

Teck



Employee Guidebook

WORKERS' COMPENSATION (WORKSAFEBC)

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WORKERS' COMPENSATION (WORKSAFEBC)

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Workers' Compensation (WorkSafeBC)

Teck



WORKSAFE BC MAY PROVIDE YOU WITH COMPENSATION BENEFITS IF YOU SUSTAIN AN OCCUPATIONAL (WORK-RELATED) INJURY OR ILLNESS. CLAIMS SUBMITTED ARE ASSESSED BY WORKSAFEBC TO DETERMINE ELIGIBILITY FOR BENEFITS (I.E. HEALTH CARE BENEFITS, WAGE LOSS BENEFITS).

Regardless of severity, if you are injured at work or have symptoms of a work-related illness, you must:

1. Report it to your employer immediately (Supervisor / First Aid)
 - Keep a copy of the first aid report for yourself
2. Seek medical attention, and tell your Medical practitioner your injury / illness is work related
 - Note: medical attention is needed in order to initiate a WCB claim
 - Both you and the Medical practitioner can file a WCB claim
 - Your employer is responsible for your transportation costs from your work place to a Medical practitioner 's office or hospital
3. Start a claim by reporting it to WorkSafeBC as soon as possible
 - Write a statement of Incident and start a file or journal and document all conversations, appointments and ongoing symptom changes related to the injury / illness.

PROCESSING THE CLAIM

In order to start a claim for compensation for a work-related injury or illness, WorkSafeBC must receive a report from you, the employer and / or the Medical practitioner.

There are three (3) main options for filing a claim with WorkSafe BC:

1. Teleclaim Contact Centre phone number to report a work-related injury or illness:

1. 888.WORKERS (1.888.967.5377)

Hours: Monday to Friday, 8 a.m. to 6 p.m.

2. Online services:

www.worksafebc.com/claims/report_injury/worker_incident_injury_report/default.asp

3. Submit the paper form:

Clearly PRINT your information on the enclosed forms, sign it and submit it by fax or mail: **Fax:**

604.233.9777 **Mail:** WorkSafeBC, Po Box 4700 Stn Terminal, Vancouver BC V6B 1J1

WorkSafeBC may contact you directly to gather further information / obtain clarification to adjudicate your claim. Once a decision has been made (i.e. your claim approved/declined), you and the employer will be notified in writing.

FREQUENTLY ASKED QUESTIONS

What is an “occupational” or “work-related” injury or illness?

An occupational or work-related injury/illness is one that arises out of and in the course of employment, or is due to the nature of employment.

What is a Medical Practitioner?

A Medical Practitioner is a professional who is certified to carry out the process of providing health treatment to patients. This may include, but is not limited to: Physicians, Dentists, Chiropractors and Physiotherapists.

What are health care and wage loss benefits?

If your claim is accepted, WorkSafeBC may pay for medical services and supplies required to help you recover (i.e. treatment by medical practitioner, prescription medication, and medical supplies). Wage loss benefits are payable when an injury / illness resulting from a person's employment causes a period of total disability. Compensation consists of periodic payments equal in amount of 90% of average net earnings (to a statutory maximum). Gross earnings in 2020 is \$87,100 (max) 90% net earnings of \$87,100 gross equates to approximately \$1,100/week after deductions.

What is expected of me while I am off work?

Discuss modified duties with your Medical Practitioner. If the Practitioner declares you disabled, you are expected to advise your Supervisor of your absences (as per the Absence Reporting Policy #3.01). It is expected that you will return to work as soon as it is safe and healthy to do so, which includes considering any reasonable offer of modified work made by the employer. It is also your responsibility to maintain contact with both WorkSafeBC and the employer. Status updates and medical reports may be requested.

What if I have to miss work to attend an appointment?

If, as a result of your injury/illness, you must attend an appointment during working hours, you will be paid by the employer for hours worked. Any remaining hours will be submitted to WorkSafeBC by your employer, on your behalf, to determine eligibility of payment. If eligible, you will be paid directly from WorkSafeBC for hours missed. Ask your claim manager about income loss entitlements for time missed for appointments.

What if I do not agree with the decision?

If you disagree with the WorkSafeBC decision, you can ask the Review Division to review it. You must apply for a review within 90 days of the date of the decision.

Should you have any questions, please do not hesitate to contact:

Bruce Halliburton

Supervisor- Modified Work Centre (P)250.523.3300 (F)250.523.3367, Bruce.Halliburton@teck.com

Jason Thomas

USW WCB Representative, Disability Mgmt. Rep (P)250.828.2860, (m)250.819.1983

Jasonthomas.wcb@gmail.com

Lidys Garcia

WCB Representative, Human Rights Rep – USW 7619 (P)250.828.2860 (F) 250.828.2950,

admin@usw7619.com



AUTHORIZATION

To Whom It May Concern:

Worker's Name: _____

WCB Claim #: _____

I, _____, hereby authorize the release of any and all medical, WCB/WorkSafeBC, legal and appeal related information, documents or opinions regarding my Workers' Compensation claim(s) or appeal(s) to my Union, United Steelworkers, USW Local 7619, and to its representatives.

