
Construction Industry
Safety Partnership
CISP
WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA
CONSTRUCTION
ASSOCIATION OF NOVA SCOTIA
Building with Skill and Integrity Since 1862
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Physiotherapy and Rehabilitation Centre Inc.
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There Is Safety In Numbers

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Return to Work Definitions

WCB Incident form-67 form

WCB Accident Report is required to be completed when a Worker is injured at work.

Transitional Duties/Modified Duties

Transitional duties are any temporary changes to the worker's job tasks that align with their functional abilities – what the worker is able to do. If the worker is unable to immediately return to their original job, providing transitional duties will help them recover, contribute to valuable work and reduce or eliminate the claims costs associated with lost time from work.

Functional Assessment

An assessment tool that provides objective data regarding the guidelines and limits by which an injured worker can safely and productively complete work tasks in relation to their employability.

Job Demands Analysis/Job Site Analysis

An analysis to evaluate a job site to make a definitive statement about that job, its risks, requirements and productivity. A job-site analysis uses principles of ergonomics with respect to the WCB job-site analysis are primarily used as a precursor in developing return-to-work programs

Return to Work/Stay at Work Plan

A return-to-work / Stay at Work plan is a tool for managers/supervisors/WCB Contact to proactively help ill or injured employees return to productive employment in a timely and safe manner

Return to Work Program/Stay at Work Program

A Return to Work Program is a formal documented process that outlines the roles and responsibilities of both the employer and the worker following an injury at work. The program should be signed by the Owner/CEO of the company and communicated on an annual basis to the general workforce.

Return to Work Team

Health care professionals which shall include occupational therapists, physiotherapists, chiropractors, kinesiologists, psychologists, physicians, vocational specialists, the injured worker, employer and the WCB Case Worker.

My Account

WCB NS online reporting and tracking system

Direct Access to Assessment

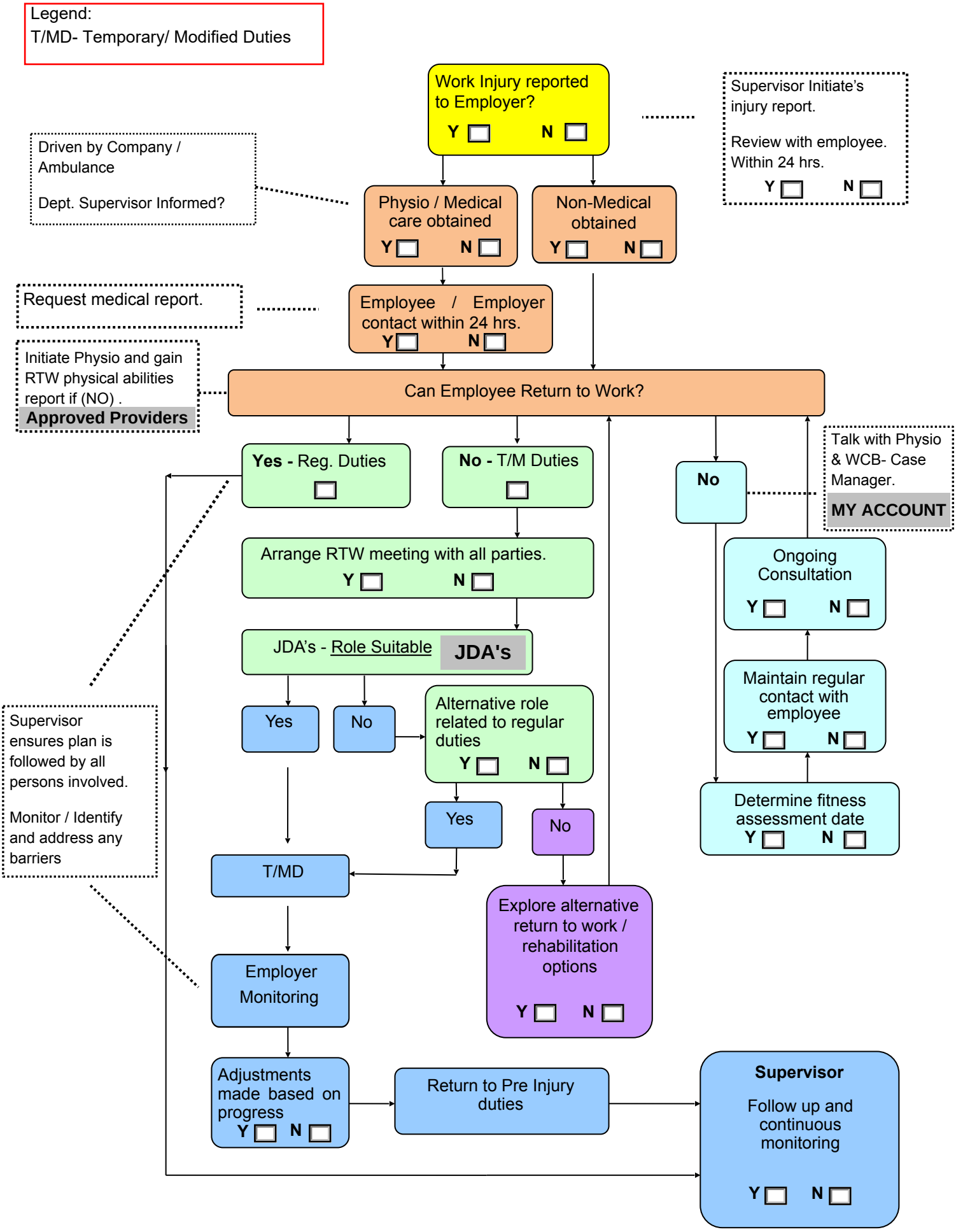
Direct Access to early assessment of sprains and strains at work provides injured workers more timely access to the healthcare services they need. It enables workers to go directly to a WCB approved healthcare provider, such as a physiotherapist or a chiropractor, for an assessment, allowing the return-to-work process for sprain and strain injuries to begin right away

