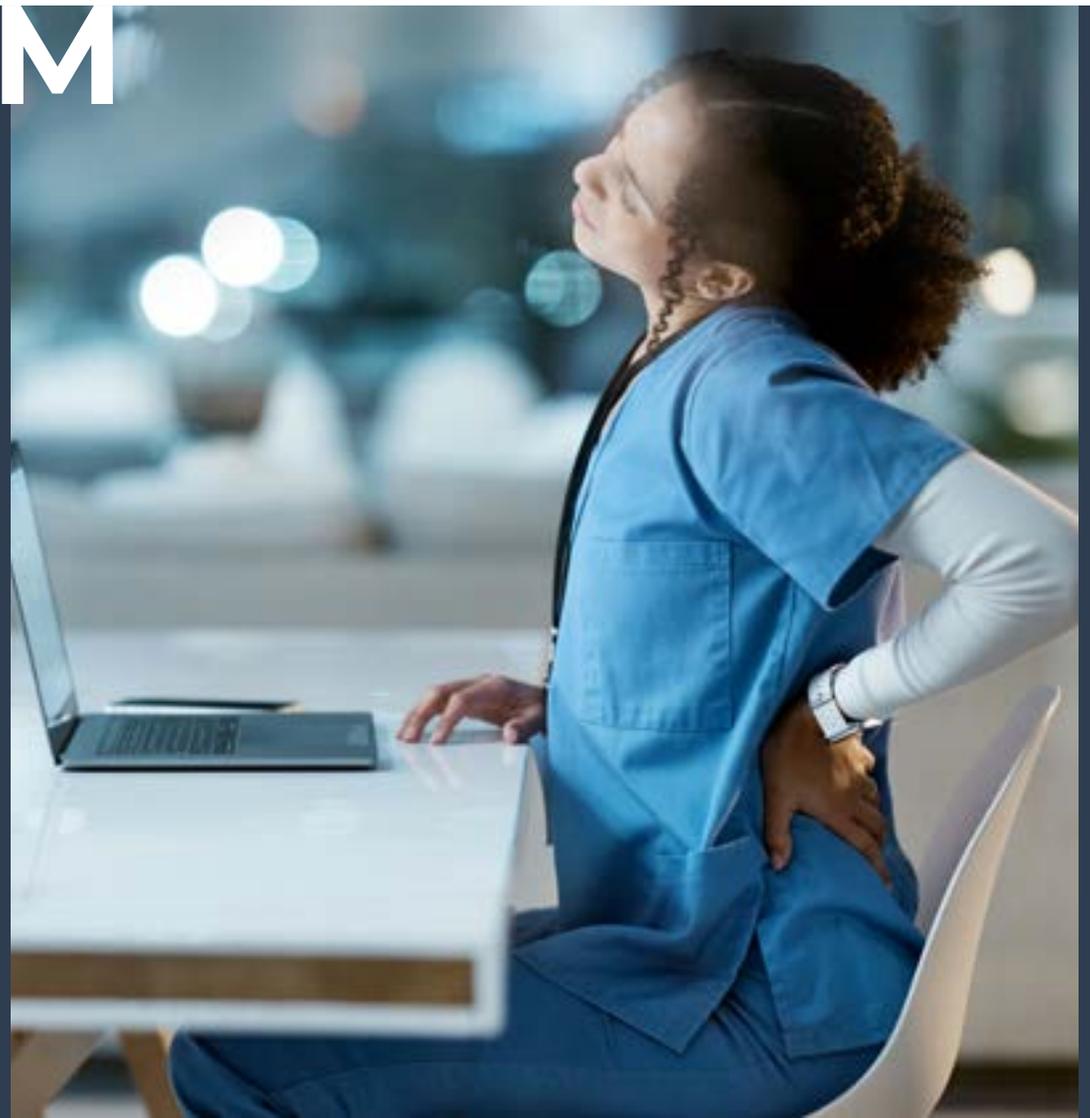


INJURY MANAGEMENT PROGRAM

A manual for employers



SafeCare BC





INJURY MANAGEMENT **PROGRAM**

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Injury Management

Program Overview

The following information is a guide for developing and implementing an Injury Management Program (also referred to as a Recover-at-Work or Return-to-Work Program) for workers who have experienced a work-related physical or psychological injury, illness, or occupational disease.

INJURY MANAGEMENT PURPOSE

The Injury Management program aims to promote all employees' health, safety, and well-being by ensuring timely and effective responses to injuries, facilitating safe and sustainable return-to-work

processes, and fostering a culture of safety and support. Through proactive injury management, workplace injuries' impact on employees and the organization is minimized.



Note: You can find an Injury Management Policy Statement Template for use in your organization in Appendix A.

PROGRAM SCOPE

The Injury Management Program facilitates a worker's recovery from physical and psychological work-related injuries, illnesses, or occupational diseases that impact their ability to perform regular work.

All workers are eligible to participate in the Recover at Work Program, including:



Front-line workers



Managers and supervisors



Senior management

The Injury Management Program is designed to provide temporary suitable work until workers can return to regular work duties. The Program is not designed for permanent accommodation or for workers who never return to pre-injury duties.



Goals and Objectives

Injury Management Programs serve as part of an injured worker's therapy and recovery by helping them stay at work or return to suitable work as soon as possible. Injury Management Programs are based on the philosophy that many injured workers can safely perform suitable work during their recovery.

The program's success depends on actively managing incidents, maintaining open communication between all parties, and, when necessary, providing temporary suitable work duties to fit the injured worker's capabilities. The injured worker should actively participate in all steps of the program.

