RTW: BENEFITS OF A RETURN-TO-WORK PROGRAM

What is a Return-to-Work Program?

A Return-to-Work (RTW) program is a planned process to manage the impact of disability in a workplace. The documented processes are for the purpose of identifying and providing alternate or modified work (temporary or permanent) for injured workers. Common names for a RTW program include Disability Management program, Modified Work program, Alternate Duties program or Claims Management program.

A RTW program is operated and managed by a workplace. Successful RTW programs take a collaborative approach to decision making, with worker and/or union participation (if applicable) in the development, administration and maintenance of the program as well as individual RTW plans.

Implementing an effective Safety program is the proactive approach to mitigating the human and financial impact of injury – i.e. the easiest injury to manage is the one that never occurred.

Implementing an effective RTW program is a “proactive way of being reactive” – i.e. the best way to mitigate both the human and financial impact of injury once it has occurred.

Why is Return-to-Work the right thing to do?

RTW is about supporting the worker when he/she is at his/her most vulnerable – when he/she has become injured and the injury is interfering with his/her ability to do his/her job. It is about protecting his/her employability. It is recognizing that even though a worker may not be able to do his/her original job, that he/she can still make valuable contributions to the workplace.

RTW aims to prevent unnecessary disability. The longer a worker is away from work the greater the potential for not returning to the workplace at all.

The occurrence of a disability can have a profound impact on every aspect of workers’ lives including their connection with the workplace, their ability to make a living, their role in the family and their overall health and well-being. Here are the sobering statistics:

After a six-month absence, there is only a 50% chance the worker will return to the job.
After one year, that chance declines to 20% and after two years, to 10%.
Lifestyle changes resulting from a disability can be extremely challenging, leading to secondary disabilities such as depression. Minimizing the number of life changes by offering accommodations that allow workers to quickly and safely return to work leads to better health outcomes than convalescing entirely at home.


What are the Benefits of a Return-to-Work Program?

Worker Benefits

- Promotes physical health, well-being and recovery of injured workers
- Promotes psychological well-being of injured workers
- Assists in preventing disability
- Preserves self-identity and self esteem
- Maintains social bond with coworkers
- Maintains occupational bond with employer
- Protects worker benefits
- Protects employability
- Reduces impact of disability on families

Other Benefits

In addition to the role that RTW plays in preventing disabilities other reasons to develop a program include the potential for workplaces to:

- Promote a fair and consistent treatment of all workers
- Prevent loss of valuable workers (skill, knowledge & experience)
- Impact WCB insurance premiums
  - Decrease likelihood of company being surcharged
  - Increase likelihood of company receiving a discount
  - Increase likelihood of reduction in industry rate code/s premium over time
- Maintain chains of communication between all parties involved in the RTW process
- Minimize impact of work related injuries on productivity

In addition, a RTW program can assist employers in meeting “Duty to Accommodate” obligations under Human Rights and Saskatchewan Labour Standards legislation. It can:

- Provide a planned process to follow
- Provide the tools necessary to document accommodation practices
RTW: “DUTY TO ACCOMMODATE” & RETURN-TO-WORK PROGRAMS

One of the advantages in having a Return-to-Work (RTW) program is that it can assist an employer in meeting legal “Duty to Accommodate” obligations. A RTW program provides a workplace with a planned process to follow and the tools (medical restrictions form, RTW plan form, etc.) necessary to document its RTW practices.

“Duty to Accommodate” is not a WCB regulation. “Duty to Accommodate” is defined by case law and supported by Human Rights and Labour Standards legislation.

The role of the WCB is not to provide legal advice to employers, workers or unions. The WCB cannot say, in any given circumstance, whether or not the duty applies to a particular employer, or whether an employer's legal obligations have been met to the point of undue hardship in any specific case. In the event of a dispute, that determination would be made by the courts or a Saskatchewan Human Rights tribunal.

Nonetheless, in a circumstance where “Duty to Accommodate” applies a RTW program provides a structured process for identifying and providing alternate or modified work for persons with disabilities and, as such, can offer valuable assistance to a workplace.

“Duty to Accommodate”

“Duty to Accommodate” is a legal obligation that falls on employers to make every reasonable effort, short of undue hardship, to accommodate workers who fall under a ground protected against discrimination by human rights legislation.

In Saskatchewan and throughout Canada employers cannot discriminate on the basis of a prohibited ground. Prohibited grounds include that of disability. This is true regardless of whether the disability is occupational, non-occupational, temporary, or permanent.
“Undue Hardship”

The obligation is not limitless. An employer must only accommodate up to the point of "undue hardship". The Canadian Human Rights Commission writes:

The term "undue hardship" refers to the limit of an employer's capacity to accommodate without experiencing an unreasonable amount of difficulty… This means an employer is not expected to provide accommodation if doing so would bring about unreasonable difficulties based on health, safety and/or financial considerations…. There is no precise legal definition of undue hardship, nor is there a standard formula for determining undue hardship. Each situation is unique and should be evaluated individually… Generally, some hardship can be expected in meeting the duty to accommodate. Employers are required to carefully review all options before they decide that accommodation would cause undue hardship. It is not enough to claim undue hardship based on an assumption or an opinion. To prove undue hardship, employers have to provide evidence.


Once again, a RTW Program is helpful by providing a workplace with a structured process to follow as well as the tools necessary to document its RTW practices in the event it has to prove it.

Saskatchewan Human Rights Code

Section 9
Every person and every class of persons shall enjoy the right to engage in and carry on any occupation, business or enterprise under the law without discrimination on the basis of a prohibited ground.

Section 16(1)
No employer shall refuse to employ or continue to employ or otherwise discriminate against any person or class of persons with respect to employment, or any term of employment on the basis
of a prohibited ground.

The Saskatchewan Labour Standards Act

Section 44.3(1)
Where an employee becomes disabled and the disability would unreasonably interfere with the performance of the employee’s duties, the employer shall, where reasonably practicable, modify the employee's duties or reassign the employee to another job.

Section 44.3(2)
In any prosecution alleging a contravention of this section, the onus is on the employer to prove that it is not reasonably practicable to modify the employee’s duties or reassign the employee to another job.

Additional Resources:
For more information outlining key legal principles of “Duty to Accommodate”, “Undue Hardship” as well as the roles and responsibilities of employers, workers and unions see the publication below:

A Guide for Managing the Return to Work
Canadian Human Rights Commission
© Minister of Public Works and Government Services 2007
Cat. No. HR21-63/2007

For more information on drafting workplace accommodation policies or procedures see the publication below:

Place for All: A Guide to Creating an Inclusive Workplace
Canadian Human Rights Commission
© Minister of Public Works and Government Services 2006
Cat. No. HR21-62/2006

These publications are available on the Canadian Human Rights Commission’s website:
Go to: www.chrc-ccdp.ca

- Resources Box on left hand side of home page
- Publications
- Publications A to Z
- “Guide to Managing the Return to Work” or “Place for All: A Guide to Creating an Inclusive Workplace”

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RTW: WCB LEGISLATION

The WCB supports and encourages Return-to-Work (RTW) initiatives in the workplace and recognizes the importance they play in the prevention of needless and/or continuing disability.

RTW prevents disability, promotes recovery, safeguards the health and well being of an injured worker (both physical and psychological), and protects his/her employability.

Under the WCB Act an injured worker has legal obligations for participating and cooperating in the rehabilitation process, including participating in RTW initiatives.

It is important to note that these obligations exist whether there is a structured RTW Program in a workplace or not. Any worker on a WCB claim throughout the province has the same responsibilities in the process.

WCB Act – Sections 51, 53, 54, 101 and 180

Under the Act, an injured worker is expected to cooperate fully in RTW measures. If an injured worker does not cooperate when he/she is considered fit to return to some kind of work, the WCB is required by law to decide if benefits should be continued, suspended, reduced or terminated, depending on the reasons for non cooperation.

WCB Act – Section 51

A worker shall:

(a) take all reasonable action to mitigate the worker’s loss of earnings resulting from an injury; and

(b) if the circumstances require, co-operate with the board in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment.

