



To support the Canadian Plains Energy Services (CPES) belief, that workers are our most valuable resource, CPES has developed a Claims Management Program with the specific intent to reduce costs as a result of injuries sustained on our worksites and to assist injured workers to return to the workplace as soon as is reasonably practical after an injury.

Training

WCB Claims Management training is provided in CPES' HSE onboarding program, supervisory training, as well as its incident investigation training.

Fit for Work Screening

Managers/Supervisors must be sure that workers are competent and physically capable of performing the tasks/jobs they are hired to do. They must be aware of any allergies or medical conditions that could cause a worker to become incapacitated, thereby putting him/herself and others at risk. This knowledge is also imperative in order to provide immediate 1st aid or medical attention if necessary.

Injury Reporting & Communication

An immediate start of the claims management process ensures compliance with legislative requirements. All injury accidents, suffered traveling to/from or, on the jobsite, **no matter how minor, must be reported as soon as possible to a CPES supervisor.** If a worker suffers an injury that initially only requires 1st aid treatment, then the injury must only be recorded on the CPES First Aid Report (form CF-S-12). However, if a worker suffers an injury that disables or is likely to disable him/her for more than the day of the accident, then the following steps must be taken:

- After CPES field supervision 1st becomes aware of the accident, the CPES Claims Manager (SCM) must be notified immediately, or as soon as is reasonably practical.
- If a worker sees a medical service professional from a work-related injury, the worker must advise CPES supervisor as soon as possible.
- The initial CPES Incident Investigation Report (CF-S-09), the WCB Workers Report, and the WCB Employers Report must all be completed and forwarded to the SCM within 48 hours of CPES field supervision 1st becoming aware of the accident. Depending on the severity of the injury, further investigation and analysis may be necessary.
- The SCM will forward all necessary information to the WCB within the time frame mandated by the WCB Act – i.e. within 72 hours after 1st acquiring knowledge of the accident.
- All direct communication with Provincial OH&S, WCB, the media or other 3rd parties will be managed by the SCM.

January 3, 2023

Case Management

In order to allow an injured worker a safe return to regular or modified work duties, the SCM will maintain regular communication with the worker and their families, health care providers, and the WCB. The following steps will be taken to coordinate case management:

1. Create an **Injured Worker file** which will include the following documents:
 - CPES Incident Report (CF-S-09) c/w witness statements.
 - WCB Employer's Report.
 - WCB Worker's Report.
 - Doctors report of injury and/or treatment.
 - Modified Work Offer (if applicable).
 - List of all health care providers.
 - The name of the case worker assigned by the WCB.
 - Contact information.
 - All communications between the WCB and the injured worker, the WCB and CPES, or CPES and the injured worker, etc.

NOTE: throughout the injury management and return to work (RTW) process that all medical formation relating to the worker is to be kept confidential.

2. Contact with the WCB
 - Frequent contact must be maintained between the SCM and the WCB case manager to ensure proper case management. At a minimum the WCB case manager should be contacted every 2 weeks and the worker's current status should be discussed as follows:
 - Worker's condition.
 - Rehabilitation plan.
 - Anticipated return to work date.
 - Modified work scenarios (if applicable).
3. Contact with the Worker
 - The SCM must be in contact with the worker every week during the time that the worker is unable to return to work. Items to be discussed are as follows:
 - Worker's condition.
 - Treatment worker is receiving.
 - Name of doctor the worker is seeing.
 - Date of all known appointments, etc.
4. Return to Work

To determine workers fitness to return to work, medical clearance from the attending physician must be received prior to the worker resuming regular or modified duties. This clearance should outline the fitness for work of the employee and any job restrictions stated by the physician. Frequent follow-up with workers by Supervisors must occur when workers return to regular or modified work. Supervisors are to report and record any problematic issues related to the workers injury. WCB must

be notified within 24 hours of worker return to modified work or to regular duties/tasks performed before suffering the injury.

Modified Work

An effective modified work program will reduce costs the employers have to pay as a result of accidents in the workplace. It will also benefit injured workers by allowing them to return to the workplace earlier than they otherwise would have, had they been forced to remain off until completely healed. All modified work must comply with WCB Modified Work guidelines, and in accordance with the worker's restrictions.

1. Along with the workers manager/supervisor, the SCM will arrange a return to work and if not completely ready to resume the type of regular duties performed before the injury, the worker will be offered modified work.
2. The modified work offer must:
 - Be in writing (CPES for CF-S-20)
 - Define the rate of pay (same as pre-accident rate of pay).
 - Include a specific list of job duties to be performed.
 - Specify the length of placement of the modified work, as stated on the medical report, if available.
 - Be signed, by both the worker and the CPES manager/supervisor.
 - Be forwarded to the SCM.
3. The SCM will communicate with the WCB and forward the signed modified work offer.
4. If a worker refuses the modified work offer, the reasons must be stated. Have the worker sign if possible. The SCM will forward refusal to the WCB immediately, to be taken into consideration when adjudicating the worker's entitlement to benefits.