BENEFITS OF AN INJURY MANAGEMENT PROGRAM



Benefits for workers

- ✓ Helps injured workers recover faster
- ✓ Reduces financial uncertainty for the worker and their family
- ✓ Maintains necessary job skills
- ✓ Maintains a sense of attachment with co-workers
- ✓ Reduces the risk of negative long-term health effects

Benefits for employers

- ✓ Demonstrates to all workers they are valued employees
- ✓ Returns injured workers to work in a safe and timely manner
- ✓ Maintains worker/employer relationships
- ✓ Reduces the cost of claims
- ✓ Helps retain healthy and qualified workers
- ✓ Reduces the cost of training replacement workers
- ✓ Includes the employer in the recovery process for the injured employee

LEGAL OBLIGATIONS

Effective January 1, 2024, amendments to the *Workers Compensation Act* impose new legal duties on employers and workers regarding return to work. Employers and workers are now legally required to cooperate with each other and with WorkSafeBC to ensure a timely and safe return to work for workers who have experienced a work-related injury, illness, or occupational disease, including both physical and mental health conditions. This includes providing suitable and temporary work accommodations based on the worker's current capabilities, maintaining open communication throughout the recovery process, and actively involving the worker in every step of their return or recovery.

Definitions

First Aid Attendant: a person who holds a valid first aid certificate issued by WorkSafeBC or by a person recognized by WorkSafeBC and who is designated as a first aid attendant by the employer

Form 6: Worker's report of injury or occupational disease. Completed by the injured worker. Submitted to WorkSafeBC.

Form 6A: Worker's report of injury or occupational disease to the employer. Completed by the worker. Submitted to the employer.

Form 7: Employer's report of injury or occupational disease. Completed by the employer. Submitted to WorkSafeBC.

Form 8/11: Physicians report to WorkSafeBC. Completed by the physician. Submitted to WorkSafeBC.

Form 9: Employers Statement of Return to Work. Submitted to WorkSafeBC

Form 52E40: Employer Incident Investigation Report (also referred to as EIIR)

Form 55m-60: Occupational First Aid Patient Assessment Form

Functional Capacity Evaluation or FCE: A set of tests, practices and observations that are combined to determine the ability of a worker to function in a variety of circumstances, most often in the employment setting.

Job Demands Analysis: A structured process designed to identify the specific physical, psychosocial and environmental requirements of a job

Job Site Analysis: On-site evaluation that analyzes the employee's job demands and identifies the physical activities or factors to perform each job task.

Definitions (cont)

Psychological Injury: A mental health condition thought to be caused by exposure to potentially psychologically traumatic events and other stressors.

Recovery at Work: A program where an injured worker remains at work as part of the recovery process. Often, recovery at work programs include providing alternate duties, modifying the tasks or working a different schedule or hours of work.

Return to Work: A measure of the time it takes workers to return to work from the date they had to stop working because of injury.

Stay at Work Program: A term used to define work programs where the injured worker can remain at work. It typically involves some form of temporary work modification. It may also be referred to as the Recovery at Work program.

Suitable Work: Work that is safe, productive, and consistent with the worker's functional abilities and skills.

Vocational Rehabilitation Assessment: The process of identifying and appraising an individual's level of functioning concerning vocational preparation and employment decision-making.



NOTES:

ROLES AND RESPONSIBILITIES

Senior Management

- Establish and maintain the Injury Management Program.
- Support the implementation of the Injury Management Program by providing necessary resources, including funding, personnel, and training, to support the program's implementation and sustainability.
- Develop and communicate clear policies related to injury management, return to work, and accommodation.
- Demonstrate commitment to the program by promoting a culture of safety and recovery and ensuring all levels of the organization understand the importance of the program.
- Regularly review the program's effectiveness, adjusting as needed to improve outcomes.

Managers/Supervisors

- Oversee the day-to-day implementation of the Injury Management Program within their teams, ensuring compliance with policies and procedures.
- Maintain open lines of communication with injured workers, senior management, WorkSafeBC and other parties involved to facilitate a smooth return to work process.
- Identify and implement suitable work accommodations based on the injured worker's current abilities in collaboration with the worker, health professionals and other key participants.
- Ensure all incidents, injuries, and accommodations are properly documented and reported.
- Provide ongoing support to injured workers, helping them navigate the return-to-work process and addressing any challenges that may arise.

Workers

- Actively participate in the Injury Management Program by engaging in the return-to-work process and following return to work plans.
- Maintain regular communication with supervisors and health care providers, reporting any changes in their condition or challenges with assigned duties.
- Comply with all safety protocols and return to work plans, including attending scheduled meetings and appointments related to their recovery.
- Provide feedback on the effectiveness of the program and any concerns or suggestions for improvement.
- Work collaboratively with supervisors, management, and the Joint Occupational Health and Safety Committee to facilitate a successful return to work.

Roles and responsibilities

Joint Occupational Health and Safety (JOHS) Committee

- Support the development and implementation of the Injury Management Program.
- Regularly review and monitor the program's effectiveness, identifying potential areas for improvement.
- Provide input and recommendations on policies, procedures, and accommodations related to injury management in the workplace.
- Participate in investigating workplace injuries and incidents, contributing to identifying root causes and prevention strategies.

IMMEDIATE RESPONSE AND RETURN TO WORK PROCESS

In a work-related injury, whether physical or psychological, the immediate and appropriate response is crucial to ensure the worker's safety and support their recovery. This section of the Injury Management Toolkit outlines the essential steps to take when a worker is injured (or showing early signs of injury, including psychological distress) in their return to regular work duties.

The process begins with the worker receiving first aid, which includes both physical and psychological support, followed by assessing their ability to return to work, either without limitations or with temporary physical or psychological accommodations. The aim is to facilitate a safe and efficient recovery while complying with all legal and regulatory requirements, ultimately ensuring the worker's well-being.

If a worker experiencing a psychological injury feels uncomfortable reporting to first aid, they are encouraged to report the injury directly to their supervisor, human resources department, or through the available confidential channels.

