Return to Work Program Procedures - Sample

RETURN TO WORK PROGRAM PROCEDURES

PROCEDURES -- Work Related

1. **Reporting a Work Related Injury or Illness:**

Workers will immediately report injuries and illnesses (as soon as reasonable to do so, and prior to the end of their shift) to their supervisor/manager:

* 1. any incident that causes an injury
	2. any hazard, incident or occurrence which did not cause any injury or illness but which had the potential to cause an injury (hazard, near miss).

Reporting is to be done by completing an Incident Report.

1. The Incident Report will be completed prior to leaving the work area.
2. Where the injury is severe and the worker is unable to complete the Incident Report, a witness to the incident may initiate the report.
3. The Incident Report will be provided to the supervisor/manager.
4. The supervisor/manager will submit the Incident Report (and any other information they deem relevant to the injury claim) to the Return to Work Coordinator.
5. The Incident Report will be retained by the Return to Work Coordinator and a copy provided to a member of the Safety & Health committee.

The worker, employer, and healthcare provider are responsible to complete reports for the WCB.

1. The Return to Work Coordinator will complete the WCB Employer Incident Report form. They will check “yes” in the box indicating the employer can accommodate the worker with modified or alternate duties. The form will be forwarded to the WCB within five business days of the employer becoming aware of the injury and can be completed online through the WCB website.
2. The worker will complete the WCB Worker Incident Report and submit it to the WCB or will call the WCB to report the workplace injury.
3. **Seeking Treatment with a Healthcare Provider:**

If the worker is unable to finish their shift or perform their regular duties:

* 1. The worker will seek medical attention immediately, however, will notify their supervisor/manager prior to doing so, if reasonably practicable.
	2. The supervisor/manager will give the worker the Injured Worker Package (physical or cognitive – whichever is applicable) at the time a worker reports an injury. If appropriate, both the worker and the supervisor/manager will sign the Injured Worker Package Acknowledgement form and submit it to the Return to Work Coordinator.
	3. It is best practice for the worker to have the Injured Worker Package prior to their first visit with a healthcare provider; however, not having the package should not cause any delay in accessing treatment.
	4. (Organization's Name) will arrange transportation for the injured worker or provide an authorized driver for the worker if required. In case of serious injury, emergency services will be contacted immediately for assistance.
	5. At their initial assessment, the worker will provide the healthcare provider with the Functional Abilities Form (FAF) from the Injured Worker Package for completion.
	6. Where the healthcare provider charges a fee to complete the FAF, the provider can direct bill (Organization's Name) if arrangements for this service have been made. Or the worker may pay this fee and will be reimbursed by the employer.
1. **Returning the FAF:**

The worker will return the completed FAF to the supervisor/manager (enter specified time frame). Safe and suitable modified or alternate duties will be identified and a return to work plan will be developed to begin (enter specified time frame).

1. In the event there is a delay in attending medical treatment and the FAF is not completed (enter specified time frame), the worker will report in person to their supervisor/manager, if safe to do so,at their next scheduled shift. The supervisor/manager will discuss safe and suitable modified or alternate duties using the Guidelines for Modified and Alternate Work -- Standard Abilities until an FAF is completed. If all parties are in agreement, the return to work plan will start. If there are concerns from either the supervisor/manager or worker, the worker should be referred to the Return to Work Coordinator.
2. If the FAF, as a result of a work related incident, indicates “total disability”, the Return to Work Coordinator will refer the issue to the WCB to assess whether the worker is fit for some form of modified or alternate duties.
3. **Communicating with the injured worker**

Supervisors will notify the return to work coordinator when a worker is away from the workplace. The return to work coordinator will initiate early contact with the injured worker (enter specified time frame).

1. **Implementing and Monitoring the Return to Work Plan:**
	1. The worker will be informed they have the option of inviting a union representative to participate in the return to work planning. Participation can be done either in person, by telephone or other virtual communication to minimize unnecessary delays.
	2. Based on abilities provided on the FAF, by the WCB, or on the Guidelines for Modified and Alternate Work -- Standard Abilities if safe and suitable, the supervisor/manager, with the

involvement of the worker, Return to Work Coordinator, and union as needed, will assign appropriate duties and document them on the Return to Work Offer and Outline.

* 1. A copy of the return to work plan will be given to the worker, supervisor/manager, Return to Work Coordinator, union (if applicable), and the WCB.

\*The worker may choose to keep a copy of the return to work plan with them while performing modified or alternate duties. This could be used as a reference for other supervisors/managers or co-workers of their assigned tasks.

* 1. The return to work accommodation will begin (indicate time frame) and will be monitored by the supervisor/manager and Return to Work Coordinator (as required).
	2. The Return to Work Coordinator will advise the WCB of the start date of the return to work plan.
	3. The worker will immediately advise the supervisor/manager, and/or the Return to Work Coordinator, of any concerns with their return to work plan. At any time, the worker or employer can contact the WCB for assistance.
	4. The supervisor/manager will immediately advise the Return to Work Coordinator of any concerns with the return to work plan.
	5. Workers who feel that their return to work plan requires re-evaluation prior to the next medical appointment will immediately advise their supervisor/manager and Return to Work Coordinator.
	6. The worker and supervisor/manager will document any concerns/progress on the Return to Work Journal.
	7. Until the return to work plan has ended, workers will have regular (indicate frequency) re- assessments by their healthcare provider.
	8. Following each healthcare assessment, the supervisor/manager and worker will meet to review the updated abilities and adjust the return to work plan accordingly. (The Return to Work Coordinator, union and WCB to be included as necessary.)
	9. Medical clearance for a return to full duties will be provided prior to resuming full duties.
	10. The Return to Work Coordinator will advise the WCB of the date the return to work plan is complete and the worker returns to regular duties.
1. **When accommodating workers the following hierarchy of accommodation will be followed:**
	1. Return to the same work with the accident employer.
	2. Return to modified work with the accident employer.
	3. Return to different (alternate) work with the accident employer.

Whenever possible, the worker will be placed on the same shift, schedule and department. The employer will proceed to the next step only if it is clear that a step is not likely to be possible. Combining various tasks, including from different departments, must also be considered. As a last resort, exploring work in other bargaining units is encouraged. If the employer is unable to accommodate a worker within the organization, documentation should be placed in the worker's file confirming what positions were explored, in what order, and the reasons why they were not safe and suitable. The worker will be told that accommodation of current abilities is not possible at that time, however an accommodation will be considered again when updated medical documentation is received.

1. **Pay Status:**

The employer will indicate to the worker how they will be paid (indicate how e.g. their regular rate of pay) for hours worked while participating in a return to work plan.

1. **Dispute Resolution:**

If disagreements arise at any time throughout the process regarding a worker's abilities, proposed return to work plan, or ability to participate in modified or alternate duties, and they cannot be resolved, the Return to Work Coordinator and worker will contact the WCB for assistance. When appropriate, the union will be involved.

PROCEDURES -- Non-Work Related

**Procedures for a Non-Work Related Injury/Illness:** (To be completed by Organization's Name)