A MEMBER'S GUIDE TO

THE WORKPLACE SAFETY AND INSURANCE BOARD (WSIB)

2026

SEPTEMBER

ETFO FEEO

Elementary Teachers' Federation of Ontario

The Elementary Teachers' Federation of Ontario (ETFO) is the union representing 84,000 elementary public school teachers, occasional teachers, and education professionals across the province of Ontario.

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Elementary Teachers' Federation of Ontario Equity Statement

It is the goal of the Elementary Teachers' Federation of Ontario to work with others to create schools, communities, and a society free from all forms of individual and systemic discrimination. To further this goal, ETFO defines equity as fairness achieved through proactive measures, which results in equality, promotes diversity, and fosters respect and dignity for all.

ETFO's Equity Initiatives

ETFO is a union committed to social justice, equity, and inclusion. The Federation's commitment to these principles is reflected in the initiatives it has established as organizational priorities, such as: ETFO's multi-year strategy on anti-Black racism; two-spirit, lesbian, gay, bisexual, transgender, queer, and questioning education; and addressing First Nations, Métis, and Inuit issues. ETFO establishes its understanding of these issues within an anti-oppressive framework. The Federation ensures its work incorporates the voices and experiences of marginalized communities, addresses individual and systemic inequities, and supports ETFO members as they strive for equity and social justice in their professional and personal lives. Using the anti-oppressive framework is one of the ways that ETFO is operationalizing its Equity Statement.

Definition of an Anti-Oppressive Framework

An anti-oppressive framework is the method and process in which we understand how systems of oppression such as colonialism, racism, sexism, homophobia, transphobia, classism, and ableism can result in individual discriminatory actions and structural/systemic inequalities for certain groups in society. Anti-oppressive practices and goals seek to recognize and dismantle such discriminatory actions and power imbalances. Anti-oppressive practices and this framework should seek to guide the Federation's work with an aim to identify strategies and solutions to deconstruct power and privilege in order to mitigate and address the systemic inequalities that often operate simultaneously and unconsciously at the individual, group, and institutional or union level.

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Workplace Safety and Insurance Board

Navigating the complicated WSIB claim process can be confusing and frustrating. This guide provides information about WSIB benefits, the claims process, and the assistance that ETFO can provide if you need to appeal a WSIB decision. Your **local ETFO office** can also provide information about the WSIB and your employer.

Benefits

WSIB entitlement provides for various forms of benefits in the event of a workplace injury.

Health-Care Benefits (HCB) – Treatment Expenses

The WSIB pays for most medical treatments related to a workplace accident (medications, physiotherapy, chiropractic care, etc.). The WSIB has established caps for most health-care benefits.

Loss of Earnings (LOE) – Wage Replacement

If you lose time from work due to a workplace accident, you may be entitled to loss of earnings (LOE) benefits. LOE is paid at 85 per cent of your net average salary. There is a yearly maximum salary cap. If permitted under your collective agreement, your WSIB benefit may be topped up. WSIB benefits are non-taxable.

Non-Economic Loss (NEL) Benefit

If you have a permanent impairment due to a work-related injury or illness, you are eligible for a non-economic loss benefit under Section 46 of the *Workplace Safety and Insurance Act, 1997* (WSIA).

A non-economic loss benefit is not related to any LOE benefit you may receive, and it is not related to your ability to work. The NEL benefit only compensates you for the permanent impairment resulting from your work-related injury or illness, based on the degree of your impairment.

Filing a WSIB Claim

All accidents/injuries that occur while on the job, no matter how trivial, should be reported to your employer. This does not mean, however, that every injury is reported to the WSIB. Your employer only needs to report your accident to the WSIB if you lose time from work or require modified work due to the injury or if the injury necessitates medical attention or some form of health care (i.e., physiotherapy).

When you are injured at work, you need to complete your school board's incident reporting form to record the details of your injury. If you are unable to do this, a principal or witness can fill it out on your behalf. This form is then submitted to the school board, which transfers the information to an employer's report of injury/disease (WSIB Form 7).

Official Reporting Forms

Worker's report of injury/disease (Form 6)

You must report the accident to the WSIB online through a Form 6, which will trigger the start of a WSIB claim. The Form 6 is your opportunity to describe the workplace accident and resulting injury/illness suffered. Any information you provide must be accurate, and the WSIB will expect it to be consistent with your doctor's Form 8 (see below). You are required to provide a copy of the Form 6 to your employer.