To Accommodate or Not – A Cost Comparison

Scenario – Employee is a Truck Driver with 15 years with the company, they make just over 25 dollars an hour and usually works 40+ hours per week. They have sustained a fractured heel from falling out of their truck.

ACCOMMODATION	NO ACCOMMODATION
- No lost time claim - Minimal impact on Employer Experience Rating (3 years) – only medical costs - Medical/Health Care Benefits = $4000+ - No reduction of employee income - Minimal impact on morale - Employee remains active and productive - Employee feels supported - Shows the Employer is dedicated to early and safe return to work (progressive) - Reduction in replacement worker costs - Transferrable skills of employee may be beneficial in other aspects of company - Employer is able to positively influence system costs and create improved productivity - Positive long term benefits for labour relations - Shows other employee`s dedication to RTW program and potentially gives additional incentive to prevent/ reduce injuries	- Lost Time Recordable Claim with Temporary Benefits: 22 weeks = $13,083.84 - Medical/Health Care Benefits = $4000+ - Impact (increased) Experience rating which will affect Employer for 3 years (5 years Industry Rate) - Increased Employer premiums - Increased chance employee may not return to work (Potential Total EERB, PMI, Vocational Rehabilitation) - Replacement worker costs (based on 20 dollars an hour/40 hrs per week/ 22 weeks = approx. $17,600.00 + time and costs of training new employee - Reduced morale for employee off work and often employees at work - Potential loss of future work (Tendering process asks for information regarding LTI's and other recordable injuries) - Reduction of employee's income; increasing stress on employee and family - Increased risk of comorbid conditions while off work; mental health and physical health
TOTAL FINANCIAL COST: **Approximately: $ 4,000 +**	TOTAL FINANCIAL COST: **Approximately: $ 34,683.84 +** + potential for increased costs and will impact experience ratings and premiums for 3 years at Employer level, 5 years Industry Rate

Return to Work (RTW) Flowchart



WCB Information Required to Start a Claim

Once a Social Insurance Number is written on the document it is a Confidential Document It must be locked up or shredded once it is done with.