Print Name: _____

Signature: _____

Dated: _____



Please complete this form if you wish to authorize WorkSafeBC, including the Review Division, and the Workers' Compensation Appeal Tribunal (WCAT) to give confidential information about you or your business to your representative. You are not required to have a representative for WorkSafeBC matters; however, if you want someone to act for you and speak with us on your behalf, please complete this form in full, sign it, and return it to us.

1. Information about you

Inform WorkSafeBC or WCAT if your contact details change.

Employer account number (if applicable) WorkSafeBC claim number (if applicable)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name	First name	Middle initial
Title and business name (if applicable)			
Mailing address		City	Province
Daytime phone number (include area code)		Other phone number (include area code)	Fax number (include area code)
I am <input type="checkbox"/> A worker <input type="checkbox"/> An employer <input type="checkbox"/> A deceased worker's dependant <input type="checkbox"/> Other (explain)			

2. Scope of representation

My representative will represent me with respect to the following WorkSafeBC matters, including any reviews or appeals that may arise: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> All assessment matters, including the authority to settle such matters | <input type="checkbox"/> All certificate matters (e.g., first aid, blasting) |
| <input type="checkbox"/> All compensation claims matters, including section 10(8) transfers | <input type="checkbox"/> All occupational health and safety matters |
| <input type="checkbox"/> All return-to-work matters | <input type="checkbox"/> Section 257 certificate matters, or |
| <input type="checkbox"/> All relief of costs matters | <input type="checkbox"/> Only the following matters (provide claim number or other details) |
| <input type="checkbox"/> All discriminatory action matters | |

This authorization refers to ☐ All my claims ☐ A single claim for claim number as noted above

3. Your representative (you may appoint one person or an organization to represent you)

<input type="checkbox"/> One person — Name of person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. My representative is: <input type="checkbox"/> An organization — Name of organization	Relationship
	Contact person <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Representative's mailing address	City
Daytime phone number (include area code)	Other phone number (include area code)
Fax number (include area code)	
<ul style="list-style-type: none"> I consent to WorkSafeBC or WCAT disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure. I authorize my representative to act on my behalf before WorkSafeBC, including the Review Division, or WCAT with respect to those files. This authorization form will replace any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in section 2 of this form. If I cancel this authorization, I understand that I must notify WCAT and the WorkSafeBC department(s) handling my outstanding matters. For individuals: This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earliest. For employers: This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, or the business is no longer active with WorkSafeBC, whichever is earliest. 	

Signature (you — **not** your representative — must sign here)

X

Date (yyyy-mm-dd)

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.





APPLICATION FOR COMPENSATION AND REPORT OF INJURY OR OCCUPATIONAL DISEASE



For your convenience, WorkSafeBC offers three options for reporting a work-related injury and filing a claim:

- 1. Call our Teleclaim Centre** – The fastest and easiest way to report an injury and file a **TIME-LOSS CLAIM** is to call us at **1.888.WORKERS** (1.888.967.5377). One of our knowledgeable representatives will take your information over the phone, explain the process, and refer you to services to aid with your recovery and return to work. Teleclaim is available Monday to Friday, from 8 a.m. to 6 p.m.

- 2. Report your injury online** – Go to **worksafebc.com** and select “Report injury or illness” to input your information. You can submit your report online and, once submitted, you can follow the status of your claim online.

- 3. Submit the paper form** – Clearly **PRINT** your information on the form below, sign it, and submit it by fax or mail.

FAX: 604.233.9777 in Greater Vancouver, or toll-free within BC at **1.888.922.8807**

MAIL: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

For assistance, please call:

- Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday–Friday, 8 a.m. to 6 p.m.
- The BC Legislature provides impartial advisers on all workers’ compensation matters. The Workers’ Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims. They have offices throughout the province and can be contacted at <http://gov.bc.ca/workersadvisers> or by telephone: Lower Mainland 604.713.0360, toll-free 1.800.663.4261; Vancouver Island 250.952.4393, toll-free 1.800.661.4066; Interior 250.717.2096, toll-free 1.800.663.6695.

Information about you		WorkSafeBC claim number (if known)		Customer care number (if known)	
Worker last name		First name		Middle initial	
Preferred first name			Gender M <input type="checkbox"/> F <input type="checkbox"/>		
Date of birth (yyyy-mm-dd)		Personal health number (from BC CareCard)		Social insurance number	
Address line 1		Address line 2			
City		Province/state		Country (if not Canada)	
Home phone number (please include area code)		Business phone number (please include area code)		Business extension	
Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		Preferred language		What is your dominant hand? Left <input type="checkbox"/> Right <input type="checkbox"/>	
				Height	
				Weight	

Information about your employer

Employer organization name			
Type of business (if known)		Operating location (if known)	
Address line 1		Address line 2	
City		Province/state	
		Country (if not Canada)	
Employer contact last name		First name	
		Employer phone number (please include area code)	
		Extension	

Information about your employment

1. What is your occupation?		2. Have you been employed by this firm for less than 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		3. If yes, start date (yyyy-mm-dd)	
4. At the time of injury, were you (please check all that apply)					
Permanent <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Casual <input type="checkbox"/>		
Temporary <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Principal/partner or relative of employer <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>		
Full time <input type="checkbox"/>	Student <input type="checkbox"/>	Fisher <input type="checkbox"/>			
Part time <input type="checkbox"/>	New entrant to workforce <input type="checkbox"/>	Hired on a contract basis <input type="checkbox"/>			
5. How many employers do you have?					