Employer's report of injury/disease (Form 7)

Form 7 is the employer's reporting of the accident. You have the right to receive a copy of the employer's form once completed, but injured workers have no ability to revise the employer's form. A Form 7 will also trigger the start of the claim process with the WSIB.

Health professional's report (Form 8)

When you seek medical attention for a work-related accident, the treating health-care professional is obligated to complete and submit a Form 8, which is the physician's report of the accident based on the physical examination done at the time. A Form 8 will also trigger the start of the claim process with WSIB. You are required to provide the second page of this form to your employer.

Functional Abilities Form (FAF)

As an injured worker, you are obligated to consent to the release of functional abilities information per Section G on the Form 6. This information outlines your medical restrictions and limitations due to the workplace injury. The form is provided to the employer and used to assess whether you can return to your job and/or whether accommodations would enable you to return.

The FAF is given to you by the employer for completion by your physician. The information is then released to the employer. Some employers will request your permission to write to your doctor for additional information or to speak directly with your doctor about your absence. Your employer is entitled to functional abilities information under WSIB policy, but there are limits to what other medical information an employer may obtain. You should always consult with your local before unnecessarily signing away your right to keep your medical information private.

Mental Health Injuries

It is important to keep in mind that not all injuries are visible. The WSIB may provide benefits to workers who suffer mental health injuries, as well.

Chronic mental stress (CMS) claims

Ontario workers are entitled to WSIB benefits for some forms of workplace chronic mental stress. To be eligible, a person must have developed a diagnosed mental health condition caused by "a substantial work-related stressor." Stress caused by an employer's managerial decisions (for example, a change in assignment, disciplinary actions, or a poor performance evaluation) or from interpersonal conflict (such as conflict with a colleague or administrator that cannot reasonably be determined to be harassment) are generally not compensable.

Traumatic mental stress (TMS) claims

Traumatic mental stress (TMS) claims resulting from employer decisions and/or interpersonal conflict that cannot reasonably be determined as harassment are not eligible for entitlement. The TMS policy also requires that the mental stress injury is caused by one or more traumatic events arising out of and in the course of the worker's employment. A traumatic event may be a result of a criminal act or a serious accident and may involve actual or threatened death or serious harm against the worker, co-worker, a worker's family member, or others. In most cases a traumatic event will be sudden and unexpected. The traumatic events must be clearly and precisely identifiable, and objectively traumatic.

Diagnostic requirements

Before any traumatic or chronic mental stress claim can be adjudicated, there must be a diagnosis in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM), including but not limited to:

- acute stress disorder
- posttraumatic stress disorder
- adjustment disorder
- an anxiety or depressive disorder

More information about the WSIB's mental health claim policy is **available on their website**, or you can consult ETFO's PRS Matters bulletin **Workers' Compensation for Chronic Mental Stress**, available at members.etfo.ca.

The Importance of Medical Evidence

Medical evidence is the key to a successful claim. A claim that is filed with the proper information is often paid without unreasonable delay. However, if not reported properly, numerous problems can arise. Lack of medical evidence is often the reason for negative decisions. There are a variety of reasons that a claim may be denied, or benefits terminated, such as:

- lack of medical documentation to support the claim
- medical documentation in the file is not current
- delay in reporting an accident to the employer and/or filing a WSIB claim
- incomplete information on Form 6, 7, or 8
- delay in seeking medical attention for the injury
- no proof of accident/illness
- non-co-operation in a return-to-work plan
- factual disputes about the reported incident

You must keep in regular contact with your treating health-care practitioner to help establish continuity of medical treatment and to demonstrate the seriousness of the injury/accident. You should obtain appropriate medical care for each injury or body part affected.

Medical evidence is often needed to address the following issues:

- whether the condition is disabling
- what medical restrictions or limitations remain
- whether the disabling condition arose out of the workplace incident
- what additional treatment or health care is needed

While a family physician's report will always be important in a claim, the WSIB relies heavily on the opinions of specialists. It is crucial that you obtain an opinion from a specialist who has expertise in your illness/injury as soon as possible, particularly if the injury/disease is complex. A specialist can only comment on their area of expertise. The WSIB will, in general, not accept the opinions or advice of alternative practitioners such as naturopaths, osteopaths, etc.