WCB Act – Section 53

An employer shall co-operate with the board and the worker to achieve the early and safe return of an injured worker to his or her employment.

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WCB Act – Section 54

Unless excused by the board, an employer who contravenes section 52 or 53:

(a) is guilty of an offence and liable on summary conviction to a fine of not more than $1,000; and

(b) if the board so orders, shall pay to the board any part of the amount of compensation and medical aid that the board awards for that injury, whether or not the employer has been convicted of an offence.

WCB Act – Section 101

(1) The board may terminate or reduce payment to a worker of any compensation based on the worker’s loss of earnings:

(a) if the board determines after the review pursuant to section 100 that the worker’s loss of earnings is not related to the effects of the injury; or

(b) without limiting the generality of clause (a), if:

(i) without good reason, the worker is not available or declines to accept a genuine offer of employment in an occupation in which the worker, in the opinion of the board in consultation with the worker, is capable of engaging;

(ii) without good reason, the worker fails to co-operate in, or is not available for, a medical or vocational rehabilitation program that has as its objective returning the worker to suitable productive employment;

(iii) in consultation with the workers, the board has designed and provided to the worker, at the expense of the board, a vocational rehabilitation program, and the worker has been allowed a reasonable time to obtain employment after completing the program;

(iv) the worker voluntarily:

(A) accepts employment in an occupation that has a lower rate of pay than an occupation in which the worker, in the opinion of the board in consultation with the worker, is capable of engaging; or

(B) withdraws from the labour force for reasons other than the effects of the injury; or

(iii) the worker fails to comply with section 51.

(2) Subsection (1) applies, with any necessary modification, to a worker’s dependent spouse after the expiration of entitlement to compensation pursuant to subsection 81(1) or (2).

WCB Act – Section 180

(1) No person shall:

(a) knowingly provide false or misleading information to the board;

(b) fail to report to the board, without lawful excuse, the person’s return to work;
(c) fail to inform the board of a material change in the person’s circumstances that may affect the person’s entitlement to compensation or other benefits pursuant to this Act or the amount of that compensation or those benefits; or

(d) contravene any other provision of this Act or the regulations for which a penalty is not otherwise provided for in this Act.

(2) Every person who contravenes a provision of this Act or the regulations for which no penalty is otherwise provided for in this Act is guilty of an offence and liable on summary conviction to a fine of not more than $1,000.

(3) The fines and monetary penalties imposed pursuant to this Act, including any penalties imposed pursuant to section 183, are the property of the board and are to form part of the fund.

Injured Worker’s Return-to-Work Role

• Seek medical aid and follow prescribed treatment plan
• Have the health care practitioner document any medical restrictions
• Provide medical restrictions to the employer
• Return to work as soon as safe and productive work is arranged
WCB STANDARD RTW DEFINITIONS

Alternate work: Work that is considered to be duties or tasks not normally performed by the injured worker.

Disability: Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. (International Classification of Impairments, Disabilities and Handicaps [ICIDH], World Health Organization, Geneva, 1980)

Within the context of RTW, any restriction or lack of ability to perform any or all normal work duties as a consequence of a work related injury

HCP: (Health Care Professional/Practitioner) “A physician, dentist, chiropractor, optometrist, psychologist, occupational therapist, physical therapist, nurse or any other person who is registered or licensed pursuant to any Act to practice any of the healing arts.” (The Workers Compensation Act, 2013)

Injured worker: A worker who has been injured as the result of a work-related circumstance.

Within the context of RTW, an injured worker is one who has not recovered from his/her injury in that he/she is not yet able to return to normal work duties but who is capable of some form of employment.

Injury: “(i) the results of a willful and intentional act, not being the act of the worker;

(ii) the results of a chance event occasioned by a physical or natural cause;

(ii.1) a disabling or potentially disabling condition caused by an occupational disease; or

(iii) any disablement; arising out of and in the course of employment” (The Workers Compensation Act, 2013)

Medical restrictions: Clear and specific limits including, but not limited to, specific work activities, exposures, body motions, timeframes, and lifting capabilities, as identified by the injured worker’s Health Care Practitioner/s, required to protect the worker from further injury. Medical restrictions arising from an injury may be physical, cognitive and/or psychological and be of a temporary or permanent nature.

Modified work: Modification of work can include, but is not limited to, changes to the work environment, work hours, tools and equipment used, and job design/work organization.
Permanent disability: Any disability from which an injured worker is not expected to recover to his/her pre-injury level.

Return to Work plan: A planned process to manage the impact of an individual injured worker’s injury, including the documentation of the specific alternate or modified work identified and provided to him/her.

RTW plan options must:

- be productive (contribute to the objectives or operations of the company);
- be within the medical capabilities of the injured worker;
- be within the skills and abilities of the injured worker;
- not endanger the health or safety of the injured worker or his/her co-workers.

RTW plan options must be considered in this order:

1. Pre-injury job modified;
2. Another job in its entirety;
3. Another job modified;
4. A re-bundling of suitable duties.

Any or all of these options may be provided to an injured worker while under treatment or rehabilitation, or not.

Return to Work program: A planned process to manage the impact of injury in a workplace. The documented processes help identify and provide alternate or modified work (temporary or permanent) for injured workers.

RTW Committee: A committee assigned the responsibility of developing, implementing, monitoring and/or reviewing the RTW program.

RTW Coordinator: (Actual job titles will vary depending on the company) The person assigned the responsibility of overseeing the day to day functioning of the RTW program.

Temporary disability: Any disability from which an injured worker is expected to recover to his/her pre-injury level.
RTW: RETURN-TO-WORK PROGRAM POLICY

Purpose of a RTW Program Policy

The RTW Program policy is a company’s formal commitment to RTW and defines the overall values or philosophy of its RTW Program.

A RTW Program policy is a key component of the RTW Program. Subsequent RTW processes are designed to meet the intent of this policy.

It is important that there is a RTW Program policy since it:
• Is one measure of the commitment of senior management
• Sets the standard and expectations of the organization
• Communicates to staff RTW expectations
• Reinforces RTW practices and decision making
• Assists in fair and consistent treatment of injured workers

The RTW Program policy should include a statement:
• outlining the purpose/intent of the RTW Program
• that work will be safe (within an injured worker’s medical restrictions)
• that work will be productive
• that the organization will work in collaboration with the injured worker
• that processes will be timely

Policy should be signed by the highest level of authority in the company (i.e. Owner, C.E.O., Chairman of the Board, Mayor, etc.).
• Policy must be communicated to staff
• Policy must be posted
• Policy must be reviewed regularly (recommended annually)

If a company is unionized, or has a worker/employee association, labour support for the RTW Program should be formalized by securing the signature of the equivalent level of union authority (i.e. union president). At the very least there should be a letter of understanding signed by both management and labour.
Sample Return-to-Work Program Policy

NAME OF COMPANY recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work Program for employees who are unable to perform any or all of their normal duties as a consequence of an injury.

NAME OF COMPANY will work in collaboration with the injured worker and expend serious effort to identify alternate or modified work that is both productive and safe.

This company’s return-to-work process begins immediately after an injury occurs.

It is expected that all employees will cooperate fully in facilitating the timely return-to-work of injured workers.

It is expected that all injured workers will cooperate by accepting alternate or modified work that is within their skills and abilities.

Any personal medical information will be held in the strictest confidence.

Signed:

____________________________________________________  Date: ______________________

________________________________________________________

(Title)

Policy Review:

Date: ______________________________________________________________________

Date: ______________________________________________________________________

Date: ______________________________________________________________________

Date: ______________________________________________________________________

Date: ______________________________________________________________________

Date: ______________________________________________________________________
RTW: MEDICAL RESTRICTIONS

Health Care Practitioner Information:

This company recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work Program for employees who are unable to perform any or all of their normal duties as a consequence of an injury/illness.

The purpose of this form is to verify injury/illness and to provide restrictions in order to enable the worker to return to alternate or modified work as soon as possible.