Application for Compensation and Report of Injury or Occupational Disease *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number
Social insurance number		Personal health number from BC CareCard	

Incident information

6. Date and time of incident (yyyy-mm-dd) a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> OR		7. Period of exposure resulting in occupational disease (yyyy-mm-dd) From _____ To _____	
8. Have you reported the injury/exposure to your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		9. The injury or disease was first reported to employer on (yyyy-mm-dd) (please check one) TO: First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	
10. Name of person reported to			
11. If no, provide reason for not reporting to your employer			
12. Describe how the incident happened		13. Describe the injury in detail (what part of the body was injured)	
		14. Side of body injured Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable <input type="checkbox"/>	
15. Describe the work incident location (address, city, province) and where incident occurred (e.g. shop floor, lunchroom, parking lot)			
16. Did your injury(ies) or exposure result from a specific incident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
17. Contributing factors — select AT LEAST ONE, and as many as applicable			
Lifting <input type="checkbox"/>	_____ lb <input type="checkbox"/> kg <input type="checkbox"/>	Animal bite <input type="checkbox"/>	
Overexertion <input type="checkbox"/>	Struck <input type="checkbox"/>	Assault <input type="checkbox"/>	
Repetitive (activity repeated over and over again) <input type="checkbox"/>	Crush <input type="checkbox"/>	Motor vehicle accident <input type="checkbox"/>	
Slip or trip <input type="checkbox"/>	Sharp edge <input type="checkbox"/>	Unsure/other (please explain below) <input type="checkbox"/>	
Twist <input type="checkbox"/>	Fire or explosion <input type="checkbox"/>		
Fall <input type="checkbox"/>	Harmful substance in the work environment <input type="checkbox"/>		
18. Were there any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>		19. Did the incident occur in British Columbia? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Were your actions at time of injury for your employer's business? Yes <input type="checkbox"/> No <input type="checkbox"/>		21. Did the incident occur on employer's premises or an authorized worksite? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. Did the incident occur during your normal shift? Yes <input type="checkbox"/> No <input type="checkbox"/>		23. Were you performing your regular work duties at the time of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24. Did you receive first aid? Yes <input type="checkbox"/> No <input type="checkbox"/> Date (yyyy-mm-dd)		If yes, please provide first aid attendant name (if known)	
25. Did you go to hospital, clinic, or visit a physician or qualified practitioner? Yes <input type="checkbox"/> No <input type="checkbox"/> Date (yyyy-mm-dd)		If yes, please provide provider name (if known)	
If yes, please provide provider address (if known)			
26. Prior to this incident, did you have any recent pain or disability in the area of your injury? Yes <input type="checkbox"/> No <input type="checkbox"/>			





Application for Compensation and Report of Injury or Occupational Disease (continued)

Worker last name	First name	Middle initial	WorkSafeBC claim number
Social insurance number		Personal health number from BC CareCard	

Wage information

27. Did you miss work beyond the date of injury or exposure? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO WORK WAS MISSED and NO CHANGE to duties/pay, proceed to bottom of page to sign, date, and submit this report. If WORK WAS MISSED or if duties/pay have been MODIFIED, please answer ALL questions on this form.															
28. What is your current base salary amount for this employment position at the time of injury \$ _____ Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>															
29. Please provide total gross amount of earnings you receive from other employers \$ _____ Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>															
30. Do you receive other amounts of compensation in addition to base salary ? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you receive vacation pay on every cheque? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, vacation pay _____% Please select check boxes for any of the following amounts you receive in addition to base salary AND provide the amount: Tips and gratuities <input type="checkbox"/> \$ _____ Room and board <input type="checkbox"/> \$ _____ Shift differential <input type="checkbox"/> \$ _____ Other <input type="checkbox"/> \$ _____ Overtime <input type="checkbox"/> \$ _____	31. If you are disabled from work, will you continue to receive: Base salary ? Yes <input type="checkbox"/> No <input type="checkbox"/> Other amounts of compensation in addition to base salary ? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you continue to receive vacation pay on every cheque? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, vacation pay _____% Please select check boxes for any of the following amounts you will continue to receive in addition to base salary AND provide the amount: Tips and gratuities <input type="checkbox"/> \$ _____ Room and board <input type="checkbox"/> \$ _____ Shift differential <input type="checkbox"/> \$ _____ Other <input type="checkbox"/> \$ _____ Overtime <input type="checkbox"/> \$ _____														
32. Provide your gross earnings for the past 3 months or 12 weeks prior to the date of injury or exposure \$ _____ 3 months <input type="checkbox"/> 12 weeks <input type="checkbox"/>															
33. Do you work a fixed-shift rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> 34. If no, please explain _____ 35. If yes, show your normal work week by entering the paid hours <table border="1" style="width: 100%;"> <tr> <td>Sun</td> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> <td>Sat</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Sun	Mon	Tue	Wed	Thu	Fri	Sat							
Sun	Mon	Tue	Wed	Thu	Fri	Sat									
36. Did you continue to work past day of injury? Yes <input type="checkbox"/> No <input type="checkbox"/> 37. Last day worked (yyyy-mm-dd) _____															
38. Number of hours you were scheduled to work on last day worked _____	39. Number of hours you worked on last day worked _____ 40. Number of hours paid by your employer on last day worked _____														

