

WOMEN OF STEEL COMMITTEE SPECIAL PUBLICATION #4

WHEN SELF-CARE ISN'T WORKING, WHAT'S THE NEXT STEP?

Generally, members are aware of what **depression, anxiety** and **stress** are. However, workers may not be aware of what **burnout** is. The Women of Steel are releasing four publications raising awareness around some common mental health issues, with a focus on burnout which could be

affecting members. Publication [#1](#) will review general information, [#2](#) how self-help can assist, [#3](#) how burnout could affect you at work, and [#4](#) what to do when self-help is no longer working. All four publications can be found [here](#) if you wish to read ahead, or get further assistance.

If self-help is no longer working, depending on the root cause of illness determined by a medical professional, if you are not able to work, a proper diagnosis is needed to determine if your illness is occupational, or non-occupational. If the illness is occupational, time loss from work would fall under Workers Compensation, as opposed to non-occupational illness which would fall under short-term/long-term disability (STD/LTD) plan by your employer.

WORKPLACE ACCOMMODATION: WHAT IS IT?

An accommodation can be many different things, some have been: a change of hours (earlier, or later shifts, etc.), change of schedule (how many shifts per week, what days off, etc.), care and education for children, transfer to a different city (when possible) due to a spouse being relocated, working from home, specialized equipment, additional breaks for mental and or physical needs, limited or restricted job duties based on physical/mental limitations, etc.

Any worker can request a workplace accommodation in relation to one of the identified grounds listed in Section 3 of the Canadian Human Rights Act.

Under Section 3, the prohibited grounds of discrimination for which an accommodation can be requested are: Race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

For Telus employees: The process begins when you fill in your section of a form called a Workplace Accommodation Request. This form has a section where you can indicate you want additional support from the Union, we recommend you check this off so that we can assist. Submit the form to your manager which will then trigger any required supporting documents for you, and or your medical professionals to complete. The subsequent supporting documents go to the Health Services Department to protect your privacy.

The goal of workplace accommodation is to allow a member as best as possible to be able to continue to work. Accommodations are covered by the Canadian Human Rights Act may not always be perfect and are often a process of trial and error until a workable solution for both the employer and employee is achieved. Accommodations can be denied, and if have been denied unreasonably, can be grieved. Accommodations can be temporary or permanent and may be subject to supporting documentation on a regular basis.

Accommodations are a legislated right with a goal to help a member meet their obligations in both their employment and personal life. If you feel that you need an accommodation please reach out to a shop steward and or your Local Union Representative.

If your accommodation is based on a disability please see the list further down on medical documentation. If the request is based on a prohibited ground and not combined with a disability then other documentation may be required.

Listed below are options for members who are not able to work at full capacity, or even at all. Each of these options require documentation. Consider if your inability to work is related to a workplace injury or is a non-workplace injury. Approval for a workplace injury can be a tougher benchmark to prove.

- Workplace accommodation
- Short Term Disability - Long Term Disability (STD/LTD)
- Worksafe
- Medical EI

For each of these options, if needed, assistance in filing is provided through the Union office. [Contact](#) your Local Union Representative.



SHORT TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD)

STD/LTD are approved, based on medical necessity, for non-work-related illnesses. If you can no longer work, go to your medical professional(s).

- Be honest with your doctor about all factors that are impacting you.
- Seek a diagnosis, and prognosis, for all factors that may be causing illness and ensure that the doctor is noting to your file all contributing factors.
- The more information the doctor provides to an insurance carrier helps (communicate/document).
- A history of what you have indicated to your doctor shows a documented paper path (lays groundwork).

What to do if your STD application is denied? Inform Morneau Shepell (who is a 3rd party benefits adjudicator) that you will be appealing the denial of benefits. First, the denial must be appealed, and if the appeal is denied, then a grievance can be filed. A Shop Steward, and/or a Local Union Representative can assist with appeals, and if needed, also grievances.

Medical EI is an option from the government of Canada when you are not eligible for any employer benefits and are on an approved unpaid leave of absence (LOA). If eligible for medical EI, this option runs for 17 weeks.

MEDICAL EI

As soon as a STD claim is denied, an application for medical EI is recommended. The reason being is if you are unsuccessful in appealing a STD claim, approval for a Medical EI cannot be backdated. Apply for Medical EI with the understanding that if your denied STD is subsequently approved, there are some monies that need to be paid back as you are not able to have both Medical EI and STD/LTD benefits.

LONG-TERM DISABILITY (LTD)

LTD provides coverage when STD has run out. It is recommended, if you are not returning to work before STD coverage expires, to apply a minimum of 6 weeks prior to your STD ending. Not all LTD plans are the same please read your benefits manual and if needed reach out to the union for assistance.

THE IMPORTANCE OF YOUR SUPPORTING DOCUMENTATION

When filing for any of the options, the likelihood of being approved depends on the quality of supporting documentation.

The following suggestions improve the likelihood of being approved. Submitted medical documentation should only be provided to the appropriate company health department and should not, for your own privacy, be disclosed to your immediate manager.

Submitted medical documentation should include:

- List off the diagnosis and prognosis of your illness/injury/disability (describing the signs & symptoms)
- List off any restrictions and limitations you presently have that prohibit you from working at this time (forms marked with N/A indicate there are no limitations and could contribute to denial of benefits)
- How are those restrictions and or limitations prohibiting you from doing your job duties? (i.e: unable to climb, unable to lift, loss of concentration, unable to focus, make sound decisions etc.)
- What objective forms of measurement and evaluations were completed to identify your restrictions and when? (a global assessment of functioning (GAF), generalized anxiety disorder (GAD), functional limitation tests)
- Have any further studies been performed by a specialist? If so, what was the result of the further studies?
- What is the treatment plan for you including any medications prescribed (describe the dosage and frequency)
- What is the expected timeframe for your recovery period with regards to returning to work?
- What is the frequency of your visits with your medical practitioner?

You should keep copies of all medical documentation submitted in case it has been misplaced or not received. This will allow you to resubmit your medical information without negatively affecting your benefit coverage period.

WORKERS COMPENSATION FOR OCCUPATIONAL-RELATED ILLNESS

If you believe your injury or illness is related to work you must inform your physician so they fill out and send any required documentation to the worker's compensation structure in your province. You must also report it to your manager. When trying to determine if your illness/injury is related to work, it is best to **contact** your Local Union Representative for assistance.

ARE YOU A MEMBER OF THE UNION LIFE & HEALTH PLAN? (TELUS MEMBERS ONLY)

Best to become a member before you are in need of coverage, as you would not be approved if you are already off work.

To see if you are a member or if you wish to sign up, please contact the Union Plan Office at 1-877-430-3302 or 604-430-3300.

The Plan provides the following benefits: Life Insurance: a lump sum payment, Survivor Income Benefit (SIB): a monthly benefit, and Short-Term Disability (STD): disability top up coverage.

The Disability Part of the Plan, Short Term Disability (STD) coverage, is available only to members who are regular employees covered by Telus's short-term disability plan. The Disability Part provides you with wage loss protection for up to 24 months from the date that you become unable to do your own job due to Disability.

The Plan pays 'top up' benefits when your monthly income from all sources, including the Telus short-term disability plan, is less than 100% of your pre-Disability after-tax income.

The amount of STD payment you receive will depend on your income from other sources. The STD coverage benefit is designed so that your income from all sources while disabled will be approximately equal to your pre-disability after-tax income.



At any time if you need help, please reach out to the **Union**. These communication pieces have been created in the spirit of education and empowerment.

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