

INTEROFFICE MEMORANDUM

TO: Policy and Practice Consultative Committee (“PPCC”)

FROM: Susan Hynes, Director, Compensation and Assessment Policy
Policy and Research Division

DATE: February 2, 2009

SUBJECT: Housekeeping Amendments to the *Rehabilitation Services & Claims Manual Vol. II – Form Changes*

Panel resolution 2004/12/09-01 authorizes the Vice-President, Policy and Research Division, to make certain housekeeping amendments to published policy of WorkSafeBC – the Workers’ Compensation Board (“WCB”). The purpose of this memorandum is to provide the PPCC with notice of the Vice-President’s intention to exercise that authority to amend the *Rehabilitation Services & Claims Manual Vol. II*.

Specifically, section 1 (f) of the resolution provides that the Vice-President may make “changes that record decisions already made by the Board of Directors or other authorized person, or are the automatic result of a formula in the *Workers Compensation Act* or policy”.

The specific amendments pertain to changes that the Worker and Employer Services Division made to a number of WorkSafeBC forms as a result of the Claims Management Solution (“CMS”) form review. These form changes were made in 2008 and the revised forms are currently in use. Policy amendments are required in order to reflect these changes, which are summarized in the following table:

Chapter	Policy	Changes
12	#94.11 Form of Report	Form 7A, “First Aid Report”, was retired in January 2008. The information contained on that form is now being captured on a revised Form 7, “Employer’s Report of Injury or Occupational Disease”. The reference to Form 7A needs to be removed from the policy.
12	#95.10 Form of Reports	References to stamps, mailing reports, and reporting changes in writing to the Board have been deleted to allow for electronic submission of medical forms.

16	#111.22 Form of Election	The numbers and names of two forms in this policy have been changed to reflect new numbering and titles, which took effect in September 2008. These forms are used for personal injury claims elections for motor vehicle and non-motor vehicle accidents.
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Versions of the proposed amendments with additions in bold and deletions in strikethrough are attached.

#94.11 *Form of Report*

The report shall be on the form prescribed by the Board and shall state:

1. the name and address of the worker;
2. the time and place of the disease, injury, or death;
3. the nature of the injury or alleged injury;
4. the name and address of any physician or qualified practitioner who attended the worker; and
5. any other particulars required by the Board or by the regulations, and may be made by mailing copies of the form addressed to the Board at the address the Board prescribes.

The Board has prescribed forms for employers to report injuries, deaths, or occupational diseases. These are as follows:

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| Form 7 | Employer's Report of Injury or Occupational disease |
| Form 7A | First Aid Report (Supplementary to Employer's Form 7. It is <u>completed by the first aid attendant, or other person rendering first aid.</u>) |
| Form 9 | Employer's Subsequent Statement (Completed at the employer's option or at the Board's request, as soon as the injured worker has returned, or is able to work.) |

The report must be approved by an authorized official of the employer other than the worker.

#95.10 Form of Reports

The Board has prescribed forms for each type of report, the most common of which are as follows:

- Form 8 Physician's First Report
- Form 11 Physician's Progress Report
- Form 11A Physician's Report and Account

Similar forms are provided for qualified practitioners and other persons authorized to treat workers under the *Act*.

All medical reports must be signed by the person making the report **with reference to the professional designation of a partnership or clinic**. ~~A rubber stamp should also be used to denote the professional designation of a partnership or a clinic.~~ The original report, not the carbon copy, should be ~~mailed~~ **provided** to the Board. Any change in status of a partnership or clinic, or change in its address, should be reported ~~in writing~~ to the Board without delay to assure proper direction of payment.

#111.22 *Form of Election*

Any signed notification from a worker or dependant outlining her or his decision is a valid election. A Form 6 Application for Compensation (5) could constitute an election. However, to ensure that the worker is fully aware of the implications of making the election, the Board also forwards an explanatory brochure entitled "Legal Actions and the Right to Choose". Enclosed with the brochure is the Board's Form 25W75, "Third Party Election Covering Non-Motor Vehicle Accidents" ~~Form 25W79, "Appendix "A" – Personal injury claims election – Non-motor vehicle accident"~~, or a Form 25W78, "Election Covering Third Party Motor Vehicle Accidents" ~~Form 25W78, "Appendix "B" – Personal injury claims election – Motor vehicle accident"~~.