Return-to-work information

41. Have you returned to work? Yes <input type="checkbox"/> No <input type="checkbox"/> 43. If NO : Does your employer have any modified or transitional duties available? Yes <input type="checkbox"/> No <input type="checkbox"/> Have the modified or transitional duties been offered to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	42. If YES : Date you returned to work (yyyy-mm-dd) _____ Since the return to work, has there been any change to your work duties or will there be any change to your hours of work, your work schedule, or your rate of pay? Yes <input type="checkbox"/> No <input type="checkbox"/> 44. If yes, please describe modified or transitional duties _____
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PLEASE READ CAREFULLY:

I declare all the information I have given on this report is true and correct, and I elect to claim compensation for the above-mentioned injuries or disease. I understand it is a serious offence to knowingly make a false claim or to work and earn income while receiving workers' compensation benefits without advising WorkSafeBC (the Workers' Compensation Board). I authorize WorkSafeBC and the Workers' Compensation Appeal Tribunal to view or obtain a copy of records pertaining to my examination, treatment, history, and employment from any source whatsoever, including records of physicians, qualified practitioners, medical insurers, hospitals, and any employer. I understand the information is collected, used, and disclosed under the authority of the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. I acknowledge that WorkSafeBC may obtain and disclose information from my claim to my employer for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

45. Worker signature	46. Date of report (yyyy-mm-dd)
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RETURNING TO WORK

RETURNING TO WORK – Weekly Indemnity / Short Term Disability

When you are ready to return to work (regular or modified duties) please visit your Attending Physician for the completion of a 'Return to Work / Medical Form' (obtained from your employer). To facilitate an efficient and appropriate return, please ensure this form is forwarded to Human Resources as soon as possible **before** you return to work.

RETURNING TO WORK – Workers' Compensation (WorkSafeBC)

When seeking medical attention due to an occupational injury / illness. It is expected that you will discuss a return to either regular or modified duties with the Medical Practitioner. If there are any limitations / restrictions, the completion of a "Return to Work Form" by the Medical Practitioner is required. The USW has trained representatives that are available to assist you when requested. You are encouraged to reach out to your representative early in your injury/illness.

IMPORTANT INFORMATION REGARDING THE RETURN TO WORK FORM

A Physician's report will normally be required if an employee has been absent from work for any of the following reasons:

- Suffered any workplace compensable injury
- Suffered any back injury
- Suffered from any medical problems which required hospitalization and/or surgery
- Been confined with any contagious disease
- Been absent for medical reasons for which documentation is requested
- Been required under the Attendance Management Policy to produce an appropriately dated Physician's report
- If requested by your immediate Supervisor and/or Superintendent
- Has an unresolved medical condition or prescription medication that may affect safety
- Requires modified duties

The Physician's report can consist of one or both of the following:

- A Physician's note indicating the exact return to work date, a list of limitations and the duration of these limitations (if applicable) and an indication of a return to regular duties or modified duties
- Completion of Teck Highland Valley Copper Partnership's Return to Work Form which can be obtained through Human Resources.

Please note that a Physician's report or a RTW Form should be completed when an employee is ready to return to work, but a RTW Form can also be used as medical documentation to support your absence when an update is needed. Any fees associated with the completion of a Physician's report or a RTW Form should be forwarded to Human Resources for payment or reimbursement.

In any of the instances listed above, the employee must contact Human Resources and be cleared by Human Resources before reporting to regular or modified duties. This is to ensure that a thorough assessment of the employee's capabilities and/or limitations can be achieved, thereby increasing the likelihood of a successful return to productive employment for both the employee and the Company.

****MOST IMPORTANTLY****

The Return to Work form is not accepted by Sun Life as medical documentation.

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(Strictly Confidential)

PLEASE NOTE: THIS DOCUMENT WILL NOT BE ACCEPTED BY SUNLIFE AS MEDICAL DOCUMENTATION
For assistance please contact Victoria Rabbitt (Victoria.Rabbitt@teck.com / 250.523.3226)

By my signature, I authorize TECK HVC PARTNERSHIP to contact my Attending Physician with regards to the information on this form.