Medical Restrictions: Clear and specific limits, including, but not limited to, specific work activities, exposures, body motions, positional tolerances (i.e. ability to sit, stand, stoop for a long time, etc.), timeframes, and lifting and/or material handling capabilities, as identified by the injured worker’s Health Care Practitioner/s, required to protect the worker from further injury. Medical restrictions arising from an injury may be physical, cognitive and/or psychological and be of a temporary or permanent nature.

We require this information in order to identify suitable work that is both productive and safe.

Any work assignments will honour the outlined restrictions.

If we are unable to offer work that is appropriate to the outlined restrictions the worker will be off work.

Please provide the worker’s current capabilities and/or restrictions, and the expected duration of any restrictions (i.e. no lifting until musculoskeletal assessment).

It is expected that all restrictions will be based upon objective medical evidence.

Worker Instructions:

• Report injuries and absences for medical reasons to your supervisor immediately
• Obtain medical treatment
• Have your health care practitioner complete the medical restrictions form (on back) during your initial visit to provide you with your restrictions

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If medical restrictions do not affect your ability to do your job:

- Return to work for your next scheduled shift

If medical restrictions affect your ability to do your job:

- Call your supervisor as soon as possible to let him/her know that your injury has affected your ability to do your job

- At your RTW planning meeting you will be provided (if possible) with suitable work within your restrictions as outlined on the medical restrictions form. The alternate or modified work will:
  - honour your current medical restrictions
  - be modified if and/or when your medical restrictions change
  - allow time for further diagnostic and/or treatment appointments

- Have your health care practitioner complete another medical restrictions form during any follow-up appointments if your medical restrictions change
Medical Restrictions Form

The purpose of this form is to verify injury/illness and to provide restrictions to the employer in order to enable the worker to return to *alternate or modified work* as soon as possible.

The employer requires this information in order to identify suitable work that is both productive and safe.

Any work assignments will honour the outlined restrictions.

If the employer is unable to offer work that is appropriate to the outlined restrictions the worker will be off work.

Please complete and give to worker for delivery to the employer.

**Worker’s Name:**

---

Due to injury/illness the following physical, cognitive or psychiatric restrictions currently apply:

<table>
<thead>
<tr>
<th>Expected duration of restrictions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;7 days</td>
</tr>
</tbody>
</table>

**Practitioner Name and Signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Health Care Practitioner not required to send copy to WCB
RTW: RETURN-TO-WORK EMPLOYER-PHYSICIAN PARTNERSHIP

The WCB’s goal is to help an injured worker recover so he/she can resume normal life activities as soon as it is medically safe to do so. This requires a working partnership between the worker, health care practitioner, employer and the WCB. The following information relates specifically to the employer-physician partnership.

Canadian Medical Association

The Canadian Medical Association recognizes the importance that RTW can play in the health, well being and recovery of injured workers. It states:

Prolonged absence from one’s normal roles, including absence from the workplace, is detrimental to a person’s mental, physical and social well-being. Physicians should therefore encourage a patient’s return to function and work as soon as possible after an illness or injury, provided that return to work does not endanger the patient, his or her coworkers or society. A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability. Through improvement of health outcomes, a safe and timely return to work also preserves a skilled and stable workforce for employers and society and reduces demands on health and social services as well as on disability plans.

CMA Policy document: PD01-09 Name of Policy: 2000-Dec-09 The Physicians role in helping patients return to work after an illness or injury (updated 2000)

As it relates to the employer-physician relationship, it states:

.... Ultimately, the employer determines the type of work available and whether a physician’s recommendations concerning an employee’s return to work can be accommodated. In recognition of the employee-employer relationship, physicians should encourage their patients to take an active role in and to take responsibility for the return
to work and to communicate directly and regularly with their employers....”

...When requested by the employer, the physician, with the patient’s consent should be as specific as possible in describing the patient’s work capabilities and any work accommodation required. Whenever possible, the physician should state whether restrictions are permanent or temporary and give an estimate of recovery time. Also, the physician should give the date when the patient’s progress and his or her work restrictions will be reassessed...

CMA Policy document: PD01-09 Name of Policy: 2000-Dec-09 The Physicians role in helping patients return to work after an illness or injury (updated 2000)

An electronic copy of the complete Canadian Medical Association’s Return to Work Policy document is available on their website (CMA PolicyBase tab): www.cma.ca

College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association- Joint Position Paper

In the spring of 2006 the College of Physicians and Surgeons of Saskatchewan along with the Saskatchewan Medical Association developed a joint policy to provide guidance to physicians on their role of providing medical certification of illness or injury and/or assessing capacity for work.

This policy addresses the need of employers to receive medical restrictions from health care practitioners in order to design safe and suitable work for its injured workers.

This policy is reproduced in the College of Physician’s and Surgeons of Saskatchewan, Spring 2007 newsletter, which also contains an article giving further explanation. In this article Dr. Shaw writes:

It may be of some assistance to share this policy with patients to assist them to understand that the physician’s role in certifying illness or assessing capacity of work is to provide an objective evaluation and report the limitations that the patient/worker’s injury/illness places on their ability to perform certain functions. It is the responsibility of the employer to manage the worker’s return to modified or usual work duties with the benefit of the objective professional input from physicians and/or other health professionals.

College of Physicians and Surgeons of Saskatchewan, Spring 2007 newsletter, “Role of Physicians in Certifying Illness and/or Assessing Capacity for Work”, K. Shaw, MD, Deputy Registrar
Support Package for Physicians Treating Injured Workers

In December 2006 the Saskatchewan Workers’ Compensation Board developed a publication to assist physicians in managing injured workers’ recovery and return to work. It is a resource designed to provide guidance for physicians and helps defines the roles and responsibilities physicians have in recovery and return to work processes.

The physician has a responsibility to maintain communication with the worker and the WCB about the extent of the worker’s injury and the expected recovery timeline. The physician also has a responsibility to provide to the WCB and to the employer (via the worker) information about any restrictions the worker may have because of the injury, and to update any restrictions as the worker’s condition progresses.

In almost all circumstance, restrictions should be provided unless the worker is hospitalized or house bound. The list of restrictions allows the employer to identify if appropriate work is available for the worker while they are recovering. The onus is on the employer to match work to the restrictions the physician has outlined.

A Support Package for Physicians Treating Injured Workers, Section 5, page 6, Saskatchewan Workers’ Compensation Board, December 2006

For a copy of the complete physician’s support package go to www.wcbsask.com/

• Go to the “Care Provider Services” tab
• On the right hand side of the page there is a banner named “Related Information”
RTW: WCB SUPPORT

The Saskatchewan Workers’ Compensation Board recognizes the role that RTW plays in promoting the recovery of injured workers and in reducing the risk of chronic disability developing.

RTW options – i.e. the alternate or modified work offered by an employer to an injured worker must:

- be productive (contribute to the objectives or operations of the company)
- be within the medical capabilities of the injured worker
- be within the skills and abilities of the injured worker
- not endanger the health or safety of the injured worker or his/her coworkers

WCB Treatment Philosophy
The WCB does not coerce health care providers (HCPs) in sending injured workers back to work when it is not safe to do so – i.e. when RTW is beyond their medical capabilities. Nor does the WCB direct the medical treatment – HCPs direct the medical treatment of injured workers. However, RTW facilitation does involve encouraging both HCPs and injured workers to consider and recognize the benefits of RTW at the earliest possible opportunity.

HCPs will be challenged to provide interventions that are outcome focused and goal directed. Clinical interventions should be considered in relation to how they will achieve the end objective – i.e. return to work.

WCB Legislation
The WCB does not force any injured worker back to work. The WCB, however, is charged with legal responsibility and authority to make determination on fitness for employment, loss of earning capacity, and the extent and/or duration of wage loss compensation entitlement.

In other words, if a worker is medically fit for suitable (safe, productive etc.) alternate or modified work and the employer has suitable (safe, productive etc.) alternate or modified work, then time loss/ earning compensation benefits are not payable.

