

Employee

Recover at work package

People and Culture contact:
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HR Consultant, Health, Safety and Wellbeing
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250.391.2600 x 4541

To file a WorkSafeBC claim, call 1.888.967.5377 or submit online at www.worksafebc.com to report a workplace injury or illness.

Dear employee

Our recover at work and supportive return to work programs are in place to provide timely and consistent support following a workplace injury or illness. We are committed to supporting your recovery and rehabilitation by providing a suitable and flexible work environment to accommodate your needs.

With appropriate support in the workplace, people recover faster and are less likely to have long term health effects or other common health conditions following a workplace injury. Additionally, as an employer, we have a legal duty to cooperate in a timely and safe return to work for employees who are injured in the workplace.

Please complete the attached Functional Abilities Assessment form and review the information in this booklet so you understand what to expect in the process.

Your supervisor/manager and our People & Culture team are here to support you.

If you have any questions and/or concerns, please contact me at (250) 391.2600 x 4541.



Brie Deimling
HR Consultant, Health, Safety and Wellbeing
People and Culture
Royal Roads University

If you've been injured at work, please follow these steps:

- If an emergency, call 911.
- Contact or visit Security for First Aid (ext. 2525).
- Notify your manager/supervisor.
- Obtain a Recover at Work package from First Aid or your supervisor.
- Take the Recover at Work package to your healthcare provider to complete the Functional Abilities Assessment form (FAA form). Provide both the Health Care Provider letter and FAA form to your healthcare provider. (pages 4-5)
- Contact WorkSafeBC at 1.888.967.5377 or visit www.worksafebc.com to report your injury and to start a claim.
- After your appointment, return your completed Functional Abilities Assessment form to your HR Consultant (or request that your healthcare provider fax it). Your HR Consultant will share the recommendations from your healthcare provider with your manager/supervisor. No confidential medical information will be shared.

Same day or next shift

Meet with your manager/supervisor and HR Consultant, in person or over the phone.

- Review the recommendations from your healthcare provider.
- Discuss suitable work if possible and work together to develop a Recover at Work Plan.

Ongoing

- Participate in treatment recommended by your healthcare provider.
- Participate in your Recover at Work plan.
- Meet with your manager/supervisor regularly to discuss your progress, changes in your condition, any adjustments needed to your suitable work, or any other concerns related to your recovery.
- Follow up with WorkSafeBC to discuss your recovery progress.

Health Care Provider letter

Dear healthcare provider

At Royal Roads University we are committed to supporting our ill/injured employees by providing modified or alternate duties tailored to meet their unique needs. With appropriate support in the workplace, employees' recover faster and are less likely to have long term health effects or other common health conditions.

Please complete the attached Functional Abilities Assessment form.

Your recommendation regarding any temporary limitations or restrictions will help us work collaboratively with you and your patient to develop a safe and sustainable recover at work plan. **Please consider if your patient could do work of some kind before advising they are unfit for work.**

If you have any questions and/or concerns, please contact me at (250) 391.2600 x 4541.

We are willing to pay the fee for the completion of the Functional Abilities Assessment form. Please mail or fax the invoice to human.resources@royalroads.ca or 250.391.2570 (fax).

Sincerely,



Brie Deimling
HR Consultant, Health, Safety and Wellbeing
People and Culture
Royal Roads University

Functional Abilities Assessment

Employee information

Last name	First name	Middle initial
Dominant hand (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of assessment (Date of service)
Occupation		
Nature of injury (please indicate left or right, if applicable)		

Limitations

These Typical Physical Limitation guidelines are based on the Official Disability Guidelines (ODG), published by the Work Loss Data Institute.

<input type="checkbox"/> Neck Limit <input type="checkbox"/> Activities with arms above shoulder level, including reaching down <input type="checkbox"/> Activities with lifting and carrying to light or medium loads <input type="checkbox"/> Hanging weights <input type="checkbox"/> Ladder climbing Avoid <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down, or over the shoulder, especially if sustained for more than a few seconds	<input type="checkbox"/> Shoulder Limit <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Activities using arm above shoulder level, including reaching down <input type="checkbox"/> Activities which require lifting and carrying to light or medium loads Avoid <input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force <input type="checkbox"/> Lifting and carrying with arm above shoulder level	<input type="checkbox"/> Elbow/Forearm Limit <input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> The total time spent keyboarding or driving <input type="checkbox"/> The use of impact tools (including power tools and hammers) Avoid <input type="checkbox"/> Hanging weights <input type="checkbox"/> Forearm rotations, Pressure on the elbow	<input type="checkbox"/> Wrist/Hand Limit <input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed <input type="checkbox"/> Lifting and carrying to light or medium loads <input type="checkbox"/> The total time keyboarding or driving Avoid <input type="checkbox"/> Extreme postures of the wrist, especially with force
<input type="checkbox"/> Low back Limit <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying to light or medium loads, depending on frequency and postures Avoid <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back	<input type="checkbox"/> Knee Limit <input type="checkbox"/> Walking on uneven ground Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Deep squatting, kneeling, or crouching <input type="checkbox"/> Pivoting of the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing, or running <input type="checkbox"/> Stair use or ladder climbing	<input type="checkbox"/> Ankle Limit <input type="checkbox"/> The use of stairs Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Deep squatting and crouching <input type="checkbox"/> Activities requiring balancing, bracing, or running	

Additional recommendations or comments
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Provider information

Health Care Provider's name (please print)	Health Care Provider's signature
Clinic Name	Clinic Phone Number