Name_____

Date of Injury_____

Address_____

Date of Birth_____

Health Card Number_____

Social Ins Number_____

Left or Right Handed_____

What Part of the Body Injured_____

Where they sought Medical Attention (Address) .

RESET

Suggested Modified Duties

Safety training courses- on-line or in classroom
Barricade Watch
Concrete watch
Spotting/pedestrian watch
General yard/site housekeeping
Truck/equipment detailing (interior/exterior)
Security (depending on job, may require pumps etc. to be manned)
Administrative work – sorting/filing safety documents
Counting trucks – taking tickets on job sites
Inventory counts
Checking supplies – First Aid Kits/Fire Extinguishers etc.
Reviewing safe work practices/procedures (review any processes/procedures applicable to their occupation). Particularly important post-incident as it provides a refresher.
Data Entry
Completing equipment inspection logs
Inspect fire extinguishers and first aid kits
Work in a tool room
Driving / run errands
Pick up supples
Update MSDS/ GHS
Clean tools
Work normal job but with limitations
Painting warehouse safety lines
Customer appreciation phone calls, telephone sales calls, dispatch assistant

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Halifax Office
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Physical Abilities Report – Form E

WCB Claim #:	00000000
Health Card #:	00000000

Date of Initial Assessment: dd 30 | mm 5 | yyyy 2018

WORKER INFORMATION

Worker's Name: Mr. Jones	Area and Type of Injury: Right shoulder strain
Employer's Name: Company ABC	
Employer Contact Name: Mr. Smith	Phone: (902) 000-0000

HEALTH CARE PROVIDER INFORMATION

Provider Name: Physiotherapy Company		ID#: 0000
Practitioner Name: Mr. Physiotherapist	Phone: (902) 000-0000	Fax: (902) 000-0000

PHYSICAL ABILITIES ASSESSMENT (refer to Work Capabilities – Definitions)

Weights: ☑ pounds ☐ kilograms

ABILITY	Period 1 Test Date: dd 30 mm 5 yyyy 2018		Period 2 dd mm yyyy		Period 3 dd mm yyyy		Period 4 dd mm yyyy		Pre-injury Job Demands Reported by:		
F = Frequent (66%) O = Occasional (33%)	F	O	F	O	F	O	F	O	Worker	Employer	Other
Lifting											
Above Shoulder	5	10									20
Horizontal	10	30									50
Floor/Waist	15	20									35
Carrying											
Right Hand	5	15									50
Left Hand	20	50									50
Both Hands	15	20									50
Pushing	25	59									75
Pulling	25	42									75
Tolerance (check box below: subjectively reported by worker ***or*** observed during assessment)											
Standing ☑ reported ☐ observed	No issues										Freq
Sitting ☑ reported ☐ observed	No issues										Minimal
Walking ☑ reported ☐ observed	No issues										Occas
Grip Strength **R** = Right **L** = Left	R	L	R	L	R	L	R	L			
	85	74									

Other Essential/Critical Job Tasks:
Reduced ability to reach overhead with right arm

	P	T	P	T	P	T	P	T	Comments:
Work Capability **P** = Pre-injury Job Duties **T** = Transitional Duties		✔							
Overall Functional Progress **I** = Improving **N** = No Change **D** = Declining	N								
Tester's Initials	TL								

RETURN TO WORK/STAY AT WORK PLAN (if **T** duties selected above)

Period 1	Can perform modified duties for full hours
Period 2	
Period 3	
Period 4	

FINAL RTW OUTCOME: (completed on discharge)

☐ No time lost ☐ Pre-injury Date: dd | mm | yyyy
☐ Did not return (state reason): ☐ Suitable Date: dd | mm | yyyy

Discharge Date: dd | mm | yyyy

Copied to Physician, Employer and WCB

The Physical Abilities report-From E Physical Abilities report-From E (What can the injured employee do) Completed by Physio when an employee's injury is assessed.

This will tell the employer if the employee is able or not to return to their normal job right away after the injury. This form will provide information on the employee's progress being made during physio treatment.

It will also help employers understand tasks that the employee can do while he /she is getting back to full strength.