First aid attendants in the workplace must have a valid first aid certificate and be designated first aid attendants. The first aid attendant is responsible and has full authority for all first aid treatment for an injured worker until responsibility for treatment is accepted by:

- A person with an equivalent or higher first aid certificate
- An ambulance service considered acceptable to WorkSafeBC; or
- A place of medical treatment.

The first aid attendant does not have authority to overrule a worker's decision to seek treatment from a healthcare professional or the worker's choice of healthcare professional.

Note: Employers with workers covered by the Enhanced Disability Management Program (EDMP) refer to their collective agreement(s) for the applicable process when a worker is unable to return to work due to injury.

Step 1 - Worker reports injury to employer

When a worker is injured or shows early signs of injury, ensure that first aid is provided as soon as possible, and that the worker's supervisor is notified. **If an emergency, activate your emergency response plan and call 911.**

The first aid attendant assesses the worker and either:

- Treats the worker at work, or
- Stabilizes the worker and refers them to medical treatment

If a worker is reporting a psychological injury or a mental health claim, ensure these injuries are managed with the same level of care as physical injuries. A worker may choose to report these injuries to the first aid attendant, their supervisor, human resources or by other confidential means. No matter how the worker reports these types of injuries, the employer and worker must report the claim to WorkSafeBC as they would a physical injury claim. Psychological injuries should be treated with sensitivity and confidentiality, ensuring the worker feels supported throughout the process.

Worker is treated at work

Action steps	Forms or documentation required	Additional notes
The worker is assessed and treated at work.	First Aid Attendant: First Aid Record (WorkSafeBC Form 55B23) Injured Employee: Employees Report to the Employer (WorkSafeBC Form 6A) Injured employee: contact the WorkSafeBC Claim Centre to initiate a claim by calling 1.888.967.5377 (toll-free).	A record of all injuries and exposures must be: <ul style="list-style-type: none"> ■ Kept by the employer for 3 years ■ Kept confidential and ■ Be made available to the injured worker

If a worker has no physical or psychological limitations because of their injury, they may then return to regular and full work. **Proceed to Step 5** – Return to Work – Full-Time Regular Duties

If limitations exist because of the injury, **proceed to Step 2** - Able to Return to Work - Temporary Physical or Psychological Limitations



Worker is stabilized and referred to medical treatment		
Action steps	Forms or documentation required	Additional notes
<p>If the injuries are considered by the first aid attendant to be serious or beyond the scope of the attendant’s training, the first aid attendant refers the worker to medical treatment.</p> <p>The first aid attendant:</p> <ul style="list-style-type: none"> ■ Discusses the Injury Management Program with the worker, including the employer’s ability to provide suitable work to accommodate temporary or psychological limitations. ■ Provides the injured worker with documentation to provide to a healthcare professional of their choice when seeking medical treatment. 	<p>First Aid Attendant: First Aid Record (WorkSafeBC Form 55B23)</p> <p>Injured Employee: Worker’s Report of Injury or Occupational Disease to Employer (WorkSafeBC Form 6A)</p> <p>Injured employee: Application for Compensation and Report of Injury or Occupational Disease (Form 6) and/or contact the WorkSafeBC Claim Centre to initiate a claim by calling 1.888.967.5377 (toll-free).</p> <p>Employer: Employer’s Report of Injury or Occupational Disease (WorkSafeBC Form 7).</p> <p>First aid attendant provides the following:</p> <ul style="list-style-type: none"> ■ Letter to Healthcare Professional (Appendix D) ■ Functional Abilities form for Recovery at Work (Appendix E). <p>Injured employee: Returns the Functional Abilities form (Appendix E) to their supervisor as soon as possible.</p>	<p>A record of all injuries and exposures must be:</p> <ul style="list-style-type: none"> ■ Kept by the employer for 3 years ■ Kept confidential and ■ Be made available to the injured worker <p>In the event of a serious injury, where emergency transportation and/or treatment is necessary, the first aid attendant’s priority is the well-being of the injured worker. In this situation, the forms may be offered to the worker at a later date.</p> <ul style="list-style-type: none"> ■ First aid attendant ensures the injured worker has been offered transportation to seek medical treatment, if needed.

Step 2 - Able to Return to Work - Temporary Physical or Psychological Limitations

When managing an injured worker's return to work with temporary physical or psychological limitations, collaboration between the injured worker and supervisor is critical to ensure suitable work accommodations.

Action steps	Forms or documentation required	Additional notes
<p>Worker decides they can return to work:</p> <ul style="list-style-type: none"> ■ Worker will discuss with First aid if temporary limitations are required ■ Worker updates supervisor ■ Supervisor and worker discuss work tasks that fit the worker's current abilities. 	<p>First aid attendant provides the worker with Recover at Work program letter (Appendix B).</p>	<p>Information regarding a worker's temporary physical or psychological capabilities and limitations may be discussed with both the worker and the worker's supervisor by the First Aid Attendant.</p>
<p>The supervisor and the injured worker explore work options focusing on tasks that accommodate the injured worker's abilities and temporary limitations.</p>	<p>Supervisor and Worker to review the following (as applicable):</p> <ul style="list-style-type: none"> ■ Guidelines for Modified Work (Appendix K) ■ Support Strategies for Workers with Psychological Injuries (Appendix L) ■ Modified/Alternate Duty Task List (as 	<p>Workers can access physiotherapy as early as the day of injury with assessment and treatment covered through WorkSafeBC.</p> <p>Once an injury is reported to WorkSafeBC, a claim number is created so the worker can access physiotherapy on day of injury. Click here for information on physiotherapy providers in BC.</p>

applicable):

- Back Injury (Appendix M)
- Shoulder Injury (Appendix N)

Injured employee:

Application for Compensation and Report of Injury or Occupational Disease (Form 6) and/or contact the WorkSafeBC Claim Centre to initiate a claim by calling 1.888.967.5377 (toll-free).

Proceed to Step 3 - Work Modified to Meet Limitations – Written Plan Prepared.