References

- Alberta Occupational Health & Safety Act, Code, Regulations – Sections 18 through 23 of the Act.
- Alberta Workers Compensation Board, Sections 32 through 39 of the Act, Sections 8 through 10 of the Regulations.
- CF-S-20 Modified Work Off
- Saskatchewan OHS Act, Code & Regulations - Part III General Duties – Section 29-31
- British Columbia OHS Act, Code & Regulations - Part 3 of the Act – Division 10 & 11

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SECTION 17 - APPENDIX A – INJURY MANAGEMENT- FREQUENTLY ASKED QUESTIONS

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1. A worker has been injured and may need medical care, what should I do?

Taking care of our employees and ensuring that they get proper medical care is the most important aspect of injury management. Workers have the right to seek medical care in the case of any injury incident sustained at work, and CPES must not impede them in any way. If the worker asks for medical care CPES must make sure they receive it promptly. See #4 below for more guidance.

2. What if the worker does not want to seek medical attention?

The decision is ultimately up to the worker. If they wish to refuse care, they have that right. If first aid is administered, and further medical attention is recommended that the injured worker declines/refuses, then this should be noted on the First Aid Report form (CF-S-12) and signed by the worker. It is common however that if the pain persists or gets worse, or they speak to their coworkers/family members, for employees to change their mind and seek medical attention later.

Always provide the worker with a contact number for a supervisor and ask them to call prior to seeing a physician.

Many of the worst claim management outcomes result from workers seeking medical attention on their own, which usually results in a medical aid (prescription(s) given) or modified work situation (worker given note from doctor stating that the worker cannot perform any of regular duties, or in the worst case, given a note which states that the worker take a week or more off work. All these scenarios result in CPES incurring a recordable injury, with the last example resulting in a potential lost time claim, which impacts CPES very negatively. This should be avoided at all costs. The supervisor or HSE representative should explain to the worker how these outcomes could result and how they impact

CPES. If a worker is given certain work restrictions, they may still be able to perform most or all their regular duties, just at a lighter level (e.g. no lifting or carrying objects over 10 lbs), which would be classified as a first aid with light duty rather than a modified work case. Another common example is when a worker receives a prescription for medication, when an over-the-counter equivalent or alternative could be used.

3. How should we transport the worker to get medical attention?

CPES is responsible for transporting workers to medical treatment. An ambulance should be utilized where there is concern about moving the worker (such as with head or back injuries, or serious lower body injuries). CPES is responsible for the cost of the ambulance.

If an ambulance is not required, the worker should be transported in a vehicle with commercial insurance. If there is concern about the stability of the worker another first aider in addition to the driver should accompany the worker.

Every effort should be made to avoid allowing the employee(s) to drive themselves to medical care. CPES is responsible for transportation and may be liable for any adverse outcomes that result from workers transporting themselves.

The worker should be transported by either an HSE representative or a supervisor wherever possible.

4. Where should we take the worker?

Where possible Occupational Injury Service (OIS) clinics are preferred (these are only in Alberta; the list of clinics is available on CPES Central or on the WCB website). These are clinics where the doctors, physiotherapists, etc. deal directly with the Worker's Compensation Board. These doctors are familiar with modified work programs and are less likely to suggest time away from work as treatment. These doctors will also provide detailed written descriptions of the worker's limitations and answer questions that CPES may have.

OIS clinics can perform (either directly or through partnerships with other clinics) many of the same services hospitals provide, including stitches, casting, x-rays, physical therapy, etc. Always call the clinic before transporting the worker to ensure they have the capacity and staff to treat the worker's injuries. The OIS mandate is to have a worker seen within 30 minutes of arrival, so even if the closest OIS clinic is a farther drive than the local hospital or medical clinic, it often results in the worker being seen faster than if they had waited hours in an emergency waiting room.

Workers may be concerned about being taken to a clinic with perceived links to the company. It should be explained to the worker that the clinic physician is employed by WCB not CPES.

It is best to outline the benefits of the OIS clinic to workers, including doctors with more experience with occupational injuries and a commitment to see workers more quickly.

Note. Workers have the right to choose their doctor and if the worker chooses another care option, their choice must be respected. However, once deemed to be in the care of one doctor, it is difficult to have them seen by another doctor, which is why OIS is the preferred first choice.

For critical care options, after hours, or where there are no OIS clinics available, the closest emergency room is usually the best option.

Eye Injuries - Material in, or damage to a worker's eye(s) often require a different approach. Where possible an eye clinic which accepts emergency patients should be utilized for any injuries involving the eye. General physicians often do not have the expertise or equipment to effectively remove material from the eye.