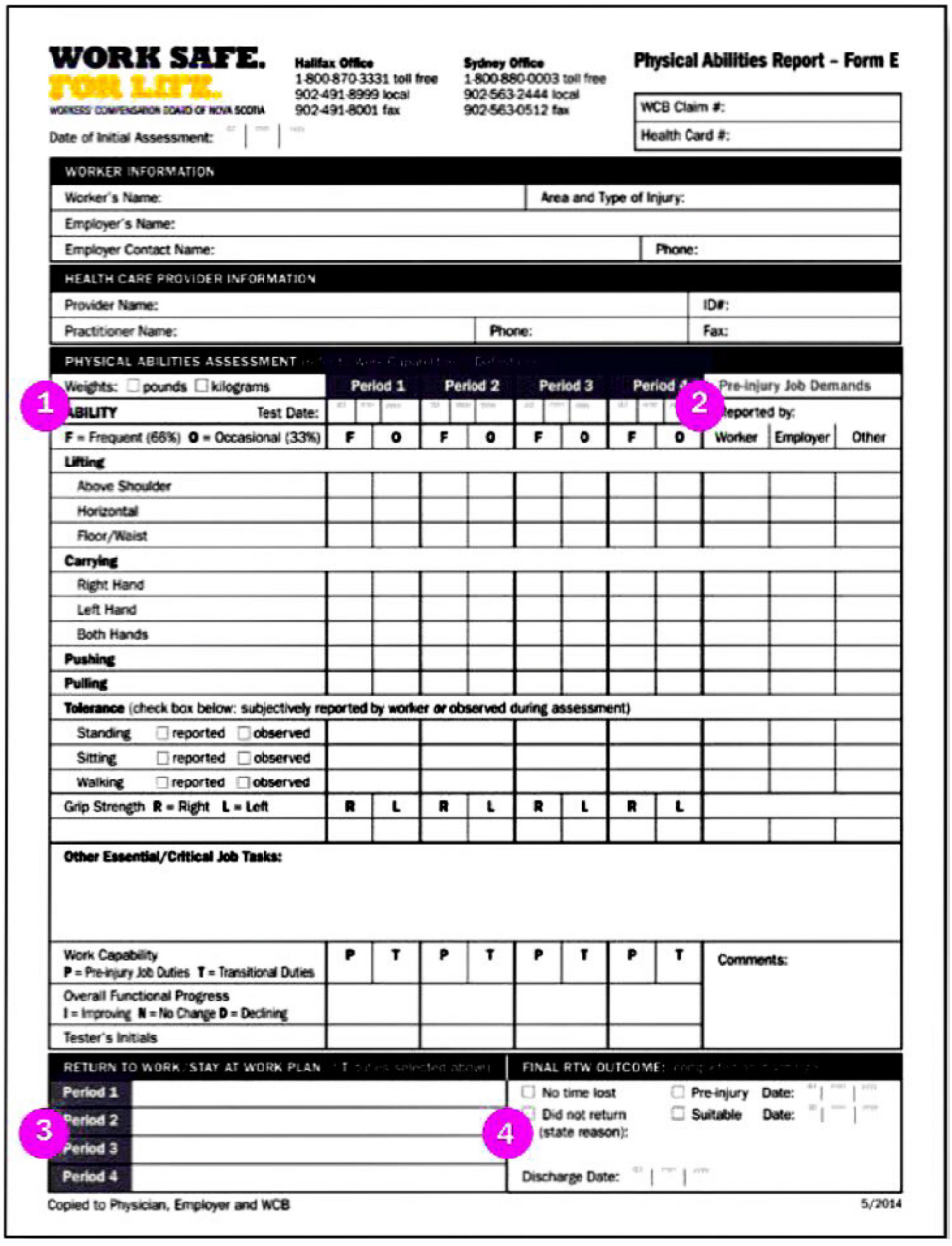
.

1. Records records functional testing results.
Employers can keep an eye on the employee's progress every 2 weeks
Also make sure tasks they give the employee are ok for them to do while they are recovering.