Step 3 - Work Modified to Meet Limitations – Written Plan Prepared

The goal of the recover-at-work program is to ensure the injured worker can progress safely back to pre-injury work in a timely manner.

- Criteria for determining a suitable temporary modified work plan require duties to be:
 - Meaningful and productive.
 - Safe, meaning they neither harm the worker nor slow their recovery;
 - Suited to the worker's skills and abilities and

- Within the worker's current capabilities and limitations.
- Temporary workplace modifications may include:
 - Modifying the worker's pre-injury job and/or
 - Modifying the worker's days and hours of work and/or
 - Identifying alternate work.
- When a worker's regular pre-injury job cannot be adequately modified, consider:
 - Assigning the worker to another job, which may or may not require modifications;
 - Assigning a special project or
 - Scheduling required training upgrades.

Action steps	Forms or documentation required	Additional notes
<p>When the injured worker recovers or returns to work in a temporary modified capacity, the supervisor should:</p> <ul style="list-style-type: none"> ■ Review the documentation and consider options that may provide suitable modified duties or alternate work based on the information provided by the healthcare professional. ■ Schedule a meeting with the injured/ recovering worker to discuss and develop a mutually agreeable recover 	<p>Recover at Work Plan</p> <ul style="list-style-type: none"> ■ Physical limitations (Appendix F) ■ Psychological limitations (Appendix G) ■ WorkSafeBC Modified Duties Form (Appendix H) 	<p>The supervisor arranges for the participation of a union representative, or the injured worker may opt to contact a union representative of their own choosing, should they wish.</p>
<p>Once the plan has been agreed to, both the worker and supervisor sign the plan, and a copy of the plan is sent to</p>		<p>In circumstances where medical sign-off is required, the draft modified work plan should be forwarded to the injured</p>

<p>the WorkSafeBC case manager. Ensure that expectations for timely follow-up meetings are established.</p> <p>Ensure the worker:</p> <ul style="list-style-type: none"> ■ Receives a copy of the plan ■ Understands the plan and their responsibilities of working within the plan’s guidelines ■ Understands when they should contact their supervisor. 		<p>worker’s healthcare professional prior to mutual sign off by the injured worker and supervisor.</p>
<p>If the worker does not agree with the plan and/or chooses not to return to work, the worker signs that they do not agree with the plan. The supervisor then notifies the WorkSafeBC case manager and provides copies of the completed Functional Abilities for Recover at Work form and Recover-at-Work Plan.</p>	<p>Functional Abilities Form for Recover at Work (Appendix E)</p> <p>Recover at Work Plan</p> <ul style="list-style-type: none"> ■ Physical limitations (Appendix F) ■ Psychological limitations (Appendix G) 	

Proceed to Step 4 - Effective Communication and Documentation in the Recover-at-Work Process

Step 4 - Effective Communication and Documentation in the Recover-at-Work Process

Communication with the injured worker should be consistent and regular. It's important to collaboratively revisit the plan and timelines on a regular basis. Face-to-face meetings with the worker can eliminate misunderstandings or confusion over the recover-at-work process and may help remove barriers to a successful return to work. Creating a communication log to document discussions and progress notes between the supervisor, injured worker, WorkSafeBC case manager, and healthcare professional should be maintained throughout the recover-at-work period.

In addition to collaboratively re-visiting the plan and timelines, it's important to review the injured worker's duties. The progression of duties should include:

- Information provided through the worker's communication plan;
- Discussions between the supervisor and the injured worker as it pertains to their recovery;
- Information provided by the worker's healthcare professional; and
- Information provided by the injured worker's WorkSafeBC case manager.

If the worker is unable to progress in their work duties, the employer should:

- Consider discussion with the worker
- Consider adjusting the Return-to-Work plan

Action steps	Forms or documentation required	Additional notes
Create a daily communication or progress log for completion by the injured worker to monitor progress while recovering at work.	<ul style="list-style-type: none"> ■ Daily Recovery Log – Sample A (Appendix I) or ■ Daily Recovery Log – Sample B (Appendix J). 	
Where a claim has been submitted to WorkSafeBC, the supervisor reports the program outcomes to WorkSafeBC		

Proceed to Step 5 – Return to Work – Full Time Regular Duties

Step 5 – Return to Work – Full Time Regular Duties

- The ideal outcome is for the injured worker to remain at full-time regular duties.
- If the worker did not lose time from work and did not require treatment, conduct periodic check-ins for a few weeks to ensure the worker is managing and there are no increasing symptoms.
- If the worker did not lose time from work and recovered fully while on the Recover-at-Work Plan, document the outcome, including all the notes associated with the worker's successful recovery. All documentation is to be kept confidential.
- If the worker lost time from work, participated in the Recover-at-Work/Return-to-Work Program, and successfully returned to full time regular duties, document the outcome, including all notes associated with the worker's successful recovery. All documentation is to be kept confidential. Complete the Employer's Statement of Return to work ([WorkSafeBC Form 9](#)). Retain a copy of your records and forward a copy to the WorkSafeBC Case Manager.



SafeCare BC

SafeCare BC
1424-4710 Kingsway
Burnaby, BC, V5H 4M2

(604) 630-5572
safecarebc.ca

Appendix A: Injury Management Policy Statement – Example

[Organization name] is committed to providing a safe and healthy working environment for its workers.

[Organization name] Injury Management Program includes both a Recover-at-Work and Return- to-Work Program and has been developed to support workers who are unable to perform full duties due to a work-related physical or psychological injury, illness, or occupational disease.

The Injury Management Program is an extension of commitment to accommodating workers through early intervention and the provision of temporary, alternate, productive and suitable work.

If a worker is unable to continue with full duties, the program provides opportunities to perform suitable work that meets the worker's physical and/or psychological capabilities.

[Organization name] and its workers are committed to cooperating and participating in the Injury Management Program.

