**WHAT CAN I DO  WHEN I HURT MYSELF  AT WORK?**

**This booklet is to help you when you are  injured on the job**

**1.  Name of WSIB Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What happened (date and time, other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.  What are the steps I need to follow?**

Step 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.

Step 2

The worker must:

**Get first aid right away: First aid includes but is not limited to:** cleaning minor cuts, scrapes or scratches; treating a minor burn, applying bandages and/or dressings, cold compress, cold pack, ice bag, splint, changing a bandage or a dressing after a follow up observation visit and any follow up for observation purposes only.

Step 3

**Tell the employer of any injury or the possible onset of a work related disease/condition.**

If you feel you are able to continue working, then you should keep detailed records of the incident, document the names of any witnesses and any conversations. Keep in mind that you are not doing yourself a favor by not reporting the incident to your employer even if you are told by your supervisor that you will be provided light duty work so there is “no need to report it”.

**Several of the WSIB claims we deal with are claims that havebeen denied because of late reporting .**

The WSIB and the employer questioned as to whether or not the injury was even work related. And as a result the workers were off with no income as their employer stated that there was no modified work available.

Step 4

**Claim benefits if the injury causes him or her to seek health care**.

Health care includes services requiring the professional skills of a health care practitioner (i.e. a doctor, nurse, chiropractor, nurse practitioner or physiotherapist); services provided at hospitals and health facilities and prescription drugs.

Step 5

Claim WSIB benefits by:

signing WSIB Form 7, Employer’s Report of Injury/Disease, this will ensure that a copy is given to the employee.

Signing WSIB Form 6, Worker’s Report of Injury/Disease and giving a copy of the form to the employer.

Your union representative should be made aware of any Form 7 in order to verify that the information is also correct.

Choose a doctor or other qualified health professional.

**Do not change health professionals without permission from the WSIB.**

When visiting the health care professional bring a copy of your job description and/or physical demands analysis. T**he employer has to pay your losts wages and the travel cost for you to see a doctor on the day of the accident.** It is important to note that if a doctor or any other health care professional recommends you take time away from work, you should ask for it in writing at the time the recommendation is made.

Your treating health care practitioner may be required to complete a Functional Abilities Form (FAF). This form is usually supplied to you by your employer. This form will assist you in an early and safe return to work by indicating your capabilities and limitations.

**Remember: “No one can tell you not to file a claim”**.

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 8 and the Functional Abilities Form (FAF).

**What else do I need to tell my doctor?**

Tell your doctor about all the ways your injury will affect you in your job. Once the doctor completes the Form 8 and the Functional Abilities Form (FAF, copies are sent directly to the Board. A copy is also given to the worker.

**Should I tell my co-workers anything?**

Let people know about the pain you feel:

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

**What if someone saw what happened, can they help me?**

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. In most situations, the onus is on the injured worker to prove that the injury “arose out of and in the course of the employment”.

**What else can I do?**

It’s also a good idea to keep a diary of all verbal communications you have regarding the injury, for example, any telephone conversation with the Employer, WSIB or the Union. Record pain levels, related activities and dates of any appointments relating to this injury.

**STAY CALM !!!!!**

It may be extremely difficult at times, but when talking to the Board representatives 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 the Board documents all telephone calls you have with them.

**What can I do while I’m off work waiting for my claim to be approved?**

apply for EI benefits

apply for CPP

cooperate with the employer

visit your doctor on a regular basis

**Nothing happens quickly   !!!!**

It is crucial that you keep a copy of all correspondence regarding the injury, including prescriptions, doctors’ notes, forms and letters. A copy should also be given to your union representative. 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 – the WSIB does this at their end.

**What else can I do?**

1. Cooperate in health care treatment.

2. Cooperate in safe return to work.

3. Complete and return all WSIB forms promptly.

**How and who can help me complete my forms?**

**See your WSIB representative** to help you complete the Form 6. This form must be completed and sent as soon as possible. You must also send a copy to the employer. The Form 6 describes your version of what happened and what your injuries are. Accuracy on this form is critical. Make sure to 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 Make sure you describe the accident fully, providing lots of details. Don’t 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 oil that was on the floor. My right leg went forward and I lost my balance. I fell backward. I hit my shoulder on the portable generator, and then I landed on the floor. I hurt my right shoulder on the portable generator 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.

**What do I need to report to the WSIB?**

Report to the WSIB any changes in income, return to workstatus or medical condition within 10 days.

**What if I don’t co-operate or my employer does not co-operate?**

There is an **“Obligation to Cooperate”.**

The Workplace Safety and Insurance Act (WSIA) sets out a duty of cooperation 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 or impairment. Assist the employer as required or requested to identify suitable work that is available, consistent and within the employee’s 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 or impairment. Attempt to provide suitable employment that is available and consistent with the employee’s functional abilities.

What about returning to work earlier?

**What is Early and Safe Return to Work (ESRTW)?**

When a workplace injury or disease occurs, the workplace parties (worker, union and employer) are required under the WSIB Act to cooperate and work together in achieving the worker’s early and safe return to appropriate employment with the accident employer.

**“Appropriate employment” means employment that:**

- is suitable

- is available

- is within the worker’s functional abilities

- restores the worker’s pre-injury earnings

**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 your Union Representative immediately to get

assistance even if your doctor advises you to stay home.

If you think the work offered to you is not suitable you can ask the Board to mediate. If the Board rules against you and you still insist that the modified work is beyond your restrictions, you are considered to be “uncooperative” and the board will stop your benefits. However,if the board rules in your favor, your benefits will continue and the Employer will have to find other suitable/available modified work within your functional abilities

**What are health care benefits?**

- doctor’s bills

- physiotherapy, chiropractor’s treatments, other therapy

- clothing allowances (for clothes damaged by braces wheelchairs,

and not for the clothes damaged by the injury)

- wheelchairs, canes, special shoes, hearing aids, dentures, artificiallimbs,etc

- prescription drugs

- special travel costs for treatment

Such measures to improve the quality of life of severely impaired

workers as, in the Board’s opinion are appropriate.

**What if my injury recurs?**

Workers who have been off work on worker’s compensation will often return to work for a period of time and then once again be forced to leave work when the old injury flares up. The flare up may occur at work or at home. The Board’s test: was the original injury a significant contributing factor to the subsequent period of disability?

**How do I prove it to WSIB?**

- continuity of medical treatment (first aid, medication, self directed treatment)

- continuity of complaint (stoic worker defense)

- continuity of physical findings (medical compatibility)

- comparison of diagnostic tests

**Should I tell anyone else?**

It is very important that you stay in contact with your union representative. Help your representative by providing all the information required.

***CUPE recognizes that an injury can have a significant impact on the injured worker and their family.***

***In the event of an injury, knowing your rights and knowing what to do can help avoid needless frustration and uncertainty.***

***This booklet is designed to help answer some of the most frequently asked questions when you are injured at the workplace.***

***Should you have any other questions please contact your union’s WSIB Representative or your local’s steward.***

***In Solidarity,***

***Sudbury WSIB Advocacy Group***