2. Details job demands.
The employee will be questioned about what he/she does at work.
The employer will be called to confirm the employees job tasks they regularly do.
In some cases, the Physio clinic will come to the workplace or job site to visually see what the employee does as work.

3. Return to Work/Stay at Work Plan
Explains what condition the employee is in. And may give the employer an idea of when the employee can return to full work duties.

4. Final RTW Outcome
When the employee is back to being able to do regular work tasks.
Physio clinic will advise.
It will list the date for the employee to return to regular duties and the date of their finishing physio therapy treatment.



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Sydney Office
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902-563-2444 local
902-563-0512 fax

Physical Abilities Report – Form E

Date of Initial Assessment:

WCB Claim #:
Health Card #:

WORKER INFORMATION

Worker's Name: | Area and Type of Injury:
Employer's Name:
Employer Contact Name: | Phone:

HEALTH CARE PROVIDER INFORMATION

Provider Name: | ID#:
Practitioner Name: | Phone: | Fax:

PHYSICAL ABILITIES ASSESSMENT

Weights: ☐ pounds ☐ kilograms

ABILITY Test Date:	Period 1		Period 2		Period 3		Period 4		Pre-injury Job Demands reported by:		
F = Frequent (66%) O = Occasional (33%)	F	O	F	O	F	O	F	O	Worker	Employer	Other
Lifting											
Above Shoulder											
Horizontal											
Floor/Waist											
Carrying											
Right Hand											
Left Hand											
Both Hands											
Pushing											
Pulling											
Tolerance (check box below: subjectively reported by worker *or* observed during assessment)											
Standing ☐ reported ☐ observed											
Sitting ☐ reported ☐ observed											
Walking ☐ reported ☐ observed											
Grip Strength R = Right L = Left	R	L	R	L	R	L	R	L			

Other Essential/Critical Job Tasks:

	P	T	P	T	P	T	P	T	Comments:
Work Capability P = Pre-injury Job Duties T = Transitional Duties									
Overall Functional Progress I = Improving N = No Change D = Declining									
Tester's Initials									

RETURN TO WORK / STAY AT WORK PLAN (T duties selected above)

Period 1
Period 2
Period 3
Period 4

FINAL RTW OUTCOME: (complete when RTW plan is finished)

☐ No time lost ☐ Pre-injury Date:
☐ Did not return (state reason): ☐ Suitable Date:

Discharge Date:

Copied to Physician, Employer and WCB 5/2014

1. Investigating employer's information

Employer's name (legal name):		
Employer's head office address (street address):		
Investigation Team Names:	Job Title	Contact Info (email/cell)

2. Employees involved in incident

First & Last name	Company Name & Address:	Incident report received (Y/N)

3. Place, date and time of incident

Job Name & number:		
Location where the incident occurred (street address):		
Date of incident (mm/dd/yyyy):	Time of incident:	a.m. ☐ p.m. ☐

4. What caused this incident to happen?

Worker Choice

- ☐ Was the issue related to poor worker choice?
- ☐ Was the issue caused by a: simple mistake, human error, situational awareness, or slip, lapse or rule violation?
- ☐ If a person had done something differently, would the issue have been prevented or significantly reduced?
- ☐ Was a mistake made because of poor design of the equipment, system, control or display that led to a human error?

Equipment Difficulty

- ☐ Did the equipment break or wear out?
- ☐ Did the equipment fail due to: a bad part, a bad design, or no / poor preventative maintenance?
- ☐ Did the equipment software not include a failsafe?
- ☐ Did a failed component or other problem cause the software to respond inappropriately?

Natural Disaster / Sabotage

- ☐ Was the issue related to increment weather, i.e. hurricane, flood, blizzard, ice storm, lightning, wind or other natural disaster that could not be reasonably protected against?
- ☐ Was the issue related to deliberate, harmful intentions, malicious actions intended to cause damage, intentional criminal acts, or violence to hurt people?