Signed by senior management

Date

Appendix B: Letter to the Injured Worker – No Time Loss - Sample

At [organization name] we believe the Recover at Work program will help you recover from your injury so that you may return to your full and regular work quicker. The first aid attendant has reported that you are physically and/or psychologically able to remain at work but that you may require some temporary modifications to your work during your recovery period.

To ensure that [organization name] can design a suitable modified Recover-at-Work Program, it is important you return to your area of work and discuss your plan with your supervisor.

In looking at possible work options, we'll offer activities that meet the following criteria:

- The work must be meaningful and productive;
- The work duties must be safe with no risk of harming or slowing your recovery; and
- The work must be suited to your skills and abilities and within your current capabilities and limitations.

If temporary work modification is required, it may include:

- Modifying the pre-injury job; and/or
- Identifying alternate work; and/or
- Assigning you to another job which may nor may not require modifications; and/or
- Assigning you to a special project on a temporary basis.

Name and Position: _____

Employee Acknowledgment:

I, [name], have read over the Recover at Work Program information, and understand the above.

Signature

Date

Appendix C: Letter to the Injured Worker – Time Loss - Sample

Dear Employee:

We regret to hear of your recent injury. We're committed to helping you recover and transition back to work as quickly as possible through our Recover-at-Work Program.

To participate in the program, it is important that you have your healthcare professional read and complete the information contained in this package which includes:

- An introduction letter to your healthcare professional that explains the Recover-at-Work Program, and an authorization form for the release of relevant information pertaining to your physical and/or psychological limitations relative to the work;
- A Functional Abilities Form, which describes the physical requirements of your job. This will help your health care professional determine appropriate activities during your recovery; and
- A copy of WorkSafeBC's Guidelines for Modified Work.

The information that your healthcare professional provides allows us to find suitable work based on your work abilities and limitations. We ask that you provide the enclosed package to your healthcare professional, have them provide the requested information and that you return the Authorization Form, Functional Abilities Form, and a signed copy of this letter to your supervisor as quickly as possible.

If you have any questions regarding the Recover-at-Work Program, or if you want to discuss how this Program will be applied to your situation, please contact [contact name and number]. We will work with you to design a Recover at Work Plan that meets your needs.

Sincerely,

Name and Position: _____

Employee Acknowledgment:

I, [name], have read over the Recover at Work Program information, and understand the above.

Signature

Date

Appendix D: Letter to Healthcare Professional

[Insert date here]

Dear Healthcare Professional:

[Organizations name] believes that our employees are our most important asset. We are committed to helping our employees with physical or psychological challenges recover at work as soon as appropriate so that they may regain their livelihood.

At [organizations name] we have developed and implemented a Recover-at- Work Program. The Program is intended to permit a safe and timely return to work. Temporary work assignments are designed to meet the employee's current physical or psychological needs and will not expose the employee to conditions which might aggravate the injury or cause re-injury.

Please complete the attached form and provide a copy of the completed form to your patient. Payment for the completion of this form will be made by [organization].

Thank you for assisting with our employee's safe recovery from their work-related injury.

Sincerely,

Title

Appendix E: Functional Abilities Form for Recover at Work

[Organization's name] authorizes payment of this form, if completed in full, in accordance with the provincially recommended fee code upon receipt of invoice.

Section A: WORKER INFORMATION (To be completed by the worker)	
I authorize the release of the information below to my employer [organization's name]	
Worker Name: _____	Signature _____ Date: _____
Current position: _____	Job Description attached: Yes No

Section B: HEALTHCARE PROFESSIONAL INFORMATION (Completed by healthcare professional)	
Name: _____	Profession/Specialty: _____
Address: _____	
Phone: _____	Date of visit: _____

Section C: FUNCTIONAL / COGNITIVE ABILITIES (To be completed by health care professional)	
<i>Please check all boxes that are applicable in Section C</i>	
<input type="checkbox"/> Patient has no functional limitations	
<input type="checkbox"/> Patient has no cognitive limitations	
<input type="checkbox"/> Patient has no psychological limitations	
<input type="checkbox"/> Patient has functional, cognitive and/or psychological limitations and can return to work provided the following limitations can be accommodated:	
<input type="checkbox"/> No manual lifting beyond ____lbs.	<input type="checkbox"/> Climbing stairs/ladders
<input type="checkbox"/> No overhead lifting	<input type="checkbox"/> Limitations due to medications*
<input type="checkbox"/> Lifting as tolerated	<input type="checkbox"/> Limitations due to environmental conditions
<input type="checkbox"/> Walking*	<input type="checkbox"/> Limitations due to cognitive functioning*
<input type="checkbox"/> Standing*	<input type="checkbox"/> Limitations due to psychological injury or mental disorder*
<input type="checkbox"/> Sitting	<input type="checkbox"/> Other
<input type="checkbox"/> Use of upper extremities*	
<input type="checkbox"/> Bending, twisting or kneeling	
<input type="checkbox"/> Patient cannot return to work despite modified and/or alternate duty options <i>* Please provide further details on these limitations</i>	
<i>Estimated duration of functional/cognitive limitations (in days):</i>	
<i>Next re-assessment date (if necessary):</i>	

I have reviewed the details of this report with the patient and provided them with a copy. I certify that this report is complete and accurate.