Currently prescribed medications which may affect ability to work or operate machinery: _____

- | | | | | | |
|--------------------------|---------------------------------|-----------|--------------------------|--|--|
| <input type="checkbox"/> | Standing: | | | | |
| <input type="checkbox"/> | Sitting: | | | | |
| <input type="checkbox"/> | Walking: Flat Ground | | | | |
| <input type="checkbox"/> | Walking: Uneven Ground | | | | |
| <input type="checkbox"/> | Repetitive use of injured area: | | | | |
| <input type="checkbox"/> | Repetitive bending: | | | | |
| <input type="checkbox"/> | Lifting: | (Max. Wt. |) | | |
| <input type="checkbox"/> | Carrying: | (Max. Wt. |) | | |
| <input type="checkbox"/> | Pushing: | (Max. Wt. |) | | |
| <input type="checkbox"/> | Pulling: | (Max. Wt. |) | | |
| <input type="checkbox"/> | Climbing ladders: | | | | |
| <input type="checkbox"/> | Using stairs: | | | | |
| <input type="checkbox"/> | Working at heights: | | | | |
| <input type="checkbox"/> | Exposure of Injury: | To Heat: | <input type="checkbox"/> | | |
| | | To Cold: | <input type="checkbox"/> | | |
| | | To Dust: | <input type="checkbox"/> | | |
| | | To Wet: | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Operation of heavy equipment: | | | | |
| <input type="checkbox"/> | Operation of motor vehicle: | | | | |

SIGNATURE OF ATTENDING PHYSICIAN

MODIFIED WORK CENTRE (MWC)

Resources

Members of the Disability Management Team and the Disability Management Committee are available to assist with an employee's return to work. Limited medical supplies (i.e. braces, supports, bandages) are available as well as a rehabilitation room containing exercise equipment (i.e. treadmills, bikes, weights) and rubber flooring / mats, allowing employees to do rehabilitation exercises.

Essential Job Demands

Temporary accommodations are available to all but the totally disabled. As such, the only job demand is that the employee be able to participate in suitable and productive work.

Tasks Available

Modified tasks, which require no technical or special skills to perform, are primarily sedentary in nature and involve limited to no walking on uneven ground, no heavy lifting / carrying / pushing / pulling or climbing of ladders or stairs.

Schedule

The Centre operates Monday to Thursday 7:00 am to 5:00 pm. A graduated work week / hours are available, as well as a gradual increase in hours as the employee returns to their regular department.

Safety Concerns

The Modified Work Centre is kept as dust free and dry as possible (contains a heating system). In addition to a level entry and egress, the Centre has a hard (concrete) level walking surface and no stairs (for those requiring a walking aid). The Centre also has a "PPE Free" area for those unable to wear Personal Protective Equipment (i.e. hard hat, safety glasses, steel toed boots)

If you have any questions, please do not hesitate to contact:

Bruce Halliburton – Modified Work Centre Supervisor	250.523.3300	Bruce.Halliburton@teck.com
Victoria Rabbitt – HR Analyst	250.523.3226	Victoria.Rabbitt@teck.com

Task Examples:

<i>Administrative:</i>	Photocopying/Scanning	<i>Rebuilding</i>	Boot boys
	Laminating	<i>Refurbishing</i>	Hand tools
	Label making / Engraving	<i>Constructing:</i>	Beacon lights
	Data entry		Miscellaneous parts
	Large mailings		Buggy whips
<i>Carpentry:</i>	Cable stand construction	<i>Transportation:</i>	Site tours
	Stake sharpening		Other employees from site
<i>Recycling:</i>	Computer / E-waste	<i>Department</i>	Fire extinguishers
	Light bulbs	<i>Assistance:</i>	Painting
	Pop bottle / cans		Monitoring tasks
	Toner cartridges		Sorting / delivery of rainwear
	Metal / Cardboard		



Highland Valley Copper Operations
P.O. Box 1500
Logan Lake, B.C. Canada V0K 1W0

+1 250 523 2443 Tel
www.teck.com

Attention: Attending Physician

Re: Modified Duties – Limitations / Restrictions

Your patient has sustained an occupational / non-occupational injury or illness which has required them to seek medical attention.

With this letter we wish to advise that modified duties, in keeping with the associated limitations / restrictions, are immediately available either in the originating department or in our Modified Work Centre.

In the Modified Work Centre your patient would be assigned duties that were primarily sedentary in nature and involve limited to no walking on uneven ground, no heavy lifting/carrying/pushing/pulling or climbing of ladders or stairs. In addition, the opportunity to change positions (i.e. sit or stand), perform rehabilitation exercises (ice and elevation if needed), attend physiotherapy (if applicable) and take breaks as required would be provided. It should also be noted that the Centre is designed with a hard (concrete) level walking surface as well as a level entry and exit which allows accommodations for those individuals requiring the use of crutches. Work stations are also offered to those unable to wear safety boots. In addition, transportation to and from the Modified Work Centre from our security gate will be made available.

During their stay in the Modified Work Centre, the patient would receive their regular hourly base rate. It should be noted that the hours in the Centre are Monday – Thursday (7:00 a.m. – 5:00 p.m.).

Please advise, based on your knowledge of your patient's current limitations / restrictions, if you consider them to be a suitable candidate to return to work in the Modified Work Centre. Completion of the attached form would be greatly appreciated as it will allow us to ensure that the duties assigned will not negatively affect their full and complete recovery.

Thank you very much for your assistance and do not hesitate to submit an invoice for your time.