The WSIB looks for objective medical evidence in assessing the merits of a claim. Objective evidence may include test results, medication prescriptions, X-rays, CT scans, MRIs, specialist consultation and assessment reports, or other documentation. These are needed to help confirm the connection between the injury/disease and the workplace accident, along with the severity/disabling nature of the injury.

Although the WSIB is required to gather medical evidence, the onus often falls on the injured worker to provide missing medical documentation to support their ongoing claim.

Time limits

There are time limits for **submitting a claim** (within six months of the injury/illness) or **objecting to decisions** (within 30 days or six months) made at the WSIB level. The time limit will be outlined in the decision letter, and it is critical to object to the decision within the time limit. The final level of appeal for WSIB decisions is at the Workplace Safety and Insurance Appeals Tribunal (WSIAT), which must be initiated within six months after a decision from an appeals resolution officer is received. It is vital that you meet all the applicable timelines associated with your claim. Failure to do so may result in forfeiting your right to appeal the WSIB's decision. (See more in Appealing a Negative Decision.)

It is important to note that you should not rely on a WSIB appeal for immediate financial relief. The appeal process can take years, and a successful financial outcome is not guaranteed.

The Return-to-Work and Medical Accommodation Process

Under the *Workplace Safety and Insurance Act*, you are obligated to co-operate in any return-to-work (RTW) plan or discussion. Failure to co-operate in the RTW process may result in denial or suspension of your WSIB benefits.

The WSIB usually encourages the workplace parties to engage in an early and safe return to work as soon as possible. This means you may be expected to return even if you are experiencing residual effects of your injury.

The district school board has obligations to accommodate an employee's return to work. These obligations are defined in the *Workplace Safety and Insurance Act,* Ontario's *Human Rights Code* and, often, the collective agreement. The limit of this obligation is accommodation that would cause the employer undue hardship.

If you require a medical accommodation, you will need to produce a list of medical restrictions and limitations as outlined by your treating physician. Sometimes these are provided through the WSIB process, but you may need to provide additional/updated information about medical restrictions and limitations directly to your school board as well. Be sure to discuss the RTW plan with your doctor(s) prior to accepting a school board's offer.

Under the *Labour Relations Act*, ETFO has a duty of fair representation to its members with respect to RTW issues, including requests for medical accommodation. Members have a right to union representation throughout the entire process, and local representatives regularly advocate on behalf of members returning from medical leaves, including WSIB-related leaves.

Work with your local ETFO office to navigate the medical accommodation and RTW process specific to your district school board.

The WSIB Return-to-Work Meeting

As an injured worker, you and your employer are obligated to co-operate in any RTW plan or meeting. Failure to participate may result in the suspension or termination of your WSIB benefits.

A RTW plan is based on your medical restrictions and limitations as outlined by your treating health-care professional. The start of any RTW discussions must be with the pre-injury job in mind. You should always have your local ETFO representative in attendance at any WSIB RTW meeting.

A WSIB return-to-work specialist (RTWS) will often facilitate a RTW meeting, although an employer representative may also serve this role. At the end of the meeting, the meeting facilitator will report to your WSIB case manager, outlining the specific elements of the RTW plan agreed upon by the workplace parties (i.e., the school board, the local, and the member). It is up to your case manager to decide whether to accept or reject the RTW plan.

Although not specifically addressed under WSIB rules, applying for WSIB benefits brings with it a duty for you to mitigate your circumstances while awaiting benefit entitlement. This means you are expected take whatever measures you can to reduce the effects of the workplace accident and help you get back to work. Remember – you do not have to be fully recovered to return to work.

It is advisable to demonstrate a willingness to attempt to return to work whenever possible and safe, even if you have concerns about your ability to do so. However, RTW plans are intended to be flexible, and if the return to work is causing harm to your well-being you should immediately report your difficulties to your employer, your WSIB case manager, and your doctor to discuss additional medical accommodations. This might include a reduction in hours.

Possible Return-to-Work Outcomes

Every RTW plan is different, and each case is based on a member's medical documentation. It is possible that you might return to:

- your own assignment
- your own assignment with modifications in duties or hours;
- your same school with a different but comparable temporary assignment;
- your same school with a suitable temporary assignment
- a different school with a different job assignment

Your physician or specialist does not decide what type of assignment you should have. The workplace parties, which include the school board, the local, and the member, are responsible for the process, and all parties must have input. If the employer's offer of work meets your qualifications and does not violate your medical restrictions and limitations or the terms of your collective agreement, then the WSIB will likely deem it suitable work.