Healthcare professional's signature: _____

Appendix F: Recover at Work – Sample Template

Contact information

Worker's first name	Worker's last name	Contact number
Supervisor's first name	Supervisor's last name	Contact number
Union rep's first name if involved	Union rep's last name if involved	Contact number
WorkSafeBC case manager's first name if involved	WorkSafeBC case manager's last name if involved	Contact number
Worker's position	Regular work schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual/relief - average hrs per week: ____	

Incident/injury information

Date of injury _____ Month/Day/Year	Has the worker lost time from work beyond the day of injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ If yes, has the employer submitted a Form 7 To WorkSafeBC? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____
-------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Recover at work plan information

Start date _____ Month/Day/Year	Projected end date _____ Month/Day/Year
------------------------------------	--------------------------------------------

Functional abilities and limitations

<input type="checkbox"/> Self-reported abilities/ limitations <input type="checkbox"/> Healthcare Professional abilities/limitations	Specify or attached documentation
-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Offer of temporary modified work

Week one: Specify duties	
Date From _____ to _____	Hours of work From _____ to _____
Scheduled days of work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

I have had input and agree with the plan I decline the recover at work offer -provide reason below:

Worker's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers' capabilities.

Recover at work plan - Week ____ (insert week number)

Progress Notes: Include date, daily log comments, discussions between supervisor and worker, observations made related to capabilities and limitations

Self-reported progress of recovery over the past week
 Improved Remained about the same Decreased

Week Two: Specify duties

Date
From _____ to _____

Hours of work
From _____ to _____

Scheduled days of work
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I have had input and agree with the plan I decline the recover at work offer -provide reason below:

Worker's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers' capabilities.

Appendix G: Recover at Work (Psychological Injury) – Sample

Contact information

Worker's first name	Worker's last name	Contact number
Supervisor's first name	Supervisor's last name	Contact number
Union rep's first name if involved	Union rep's last name if involved	Contact number
WorkSafeBC case manager's first name if involved	WorkSafeBC case manager's last name if involved	Contact number
Worker's position	Regular work schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual/relief - average hrs per week: ____	

Incident/injury information

Date of injury _____ Month/Day/Year	Has the worker lost time from work beyond the day of injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ If yes, has the employer submitted a Form 7 To WorkSafeBC? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____
-------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Recover at work plan information

Start date _____ Month/Day/Year	Projected end date _____ Month/Day/Year
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Functional abilities and limitations

<input type="checkbox"/> Self-reported psychological abilities/limitations <input type="checkbox"/> Healthcare professional psychological abilities/limitations	Specify or attached documentation
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Offer of temporary modified work

Week one: Specify duties	
Date From _____ to _____	Hours of work From _____ to _____
Scheduled days of work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

I have had input and agree with the plan I decline the recover at work offer -provide reason below:

Worker's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers' capabilities.

Recover at work plan - Week ____ (insert week number)

Progress Notes: Include date, daily log comments, discussions between supervisor and worker, observations made related to capabilities and limitations. Consider the following:

Job Modifications and Accommodations

- Modified Duties: [List any modified duties, e.g., reduced workload, flexible tasks]
- Work Environment Adjustments: [e.g., quiet workspace, reduced distractions, flexible work hours]
- Equipment/Tools: [e.g., ergonomic chair, noise-canceling headphones]

Support and Resources

- Supervisor Support: [e.g., regular check-ins, feedback sessions, supportive communication]
- Peer Support: [e.g., buddy system, peer support group]
- Mental Health Resources: [e.g., access to EAP, counseling services, stress management workshops]

Stress Management Strategies

- Workload Management: [e.g., prioritize tasks, delegate non-essential duties]

Self-reported progress of recovery over the past week

- Improved Remained about the same Decreased

Week Two: Specify duties

Date From _____ to _____	Hours of work From _____ to _____
Scheduled days of work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

I have had input and agree with the plan
 I decline the recover at work offer -provide reason below:

Worker's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Next scheduled meeting: _____

Informal progress/ check-in meetings occur more frequently and vary according to the workers' capabilities.

Appendix H- WorkSafeBC Modified Duties Form

MODIFIED WORK OFFER

In keeping with our commitment to providing accommodation opportunities that are individualized and employee focused, we are offering the following duties to promote recovery and rehabilitation:

Employer name		
Employer Last name	First name	Date (yyyy-mm-dd)
Job position:		
Temporary limitations		
Specific duties: Worker able to self-pace and take micro breaks		
Hours of work per day:	Number of days per week:	
Start date (yyyy-mm-dd):	Finish date (yyyy-mm-dd)	
Manager/supervisor name:		

Please remember you are only to do the duties that are allowed and are within your current limitations. If you have any questions or concerns about the work you have been assigned, please discuss it with your manager immediately. We will meet with you weekly to review your progress. The first meeting is scheduled for:_____

Employee signature	Date (yyyy-mm-dd)
Manager/ supervisor signature	Date (yyyy-mm-dd)

Please fax copy to WorkSafeBC at 1-888-922-8807 or 604-233-9777 (source: [WorkSafeBC](#))

Appendix J: Daily Recovery Log – Sample B

Contact information

Worker's first name	Worker's last name	Contact number
Supervisor's first name	Supervisor's last name	Contact number
Union rep's first name if involved	Union rep's last name if involved	Contact number
WorkSafeBC case manager's first name if involved	WorkSafeBC case manager's last name if involved	Contact number
Worker's position	Regular work schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual/relief - average hrs per week: ____	

Incident/injury information

Date of injury _____ Month/Day/Year	Has the worker lost time from work beyond the day of injury? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ If yes, has the employer submitted a Form 7 To WorkSafeBC? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____
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Recover at work plan information

Start date _____ Month/Day/Year	Projected end date _____ Month/Day/Year
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Functional abilities and limitations

<input type="checkbox"/> Self-reported abilities/ limitations <input type="checkbox"/> First aid reported abilities/ limitations <input type="checkbox"/> Healthcare Professional abilities/limitations	Specify or attached documentation
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Date (mm/dd/yy)	Self-Reporting Daily Recovery Log Comments	Was this discussed with your supervisor?	
		YES	NO