In addition, please feel free to contact the writer should you have any questions/concerns or if you would be interested in a tour of the Modified Work Centre and/or the Teck Highland Valley Copper Partnership work site.

Teck Highland Valley Copper Partnership

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MENTAL HEALTH RESOURCES – AT A GLANCE

Shepell Employee Family Assistance Program (EFAP)

Immediate and confidential help for any work, health or life concern

- 1-800-387-4765
- www.workhealthlife.com

24-Hour Crisis Line

24/7 phone support and referral service providing confidential and non-judgmental emotional support

- 1-888-353-CARE (1-888-353-2273)
- **You don't need to be in crisis to call**

Canadian Mental Health Association (CMHA)

- www.cmha.ca
- 250-374-0440 (Kamloops)
- 250-832-8477 (Salmon Arm)
- 250-542-3114 (Vernon)
- 250-861-3644 (Kelowna)

Bounce Back ®: For adults and youth

Teaches effective skills to help individuals overcome symptoms of mild to moderate depression or anxiety, and improve their mental health

- Bounce Back today video – www.bouncebackvideo.ca
- Bounce Back Coaching – Talk to Medical practitioner to request referral
- Bounce Back Online - www.bouncebackonline.ca

bc211

Provides information and referral regarding community, government and social services in BC

- www.bc211.ca
- Helplines
 - 2-1-1 (confidential telephone and texting service providing free information and referral)
 - VictimLinkBC 1-800-563-0808
 - BC Gambling Info Line 1-888-795-6111
 - Youth Against Violence Line 1-800-680-4264
 - Alcohol & Drug Information and Referral Service 1-800-663-1441

RCMP

- 250-828-3000 (Kamloops)
- 250-378-4262 (Merritt)
- 250-523-6222 (Logan Lake)
- 250-453-2216 (Ashcroft)

DISABILITY ROADMAP AND THE DUTY TO ACCOMMODATE

Does the employee have a physical or mental disability that interferes with his or her ability to meet a job requirement?²

YES

NO

Has the employee or the union informed the employer of the disability and need for accommodation? Did the employer know of, or should the employer have known of, the disability and the need for accommodation?³

The question of accommodation does not arise.

YES

NO

The employer has a duty to investigate the availability of accommodation options, involving the union if necessary,⁴ and considering the individual circumstances of the employee.⁵ Has the employer considered all relevant information needed to accommodate the employee's disability? If the information provided is insufficient for the employer to be able to fulfill this obligation, has it given the employee and the union sufficient opportunity to provide the information?

There is no duty to accommodate, but it may arise later if the employer subsequently becomes aware of the disability.⁶

YES

NO

Do available accommodation options exist?⁷ If so, the employer must make accommodation proposals, unless the job requirement constitutes a *bona fide* occupational requirement (BFOR). To establish a BFOR, the employer must meet all three steps of the test set out in the *Meiorin* case,⁸ as follows.

Failure to thoroughly investigate and consider all relevant information may constitute a breach of the duty to accommodate.⁹

Step 1:

Was the job requirement adopted for a purpose that is rationally connected to the performance of the job?

Step 2:

Was the job requirement adopted in the honest and good faith belief that it was necessary to the fulfillment of that legitimate work-related purpose?

YES

NO

Step 3:

Can the employer accommodate the employee by modifying the existing job requirement without incurring undue hardship? A list of factors to be taken into account when assessing undue hardship is set out in Appendix A.

If steps 1 and 2 are not met, the job requirement will be considered discriminatory. A list of possible remedies is set out in Appendix B.

YES

NO

The job requirement must be modified to accommodate the employee. The failure to do so will be considered discriminatory. A list of possible remedies is set out in Appendix B.

The employer may dismiss the employee without being found liable for discrimination or for breaching its duty to accommodate.

APPENDIX A – FACTORS TO CONSIDER WHEN ASSESSING UNDUE HARDSHIP

Factors considered by arbitrators in assessing undue hardship include the following:

- **Financial cost:** Is it quantifiable? Is it related to the accommodation? Is it substantial? It may constitute undue hardship for an employer to continue to employ a disabled employee if there is insufficient meaningful work available for that employee.
- **Impact on other employees and on the collective agreement (e.g., on seniority rights, job posting provisions, and shift and scheduling entitlements):** Is it substantial? Accommodation proposals that violate collective agreement provisions are usually deemed reasonable only when no other option is available.
- **Interchangeability of the workforce and facilities:** Is it feasible to redistribute functions among employees?
- **Operational requirements of the workplace:** For example, excessive absenteeism, even when innocent, may constitute undue hardship if it threatens the proper functioning of the workplace.
- **Safety:** What is the nature of the risk, its probability, its likely severity, and its impact? Depending on the degree of risk, the employee may or may not volunteer to assume it. The threshold for undue hardship is lower when the safety of the public or other employees is affected.
- **Problems of employee morale:** An employer is not entitled to act on concerns that are themselves offensive to prohibitions against discrimination, e.g., other employees not wishing to work with a person who is disabled.
- **Size of the employer's operations:** The larger the business, the more affordable an accommodation measure is likely to be.

