

**Workers' Compensation Committee
Air Canada Component of CUPE**

INJURY ON DUTY – YVR FLIGHT ATTENDANTS: INFO SHEET

1. Complete **ACF 32-8: FLIGHT ATTENDANT INJURY/ACCIDENT REPORT**. Make a copy before submitting it.
2. Seek medical attention as soon as possible. Advise the physician that it is a work-related injury or illness. WorkSafeBC **"Physician's Report" (Form 8)** will need to be completed and sent in to the Board. If a book off is expected from the work injury, it would be ideal to ask the doctor to complete the Air Canada **"Functional Abilities Form – FAF" (ACF-6214)**. The completed **"FAF"** must also be sent back to the Company upon receiving the **"Offer of Suitable Employment"**. (See point 5 below.)
3. If booking off; advise Shepell that it is an Injury on Duty. Your schedule should show SICK_INJ and then SICK_CMP.
4. Should you anticipate being booked off for more than 14 days, apply for WIP benefits **in addition to** WorkSafeBC. This will protect your earnings in the event that your Workers' Compensation claim is denied.
5. You will be advised by the Company by phone to check your Air Canada e-mail account for an **"Offer of Suitable Employment"** and a **"Functional Abilities Form – FAF"**. Your physician must include all your physical restrictions on the **"FAF"**. If your physician determines that you are capable of performing the duties outlined in the Company's offer; reply to the e-mail and accept the offer. If your physician has indicated that you are unable to perform work of any kind; reply to the e-mail and provide an explanation as to why you are unable to work at this time. Inability to work must be supported by the information entered on the **"Functional Abilities Form – FAF" (ACF-6214)**.
6. The Company's Disability Management department will prepare and submit **"Employer's Report of Injury or Occupational Disease" (Form 7)**. This report will be based upon the information contained in your Flight Attendant Injury Report. The injury report itself is not sent to WorkSafeBC.
7. Go to www.WorkSafeBC.com > Forms > Workers > **"Application for Compensation and Report of Injury or Occupational Disease" (Form 6A)**. Complete the form, save, print, sign, and send by either fax or mail according to the instructions at the top of the form.
8. If your claim is registered with all the required information, and the claim is accepted; the first compensation payment will be mailed out within 22 days from the date of injury. If further information is needed, a WorkSafeBC claims representative will contact you by phone.
9. Claim allowed? Continue with medical treatment as prescribed by your physician. Continue with modified duties if applicable.
10. Claim denied? First; contact your adjudicator and seek clarification as to the reason for the denial. Submit any additional information that may not have been considered. If reasonable grounds for appeal exist; request a review of the decision within 90 days by completing a **"Request for Review – Review Division" (Form 63M1)** which is available on the WorkSafeBC website. This form must be faxed or mailed according to the instructions at the top of the form – **within 90 days of the decision**.
11. If you would like CUPE representation, a **"WorkSafeBC Authorization of Representative" (Form 63M4)** must be completed. Please contact our Committee representative at 604-279-0967 for assistance.
12. Make and retain a copy of all documents, and keep a log of all calls and voice mail messages when dealing with WorkSafeBC representatives.