If a local eye care clinic is available, call to see if they deal with WCB cases and can see the worker. These types of injuries should be dealt with as quickly as possible. Material in the eye can generally be

flushed out (first aid). However, the eye heals very quickly and if material is left in the eye (even overnight) it may be necessary to drill or cut it out (typically medical aid). Also, metal particles will often quickly rust in the eye requiring more invasive treatment. With any foreign object, antibiotic drops are often given to the worker as a preventative measure against infection. Prescription eye drops fall within the first aid treatment classification.

5. When does an injury affect CPES's statistics?

Although CPES records and investigates all injury incidents, only Medical Aid (MA) Injuries, Modified Work (MW), Lost Time injuries (LTI), and fatalities are reflected in CPES's Total Recordable Injury Frequency (TRIF).

For more information on incident classification see CPES's Health Safety and Environment Management System (HSEMS) Section 10 Incident Investigation.

6. What is the difference between a First Aid and a Medical Aid?

Any injury requiring treatment that can be completed by a certified first aider (within their scope of training) is a first aid injury.

It can become unclear when treatment is provided by a medic or doctor; this does not automatically make the injury a medical aid. Treatments provided by a doctor which could also be completed by a first aider are still considered first aid incidents.

Some examples of these treatments include cleaning and bandaging a cut, drilling a finger nail to remove pressure, negative x-rays.

7. How can we reduce the chances of a lost time or medical aid?

The time you spend transporting the worker is your chance to avoid a recordable injury. Most of the time you will not be able to speak directly to the doctor due to privacy concerns. While transporting the worker it is important to review the difference between first aid and medical aid treatments and ensure the worker understands the differences and the impact of a medical aid on the company.

Many doctors are not familiar with the impact on CPES that a recordable injury has; therefore, it is often up to the worker to ask for non-recordable treatments. The most common treatments that result in recordable incidents are:

Stitches –Stitches make an injury recordable. In some situations, steri-strips or skin glue can be equally effective and will keep the injury at the first aid level. If a worker has a laceration review this distinction with them and encourage them to ask the physician if an alternative to stitches can be administered in their case.

Prescriptions – A filled prescription will make an injury recordable. Often the prescriptions are written for medications that are available over the counter. Advise workers that if a prescription medication is suggested, that they ask the doctor if an over the counter option is available.

Time Off – Any scheduled time missed from work after the date of injury makes the incident a lost time case. If an injury happens on the day before a worker's scheduled days off, then this would not be a lost time, unless the worker failed to report for work on their first scheduled day back for reasons related to the injury. It is imperative that workers understand the impact of these claims on CPES's chances of obtaining future work. Make sure that the injured worker is aware of CPES's modified work program, that their pay will not be affected, give them some ideas of modified work that may be possible in their situation. Time off does not include time away from work for travel or attending appointments or follow-up treatments.

It must be reiterated that ensuring the employee receives the best available care must be the priority of all involved and made clear to the employee that these alternatives are only to be utilized where they will be equally effective to the recordable options.

Workers must not feel pressured or threatened in any way, into avoiding appropriate care for their injuries.

If you are unclear about the distinction between medical aid and first aid or are unclear about the modified work process, discuss with your supervisor or a member of the HSE team (HSE Manager, HSE Lead, or local HSE Coordinator).

8. What should I do if a worker comes back with a note requiring time off from work?

Avoiding a lost time incident requires that we work quickly. Notify your supervisor immediately, the HSE Manager must also be notified so that they can help to mitigate the impact.

As soon as the first work day is missed the case becomes a lost time claim. All lost time claims are recordable injuries regardless of the severity.

Depending on the injury, if the worker can perform modified work within the restrictions placed on them by the doctor, then the expectation is for the worker to return to work on modified duties.

If a worker sought medical treatment on their own or were seen at a hospital because an OIS Clinic was not available, there may be an opportunity to get a second opinion. It may be helpful to have the worker seen at an OIS Clinic, these doctors are more familiar with the benefits of modified work and may be willing to clear the worker to return. In some cases, OIS will not see the worker if they have already seen another doctor and are deemed to already be in another doctor's care. Therefore, it is preferable to have the worker seen at an OIS clinic immediately following the injury.

9. The worker's A&D test has come back non-negative. What should I do?

Consult the Section 13 - Appendix C – Alcohol and Drug Frequently Asked Questions, for information on how A&D issues impact modified work claims. This will usually require that the worker be assigned to non-safety sensitive duties (i.e. in the office) pending the confirmation of A&D results. Discuss with the HSE Manager or HSE Lead.