Appealing a Negative Decision

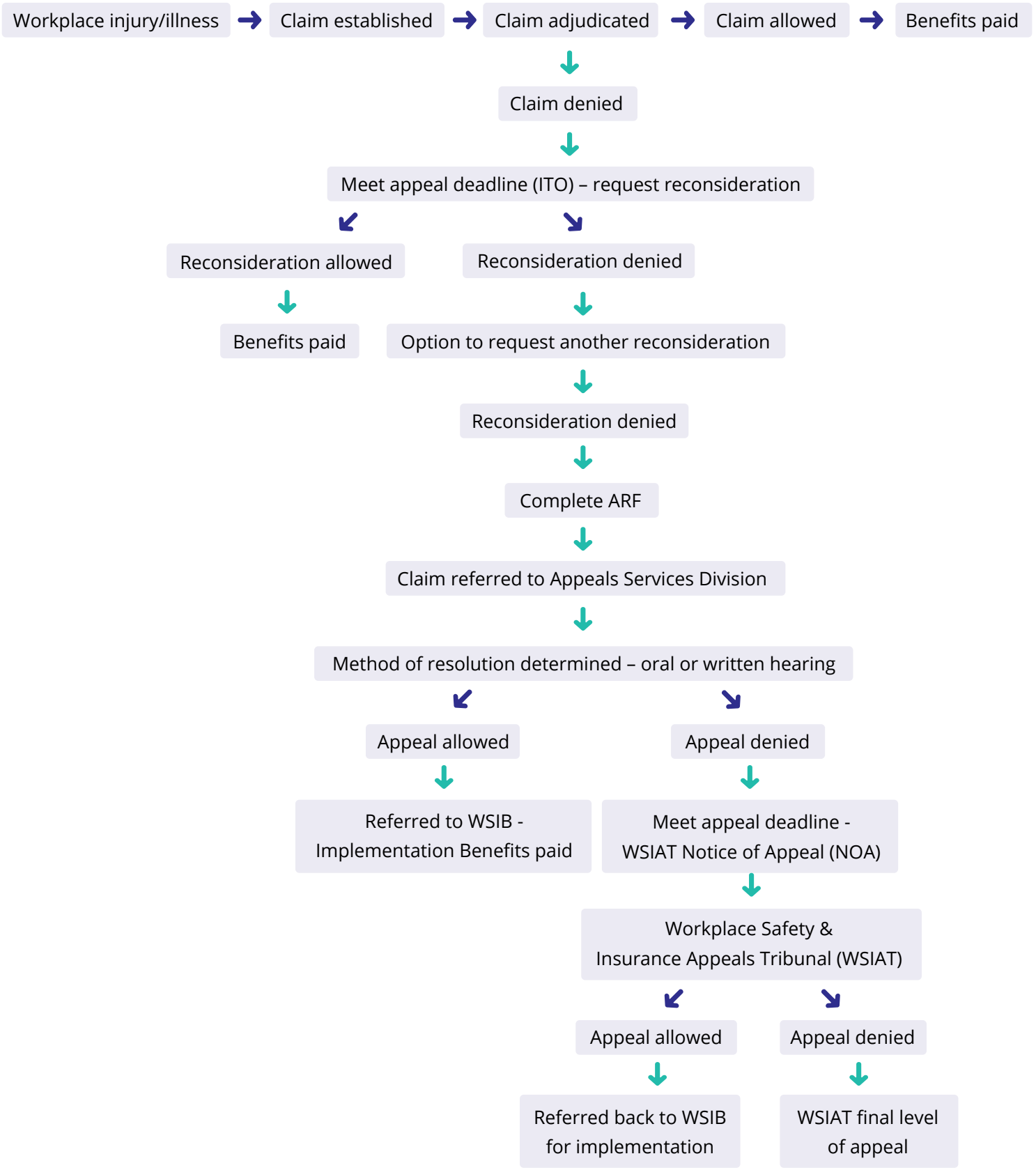
If your claim has been denied or terminated, you will receive notice in writing from the WSIB. If you do not agree with this decision, you have the right to appeal.