Appendix K: Guidelines for Modified Work

<p style="text-align: center;">Low Back</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro-breaks <input type="checkbox"/> The worker can change position between walking, standing and sitting <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying light or medium loads <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back 	<p style="text-align: center;">Shoulder</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using arms above shoulder height and reaching down <input type="checkbox"/> Activities that require lifting, carrying, pushing pulling, reaching <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Holding arms outstretched for periods, especially if there's weight or force involved <input type="checkbox"/> Lifting and carrying above shoulder height 	<p style="text-align: center;">Knee</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro-breaks <input type="checkbox"/> The worker can occasionally elevate the knee <input type="checkbox"/> The worker can change position between standing, walking and sitting <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking on uneven ground <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long periods of walking or standing <input type="checkbox"/> Deep squats, kneeling or crouching <input type="checkbox"/> Pivoting on the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing or running <input type="checkbox"/> Stairs or step stools 	<p style="text-align: center;">Ankle</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Worker can occasionally elevate the ankle <input type="checkbox"/> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of stairs <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long period of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Deep squats or crouching <input type="checkbox"/> Activities requiring balance, bracing or running
<p style="text-align: center;">Elbow/Forearm</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro-breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive or sustained gripping especially if force involved <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> Total time keyboarding or driving <input type="checkbox"/> Use of anything that creates an impact on the elbow or forearm <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of weights <input type="checkbox"/> Forearm rotation <input type="checkbox"/> Pressure on the elbow 	<p style="text-align: center;">Wrist/Hand</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive gripping especially if there's high or sustained force <input type="checkbox"/> Lifting and carrying light to medium loads <input type="checkbox"/> The total time keyboarding or driving <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extreme postures of the wrist especially with force 	<p style="text-align: center;">Neck</p> <p>Ensure</p> <ul style="list-style-type: none"> <input type="checkbox"/> The worker can self-pace and/or take micro-breaks <p>Limit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activities with arms above shoulder level or reaching down <input type="checkbox"/> Activities with lifting and carrying light to medium loads <p>Avoid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down or over the shoulder especially if more than a few seconds 	<p style="text-align: center;">National Occupational Classifications (NOC)</p> <p>The NOC defined strength used in pushing, pulling or moving as follows:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited: Involves handling loads up to 5 kg. <input type="checkbox"/> Light: Involves handling loads of 5 kg and less than 10 kg <input type="checkbox"/> Medium: Handling loads between 10 and 20 kg <input type="checkbox"/> Heavy: Handling loads of more than 20 kg

Appendix L: Support Strategies for Workers with Psychological Injuries

This table provides clear, actionable steps that employers can take to support workers with psychological injuries. It offers practical examples of accommodations that can be implemented to help workers manage various challenges associated with psychological injuries.

Challenge	Possible Symptoms	Support Strategies	Example of Accommodations
Managing Deadlines and Time Pressures	Difficulty meeting deadlines, decreased productivity, stress under pressure	<ul style="list-style-type: none"> Allow more time to complete tasks Prioritize tasks with checklists 	<ul style="list-style-type: none"> Provide a flexible schedule Break tasks into smaller steps Offer additional resources if speed is crucial
Sustained Attention and Concentration	Difficulty focusing, easily distracted, decreased attention span	<ul style="list-style-type: none"> Offer a quieter work environment Permit short, frequent breaks to regain focus 	<ul style="list-style-type: none"> Use noise-canceling headphones Encourage work in a clutter-free area Allow work from home where possible
Memory and Learning New Material	Forgetfulness, trouble learning new tasks or routines	<ul style="list-style-type: none"> Provide written instructions and checklists Use a buddy system for support 	<ul style="list-style-type: none"> Offer additional training time Provide electronic reminders Use visual aids like flowcharts
Organization and Prioritization	Struggles with task organization, difficulty prioritizing tasks	<ul style="list-style-type: none"> Implement a color-coded system for tasks Provide weekly charts for daily activities 	<ul style="list-style-type: none"> Allow time at the end of the day to organize Use task management software or apps
Handling Stressful Situations	Anxiety, inability to cope with stress, emotional outbursts	<ul style="list-style-type: none"> Implement a color-coded system for tasks Provide weekly charts for daily activities 	<ul style="list-style-type: none"> Assign a work coach or mentor Provide access to Employee Assistance Programs (EAPs)
Accuracy and Attention to Detail	Frequent errors, decreased precision in work	<ul style="list-style-type: none"> Allow more time for tasks requiring accuracy Break large tasks into smaller, manageable parts 	<ul style="list-style-type: none"> Provide “cheat sheets” for important steps Offer uninterrupted work time for complex tasks

Multi-tasking	Overwhelm with multiple tasks, reduced efficiency when switching tasks	<ul style="list-style-type: none"> ■ Reduce the number of concurrent tasks ■ Modify work processes to focus on one task at a time 	<ul style="list-style-type: none"> ■ Assign tasks one at a time ■ Use flowcharts to visualize task sequences ■ Simplify job functions temporarily
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Adapted from WorkSafeBC publication: [How to support workers who experience psychological injuries](#)

Appendix M: Modified/Alternate Duty Task List – Back Injury Example

The goal of providing modified duties is to help your injured worker rehabilitate/recover at work so they may transition back to regular pre-injury duties. The following is a list of some duties that may be appropriate for workers while they recover from a back-related injury.

When developing a modified duty work plan, it is important to focus on the worker's abilities as well as their physical limitations, and for the supervisor and worker to work collaboratively throughout this process. The progression of duties should also be a collaborative effort, to ensure the worker has a safe and successful return to full and regular duties.

Typical Physical Limitations for Workers with a Back Injury		
Ensure	Limit	Avoid
<input type="checkbox"/> The worker can change position between walking, standing, and sitting <input type="checkbox"/> The worker can self-pace and/or take micro-breaks <input type="checkbox"/> The worker can change position between walking, and standing	<input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting & carrying light or medium loads	<input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back

The typical Physical Limitations guidelines have been based on data from the [Disability Guidelines](#), published by the Work Loss Data Institute. Ensure that assigned duties are appropriate given the worker's current limitations and restrictions, as specified by the worker, healthcare provider, and the physical limitations as noted in the above table.

