

# WorkSafeBC stay-at-work/return-to-work package

Dear Employee,

BC Hydro employees who are injured at work may be eligible for benefits through WorkSafeBC. Employees are required to meet certain eligibility requirements in order to receive benefits from WorkSafeBC. This package is intended to help you meet those requirements and to provide you with guidance and support to assist you to return to your pre-injury employment.

## PLEASE FOLLOW THE CHECKLIST BELOW:

Report the injury or illness to your manager immediately.

Discuss available modified duties with your manager prior to seeking medical attention.

When seeking medical attention; review the offer of Modified Duties and Functional Assessment Form with your qualified healthcare provider.

Sign the Employee Consent on the Functional Assessment Form

Return the completed Functional Assessment Form to your manager or delegate within 1 business day.

A physician's note of absence without functional information is not sufficient.

Report the injury to WorkSafeBC:

Teleclaim Centre: 1 888 967 5377 (Monday to Friday 8:00 a.m. to 6:00 p.m.)

Please find enclosed an Offer of Modified Duties and a Functional Assessment Form for you to take to your doctor or physiotherapist for their review and completion. Please advise your treatment provider that BC Hydro has modified work to accommodate your injury.

BC Hydro will ensure that any modified work duties are designed to accommodate your current functional abilities and provide meaningful work during your rehabilitation.

BC Hydro has a Return to Work Facilitator, Denise Suzuki, who is available to offer support and assistance throughout your recovery. If you are unable to meet the above requirements please contact Denise at 604 290 5612 or [denise.suzuki@bchydro.com](mailto:denise.suzuki@bchydro.com).

If you require time away from work as a result of your injury, Denise will reach out to you to regularly and she will provide updates to your manager.

If you require assistance with the WorkSafeBC claims process or have additional questions, please call the BC Hydro Claims Management team at 604 529 5963 or 604 528 2240.

# 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.

	Ensure	Limit	Avoid
<b>Low Back</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can self-pace and/or take micro breaks</li> <li><input type="checkbox"/> The worker can change position between walking, standing, and sitting</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Walking on uneven ground</li> <li><input type="checkbox"/> Lifting and carrying light or medium loads, depending on frequency and postures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jarring</li> <li><input type="checkbox"/> Repetitive bending</li> <li><input type="checkbox"/> Long periods of static standing or sitting</li> <li><input type="checkbox"/> Extreme bending of the back</li> <li><input type="checkbox"/> Twisting of the back</li> </ul>
<b>Shoulder</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Climbing ladders</li> <li><input type="checkbox"/> Activities using arm above shoulder level, including reaching down</li> <li><input type="checkbox"/> Activities which require lifting and carrying light or medium loads</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force</li> <li><input type="checkbox"/> Lifting and carrying with arm above shoulder level</li> </ul>
<b>Knee</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can self-pace and /or take micro breaks</li> <li><input type="checkbox"/> The worker can occasionally elevate the knee</li> <li><input type="checkbox"/> The worker can frequently change position between standing, walking, and sitting</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Walking on uneven ground</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Long periods of standing or walking</li> <li><input type="checkbox"/> Deep squatting, kneeling, or crouching</li> <li><input type="checkbox"/> Pivoting of the knee</li> <li><input type="checkbox"/> Participating in activities requiring bracing, balancing, or running</li> <li><input type="checkbox"/> Stair use or ladder climbing</li> </ul>
<b>Elbow/ Forearm</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required</li> <li><input type="checkbox"/> Repetitive elbow bending</li> <li><input type="checkbox"/> The total time spent keyboarding or driving</li> <li><input type="checkbox"/> The use of impact tools (including power tools and hammers)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hanging weights</li> <li><input type="checkbox"/> Forearm rotations</li> <li><input type="checkbox"/> Pressure on the elbow</li> </ul>
<b>Wrist/ Hand</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed</li> <li><input type="checkbox"/> Lifting and carrying light or medium loads</li> <li><input type="checkbox"/> The total time keyboarding or driving</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jarring</li> <li><input type="checkbox"/> Extreme postures of the wrist, especially with force</li> </ul>
<b>Ankle</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can occasionally elevate the ankle</li> <li><input type="checkbox"/> The worker can self pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The use of stairs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Long periods of standing or walking</li> <li><input type="checkbox"/> Walking on uneven ground</li> <li><input type="checkbox"/> Climbing ladders</li> <li><input type="checkbox"/> Deep squatting and crouching</li> <li><input type="checkbox"/> Activities requiring balancing, bracing or running</li> </ul>
<b>Neck</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Activities with arms above shoulder level, including reaching down</li> <li><input type="checkbox"/> Activities with lifting and carrying light or medium loads</li> <li><input type="checkbox"/> Hanging weights</li> <li><input type="checkbox"/> Ladder climbing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lifting and carrying with arms at shoulder level</li> <li><input type="checkbox"/> Extremes of looking up, down or the shoulder, especially if sustained more than a few seconds</li> </ul>

**Limited:** Work activities involve handling loads up to 5kg.  
**Light:** Work activities involved handling loads of 5kg 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 Package (MDC Field Storekeeper)

## WSBC stay-at-work/return-to-work modified duties offer and functional assessment form

Attention: Attending Physician

Offer of Modified Duties for: \_\_\_\_\_ Date: \_\_\_\_\_

At BC Hydro, we are committed to assisting injured employees in returning to safe, suitable work as soon as medically possible. We have a wide range of modified duties available to accommodate employees who are not able to perform the full scope of their job duties as a result of a workplace injury.

Below we have included an Offer of Modified Duties for you to review and attached a Functional Assessment Form for you to complete for the above named employee. Your input will assist us in supporting your patient in their recovery by identifying appropriate work duties to accommodate any functional limitations and restrictions.