Other

Was there insufficient detail or was the issue not related to a topic covered by the other categories? (explain):

Job Factors

- ☐ Inadequate equipment guards
- ☐ Hazardous environmental conditions
- ☐ Temperature exposure
- ☐ Inadequate/excessive lighting
- ☐ Toxic/caustic substance hazards
- ☐ Inadequate engineering
- ☐ Inadequate signage/barriers
- ☐ Poor housekeeping
- ☐ Noise exposure
- ☐ Electrical hazards
- ☐ Congested work area
- ☐ Fire/explosion hazards
- ☐ Inadequate ventilation
- ☐ Radiation hazards
- ☐ Other (explain):

Employee Factors

- ☐ Using defective tools/equipment/materials
- ☐ Using wrong tools/equipment for task
- ☐ Using/wearing defective/inappropriate PPE
- ☐ Failure to wear appropriate PPE
- ☐ Operating equipment without authority/training/licence
- ☐ Lack of supervision
- ☐ Improper lifting/loading/placement
- ☐ Failure to warn/secure
- ☐ Removing/tampering with safety devices
- ☐ Servicing equipment
- ☐ Failure to communicate job hazards
- ☐ Horseplay
- ☐ Stress
- ☐ Lack of attention to duties
- ☐ Inadequate skills/training
- ☐ Under the influence of drugs/alcohol
- ☐ Failure to follow direction
- ☐ Working alone
- ☐ Other (explain):

12. Causal factors identified

Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe condition, acts, or procedures in the Preliminary Report possible.

13. Root cause analysis

Definition

14. Corrective actions for root causes

15. Additional corrective or preventive actions necessary to prevent recurrence of similar incidents

Additional corrective action	Action assigned to	Expected completion date	Completed date
a.			
b.			
c.			
d.			

16. Incident classification *(check applicable class)*

☐ LOW	☐ MEDIUM	☐ HIGH
· The incident does not need to be reported to OH&S Governing Division. · Minor injuries with only short-term effects and do not require follow-up medical appointments. · This may include near miss, first aid and other cases. · Current controls require none / minor changes.	· The incident may or may not need to be reported to OH&S Governing Division. · Moderate injuries with long-term effects and require follow-up medical appointments. · This may include first aid, medical treatment and other cases. · Current controls are found to require minor to moderate changes.	· The incident must be reported to OH&S Governing Division. · Severe injuries with long-term effects and require medical intervention and follow-up medical appointments. · This may include medical treatments, fatality and other cases. · Current controls are found to be inadequate and require immediate attention. Stop Work procedure shall be followed.

5. Full description of incident

Use the brief description from the Preliminary Report and update it, if necessary.

6. Injured persons ☐ YES ☐ NO – N/A

First & Last Name	Job Title	Company

7. Nature of the serious injury *(optional – complete only if there has been an injury)* ☐ NO – N/A

- ☐ Life threatening or resulting in loss of consciousness
- ☐ Major broken bones in head, spine, pelvis, arms, or legs
- ☐ Major crush injuries
- ☐ Major cut with severe bleeding
- ☐ Amputation of arm, leg, or large part of hand or foot
- ☐ Major penetrating injuries to eye, head or body
- ☐ Severe (third-degree) burns
- ☐ Punctured lung or other serious respiratory condition
- ☐ Injury to internal organ or internal bleeding
- ☐ Injury likely to result in loss of sight, hearing, or touch
- ☐ Injury requiring CPR or other critical intervention
- ☐ Serious chemical or heat/cold stress exposure
- ☐ Other (specify):

8. Witnesses ☐ YES ☐ NO – N/A

First & Last name	Job Title	Company	Witness Statement (Y/N)

9. Other persons contacted for proper investigation ☐ YES ☐ NO – N/A

First & Last Name	Job Title	Company

10. Sequence of events that preceded the incident

Describe events earlier that day or even in previous days / weeks / years that led up to the incident.

11. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Describe anything, or the absence of anything, that contributed to the incident.