Upon receipt of notification of your claim denial/termination, you should complete and submit the WSIB's Intent to Object form (ITO) as soon as possible if you wish to preserve your right to appeal an unfavourable decision. There is no need to provide additional information on the ITO – you will have the opportunity to do so later, if you choose. The important thing is to meet the time limit, which is generally within 30 days of the decision concerning return to work and six months for all other decisions. Otherwise, you will likely not be able to pursue an appeal in the future.

Sometimes a WSIB decision will allow some benefits and deny others. It is always in your interest to protect your right to appeal any benefit that has been denied by the WSIB. This is especially important for decisions concerning areas of injury or diagnoses and recovery. In these circumstances, you should complete and submit an ITO as soon as possible.

If the WSIB decision-maker does not change the decision after reviewing the ITO and any new information you provide for reconsideration, WSIB will provide you with your case file and an Appeals Readiness form (ARF). While there is no time limit for returning the form, there are very strict rules as to when and under what conditions the form can be submitted. Please carefully review the instruction sheet that is provided with the form for further information before proceeding with an appeal.

WSIB Claim Process



Workplace Safety and Insurance Appeal System

Appeals Resolution Officer

If an appeal is not resolved with the case manager at the WSIB Operations level, the appeal can be referred to the Appeals Services Division (ASD) by the appealing workplace party by completing the Appeal Readiness form. When an appeal is referred to the ASD, it is assigned to an appeals resolution office (ARO) to rule on the matter. At the ASD, an appeal may be addressed via a written submission or an oral hearing. An oral hearing is not provided in every case. The WSIB will determine if an oral hearing is necessary.

Workplace Safety & Insurance Appeals Tribunal

If the ARO upholds the decision to deny or terminate your claim, you may proceed to the final level of appeal with the Workplace Safety and Insurance Appeals Tribunal (WSIAT). The appeal at the WSIAT is usually addressed through an oral hearing. The decision of the WSIAT is final.

WSIB and Sick Leave

If you suffer a workplace injury and are medically unable to return to work, your salary will be suspended, and you may begin to access sick leave credits. Once entitlement is granted by the WSIB and your school board is notified, your absences will be recorded as WSIB-related in place of sick leave.

The WSIB pays at a rate of approximately 85 per cent of a worker's net average earnings. Your collective agreement may provide a "top-up" of WSIB benefits. Contact your local ETFO office for more information about WSIB top-up.

WSIB and Pension

Members receiving WSIB benefits continue to be active members of their pension plan. WSIB loss of earnings benefits are pensionable. Members with long-standing WSIB claims are advised to contact the pension plan to confirm the process for making the required contributions.

Financial Assistance

It may take some time for you to receive a decision from the WSIB on your claim. Appeals can also take a long time to resolve. Benefits will not be paid until entitlement has been granted by the WSIB. If you have exhausted your sick credits but have not yet qualified for WSIB, you may qualify for financial aid through the following government programs:

Employment Insurance (EI) Sickness Benefits

These benefits may be paid for a maximum of 26 weeks after a one-week waiting period. You must have accumulated 600 insurable hours in the 52 weeks preceding the claim. There is an application process that requires your record of employment (ROE) from your school board, along with a medical certificate signed by your doctor confirming you are medically unable to work. The ROE is completed by your employer after your last day of paid work and the exhaustion of any sick leave. More information can be found on the **Government of Canada website**.

Ontario Disability Support Program (ODSP)

This provincial social assistance program for people with disabilities may include financial assistance, as well as accommodation, basic living expenses, prescription drugs, and basic dental care. There are eligibility requirements. For more information, please check the **Ontario government website**.

If your WSIB claim is approved, you will be expected to repay any money you received from EI or ODSP.

WSIB and LTD Claims

If you have long-term disability (LTD) coverage, and think you are going to be away from work for a lengthy period of time due to the work-related injury, it is recommended that you apply for LTD, even if you are already receiving WSIB benefits. WSIB and LTD claims can run concurrently, though you will not generally receive benefits from both for the same period.

WSIB will be the first payor. If the WSIB claim is denied and the LTD claim is approved, LTD can be activated so that you are not without some income.

If you are considering an LTD application, please keep in mind that you are responsible for being aware of and meeting all associated time limits. It is imperative that you do not miss the deadline for filing an LTD claim. Please consult ETFO's ***A Member's Guide to Long-Term Disability*** for further details, and contact your local ETFO office for more information about concurrent WSIB and LTD claims.