Please review the offer below and complete the Functional Assessment Form and provide a copy to your patient to provide to BC Hydro. A physician's note of absence without functional information is not sufficient.

We will be monitoring our employee's progress and will adjust the duties as medically required. We will ensure that your patient has received medical clearance prior to returning to full time regular job duties.

**Please return the completed forms and your invoice for reasonable charges, to BC Hydro Claims via:**

Confidential Fax: 604 528 2972

Email: [worksafebcclaims@bchydro.com](mailto:worksafebcclaims@bchydro.com)

**Job title: MDC Field Storekeeper**

**Manager Instructions:** Enter job title above, check off available duties and add additional duties or comments if required. Refer to the Guidelines for modified work document if necessary.

### Office/desk work:

- Research stock outs and pick errors in Passport
- File review or maintenance
- Investigate and correct location management issues
- Material counts, administration and communication
- Counting and inspecting materials to be received

- Create material requests for contractor ADS orders in Passport
- Performing inventory of materials
- Schedule picks, research and update pick backlog reports\*
- Creating or reviewing work procedures\*

\*Note: Requires specific skill sets

**Light maintenance tasks:**

- Housekeeping in warehouse/office
- Shop clean-up/organize tools and materials
- Equipment cleaning
- Re-labeling bin locations

**Observations and Inspections:**

- Inventory and spot checks in outdoor storage location and indoor warehouse
- Warehouse and yard safety inspections

**Training related tasks:**

- QLMS or Skillsoft online training courses

**Additional modified duty options:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Workplace injury (MDC Field Storekeeper)

## Functional assessment form

### Employee Consent:

The information you provide in this form is collected, used and disclosed in accordance with the provisions of the Freedom of Information and Protection of Privacy Act and under the authority/requirements of the relevant legislation, for the purpose of administering all personnel and employment matters related to you. If you have any concerns in regards to the collection of this information, please contact the Employee Service Centre at 604 694 8600 (48600).

Employee Name: \_\_\_\_\_

Employee Authorization: I authorize Dr. \_\_\_\_\_ to complete this form.

Date: (mm/dd/yyyy) \_\_\_\_\_ Signature: \_\_\_\_\_

### Physician Instructions:

Please return the completed forms and your invoice for reasonable charges, to BC Hydro Claims via:

Confidential Fax: 604 528 2972

Email: [worksafebcclaims@bchydro.com](mailto:worksafebcclaims@bchydro.com)

### Job Title: MDC FIELD STOREKEEPER

Does the employee's current medical condition affect their ability to do their job functions in the following areas? Please comment briefly on any restrictions noted.

Please take particular note of any safety sensitive functions that this employee is expected to carry out and discuss with the employee his/her ability to carry out these functions safely.

FUNCTION:	Function required for job?	Can complete function?		Physician's comments
		Yes	No	
<b>SAFETY SENSITIVE JOB DEMANDS</b>				
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company vehicle operated <input type="checkbox"/> class 3 <input type="checkbox"/> class 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potentially hazardous materials, tools, machines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distant proximity to medical aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing and working at height	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
True colour vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PHYSICAL JOB DEMANDS</b>				
Lift/Carry/Push/Pull <input checked="" type="checkbox"/> >10kg, <input checked="" type="checkbox"/> >25 kg <input checked="" type="checkbox"/> >50 kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting sustained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing sustained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking sustained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Crawling <input type="checkbox"/> Kneeling <input type="checkbox"/> Crouching all are required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching Above shoulders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knee to shoulders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Below knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Use (Keyboard, Mouse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trunk rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full neck flexibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bilateral visual acuity correctable to 20/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Manual dexterity bilaterally	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Grasp <input checked="" type="checkbox"/> Fingering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Normal hearing (aid permitted)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good depth perception	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bilateral eye hand coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Normal visual fields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ENVIRONMENTAL JOB DEMANDS**

Noisy environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside work, all weather conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes, gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift work / Rotational shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – Emergency operational conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COGNITIVE JOB DEMANDS**

High concentration and alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading, writing, and speech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates deadline pressures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend to detail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend to work with external distraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform numerical tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remember accurately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform multiple tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the questions below:**

Based on the above assessment, is this employee medically able to do their own job?

- a) Full duties:  Yes  No Starting Date (mm/dd/yyyy) \_\_\_\_\_
- b) Full time:  Yes  No Starting Date (mm/dd/yyyy) \_\_\_\_\_

If **NO** to either of the above: Is this employee medically able to work if identified limitations are accommodated?

(See attached letter for a description of sample modified duties available)

- a)  Yes → \_\_\_\_\_ Days/Week \_\_\_\_\_ Hours/Day Starting Date (mm/dd/yyyy) \_\_\_\_\_
- b)  No → Estimate of when limitations can be removed: (mm/dd/yyyy) \_\_\_\_\_

If this employee is medically disabled from carrying out the full duties of their own job:

- a) Is this employee participating in an appropriate medical treatment plan?  Yes  No
- b) When do you think a gradual return to work will be appropriate? (mm/dd/yyyy) \_\_\_\_\_
- c) Date of next follow up: (mm/dd/yyyy) \_\_\_\_\_

**Further comments: Please do not include diagnostic information.**

**Return to work for safety sensitive jobs:**

As an employee in a safety sensitive job, I agree that I will work within any limitations that have been outlined above. I also recognize that I must disclose whether I am taking medication that may impair my ability to work safely (See BC Hydro's Alcohol and Drug Policy).

Employee Signature: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

Attending Physician Name: (please print) \_\_\_\_\_ Address: \_\_\_\_\_ Alternative: Physician's Stamp

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

