

# CUPE

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



WHEN YOU ARE INJURED,  
WE CAN HELP.

### What are the steps I need to follow?

Report any incident  
Immediately !!!!!!!

1) Complete an incident report ( no matter how minor the incident may be).

Include the following on the incident report: name all parts of the body involved, where it occurred, when it occurred, what caused the injury (be specific) and who were the witnesses (give full names)

2) Be consistent in reporting.

This is extremely important because you may have to report your incident/ injury many different times i.e.: employee incident report, Form 6, health care provider, WSIB case manager.

3) Visit your health care provider.

This can be a physician, nurse practitioner, physiotherapist, chiropractor.

Make sure they are aware that this is a work related injury.

**What is the responsibility of the employer?**

- make sure first aid is given immediately
- Provide immediate transportation to a hospital, doctor's office or home if necessary
- Forward a completed Form 7 to WSIB within 3 days of learning of the workplace injury or occupational disease
- Provide the injured worker a copy of the Form 7 when it is provided to WSIB
- Pay full wages and benefits for the shift on which the injury occurred.
- Co-operate in the workers Early and Safe Return to Work plan.

**What is the responsibility of the Injured worker?**

- get first aid immediately
- Tell the employer of any injury or possible onset of a work-related injury/disease
- Seek medical attention from a doctor, nurse practitioner, physiotherapist, chiropractor on the day of the injury (preferably)
- Co-operate in your health care treatment
- Co-operate in the Early and Safe Return to Work plan
- Complete and return all WSIB form promptly
- Report to WSIB any changes in income, return to work status, or any medical condition

**Should I contact my union representative and advise them?**

**YES as soon as possible!!!!!!**

**What type of forms will be required to be completed?**

**Form 7**—completed by the employer.

This form is completed by the employer and is based on the information in the completed Incident Report (therefore the information must be accurate when completing the Incident Report).

**Form 8**—completed by the health care provider.

This form is completed by the health care provider who initially treats you. They should have these forms available to them and they are aware of their responsibility.

Note: this form now has the Functional Abilities Form (FAF) on the 2nd page which will be required by your employer to know exactly what your restrictions are (if applicable).

**Form 6:** completed by the injury worker.

This form tells your side of the story. Please see your union representative to help you complete this form.

## FREQUENTLY ASKED QUESTIONS

**What medical information do I need to provide to the employer and the board?**

Employer: restrictions only.

WSIB: only medical information relating to the injury or disease is required.

**What happens if I refuse modified work?**

If the employer offers modified work that you are able to perform, refusal may mean loss of WSIB benefits. In other words WSIB may not pay you.

**What do I do if I cannot return to my pre-injury job, but I am capable of doing some other kind of work?**

Your employer must offer you the first suitable employment which may become available. Employment is considered suitable if you have or are able to acquire the skills necessary to perform the work and it does not pose a health and safety risk to you and your co-workers.

**What medical costs are covered?**

WSIB will cover cost of any medical aids you need because of a workplace injury i.e.: medication, physiotherapy. In some cases WSIB will cover the cost of traveling to and from medical treatment. Keep all receipts.

## FREQUENTLY ASKED QUESTIONS con't

**If while I am on modified work and I am experiencing pain or discomfort and/or are unable to complete my shift?**

Make sure you are working within your restrictions. If rest periods are needed get permission from your supervisor. If you feel you need to leave confirm with your supervisor and make sure that you go to a walk-in clinic or the emergency department to have this documented.

Advise your union representative as well.

**Can I lose my job because of a workplace accident/injury?**

No, the employer cannot terminate you.

## IMPORTANT INFORMATION

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

Witnesses to Injury: \_\_\_\_\_

Claim #: \_\_\_\_\_

Name of union representative:

\_\_\_\_\_

Phone # of representative: \_\_\_\_\_

Name of WSIB Case Manager:

\_\_\_\_\_

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