Provincial Assistance with WSIB Claims

Procedure

The ETFO Executive has established guidelines for assisting members in WSIB disputes. The provincial office may only become involved with a member's claim when the claim has been denied or terminated. To qualify for support, all cases must also meet ETFO's WSIB case-selection criteria (see below). Legal assistance will not be provided automatically. You can contact the Professional Relations Services (PRS) staff on duty at the provincial office to discuss the type of assistance that may be available to you.

Return-to-work and medical accommodation issues associated with a WSIB claim will be dealt with by ETFO locals and, when necessary, in consultation with ETFO's PRS staff.

ETFO case-selection criteria

ETFO will not provide representation to members in the following WSIB circumstances:

1. Permanent disability and Non-Economic Loss (NEL) awards (increases and arrears).
2. Health-care benefits unless an appeal would have a significant impact on other entitlements such as return to work or loss of earnings benefits.
3. Cases involving Loss of Earnings (LOE) and Health Care Benefits (HCB) for less than seven working days.
4. Recovery of overpayments.
5. No lost-time claims.
6. Employer access to WSIB file. Note: ETFO staff will have discretion to provide assistance to a member if an employer's request for access to a member's WSIB file, particularly the medical evidence, is being used to harass the member or may have a negative impact on the member's employment status.
7. Employer requests for medical assessments. Note: ETFO staff will have discretion to provide assistance to a member if they believe the employer's request for medical assessment is being used to harass the member or may have a negative impact on the member's employment status.
8. Earnings basis calculations (these calculations affect the way benefits are calculated. All information comes from the employer).

9. Where time limits have expired or there is insufficient time to review a file prior to the expiration of a time limit or an appeal hearing/or submission date. For instance:
    a. The WSIB Intent to Object form was not submitted to the WSIB within the required six-month or 30-day deadline.
    b. The appeal process has been initiated by the member and ETFO was not involved prior to initiation.
10. Non-co-operation with ETFO. For example:
    a. Non-compliance with timelines or requests as set out by ETFO.
    b. Refusing to report a material change in circumstance as required under the *Workplace Safety and Insurance Act*.
    c. Refusing to disclose information to ETFO that is pertinent to the WSIB claim/dispute.
11. A member has engaged their own legal counsel or has an alternative representative.
12. If the member's claim arose when they were a member of another union or another organization.
13. If a member has retired or resigned from their employment and the provincial office was not involved in the member's claim prior to the retirement/ resignation date.
14. If, in ETFO's opinion, the claim is not sufficiently strong to succeed at an appeal to the Appeals Services Division and/or tribunal (i.e., case insufficiently supported by medical documentation; situation when significant and necessary events from a witness are not available; no ability to obtain additional supportive medical evidence).

Frequently Used WSIB Acronyms

ACT (WSIAct): Workplace Safety and Insurance Act

ADJUDICATE: decide

A/E or AE: accident employer

ARO: appeals resolution officer

CM: case manager

COMP: compensation

CPP: Canada Pension Plan

DOA: date of accident

EMP: employer

ENT: entitlement

ESRTW: early and safe return to work

FAE: functional assessment evaluation

FAF: Functional Abilities form

FU: follow-up

HCB: health-care benefits

IE: injured employee

INJ: injury

IW: injured worker

LDW: last day worked

LO: lay off, laid off

LOE: loss of earnings

MC: medical consultant

MMR: maximum medical recovery

MVA: motor vehicle accident

MW or Mod. Work: modified work

NC: nurse consultant

NEL: non-economic loss

NFA: no further action

NLT: no lost time

NON-COMP: non-compensable

ODD: Occupational Disease Department

OHCOW: Occupational Health Clinics for Ontario Workers

OP: overpayment

O/S: outstanding

PD: permanent disability

PI: permanent impairment

PENS: pension(s)

PPD: permanent partial disability

RC: rehabilitation counsellor

REC: regional evaluation centre

REO: re-open (claim)

REP: representative

RTW: return to work

RTWS: return-to-work specialist

RX: prescription

TRIBUNAL: Workplace Safety and Appeals Tribunal

WSIAT: Workplace Safety and Appeals Tribunal

WSIB: Workplace Safety and Insurance Board

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