There is conflicting court jurisprudence on the issue of whether a statutory list of factors is exhaustive, or whether other factors may be considered. Under s.15(2) of the *Canadian Human Rights Act*, the factors to be taken into account are listed as "health, safety and cost." The Ontario Human Rights Commission has taken the position that only the factors listed in s.11(2) of the *Ontario Human Rights Code* (cost, outside sources of funding, and health and safety requirements) may be taken into account. Some arbitrators have considered that statutory language has a limiting effect, but other arbitrators do not consider themselves restricted by legislative criteria and take a broader range of factors into account, especially those listed above, based on the seminal cases, *Central Alberta Dairy Pool v. Alberta (Human Rights Commission)*, 1990 CanLII 76 (SCC), and *Central Okanagan School District No. 23 v. Renaud*, 1992 CanLII 81 (SCC).

APPENDIX B – REMEDIES

Human rights tribunals have wide remedial powers to rectify human rights violations and promote compliance with human rights obligations. Specific powers may vary by jurisdiction, but in general, the following remedies may be granted:

(a) Monetary damages:

- **Pecuniary damages:** For lost wages, benefits, and expenses resulting from discriminatory conduct (for example, the cost of medical reports and treatment/counselling to deal with the effects of discriminatory conduct).
- **Non-pecuniary damages:** For injury to dignity, feelings, and self-respect, including any mental distress and psychological harm arising from the discriminatory conduct, as well as for violation of an employee's inherent right to be free from discrimination and the experience of victimization. Includes compensation for "aggravated" damages, and where expressly permitted by statute, "punitive" or "exemplary" damages.

(b) Non-monetary damages:

- **Individual remedies:** Declarations and compliance orders; reinstatement; order to make available to the person discriminated against the right, opportunity, or privilege that the person was denied as a result of discrimination; order to hire or offer employment; job promotion; accommodation; removal of harasser; letter of reference.
- **Systemic remedies:** Policy change (particularly when a rule is deemed not to be a *bona fide* occupational requirement); training; posting of notices.

While punitive or "exemplary" damages may be awarded in some jurisdictions (see, for example, Manitoba, Yukon, Northwest Territories, and Nunavut), human rights legislation is generally regarded as having a remedial, and not punitive, purpose. Monetary damages are generally awarded on a "make whole" basis, i.e., with the goal of placing the individual discriminated against (as far as this is possible) in the position he or she would have been in but for the violation. With respect to legal costs, the Supreme Court of Canada has ruled that, although the *Canadian Human Rights Act* empowers the Canadian Human Rights Tribunal to award victims of discrimination compensation for "expenses incurred," the Tribunal lacks the authority to award employees compensation for legal costs, as the Act does not specifically mention compensation for "costs," a term of art which refers specifically to legal costs. See *Canada (Canada Human Rights Commission) v. Canada (Attorney General)*, 2011 SCC 53 (CanLII). In some jurisdictions, however, the legislation does expressly allow the awarding of legal costs (e.g., Alberta, Yukon Territory, Nova Scotia, and Prince Edward Island), or allows the awarding of legal costs in specific situations, as where there is "improper conduct" during the course of the human rights proceedings (e.g., British Columbia). In Ontario, individuals may pursue a remedy for human rights violations in the civil courts provided the civil proceedings are initiated and founded on a recognized civil cause of action, and not breach of the statute alone: see s.46.1 of the *Human Rights Code*, R.S.O. 1990, c. H.19.