WCB Support
Return to work is a priority at both the claims entitlement level (claims under 4 weeks) as well as case management level (claims 4 weeks or more).

In many cases, an employer with established RTW processes can successfully return its injured workers to suitable alternate or modified work in a timely manner. However, there can be a variety of RTW scenarios that may arise where WCB support is required. This can include (but is not

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limited to) situations where an injured worker is not prepared to accept suitable RTW duties, an injured worker’s HCP has not provided medical restrictions and/or provided a blanket “time off work” note, where more medical information is necessary in order to determine the suitability of proposed RTW job options, as well as those situations where an employer indicates its RTW job options are limited, given the current availability of suitable work and the medical limitations of a worker.

In any of these circumstances a WCB claims entitlement specialist (CES) or case manager (CM) will investigate in order to establish the suitability of RTW given the medical condition of the injured worker.

What would follow would depend upon the outcome of the investigation/s. For instance, the investigation/s could result in a RTW plan going forward, modifications being made to a proposed RTW plan, a RTW plan not going forward or in some circumstances may result in a suspension and/or termination of wage replacement benefits.

**Process**
The best RTW process begins prior to any workplace injury. If an injury does occur, a well-planned RTW process will help the worker heal and return to his or her pre-injury state as quickly and easily as possible. A plan like this requires the HCP, the worker, the employer and WCB to work together to create and monitor the alternate and modified work plan. Communication between all parties is the key to a success return to work plan.

**Managing RTW**
Having RTW processes at a workplace does not mean that every injured worker will be immediately returned to the workplace. Not every claim will follow a smooth path. What employers can do, however, is actively manage these situations and follow standard processes when faced with complicated situations.

In particular, this means prompt and frequent contact with the WCB whenever it is encountering problems with its own RTW efforts or requires more information about an injured worker’s ability to perform RTW job duties. This can also include requesting a meeting with a WCB CES or CM in order to discuss the issue/s.

As with all other elements of effective RTW processes communication is the key to success.
RTW: RETURN-TO-WORK PLAN FORM

Return-to-Work Plan: a planned process to manage the impact of one individual injured worker’s disability, including the documentation of the specific alternate or modified work identified and provided to him/her, if necessary with a progression to pre-injury work when appropriate.

Return-to-Work Planning Meeting:

The planning meeting will be scheduled at the beginning of an injured worker’s next scheduled shift, unless the injured worker is medically unable to attend. The RTW plan will be developed by the RTW Coordinator, with input from the injured worker, his/her supervisor and a union representative (if applicable).

Suitable RTW Work Options:

RTW work options must:

- be productive (contribute to the objectives or operations of the company)
- be within the medical capabilities of the injured worker
- be within the skills and abilities of the injured worker
- not endanger the health or safety of the injured worker or his/her coworkers

Hierarchy of Search:

When identifying RTW work options a hierarchy will be followed:

1. Pre-injury job modified
2. Another job in its entirety
3. Another job modified
4. A re-bundling of suitable duties

Alternate or Modified Work:

Alternate work is considered duties or job tasks not normally performed by the injured worker.

Modification of work can include, but is not limited to, changes to the work environment, work hours, tools & equipment used and job design/work organization.
Sample RTW plan processes:

Any modification of work – i.e. additional tools, equipment or changes to a work environment etc. required by a plan will be in place before the injured worker begins his/her assigned RTW duties.

The RTW plan will be communicated to any affected staff by the staff's immediate supervisor. Confidentiality of private medical information and restrictions will be maintained.

The RTW plan will be monitored by the immediate supervisor/s of the area/s in which the injured worker will be working.

Any problems or concerns identified in the plan are to be communicated immediately to the injured worker’s immediate supervisor and the RTW planning participants for follow-up.

The RTW plan will be in place for a defined timeframe and amended, if needed, to reflect any changes in the worker’s medical restrictions.

The RTW plan will be forwarded to the WCB upon completion.
RTW: Sample Return-to-Work Plan Form

<table>
<thead>
<tr>
<th>Worker name &amp; claim number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DATES) FROM: TO:</td>
</tr>
<tr>
<td>This is obtained from the HCP form outlining how long restrictions should be in place – i.e. for 7 days, 3 days etc.</td>
</tr>
<tr>
<td>Review Date</td>
</tr>
<tr>
<td>Self explanatory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Workdays</th>
<th>Specific Duties to be Performed</th>
</tr>
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<td>As determined/discussed</td>
<td>The duties should be described as specifically as possible.</td>
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<th>Hours of Work</th>
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<tr>
<td>As determined/discussed</td>
<td>Do not write down “light duties” or “office duties”. That does not provide employers, the WCB, physicians or other HCPs, supervisors, unions or workers with enough information to ensure the alternate or modified work falls within the medical restrictions as outlined by a health care provider.</td>
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<tr>
<th>Treatment Appointments</th>
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<td>Employers need to allow for any treatment appointments an injured worker may have. Time loss wage replacement for these appointments would be paid by the WCB.</td>
<td>Duties must honour the medical restrictions.</td>
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<th>Additional Equipment to be Provided</th>
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<td>Sometimes a work option can go ahead merely with the addition of an assistive aid. For instance, a worker with a neck injury may not be able to answer the phone and take messages due to the awkward angle of the neck. If the worker were provided with a phone head set and did not have to hold or cradle the phone receiver this work option may be viable.</td>
<td>Duties must be productive and contribute to the objectives of the employer.</td>
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<th>Additional Modifications Required</th>
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<td>As determined/discussed. For example, a worker may be able to do most of his/her job duties and only require that a coworker lift any material that needs to be placed on a work surface.</td>
<td>Duties must be within the skills and abilities of the injured worker.</td>
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<tr>
<th>Activities to be Avoided</th>
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<tr>
<td>This box is very important! It helps ensure workers do not attempt to do more than what is safe for them to do! It assists supervisors in monitoring the safe work practices of their workers!</td>
<td>If there is any question that the work may place the worker at risk of re-injury then revise the plan – i.e. always err on the side of caution.</td>
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Injured Worker Signature Date
________________________________________________________________________

Owner/Manager Signature Date
________________________________________________________________________
RTW: PROGRAM DEVELOPMENT

Return to Work procedures should address “WHO, WHAT, WHEN, WHY, HOW” types of questions.

At a minimum, RTW procedures should outline/define:

Who gives the worker the forms that need to be filled out, and when should the forms be given?

They should be given by (position or person) immediately upon report of injury and before the injured worker leaves the company premises, if possible.

Who instructs the worker as to when, how, and by whom the form is to be filled out?

The medical restrictions need to be filled out by the Health Care Practitioner at the injured worker’s initial visit.

What forms need to be filled out?

WCB Worker’s Report of Injury, Company’s Safety/Accident form, Medical Restrictions form.

Who does the worker contact at the place of employment following the completion of the forms and when?

The worker is to contact (position or person) immediately following the visit to the Health Care Practitioner.

When and how is the injured worker expected to provide the place of employment with the completed forms?

The completed forms are to be provided to (position or person) when the injured worker reports to the workplace at the beginning of his/her next scheduled shift unless medically unable to do so.

In the event the injured worker does not contact the place of employment, who will contact the injured worker, and when?

The necessary contact could be made by an immediate supervisor, HR personnel, or RTW Coordinator, no later than at the beginning of the injured worker’s next scheduled shift.
Who maintains contact and when with the injured worker if he/she is medically unable to return to the workplace?

Frequent and regular contact with the injured worker should be carried out by (list one or more positions who might carry this out) over the course of his/her recovery.

This procedure should not be omitted. RTW is about valuing the workforce. This procedure helps maintain the occupational bond with the employer, demonstrates support and can assist in the worker’s rehabilitation and prevent loss of motivation.

What steps should be taken if an injured worker fails to provide his/her medical restrictions?

Immediate contact by the place of employment with the injured worker, followed (if necessary) by contact by the place of employment with the WCB for assistance.

This is only possible if the WCB has received the E1/W1. This step could include processes to determine potential system flaws as to why this failure occurred.