10. The Doctor has prescribed work restrictions to the worker. What now?

The first step is to decide what tasks you have that the worker will be able to complete within the restrictions given. If it is possible to remove some of the duties from their existing job but still allow them to complete others this is preferred.

Whatever duties are selected they must be meaningful, necessary for our business and non-punitive (for example, counting the rocks in the parking lot would not be considered meaningful modified duties).

It often helps reduce the time a worker is on modified duties if they can perform at least some of their regular duties and interact with their co-workers. WCB data shows that the closer the worker is to their regular work and coworkers, the shorter the WCB claim and costs to both WCB and the company.

The next step is to complete a modified work offer using the CPES Modified Work Offer form (CF-S-20). This modified work offer is critical and should be completed as soon as possible, preferably before the worker goes home.

The modified work offer is proof that duties within the worker's limitations were offered and either accepted or rejected. These offer letters can become very important if the worker misses time from work. The offer letter should include the details of the modified duties the worker will be assigned.

An HSE representative or supervisor should be assigned to oversee the worker while on modified work. This individual should check in with the worker often to verify that the modified duties are not aggravating the worker's injuries, that the worker is attending work on time, getting to any follow-up medical appointments, etc.

Keeping notes of conversations or other communications (e.g. text, email) you have with the worker, when they missed work and feedback on their progress (with dates and times) should be maintained as they can be very helpful in the event of a later conflict between the worker and WCB.

11. What do we pay the worker and for how many hours?

Workers must not lose income due to the injury. This means their rate of pay must remain the same. If the worker was consistently working overtime prior to the injury the overtime hours must be maintained. For example, if the worker was on a 10 hour/day schedule, but then is performing modified work in the BU office during normal business hours (which may be 8 or 9 hours), they should be paid for 10 hours regardless (unless they are not present and working those hours; see #13 below).

Workers who must miss work for follow up appointments and/or treatment during normally scheduled work hours must be paid for this time. It is considered reasonable to ask workers to schedule their medical appointments at the beginning or end of the day in order to minimize the disruption to their modified duties.

12. What if the worker declines modified duties?

Workers do have the right to decline modified duties; this should be recorded in writing on the modified work offer. The reason for the refusal should be recorded along with the worker's signature if possible. If the worker refuses to sign the offer this should be documented along with any reasons which have been given for the refusal.

If a worker has been cleared for modified duties, appropriate duties have been offered by CPES, and they are refused by the worker, then normally the worker would not be entitled to wage replacement by WCB or CPES.

The modified duties must remain available to the worker and they may accept the offer at any point until they are cleared to return to fully duty.

13. What if the worker calls in sick or does not show up for work?

If a worker has accepted the modified work offer but does not report for work, shows up late, leaves early, or calls in sick, they will not be paid by CPES or by WCB. It is very important that detailed records are kept regarding any time missed.

14. What if the worker's injuries get worse and they can't perform the modified work?

WCB normally will only consider changes to the worker's status if they are recorded by the physician. The worker stating they can't perform modified won't normally change the agreement unless they have been seen by a doctor.

If a worker is feeling worse and would like to be reassessed, they should be taken back to the doctor and their modified duties should be adjusted accordingly. If a worker seeks medical attention on their own (such as with a family doctor), the CPES case manager (normally HSE Manager or HSE Lead) should contact WCB to address any discrepancies.

15. The worker feels better and wants to do more. Can I let them?

Any changes in the worker's modified work should be supported by the doctor's work clearance. If the worker reports feeling better, this should have the doctor's approval before increasing their modified work level. Normally, through the course of a modified work program, there are multiple follow-up appointments scheduled to assist and assess the worker's progress, and guidance is given whether the worker's restrictions are being removed or work levels can be increased (e.g. heavier lifting, more time standing, etc.)



16. I don't have enough modified work/I don't need this worker anymore. Can I lay them off?

Removing an offer of modified duties will usually make the injury a lost time claim which is very bad for CPES. WCB will hold CPES responsible for replacing the worker's wages from the time that modified duties are rescinded until the worker is medically cleared to return to their pre-incident level (i.e. no work restrictions, or fully recovered). This must be avoided, as this could drag on for weeks or months.

There are rare cases where the cost of offering modified work outweighs the advantage. If you feel this may be the situation contact your supervisor and ask for the case to be reviewed by CPES's Senior Management.

NOTE: No worker who is performing modified duties should be laid off/terminated without the prior approval of CPES's COO and HSE Manager.

17. The worker has been cleared to return to full duties. Now what?

Once the worker is cleared to return to work contact the WCB Claim Manager and inform them of the clearance.

Workers can then return to their normal duties. Check in with the worker regularly to verify they are not feeling the effects of the injury. If the worker begins to feel worse, discuss a strategy, such as lightening the level of work duties. You may need to have them assessed again. Early intervention can be key to preventing the worker returning to full modified work.

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