



Injury Management Program

Roles and Responsibilities:

1. IM Co-ordinator – Facilitates the IM process by coordinating the parties involved, regularly monitoring the status of each claim and following up with workers as they return to their pre-injury duties
 - Complete Job Demands Analyses for all jobs and compile list of possible suitable alternate duties
 - Assist injured workers where safe and practical, to stay at or return to work as soon as possible after injury
 - Ensure injured worker is given access to rehabilitation
 - Work with others involved in rehabilitation of or provision of medical or hospital services to the injured worker
 - Monitor the progress of the injured worker
 - Take steps to prevent recurrence or aggravation of the injury upon the injured workers return to work
 - Act as the key liaison for the company with health care providers and insurers
 - Appoint co-worker or supervisor to accompany injured worker to the hospital or clinic
 - encourage co-workers to include injured worker as part of the workplace
 - Trace progress of individual RTW plans and hold partners accountable
2. Supervisor
 - Maintain a positive working relationship with all employees
 - Identify and deal with interpersonal or job-related issues that appear to be affecting any worker
 - Assist in identifying transitional/modified work for employees rtw
 - Be aware of the employee's physical restrictions and ensure modified/transitional work is within these restrictions
 - Allow first aid attendant sufficient time to observe, treat, record injuries and monitor an injured or recovering worker
 - Inform and educate employees on the intent and purpose of the IM program
 - Promote the success of the program
 - Communicate the expectations regarding IM to the worker
 - Where possible, accompany the injured worker to the hospital or health care provider after an injury
 - Accommodate the workers scheduled health care appointments
3. First Aid Attendant
 - Provide immediate high quality first aid care
 - Remind worker of companies IM program – set expectations
 - Ensure worker has all necessary paper work and understands what forms are to be completed (see attached)



- Immediately inform the supervisor if a worker is sent for medical treatment or, for any reason, can not return to their regular duties that day
- Immediately inform supervisor of any injury
- Notify the supervisor of any change in condition
- Record accurate details including any subsequent first aid

4. Injured or Ill worker

- Practice a safe and healthy lifestyle
- Report all injuries immediately, obtain first aid and timely medical aid (if necessary)
- Participate in creating a RTW plan
- Inform treating physician of modified/transitional work opportunities at the workplace
- follow the treatment plan



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Direct: 604.527.1164
www.industra.ca

LETTER TO PHYSICIAN

Date:

Employees name:

Dear Dr.

As part of our company's injury management program we have ***modified or alternate duties*** available for our employees.

Your recommendations regarding any temporary functional limitations your patient may have will assist us with providing the most suitable work accommodations during your patients recovery.

After examining (workers name) please complete the *Stay-at-Work/Return-to-Work Planning* form and give it to your patient to return to us.

If you have any questions and/or concerns, please contact me at 604-527-8850.

Should there be a cost associated with completing the *Stay-at-Work/Return-to-Work Planning* form please send an invoice to ap@industra.ca

Sincerely,



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LETTER TO WORKER

Date:

Dear,

We are sorry to hear of your recent injury. We are providing you with our Stay-at-Work/Return-to-Work information package that includes:

1. A **letter to physician** explaining our injury management program
2. A **Stay-at-Work/Return-to-Work Planning form** for your physician to provide information regarding any limitations for your return-to-work plan.

Please take this information to your physician on your first visit and leave him/her the complete *Stay-at-Home/Return-to-Work Planning* form.

After your appointment, please return to the worksite with your completed form. Your supervisor will meet with you and develop your return-to-work plan with any recommended modifications to your job duties.

Should you have any questions or concerns, please call (employer contact) at 604-527-8850.

Sincerely,

RETURN-TO-WORK PLAN

Timely return to work assists injured workers to return to suitable job tasks as part of their rehabilitation. The return-to-work (RTW) plan progresses the worker back to their regular duties in a specified time frame. The primary focus is safe, timely return to work.

Date of plan: _____

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Occupation	Normal job tasks:
Type of Return to work plan: (modified or alternate)	Area and Date of injury:
WorkSafeBC officer; (if known)	Plan prepared by:
RTW start date	RTW end date
Length of RTW plan	Date worker will return to regular full-time duties

Date/hours	Job tasks

Expectations/special instructions

This plan will guide you in returning to your regular job activities by gradually increasing your duties as you recover from your injury.

- Check in regularly (**at the end of each day**) with your supervisor (or first aid attendant) to let them know how you are progressing on the return to work plan.
- **Immediately contact your Supervisor if** you are not progressing as per your RTW plan or if you have any concerns or are asked to perform duties NOT included in this plan.