What should be done if an injured worker’s HCP fails to provide medical restrictions?

Immediate contact by the place of employment with the WCB to request assistance.

When and who arranges the RTW planning meeting?

The RTW planning meeting should be arranged by the person designated as the person who oversees the RTW Program – most commonly an HR person or a RTW Coordinator.

Should there be union representation at the planning meeting?

The union should be invited by the person who oversees the RTW Program – most commonly an HR person or a RTW Coordinator.

What steps should be taken if an injured worker is medically able and fails to report to work and/or the RTW planning meeting?

The place of employment should immediately contact the injured worker, and then contact the WCB.

Who documents the RTW plan?

The RTW plan should be documented by the person designated to oversee the RTW program – most commonly an HR person or a RTW Coordinator.
Who forwards the forms (and when) to the appropriate people within the organization?

The person designated to oversee the RTW Program – most commonly an HR person or a RTW Coordinator should forward the forms immediately following the documentation of the plan.

Who forwards the Employer’s Report of Injury Form (E1) to the WCB and when?

The (position or person) will forward the E1 Form to the WCB within five days of becoming aware of the injury.

Who forwards the Medical Restrictions Form to the WCB and when?

Most commonly an HR person or a RTW Coordinator will forward the Medical Restrictions form to the WCB immediately upon obtaining the form from the injured worker.

Who forwards the RTW plan to the WCB, when and how?

Most commonly an HR person or a RTW Coordinator will fax the RTW plan to the WCB, immediately upon finalizing the plan.

Who forwards time loss and wage information to the WCB and when?

Time Loss and wage information will be forwarded to the WCB on the initial E1 form and as requested, most commonly by an HR person or a RTW Coordinator.

Who monitors the RTW plan?

Most commonly, most of the monitoring of the RTW plan is the responsibility of an immediate supervisor.

Who reviews the accident report and follows up with an investigation, as well as implementing controls to eliminate or reduce the chances of the accident/injury occurring again?

RTW procedures should be tied to safety systems procedures. Safety procedures should be coordinated by the person in charge of health and safety and should involve the OH&S committee and the person who oversees the RTW program.
RTW: RETURN-TO-WORK DETERMINING WORK OPTIONS

When determining work options for injured workers, the following principles will be applied:

RTW work options must:

• be productive (contribute to the objectives or operations of the company)
• be within the medical capabilities of the injured worker
• be within the skills and abilities of the injured worker
• not endanger the health or safety of the injured worker or his/her coworkers

Hierarchy of Search:
When identifying RTW work options a hierarchy will be followed:

1. Pre-injury job modified
2. Another job or job/s not requiring modification
3. Another job or jobs with modification
4. A bundling of suitable duties

Suitable Work Options:

Alternate work is considered duties or job tasks not normally performed by the injured worker.

Alternate work can be sought from an injured worker’s pre-injury department or from positions from other departments within the organization.In some cases, a RTW plan may encompass numerous tasks from many different areas of the organization bundled together.It is strongly recommended that a pre-defined pool of possible alternate work is identified by the organization for RTW planning participants to consider.

Suitable alternate work can include, but is not limited to, the following options:

• Training
  Consider and move forward any new training and/or refresher courses the injured worker may have been scheduled to take in the near future.
• “4th Priority” tasks
These are tasks which are always being put on the back burner due to work demands that must be met on a daily basis. For instance, this could be taking inventory, recording equipment serial numbers for insurance or tracking purposes, organizing files or storage, getting quotes for new equipment or services, photocopying, filing etc.

• “Value Added” tasks
These are tasks not currently attached to anybody’s job description in an organization but which still benefit the organization. For instance, a service organization may never have conducted a customer/client satisfaction survey before and did not have this task assigned to anybody. This task may be a suitable work option for a RTW plan.

• Safety system tasks
Consider safety related tasks when determining work options. For instance, this could include conducting a hazard identification activity, safety awareness talk, worker safety perception survey, hazard control brainstorming activity, or a safety inspection, etc.

In some cases, modifications to either the injured worker’s pre-injury job or alternate work available elsewhere in the organization may need to be made to make a work option viable.

Modification of work can include, but is not limited to, changes to the work environment, work hours, tools & equipment used and job design/work organization. Examples of modifications of work can include the following options:

• Re-bundled tasks
This involves modifying the worker’s pre-injury job so that only those tasks within the injured worker’s medical capabilities are performed by the worker (who is also performing those tasks for his/her coworkers), while the remaining tasks not within the injured worker’s capabilities are redistributed among his/her coworkers. This option is only feasible if the plan is not putting the other workers at risk for injury – i.e. is not creating an unacceptable physical demand upon coworkers.

• Graduated RTW
This is where there is a gradual increase of hours of work and/or work activities, until the worker is able to return to either full hours or full duties. Graduated RTW may be one component of a larger plan – for instance, a worker can perform all duties of his/her original job but only for 4 hours, but could do an additional 4 hours doing less physical tasks elsewhere. Or, a worker could do only 50% of the tasks in his/her normal job, but could do those plus other less physical tasks elsewhere. (These percentages would be adjusted as the worker’s condition progressed.)
Other types of modifications to consider can include, but are not limited to, the following:

Changes to the method or equipment used to perform a task:

• lift with a portable hoist/crane rather than manually
• transport materials with a trolley rather than carry manually
• rotate worker through a variety of tasks
• conduct work from a seated position rather than from a standing position

Making ergonomic improvements:

• provide lumbar support for chairs
• provide adjustable workstations (desks, tables, chairs, keyboard trays etc.)
• reorganize storage or delivery areas (to reduce reaching or stooping etc.)
• provide new tools that operate with less physical demand
• provide new tools that are ergonomically designed
• improve environmental factors (temperature, air quality, noise control etc.)
• provide other assistive aids (computer arm supports, phone head sets, briefcases with wheels, dollies, etc.)

Other:

• work from an alternate location
• work from home
• different shifts
• flexible work hours
• additional rest breaks

From a proactive safety perspective, in many cases these modifications can become permanent changes and/or be available to all workers performing these duties. They can reduce the potential for many injuries, especially cumulative trauma disorders.
RTW: ALTERNATE WORK OPTIONS LIST

Every RTW plan must be customized to fit the medical restrictions and skills and abilities of the injured worker. In addition, every RTW plan must meet the needs of the employer and contribute to the objectives or operations of the organization.

No one RTW plan will be identical to another since each injured worker’s medical restrictions and skills and abilities can differ, and the suitability and availability of alternate/modified work from an employer may not always remain constant. However, in order to make the program efficient it is important that an employer define - in advance of any injury occurring - a pool of possible alternate work options to consider in the event a RTW plan is necessary.

An employer cannot plan ahead for every type of injury that may arise in a workplace. However, it is recommended a list of possible alternate work options be developed for the most common types of injuries that are occurring in the workplace.

- Develop a pool of alternate work options by identifying specific tasks from various areas and/or positions within the workplace that would be suitable to the medical restrictions of its most common workplace injuries
- Generate a separate list for each common injury (for easy reference in future RTW planning)
- Each department/unit/area of the organization should be canvassed for each common injury
- An organization should have procedures in place for continual review (to ensure the list is still accurate) and continual expansion of its pool of alternate work options

To assist in identifying alternate work options see below for a list of some medical restrictions typically associated with specific injuries. Important: This list is not intended to replace any specific restrictions for a worker that may have been provided by that worker’s health care provider. These restrictions are only intended as guidelines to assist a workplace in developing a pool of alternate work options.

BACK INJURIES
Sitting or standing as tolerated, physical therapy, lifting restrictions, bending restrictions, no repetitive trunk movements, pain medications

NECK INJURIES
No repetitive neck movement, no above shoulder and overhead activity, physical therapy, pain medications

worksafe.sask.ca
SHOULDER INJURIES
No repetitive (R/L) shoulder movement, lifting restrictions, no above shoulder and overhead activity, no repetitive use of the (R/L) extremity against resistance, physical therapy, pain medications

UPPER EXTREMITY (ELBOW, WRIST & HAND) INJURIES
No repetitive movement of the involved joint against resistance, physical therapy, pain medications. Hand and wrist injuries will also have no repetitive gripping.