Potential Modified Tasks

Modified Light Duties		Modified Medium Duties
<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Making beds	<input type="checkbox"/> Porter residents to dining room
<input type="checkbox"/> Setting up dining room/ place settings	<input type="checkbox"/> Tidy common areas	<input type="checkbox"/> Porter residents to activities
<input type="checkbox"/> Clearing/cleaning tables	<input type="checkbox"/> Label clothes	<input type="checkbox"/> Use ceiling lift to put adjust straps
<input type="checkbox"/> Serving food	<input type="checkbox"/> Laundry – wash/dry	<input type="checkbox"/> Use ceiling lifts to reposition
<input type="checkbox"/> Assisting residents to dining room	<input type="checkbox"/> Laundry – fold / put away	<input type="checkbox"/> Wash beds
<input type="checkbox"/> Prepare snacks	<input type="checkbox"/> Restock supplies/linens	<input type="checkbox"/> Change bed linen
<input type="checkbox"/> Reading to resident(s)	<input type="checkbox"/> Talk/meet with family	<input type="checkbox"/> Remove compression stockings
<input type="checkbox"/> Talking with resident(s)	<input type="checkbox"/> Update ADL	<input type="checkbox"/> Apply creams or ointments
<input type="checkbox"/> Puzzles/baking activities with resident(s)	<input type="checkbox"/> Nail care	<input type="checkbox"/> Dress resident
<input type="checkbox"/> Garden with resident(s)	<input type="checkbox"/> Hair care (wash/dry/style)	<input type="checkbox"/> De-escalate responsive behaviours
<input type="checkbox"/> Entertain residents	<input type="checkbox"/> Light AM/HS care (hands/ face/teeth)	<input type="checkbox"/> Change incontinent products
<input type="checkbox"/> Play games with resident(s)	<input type="checkbox"/> Create “Luggage Tag” resident info cards	<input type="checkbox"/> Peri-care
<input type="checkbox"/> Organize resident’s closet	<input type="checkbox"/> _____	<input type="checkbox"/> Weigh residents
<input type="checkbox"/> Organize resident’s drawers	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Organize hall closets	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Tidy resident’s room	<input type="checkbox"/> _____	

Appendix N: Modified / Alternate Duty Task List – Shoulder Injury Example

The goal of providing modified duties is to help your injured worker rehabilitate/recover at work so that they may transition back to regular pre-injury duties. The following is a list of some duties that may be appropriate for workers while recovering from a shoulder-related injury.

When developing a modified duty work plan, it is important to focus on the worker's abilities as well as their physical limitations, and for the supervisor and worker to work collaboratively throughout this process. The progression of duties should also be a collaborative effort, to ensure the worker has a safe and successful return to full and regular duties.

Typical Physical Limitations for Workers with a Shoulder Injury		
Ensure	Limit	Avoid
<input type="checkbox"/> The worker can self-pace and/or take micro-breaks	<input type="checkbox"/> Activities with arms above shoulder level including reaching down <input type="checkbox"/> Activities which require lifting and carrying of light to medium loads	<input type="checkbox"/> Holding the arms outstretched for periods especially while holding weights and applying force Repetitive bending <input type="checkbox"/> Lifting and carrying with arm above shoulder level

The typical Physical Limitations guidelines have been based on data from the [Disability Guidelines](#), published by the Work Loss Data Institute. Ensure that assigned duties are appropriate given the worker's current limitations and restrictions, as specified by the worker, healthcare provider, and the physical limitations as noted in the above table.

Potential Modified Tasks

Modified Light Duties		Modified Medium Duties
<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Making beds	<input type="checkbox"/> Porter residents to dining room
<input type="checkbox"/> Setting up dining room/ place settings	<input type="checkbox"/> Tidy common areas	<input type="checkbox"/> Porter residents to activities
<input type="checkbox"/> Clearing/cleaning tables	<input type="checkbox"/> Label clothes	<input type="checkbox"/> Use ceiling lift to put adjust straps
<input type="checkbox"/> Serving food	<input type="checkbox"/> Laundry – wash/dry	<input type="checkbox"/> Use ceiling lifts to reposition
<input type="checkbox"/> Assisting residents to dining room	<input type="checkbox"/> Laundry – fold / put away	<input type="checkbox"/> Wash beds
<input type="checkbox"/> Prepare snacks	<input type="checkbox"/> Restock supplies/linens	<input type="checkbox"/> Change bed linen
<input type="checkbox"/> Reading to resident(s)	<input type="checkbox"/> Talk/meet with family	<input type="checkbox"/> Remove compression stockings
<input type="checkbox"/> Talking with resident(s)	<input type="checkbox"/> Update ADL	<input type="checkbox"/> Apply creams or ointments
<input type="checkbox"/> Puzzles/baking activities with resident(s)	<input type="checkbox"/> Nail care	<input type="checkbox"/> Dress resident
<input type="checkbox"/> Garden with resident(s)	<input type="checkbox"/> Hair care (wash/dry/style)	<input type="checkbox"/> De-escalate responsive behaviours
<input type="checkbox"/> Entertain residents	<input type="checkbox"/> Light AM/HS care (hands/ face/teeth)	<input type="checkbox"/> Change incontinent products
<input type="checkbox"/> Play games with resident(s)	<input type="checkbox"/> Create “Luggage Tag” resident info cards	<input type="checkbox"/> Peri-care
<input type="checkbox"/> Organize resident’s closet	<input type="checkbox"/> _____	<input type="checkbox"/> Weigh residents
<input type="checkbox"/> Organize resident’s drawers	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Organize hall closets	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Tidy resident’s room	<input type="checkbox"/> _____	<input type="checkbox"/> _____