	
1.	You must immediately notify the Supervisor/Manager as soon as a work related injury or illness has occurred. A ***Work Related Injury/Near Miss Form*** 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 at (204) 632-3376, and seek care from a healthcare provider (for example, physician, chiropractor, physiotherapist, athletic therapist) as soon as reasonably possible.
3.	If the work related injury/illness prevents you from attending work and/or carrying out your job duties **or** you seek care from a healthcare provider, • 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. • **report the injury to Workers Compensation Board** (WCB) by calling (204) 954-4100 or 1-800-362-3340 from 8 a.m. – 7 p.m. weekdays or apply online at www.wcb.mb.ca. Ensure you receive your claim number and keep it with you. 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)
4.	Contact your union office as they may be of assistance to you: CUPE n/a — IUOE n/a — MAHCP (204) 772-0425 MGEU (204) 982-6438 — MNU ph: (204) 942-1320 — MMA (204) 985-5888 OEM n/a — PSAC n/a — UFCW 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.
Returning to work immediately with no restrictions	
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.
Returning to work immediately with restrictions	
7.	You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator **before returning to work** in any capacity. If further medical information (in the form of a ***Modified Duty Form*** or otherwise) is reasonably required and is requested, you must provide that information to OESH or your manager to coordinate your return to work. 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.
8.	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. 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 work related injury or illness *(If it is not anticipated that you will return to work immediately)*	
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 for more information – (204) 940-8500 (select option 5 then option 2) and to **make arrangements to pre-pay your benefits** where applicable.
10.	Depending on your collective agreement, you may be entitled to a wage supplement or top up. **You must request this supplement in order to receive it.** Contact HR Shared Services - (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 **recommended that you apply for Disability and Rehabilitation Benefits** 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 - (204) 940-8500 (select option 5 then option 2).
12.	You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator **before returning to work** in any capacity. If a ***Modified Duty Form*** is reasonably required and is requested, you must provide the ***Modified Duty Form*** to OESH to coordinate your return to work. 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.
13.	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. 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.
14.	**If declared fit** to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed ***Modified Duty Form*** where reasonably required by OESH to coordinate your return to regular duties. 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 return to work plan.

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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 **contact their immediate Supervisor** prior to the start of a scheduled shift, to advise of the absence from work.
2.	**If deemed unfit** 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 (204) 632-3376.
4.	Contact your union office as they may be of assistance to you: CUPE n/a — IUOE n/a — MAHCP (204) 772-0425 MGEU (204) 982-6438 — MNU ph: (204) 942-1320 — MMA (204) 985-5888 OEM n/a — PSAC n/a — UFCW n/a
Deemed fit to return to work with no restrictions *(no extended absence)*	
5.	**If declared fit** 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 **before returning to work** in any capacity. If further medical information (in the form of a ***Modified Duty Form*** 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. 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. 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 for more information – (204) 940-8500 (select option 5 then option 2).
9.	You must contact HR Shared Services - (204) 940-8500 (select option 5 then option 2) two 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 for more information – (204) 940-8500 (select option 5 then option 2) **to make arrangements to pre-pay your benefits** 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 **recommended that you apply for Disability and Rehabilitation Benefits** 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.	You must speak directly to your Manager and Occupational Health Nurse or Disability Management Coordinator **before returning to work** in any capacity. If further medical information (in the form of a ***Modified Duty Form*** or otherwise) is reasonably required and is requested, you must provide that information to your Manager or OESH to coordinate your return to work. 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.
12.	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. 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.
13.	**If declared fit** to return to regular duties, you must immediately contact OESH or your Manager and may be required to submit a completed ***Modified Duty Form*** where reasonably required by OESH to coordinate your return to regular duties. 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.

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MY CONTACTS – Seven Oaks General Hospital
For you to fill out and use when needed

Manager/Supervisor		
Disability Management Coordinator		(204) 926-7824
Payroll & Benefits		(204) 940-8500 (option 5)
Human Resource Consultant		
Occupational Health Nurse		(204) 632-3376
Union Representative		
MPI/WCB Case Manager	Claim #	Phone #
HEB/GWL Case Manager	Claim #	Phone #
Health Care Provider		
Health Care Provider		
Health Care Provider		

Healthcare Employee Benefits	(204) 942-6591 or 1-888-842-4233
Manitoba Public Insurance	(204) 985-7000 or 1-800-665-2410
Claimant Advisor Office at MPI	(204) 954-7413
Worker's Compensation Board	(204) 954-4100 or 1-800-362-3340
Worker Advisor Office at WCB	(204) 945-5787
Great West Life **** applies only to Home Care Direct Staff***	(204) 946-8100
Employment Insurance EI on-line – www.hrsdc.gc.ca	1-800-206-7218

Union Contact Numbers	
MNU	(204) 942-1320 or (204) 257-4019
CUPE	n/a
MGEU	(204) 982-6438
OEM	n/a
UFCW	n/a
MAHCP	(204) 772-0425 or (204) 772-3520
IUOE	n/a
PSAC	n/a
PIPSC	n/a
MMA	(204) 985-5888

Employee Assistance Program	(204) 786-8880 or 1-800-590-5553
24 hour WCB Distress Line	(204) 786-8175 or 1-800-719-3809
24 hour Crisis Line	(204) 786-8686
Mobile Crisis Unit	(204) 940-1781 (24 hours)

Updated: December 21, 2018 Version 4

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Dear Health Care Provider:

To assist employees in a successful rehabilitation from an illness, the Winnipeg Regional Health Authority (WRHA) has a Return-to-Work/Modified Duty program. This means that even if workers are not ready to return to their job at full capacity, they may be able to return to modified work duties and/or hours during their recovery.