LOWER EXTREMITY (HIP, KNEE, ANKLE & FOOT) INJURIES
No repetitive movement of the involved joint against resistance, no prolonged weight bearing, no rough ground walking, no low level activity, no climbing, physical therapy, pain medications
# Alternate Work Options Form

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<th>TYPE OF INJURY</th>
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<th>PROBABLE NECESSARY RESTRICTIONS:</th>
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<th>POSSIBLE TASKS SUITABLE FOR THIS INJURY</th>
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<td>Department</td>
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<th>TRAINING OPPORTUNITIES</th>
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RTW: RTW PLANNING MEETING

There can be many problems and challenges with the development of an individual RTW plan. The degree of success achieved can depend a great deal upon how the individual RTW planning meeting is conducted.

RTW Planning

- Involve the worker
- Involve the union (if applicable)
- Be open to new ideas
- Be flexible
- Anticipate and raise potential concerns or problems

Whether or not a RTW plan will be successful or not can also depend upon whether good “People Skills” are practiced – by the people initially developing the RTW plan as well as the supervisor/s responsible for monitoring that plan once it is implemented.

People skills refer to an individual’s ability to interact and relate with others.

Effective people skills can involve:

- Active listening
- Asking questions
- Paraphrasing
- Exhibiting empathy

Listening

Good listeners:

- Don’t interrupt when others are speaking
- Think before replying
- Are aware of both their and the other person’s non-verbal behaviour
  - i.e. if there is hostile or defensive body language, etc.
- Are aware of personal biases or values that may distort what they hear
- Look for the feelings and basic assumptions beneath what is being said
- Concentrate on what is being said
- Don’t judge
Questioning

Asking questions facilitates communication because it:

- Helps you get more and valuable information
- Shows that you are paying attention
- And shows you are interested in what the speaker has to say.
- Shows you value what the speaker has to say.

There are two ways of phrasing any question:

- A closed question activates a simple reply (yes, no, maybe, don’t know).
- An open question transfers the speaking role to the other person and forces him/her to be more informative.

Paraphrasing:

Paraphrasing is when a listener restates a speaker’s message in his/her own words without adding anything new.

By restating the speaker’s comments in his/her own words it crosschecks the information to ensure the listener correctly understood what the speaker said.

If the listener’s paraphrasing is inaccurate, the speaker will have the opportunity to correct it.

Empathy

Empathy is the ability to put yourself in somebody else’s shoes. It involves:

- the ability to take on the viewpoint of another person
- the ability to experience the feelings of another person
- genuine concern for the welfare of the other person

RTW is about working with people – and people (workers, RTW coordinators, management, and supervisors alike) are not perfect. People are unique. People have emotions. People have fears. Not everyone is rational. Not everyone is trusting. Injury tends to heighten feelings and emotions.

By giving a bit of thought and consideration not just into “what is being done in RTW” but “how it is being done” may be able to alleviate many problems before they even begin – and that is a good thing. That is good business.

RTW planning meeting tips:

- avoid prejudging
- put the injured worker at ease
- express concern and support for the injured worker’s condition
- allow the injured worker to talk
- be attentive
- be patient
- ask for clarification if needed
- close the meeting on a positive note
RTW: MONITORING RETURN-TO-WORK PLANS

Supervisors are key players in the RTW process and are instrumental in ensuring the success of individual RTW Plans.

- They are the usual person that directs and monitors the work
- They are familiar with the type of work performed in their work unit and will be able to identify those tasks in it that match the injured worker’s medical restrictions
- They are known to the injured worker – i.e. already have developed a relationship with the worker (unless the RTW duties fall outside the injured worker’s area/unit)
- They are the usual person to whom the worker would report – i.e. often the first link in an organization’s “communication chain”
- They are the usual person to whom the worker would bring his/her questions
- They play an important role in setting the tone/climate of their area

Supervisors need to:
- have a good grasp of the RTW Program (why it has been introduced, its benefits etc.)
- know the RTW processes/procedures
- know their specific RTW responsibilities
- fulfill their RTW responsibilities in a timely manner, as they would any other responsibility assigned to them in the organization

A supervisor’s role in individual RTW plans is to identify suitable work, monitor that work, report problems, work together with the injured worker and RTW planning participants in overcoming obstacles, and follow up with the injured worker to ensure he/she is, indeed, able to fulfill his/her pre-injury job.

Ensuring Safety
Supervisors must be involved in the identification of the alternate or modified work. Protecting the health and well being of his/her workers is always a key responsibility of any supervisor. They need to ensure the safety and welfare of all people and property possibly affected by the RTW plan when developing, implementing and monitoring an injured worker’s RTW plan.
Monitoring RTW plans
Supervisor’s responsibilities include monitoring the injured worker’s progress. Monitoring a plan involves:

- Identifying concerns and problems with the RTW plan
- Discussing concerns and issues around job performance, safety, etc.
- Showing interest in both the alternate or modified work being done by the injured worker as well as the condition of the injured worker
- Communicating any concerns about the RTW plan to the appropriate person/s
- Making needed changes to the RTW plan
- Ensuring coworkers support the RTW plan
- Supporting and promoting the RTW Program and individual RTW plans
- Following up after the injured worker has recovered to ensure that there are no ongoing problems

Sample RTW Monitoring Procedures
The supervisor will:

- Ensure that any necessary changes to the work unit required by the RTW plan have been put in place before the worker returns to work
- Advise coworkers of the return of the injured worker and discuss how the RTW plan may impact them
- Meet daily with the injured worker
- Never sanction more or new work duties for the worker without medical authorization
- Welcome the worker to the unit/department
- Go over the RTW plan with the worker and discuss any adjustments made to the work environment, equipment, work organization etc. required by the plan (if applicable)
- Discuss the specific alternate or modified work identified on the RTW plan
- Discuss the specific activities the worker has been instructed not to engage in
- Instruct the worker to bring any problems, issues, concerns etc. with the RTW plan to the supervisors attention immediately
- Resolve, if possible, any identified problems or issues at the unit/department level (could require minor adjustments/changes to the RTW plan)
- Immediately inform the RTW coordinator of any problems unable to be resolved at the unit/department level
- Document any problems and/or adjustments made to the RTW plan
Some workplaces have a standardized form and/or checklist to assist supervisors in monitoring RTW plans.

If there is a change in the RTW plan, processes must ensure that the injured worker and the supervisor sign-off, especially if new duties are assigned. Revised copies of the new plan would need to be forwarded to the WCB.

If the plan is amended due to a change in the worker’s medical restrictions, the updated medical restrictions form (HCP form) also needs to be forwarded to the WCB.

**Confidentiality**

Medical restrictions, medical diagnosis and medical treatments are considered to be confidential information. A supervisor may be privy to this information through his/her role in the development of a RTW plan or even directly from an injured worker. Regardless of how a supervisor has learned the information he/she must not share this information with others unless he/she has received written permission from the injured worker to do so.

Any documentation that includes confidential information must be stored in a secure manner.

If confidentiality is not maintained, not only could there be a significant impact on how the injured worker and his/her coworkers or supervisor interact, but the employer could be legally liable.
RTW: JOB INFORMATION WORKSHEETS (JIWS)

A Job Information Worksheet (JIW) identifies the physical, psychological, sensory and environmental demands on a worker performing his/her essential job functions. They are also commonly known as “PDAs” – Physical Demands Assessments. They quantify the job demands and include descriptive information on the tools, equipment and processes necessary to do a specific job.

JIWs are used in the following ways:

- **By WCB – Case Management**
  It is not uncommon for a WCB case manager to request a copy of a JIW. A case manager may use it to assess when a worker has attained the degree of recovery that allows him/her to return to his/her original job. A case manager may also use it to determine if a worker is able to perform some essential job duties in order to assist in RTW initiatives.