17. Was this a reportable incident? *(e.g. Department of Labour, Utility or Power Companies etc.)* ☐ YES ☐ NO – N/A

Division / Company Reported to:	Name of Person who received report:	Province
Date Reported (mm/dd/yyyy)	Time reported: ☐ a.m. ☐ p.m.	
Comments:		

18. Persons who carried out, participated in or reviewed the full investigation

Representative	Name	Signature	Date signed
Worker / Employee ☐			
Site Super / Foreman ☐			
Project Manager ☐			
Investigator ☐			

End of Report

RESET

Near Miss Report

Name	Date & Time of Near Miss
Location	
Please describe what happened:	
Optional Names of any other witnesses	
Optional Sign	
Date Submitted	

RESET

JOB DEMANDS OVERVIEW

POSITION: CARPENTER

ACTIVITY	JOB DEMANDS	
Sit	Minimal	
Stand	Frequent	
Walk	Frequent	
ACTIVITY	**OCCASIONAL**	**FREQUENT**
Above Shoulders Lift – Bilateral	45	20
Desk/Chair Lift – Bilateral	75	25
Chair/Floor Lift – Bilateral	75	35
Push (psi)	75	20
Pull (psi)	65	20
Carry Right Hand	50	10
Carry Left Hand	50	10
Carry Both hands	75	15
Balance	Occasional	
Bend/Stoop	Occasional	
Climb	Frequent	
Crawl	Occasional	
Crouch	Occasional	
Repetitive Foot Movements	Occasional	
Hand – Simple Grasp	Frequent	
Hand – Firm Grasp	Frequent	
Hand – Fine Grasp	Frequent	
Head / Neck – Static	Frequent	
Head / Neck – Flexion	Frequent	
Head / Neck – Rotation	Occasional	
Kneel	Occasional	
Squat	Frequent	

Minimally Occasional: 1-5% (0 to .5 hours) **Frequent: 34-66% (2.5 to 5.5 hours)**
Occasionally: 6-33% (.5 to 2.5 hours) **Continuously: 67-100% (> 5.5 hours)**

All weights listed in pounds.

JOB DEMANDS OVERVIEW

POSITION: LABOURER

ACTIVITY	JOB DEMANDS	
Sit	Minimal Occasional	
Stand	Frequent	
Walk	Frequent	
ACTIVITY	**OCCASIONAL**	**FREQUENT**
Above Shoulders Lift – Bilateral	40	35
Desk/Chair Lift – Bilateral	60	40
Chair/Floor Lift – Bilateral	75	35
Push (psi)	60	45
Pull (psi)	75	40
Carry Right Hand	30	15
Carry Left Hand	30	15
Carry Both hands	50	30
Balance	Occasional	
Bend/Stoop	Frequent	
Climb	Occasional	
Crawl	Minimal Occasional	
Crouch	Occasional	
Repetitive Foot Movements	Minimal Occasional	
Hand – Simple Grasp	Frequent	
Hand – Firm Grasp	Frequent	
Hand – Fine Grasp	Occasional	
Head / Neck – Static	Frequent	
Head / Neck – Flexion	Frequent	
Head / Neck – Rotation	Occasional	
Kneel	Minimal Occasional	
Squat	Occasional	

Minimally Occasional: 1-5% (0 to .5 hours) **Frequent: 34-66% (2.5 to 5.5 hour**

Occasionally: 6-33% (.5 to 2.5 hours) **Continuously: 67-100% (> 5.5 hour**

All weights listed in pounds.

Additional Resources

Work Safe for Life WCBNS

http://www.worksafeforlife.ca/

http://www.worksafeforlife.ca/Home/Injury-Prevention/Protecting-your-Body/Slips-Trips-Falls

http://www.worksafeforlife.ca/Home/Injury-Prevention/Protecting-your-Body/Musculoskeletal-Injuries

https://www.wcb.ns.ca/Return-to-Work.aspx

Training Providers

https://secure.cans.ns.ca/education

https://www.safetyservicesns.ca/services-1/

https://constructionsafetyns.ca/ServicesProducts/Training/tabid/204/language/en-US/Default.aspx

https://www.ccohs.ca/topics/programs/

http://www.safetyfirst-sfc.com/safety-training/

https://hseintegrated.com/safety-training/

http://www.hazmasters.com/hazsafeed-training

http://www.dscsafetyservices.com/ohs-training