With this in mind, **only if your patient requires modifications to their work or hours**, we ask that you complete the enclosed modified duty form. Excluding the initial and final note, the WRHA is able to reimburse $25.00 for a fully completed modified duty form.

Please fax the form and your invoice to my confidential fax at (204) 694-0479

Thank you and Take Care

Please note that the cost for completion of medical documentation is the responsibility of the employee in the following circumstances:

1. ***Initial note to indicate that an employee will be absent from work for medical reasons or unable to perform their regular hours or duties due to medical reasons.***

2. ***Final note to indicate that an employee is granted clearance to return to full duties/hours.***

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MODIFIED DUTY FORM

TO BE COMPLETED BY HEALTHCARE PROVIDER <u>ONLY</u> if there has been a change in patient's abilities.
WRHA will pay up to **<u>$25.00</u>** for the **<u>COMPLETED</u>** form.
<u>Completed form can be faxed to employee's home site located on page 2</u>

Employee Name:	**Position:**	**Site:**
Authorization of Employee: *I authorize the release of this information to the Winnipeg Regional Health Authority Occupational and Environmental Safety & Health Department.* _____ _____ *Employee Signature* *Date*	**General Nature of illness/injury:** *(specific diagnosis should not be included)*	

RETURN TO WORK:

Start Date: _____/_____/_____
dd mm yyyy

☐ **Full Functional Abilities** ☐ **Reduced Functional Abilities**

Estimated Duration: _____

Recommended Gradual Hours ***(if applicable)***

Graduated	Hours / Day	Days / Week
week 1		
week 2		
week 3		
week 4		
week 5		

FUNCTIONAL ABILITIES

(Please be specific and check all that apply)

KEY

***FREQUENCY**
N – Never
O – Occasional (up to 33% of the day)
F – Frequent (between 34-66% of the day)
C – Constant (between 67-100% of the day)

Mobility/Posture	N	O	F	C	Mobility/Posture	N	O	F	C
Sitting	☐	☐	☐	☐	Neck ROM *(specify)*	☐	☐	☐	☐
Standing	☐	☐	☐	☐	Shoulder/Reaching ☐ R ☐ L At Shoulder Level	☐	☐	☐	☐
Walking	☐	☐	☐	☐	Below Shoulder Level	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐	Above Shoulder Level	☐	☐	☐	☐
Deep Squat/Crouch	☐	☐	☐	☐	Low Back Bending/Twisting	☐	☐	☐	☐
Stairs/Climbing	☐	☐	☐	☐	Hand Dexterity/Fine Motor	☐	☐	☐	☐
Other:	☐	☐	☐	☐	Gripping ☐ R ☐ L ☐ Power ☐ Pinch	☐	☐	☐	☐

Strength / Exertion *(check all that apply)*	**0 - 10lbs**				**10 – 20lbs**				**20 – 50lbs**			
	N	**O**	**F**	**C**	**N**	**O**	**F**	**C**	**N**	**O**	**F**	**C**
LIFTING: Floor to Waist	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LIFTING: Waist to Shoulder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LIFTING: Above Shoulder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
CARRYING	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PUSH/PULL FORCE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Additional recommendations regarding functional abilities:

Healthcare Provider Information:

Name:	**Clinic Information:**
Signature:	**Date:**

Complete the front page of this form, attach all documentation and send to the appropriate WRHA OESH location listed below.	
Employee of	**Where to send**
Churchill	**Fax: 204-944-8417** Email:OESHCORPCOMM@wrha.mb.ca *Questions? Please call 204-926-8050*
Concordia General Hospital	**Fax: 204-661-7317** Email: OESHCONCORDIA@wrha.mb.ca *Questions? Please call* 204-661-7434
Deer Lodge Centre	**Fax: 204-831-2918** Email: OESH_DLC@wrha.mb.ca *Questions? Please call* 204-831-2153
Grace General Hospital	**Fax: 204-943-0237** Email: OESHGGH@wrha.mb.ca *Questions? Please call 204-837-0869*
Health Sciences Centre	**Fax: 204-787-1172** Email: OESH_HSC@wrha.mb.ca *Questions? Please call* 204-787-3312
Laundry *(Inkster or Selkirk)*	**Fax: 204-694-0479** Email: OESHSOGH@wrha.mb.ca *Questions? Please call 204-632-3280*
Middlechurch	**Fax: 204-661-7317** Email: OESHCONCORDIA@wrha.mb.ca *Questions? Please call 204-661-7434*
RDF (Regional Distribution Facility)	**Fax: 204-661-7317** Email: OESHCONCORDIA@wrha.mb.ca *Questions? Please call 204-661-7434*
River Park Gardens	**Fax: 204-831-2918** Email: OESH_DLC@wrha.mb.ca *Questions? Please call 204-831-2153*
Seven Oaks General Hospital	**Fax: 204-694-0479** Email:OESHSOGH@wrha.mb.ca *Questions? Please call 204-632-3280*
Victoria General Hospital	**Fax: 204-477-3449** Email: OESHVGH@wrha.mb.ca *Questions? Please call 204-477-3107*
WRHA Community Health Services *(Home Care, Public Health, Mental Health, etc.)*	**Fax: 204-944-8417** Email:OESHCORPCOMM@wrha.mb.ca *Questions? Please call 204-926-8050*
WRHA Corporate *(Corporate offices, Tissue Bank, Breast Health, Regional staff at hospitals, etc)*	**Fax: 204-944-8417** Email:OESHCORPCOMM@wrha.mb.ca *Questions? Please call 204-926-8050*