

# OCCUPATIONAL INJURY FLOWCHART - Worker

**Injured Worker**  
Must report all work-related injuries to the **First Aid Attendant** and the **Supervisor**

Will the worker be going to medical aid?  
The **First Aid Attendance** and/or the **worker** can request medical aid.

**NO**

**Injured Worker**  
Sign the First Aid Report  
Complete the WorkSafe BC Form 6a (Submit form 6a to your supervisor or via tele-claim or online)  
If you are receiving First Aid at a visiting site, obtain a copy of the First Aid Report to give your sites First Aid Attendant and supervisor  
**Notify your Supervisor** of your injury.

**YES**

**First Aid Attendant**  
Is an ambulance required?

**NO**

**Injured Worker**  
Sign the First Aid Report  
Complete the WorkSafeBC **Form 6a** (Submit Form 6a to your Supervisor, or via tele-claim, or online)  
If you are receiving First Aid at a visiting site, obtain a copy of the First Ad Report to give to your sites First Aid Attendant and Supervisor.  
**Notify your Supervisor** that you are going to medical aid.  
Are there medical restrictions?  
(i.e. work absence, modified duties/hours, etc.)

**YES**

**Call ambulance and notify supervisor.**

**NO**

**Injured Worker**  
Returns to work.

**YES**

Provide a doctors note to your **Supervisor** outlining the medical restrictions.  
A customized RTW plan may be developed.