NOTES

1. The duty to accommodate in the workplace arises when a workplace rule or job requirement discriminates against an employee on the basis of a characteristic that is protected by human rights legislation, such as mental or physical disability. Application of the duty will depend on the circumstances of the case. Where the employer and the union have jointly participated in the formulation of the discriminatory rule, e.g., where the rule is a provision in the collective agreement, the duty falls on both parties to find a reasonable accommodation. Where the employer alone is responsible for the discriminatory rule, the union's duty arises only when its involvement is required to make accommodation possible. In either case, the employer, having charge of the workplace, is expected to initiate the search for reasonable accommodating measures, and the union (once its duty is engaged) is expected to assist in finding or implementing such measures, unless they would result in undue hardship, for example, by unduly interfering with the collective agreement rights of other employees (e.g., seniority rights). Employees, too, have a duty to facilitate the search for, and implementation of, reasonable accommodating measures. In this regard, an employee must co-operate by responding to all reasonable requests for relevant medical and other information, failing which the employer's duty to accommodate may be deemed to have been satisfied.
2. The meaning of "disability" depends on the specific language of applicable human rights legislation, but the term has been broadly interpreted by the courts to include temporary, long-term and permanent conditions, as well as perceived disabilities. Thus, even in the absence of an actual disabling condition, discrimination may be found where it is established that an employer has treated an employee differently based on a perception that he or she has a disability. The duty to accommodate may also arise in so-called "hybrid" situations, i.e., cases involving a mix of (i) voluntary or culpable misconduct, and (ii) involuntary or non-culpable misconduct caused, at least in part, by a disability such as mental illness, or drug or alcohol addiction. This approach requires the arbitrator to apply a disciplinary or just cause analysis to the culpable aspects of the misconduct, and a human rights analysis – including an assessment of the employer's duty to accommodate – to the non-culpable aspects. Difficulties may arise, however, in assessing the extent to which the disability is a causal factor in the (mis)conduct in question, that is, the extent to which it impairs the employee's judgment, or undermines his or her ability to comply with workplace rules: see *Stewart v. Elk Valley Coal Corp.*, 2017 SCC 30 (CanLII). Furthermore, where denial is itself a symptom of a substance use disorder, or a mental health disability, an employee's denial of, or failure to disclose, a disability will not relieve the employer of its duty to accommodate; the employer will in such circumstances have a duty to inquire further into the employee's condition. At the same time, the existence of a disability does not absolve an employee of responsibility in the accommodation process. Thus, some arbitrators have held that, in order to be eligible for accommodation, employees must accept and pursue necessary treatment for their substance use disorder or mental illness. Moreover, while the duty to accommodate may require the employer to tolerate relapse as a "reasonably predictable event" on the road to recovery, arbitrators have generally held that repeated relapses after treatment, with little prospect of future recovery, are an indication that further accommodation would constitute undue hardship.
3. The employee, or the union acting on the employee's behalf, ordinarily has the initial responsibility to inform the employer of his or her disability and need for accommodation. However, where the employer is aware, or reasonably ought to be aware, that the employee has a possible medical or mental health condition affecting his or her job performance and/or conduct in the workplace, the employer has a duty to inquire about the potential need for accommodation before making an adverse decision based on that performance or conduct, and the failure to do so may result in liability for discrimination.
4. Note that a union does not have a general right to notice, information, and consultation whenever an employee requests accommodation from the employer, unless the collective agreement so provides. If it does not, the union's right to participate in the accommodation process is generally limited to the following circumstances: (i) the union would be liable because it has participated in creating a discriminatory policy or rule, as where the collective agreement allows discrimination; (ii) the union's involvement and agreement are necessary to facilitate accommodation, for example, where the proposed accommodation would, without the union's agreement, interfere with the seniority or other collective agreement rights of co-workers; or (iii) an employee requests union involvement. See *Telus Communications Inc. v. Telecommunications Workers' Union*, 2017 BCCA 100 (CanLII), affirming, 2015 BCSC 1570 (CanLII), leave to appeal to S.C.C. dismissed, 2017 CanLII 57754 (SCC).
5. In searching for a suitable accommodation, the employer must conduct an individualized assessment to determine whether incorporating aspects of individual accommodation within the standard or job requirement is possible without undue hardship. See *British Columbia (Superintendent of Motor Vehicles) v. British Columbia (Council of Human Rights)*, 1999 CanLII 646 (SCC) ("*Grismer*").
6. In exploring accommodation options, the following should be considered: Can the employer modify the job requirements? If not, can the employee perform his or her existing job in a modified or "re-bundled" form, perform another job in its existing form, or perform another job in a modified or re-bundled form? Can the employer tolerate reduced productivity? In this regard, many arbitrators have held that, if an employee cannot be accommodated in his or her current position without causing undue hardship, it is not a breach of the duty to accommodate to transfer an employee with a disability to a lower-rated position. In all cases, an employee is entitled only to reasonable accommodation, not "ideal" or "perfect" accommodation.
7. The duty to accommodate is continuous and dynamic, and a change in circumstances may mean that new accommodation options must be explored. However, where it is clear that, despite the employer's sustained efforts at accommodation, an employee remains unable to fulfill the basic obligations associated with the employment relationship, the employer will have satisfied the test for undue hardship and the duty to accommodate will come to an end. See *Hydro-Québec v. Syndicat des employé-e-s de techniques professionnelles et de bureau d'Hydro-Québec, section locale 2000 (SCFP-FTQ)*, 2008 SCC 43 (CanLII).
8. There is an unsettled debate in human rights jurisprudence as to whether there is a stand-alone duty with respect to the procedure of finding a suitable accommodation, the breach of which may independently give rise to a finding of liability and an award of damages, even if it is shown that, in substance, accommodation is not possible without undue hardship. Human rights tribunals and courts in Ontario have recognized the existence of such an independent procedural duty. See *Lee v. Kawartha Pine Ridge District School Board*, 2014 HRTO 1212 (CanLII), and *Lane v. ADGA Group Consultants Inc.*, 2007 HRTO 34 (CanLII), affirmed, 2008 CanLII 39605 (ON SCDC). However, the B.C. Supreme Court and the Federal Court have ruled that, while it may be useful to consider the procedure adopted by the employer in assessing accommodation, a breach of the procedural aspect of the duty to accommodate will not give rise to liability if, ultimately, no accommodation options are in fact available. See *Emergency Health Services Commission v. Cassidy*, 2011 BCSC 1003 (CanLII), and *Canada (Attorney General) v. Cruden*, 2014 FCA 131 (CanLII), affirming, 2013 FC 520 (CanLII).
9. See *British Columbia (Public Service Employee Relations Commission) v. BCGSEU*, 1999 CanLII 652 (SCC) ("*Meiorin*").

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