- **By Physiotherapists and/or Occupational Therapists**
  Commonly a JIW is requested by a physiotherapist or occupational therapist (OT) to assist him/her in developing a patient’s treatment program. Often a physiotherapist or OT can incorporate essential job functions into a work hardening program. A JIW is also useful when a functional abilities assessment is conducted, which, in turn can assist employers in modifying jobs to reflect improvement in a worker’s physical condition as he/she progresses. It can also help a physiotherapist or OT to determine when an injured worker is fit to return to his/her pre-injury job.

- **Hazard Identification**
  A JIW is particularly useful in identifying safety hazards inherent in a specific job position, especially ergonomic stressors. A completed JIW “quantifies” the physical demands of a job. For instance, a job may require that a worker has to “lift 20 lbs from the waist to shoulder height 40 times” in the course of one shift. In this case it has identified that this job could be risky for the development of a cumulative trauma disorder/repetitive strain injury and corrective action can be investigated and ergonomic improvements implemented.
It is recommended that an employer have a completed JIW for each position in its organization. Should the WCB, physiotherapist or occupational therapist request a JIW then no delay has occurred in the development of an appropriate treatment program, in the scheduling of appropriate functional abilities assessment tests, in developing a RTW plan, or in certifying the worker is able to return to his/her pre-injury job. Less delay can mean a quicker recovery for the injured worker.

A JIW should be completed with input from both supervisors and workers. This is important in order to achieve an accurate picture of what is required in a job. In some cases, a supervisor may be completing a JIW that reflects a job in the way it was intended to be done but does not reflect how it is actually being done on the floor. Collaboration on JIWs helps to avoid a situation where workers have issues about the accuracy of the result/s.

JIW completion instructions

• A JIW should be filled out for each position in an organization
• A JIW should be representative of typical job demands
• If there are different physical demands in a job position depending upon the season, product line, shift or a project separate JIWs should be completed for each
• JIWs should contain "quantitative measurements". For instance, "5 times a day", "20-40 lbs", "3 times per hour" etc. rather than subjective statements such as "often", "frequently", "hardly ever", "heavy", etc.
• The actual weight (rather than an approximate) lifted, carried, pushed or pulled should be indicated for any tasks that involve handling weights over 50 lbs.
• If a physical demand is only required under certain circumstances that should be noted on the form; for instance, required to climb stairs – "rarely occurs and only when visiting clients outside the organization"
• Not all categories on the JIW will apply for every job position
• Only fill out the “FOR EMPLOYER & EMPLOYEE USE ONLY” section

Sample JIW completion procedure:

• Supervisors will select one worker from each job position to complete a draft JIW for that job position
• The completed JIW draft will then be circulated to all other workers in that job position for their review and input
• Supervisors will review the JIW draft for accuracy and to ensure it is completed using quantitative measurements
• The final copy of a JIW will be completed based upon worker and supervisor input
• Completed JIWs will be kept on file in Human Resources
• A JIW will be forwarded by Human Resources to the appropriate sector when a request for a JIW is made (i.e. by the WCB, a physiotherapist, an occupational therapist, a physician, a safety coordinator, RTW coordinator etc.)
• JIWs can be used to assist RTW planning participants in identifying appropriate alternate or modified work, determining when an injured worker is fit to return to his/her pre-injury job and identifying safety hazards within a job position
• JIWs will be regularly reviewed for accuracy - recommended at a minimum once every three years and/or whenever there have been significant changes in a job
RTW: MEASURING RETURN-TO-WORK

An organization developing a RTW Program should consider setting measurable objectives to assess and track the effectiveness of its RTW processes. Goals set should be realistic and not establish false expectations. A RTW Program is not about turning every time loss claim into a no time loss claim.

The first step is to set a baseline – many employers find it helpful to use the monthly claims reports from the WCB. These are sent by mail and are also available online through a secure employer log-in. Once an employer has set a baseline, it decides goals specific to its business and injury history.

The WCB Prevention Department can help customize an injury report tracking program.

Sample Program Objectives

(NAME OF COMPANY) RTW Program will reduce the average duration of time loss claims from _________________ days to _________________ days.

(NAME OF COMPANY) RTW Program will reduce the annual cost of claims (i.e. wage replacement costs) from $_________________ to $_________________.

(NAME OF COMPANY) RTW Program will reduce the WCB time loss injury frequency rate from _________________ to _________________.

An objective may be a percentage as well. For instance, the RTW Program will “reduce the average duration of time loss claims by 60 percent.”

Evaluating Return-to-Work

Any effective program contains a formalized evaluation method to determine whether or not the program is meeting its objectives.

Objectives can be measured and evaluated monthly, quarterly or annually. If the objectives are not being met, then the program needs to be reviewed to identify where improvement may be required.
Recommendations for improvement may include, but is not limited to:
- Updating policies and procedures
- Training of supervisors in roles and responsibilities for:
  - finding alternate or modified work
  - creating a positive work environment
  - fulfilling reporting procedures in an accepted time frame
  - effective RTW plan monitoring
- Training of workers in RTW responsibilities and/or benefits of RTW
- Providing more resources in time and/or manpower to fulfill RTW duties
- Improving communication and/or reporting processes within the organization and/or with the WCB
- Improving/changing the company’s medical restrictions forms
- Expanding RTW work options available in the workplace

Evaluating Safety
The statistical data from the WCB reports should be analyzed and other objectives set as it relates to safety and prevention of injury; for instance, setting an objective to reduce both the total number of time loss and no time loss claims. Objectives for reducing certain kinds of injuries or circumstances of accidents should be set as well; for instance setting an objective to reduce the number of back injuries/eye injuries/hand injuries etc. (by type of injury) and/or the number of over exertion injuries/slips and falls etc. (by cause of injury).
RTW: RTW PROGRAM REVIEW

The collection of RTW statistical data (i.e. quantitative information as it relates to the average duration of claims, WCB wage replacement costs, etc.) and analysis of that data is important. However, a review to determine the true effectiveness of a RTW Program needs to go further. Numbers tell one story not the whole story. A more in-depth approach is required in order to a) ensure that RTW processes are working as planned in all areas of the workplace, b) ensure accuracy of policies or processes etc. within the current reality of the workplace and c) make program improvements.

Review of RTW can be conducted on two levels – regular reviews of individual RTW plans and a review of the RTW Program as a whole (defined processes, defined responsibilities, document/form templates etc.).

As with any other processes and/or steps in RTW, any review should be conducted collaboratively with union and/or worker representation, as well as supervisors. Each party brings its own unique perspective to the discussion and invaluable information on which to base improvements to RTW operations.

RTW Plan Review

As it relates to all RTW plans, any alternate or modified work that was assigned to an injured worker must be safe (within his/her medical capabilities), productive (contributes to the objectives or operations of the employer), and within the injured worker’s skills and abilities. This must be ascertained before any injured worker is assigned to do that work – do not wait for a formal review of an individual plan for that determination. Even after implementation, close monitoring of the situation must occur to ensure that the work does not pose a risk to the injured worker, his/her coworkers, company premises or equipment. However, that does not mean that an individual RTW Plan, while being safe and productive and meeting these criteria, cannot be improved upon.

Within this context, a RTW Plan review concentrates on reviewing the activities/behaviors that take place during the development, implementation and life of a specific RTW Plan and compares it against what are the ideal desired behaviors. It is a process at looking at past RTW plan/s with the purpose of improving future RTW plans.

A RTW Plan review should be seeking to identify areas that includes (but is not limited to) improving the:

- the quantity of RTW job options available for a specific injured worker
- the “quality” of RTW job options available for a specific injured worker (i.e. relates to activities that are generally thought to have a higher value and/or priority attached to their completion)
• the efficiency of reporting procedures between a specific injured worker and those responsible for the development of his/her RTW Plan
• the efficiency of how soon appropriate RTW job options were identified
• the efficiency of how soon any problems/issues were resolved, etc.