Strategies for a safe return to work

Stretching should be done prior to the beginning of each shift and following breaks.

Micro-pauses are short pauses (1–5 minutes) where you will be able to step back from the work and stretch or rest and then go back to the work activities. They are not additional “coffee breaks.” The micro-pauses will be most frequent at the beginning of the RTW plan and may be incorporated into your job tasks as a pacing tool. By the last week of the plan, breaks should occur during regularly scheduled breaks and with natural pauses in your work.

Regular breaks (i.e. lunch) should be taken according to how long you are working.

STAY-AT-WORK/RETURN-TO-WORK PLANNING FORM

PHYSICIAN'S SECTION

Employee authorization to release information:

I, (print full name), hereby authorize my attending physician to release the information below to my employer (company name)

Employer contact name (print contact name)

Employer contact phone number (phone number including area code)

Employee's signature

Date (yyyy-mm-dd)

Area of injury

Patient is able to return to regular activities? YES ☐

If limitations are required please refer to the **Guidelines for modified work** below for your patient's area of injury.

PLEASE CIRCLE THE APPROPRIATE INJURY BOX

If you are recommending avoiding or limiting activities, please indicate for how long? _____ days

If you have further recommendations please advise:

Guidelines for modified work

This document provides a list of typical physical limitations for common injuries. These limitations are guidelines to help develop an appropriate offer of selective/light employment or a return-to-work plan.

Low Back

Ensure:

- The worker can self-pace and/or take micro breaks
- The worker can change position between walking, standing, and sitting

Limit:

- Walking on uneven ground
- Lifting and carrying to light or medium loads, depending on frequency and postures

Avoid:

- Jarring
- Repetitive bending
- Long periods of static standing or sitting
- Extreme bending of the back
- Twisting of the back

Shoulder

Ensure:

- The worker can self-pace and/or take micro breaks.

Limit:

- Climbing ladders
- Activities using arm above shoulder level, including reaching down
- Activities which require lifting and carrying to light or medium loads

Avoid:

- Holding the arm outstretched for periods especially while holding weights and applying force
- Lifting and carrying with arm above shoulder level

Knee

Ensure:

- 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

Limit:

- Walking on uneven ground

Avoid:

- 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

Ankle

Ensure:

- The worker can occasionally elevate the ankle
- The worker can self pace and/or take micro breaks

Limit:

- The use of stairs

Avoid:

- Long periods of standing or walking
- Walking on uneven ground
- Climbing ladders
- Deep squatting and crouching
- Activities requiring balancing, bracing, or running

Elbow/Forearm

Ensure:

- The worker can self-pace and/or take micro breaks

Limit:

- 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)

Avoid:

- Hanging weights
- Forearm rotations
- Pressure on the elbow

Wrist/Hand

Limit:

- Repetitive gripping, especially where high or sustained forces are needed
- Lifting and carrying to light or medium loads
- The total time keyboarding or driving

Avoid:

- Extreme postures of the wrist, especially with force

Neck

Ensure:

- The worker can self-pace and/or take micro breaks

Limit:

- Activities with arms above shoulder level, including reaching down
- Activities with lifting and carrying to light or medium loads
- Hanging weights
- Ladder climbing

Avoid:

- 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

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 involved handling loads of 5 kg but less than 10 kg

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

Heavy: Work activities involve handling loads more than 20 kg



Physician's Name (please print)

Physician signature

Date (yyyy-mm-dd)

Next follow-up appointment (yyyy-mm-dd)

Anticipated date for FULL Return-to-Work (yyyy-mm-dd)

COMMUNICATION LOG

Worker information

Worker last name		First name		Middle initial
Occupation				
Usual work schedule				
Phone number <i>(include area code)</i>		Cell <i>(include area code)</i>		Work number <i>(include area code)</i>
Supervisor name				
WorkSafeBC contact name and number <i>(include area code)</i>			Nurse advisor name and number <i>(include area code)</i>	
Date of injury <i>(yyyy-mm-dd)</i>		Area of injury		
Date received physician's functional assessment <i>(yyyy-mm-dd)</i>			Date worker will return to regular job <i>(yyyy-mm-dd)</i>	
Type of accommodation Modified duties <input type="checkbox"/> Alternate duties <input type="checkbox"/> Modified hours <input type="checkbox"/>				
Start date of return-to-work plan <i>(yyyy-mm-dd)</i>			Plan prepared by	

Communication log

Date <i>(yyyy-mm-dd)</i>	Discussion	Follow-up date <i>(yyyy-mm-dd)</i>

Communication log (continued)

[illegible]