RTW Program Review
Any problems with a specific individual RTW Plan are usually tied to improvements that can be made to the RTW Program as a whole. For instance, any improvements that could be made to the “quantity” or “quality” of alternate or modified work available for a specific RTW Plan could suggest that the organization explore a wider range of job options across the organization (RTW Program component: “Developing Alternate work options list”), etc.

Program review includes (but is not limited to) investigating such issues as whether medical information confidentiality is being maintained, whether the forms used (medical restrictions form, RTW Plan form, RTW Plan monitoring checklist, etc.) are providing the kind of information they were intended to solicit, or whether additional training or education is necessary for workers, supervisors, union executives, etc.

RTW Self Assessment Tool
The depth to which an individual RTW Plan or the program is reviewed may vary. What is important, though, is that individual plans and the program are regularly looked at with an eye toward continuous improvement.

For the purposes of an in-depth assessment of a RTW Program a “RTW Self Assessment Tool” is available from the WCB Prevention Department. Contact: prevention@wcbask.com.

The assessment tool outlines specific RTW standards as it relates to RTW documentation and procedures or practices, and then awards points for each program component element and/or sub-category.

The assessment tool may use as many as three different methodologies for the verification of the RTW standard/s:

• Documentation
• Interview
• Observation

Please note this tool provides a comprehensive examination of a RTW Program. Given the time and resources necessary for large organizations to complete this assessment, large organizations might only utilize this tool every two or three years. In the meantime, a less intensive review of the RTW Program should still be conducted on an annual basis. (Some large employers may randomly assess different departments and/or facility locations on an annual basis, rather than the whole organization.)

RTW Plan Questionnaire
The RTW Program Self Assessment Tool document also includes a sample RTW Plan Questionnaire to assist workplaces in assessing individual RTW plans on an on-going basis. Like the RTW Program assessment tool it sets standards which are (in this case) verified by a review of the RTW plan documentation and by injured worker and supervisor interviews.
RTW: TRAINING AND ORIENTATION

Communication is an important element in the successful implementation and administration of a RTW Program.

One way to communicate within an organization is via formal training or orientation sessions. Formal orientation is important for its educational benefits as well as the role it can play in opening the channels of communication between different parties in an organization. It can also serve to correct any misconceptions about RTW early on in program development or implementation.

RTW Committee
Education and training should begin prior to beginning work on program development itself. It is important that the RTW committee (the body that is charged with the development of the RTW Program) be educated in the basics concepts and underlying principles of RTW.

It is recommended that the RTW committee orientation include discussion on the following topics:

- Definition of a RTW Program
- Definition of a RTW plan
- General criteria of suitable RTW plan work options
- Benefits of RTW
- WCB legislation
- How a RTW Program can assist in fulfilling other legislative requirements
- Conditions for Success

The main focus of the orientation should concentrate on the benefits of RTW to injured workers and why RTW is the “right thing to do”.

Worker orientation
A formal orientation to the RTW Program at its roll-out or implementation stage is recommended for both existing staff and as well as included in orientations for new staff. For either situation it is suggested that the following information be communicated:

- RTW plan criteria
- Benefits of RTW
- WCB legislation (51, 53, 54, 101, 180)
- How to fill out the medical restrictions form
- Specific to an individual employer:
  - Company’s RTW policy
  - RTW plan form (what it looks like, what it records, who gets it, etc.)
  - RTW procedures (where to get forms, who to contact, how/when RTW planning meeting is arranged, etc.)
The reason why these elements or components of RTW are so important to introduce and discuss at a worker level is in the effect it can have in reducing resistance to the RTW Program as well as promoting program improvements. By opening up the lines of communication worker concerns can be brought to the surface and, where appropriate and over time, changes and improvements can be made to the program.

**Supervisors**
Due to the importance that immediate supervisors play in the RTW process, including their role as front line management to whom workers will usually bring their questions and concerns to first, it is strongly recommended that they receive a thorough grounding into all aspects of the RTW Program.

Supervisors should have training that includes all of the same information presented to workers but also includes additional training in RTW responsibilities as it relates specifically to their role in:

- maintaining confidentiality
- identifying & documenting alternate or modified work
- monitoring RTW plans
- maintaining positive work environments

**Union**
For the purposes of open and transparent communication if the workplace is unionized it is recommended that union representatives attend the supervisor orientation. By doing so the union is able to witness first hand what messages or direction is being given to supervisors and managers about RTW. Consequently the union is in a much better position to ensure that the RTW Program will be implemented in an appropriate manner consistent with its understanding of how the program was designed to work.

**Other communication channels**
There should be additional communication channels in place for reinforcing the information presented in the formal presentation/s.

Some other communication channels for employers to consider include the following:
- Inclusion of RTW information in an Employee’s Handbook
- Inclusion of RTW information in a Supervisors Handbook
- Inclusion of RTW information in orientation package & presentations to new workers
- Inclusion of RTW information in orientation package and presentation to new managers or supervisors
- Posting policy and procedures in staff rooms
- Posting of specific policy and procedures on internal “intranet” systems
- Posting of employer specific RTW Program manual on intranet
- Hard copies of the employer specific RTW Program manual available in HR, union offices, etc.
RTW: RETURN-TO-WORK CONDITIONS FOR SUCCESS

Successful RTW Programs

There are many factors that contribute to the success of a RTW Program. Conditions for success include:

Senior Management Commitment
Senior management plays an important role in communicating the commitment of the organization to the RTW Program. They need to:

- demonstrate visible support by actively participating in the development, administration and promotion of the program
- provide the necessary resources of time, money and manpower to make the RTW Program a success
- believe in and have the ability to find alternate or modified work for injured workers
- hold all levels of management accountable for its part in fulfilling RTW processes
- regard RTW as a priority

Supervisor/Manager Commitment
Supervisors are key players in the RTW process and are instrumental in ensuring the success of individual RTW Plans. They need to:

- participate fully in all aspects of RTW planning in a timely manner
- believe in and have the ability to find alternate or modified work for injured workers in their area/unit
- be a role model and visibly support and promote the benefits of a RTW program

Collaboration
In order to create cooperation, participation and a sense of ownership and “buy in” to a RTW Program it is important that there is a collaborative approach taken that includes unions, employee associations or worker representation from OH&S committees during:

- the development of the RTW Program
- individual RTW planning
- planned program review/s

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In addition, a successful RTW Program will take a collaborative approach with injured workers during RTW planning that allows for worker input.

**Flexibility**

An “all or nothing approach” to setting policies or procedures or in defining individual RTW job options - will lead to failure. There must be:

- ability and flexibility in defining alternate or modified work options available in the workplace
- flexibility in individual RTW planning - there may not be a “perfect” RTW plan

**Consistency**

There must be a consistent application of RTW processes across every department or unit of an organization. Nothing will undermine a RTW Program more than one where only some workers are required to participate in it while others are not.

**Realistic Objectives**

Employers should set reasonable goals. It would not be realistic to expect that a RTW Program will be able to turn every time loss claim into a no time loss claim.

**Positive Work Climate**

An injured worker is unlikely to want to return to a negative work environment and setting up a RTW plan in this type of climate will be more challenging. Successful RTW Programs operate in an atmosphere of openness and cooperation. Some ways to build a supportive climate include:

- ensuring coworkers are not engaging in harassing or discriminatory behaviors
- focusing on safety (in both a reactive and proactive manner)
- developing strong communication channels/vehicles that allows any worker to voice concerns, questions or recommendations about the RTW program

**Training & Orientation**

A successful RTW Program has educated both the existing workforce in RTW processes and included it in new worker orientations. Orientation should not just focus on what “needs to be done” by each party, but also the underlying reasons why RTW is the right thing to do.

Certain key individuals in the organization should receive more in-depth training. This includes:

- Senior Management
- RTW committee (body charged with developing, implementing and reviewing the program)
- Union (if applicable)
- Supervisors

**Continuous Improvement**

No program is perfect, particularly in its implementation stages. There can be problems in the defined procedures/process/forms etc. and/or more challenging RTW plans. All parties (employer, union, workers) must work together to overcome any obstacles. The organization must commit to continuous improvement including planning for regular RTW Program reviews.