

KEY PRINCIPLES FOR AN EFFECTIVE RETURN TO WORK PROGRAM





DISCLAIMER

This guide and sample documents are for general information purposes only. The Workers Compensation Board of Manitoba does not assume responsibility or liability for actions taken or not taken as a result of the information contained herein.

The workplace is ultimately responsible for complying with applicable legislation, including but not limited to, *The Workers Compensation Act*.

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THE IMPORTANCE OF A RETURN TO WORK PROGRAM

Workplace injuries and illnesses significantly impact both workers and employers. A Return to Work program can reduce those impacts and enhance your business operations.

Minimizing Work Disruptions

A Return to Work program can reduce disruptions in your workplace related to experienced and dedicated staff being away. It provides opportunities to maintain your company's overall productivity by providing injured workers with modified or accommodated duties. There are always tasks that need to be done and every area can look at their operational needs to identify how a person can contribute to the organization's success – safely and within their medically outlined abilities.

Reducing WCB Costs

Your WCB rate and premium are directly related to how many days of time loss are paid as a result of injuries.

There are two ways to keep your WCB premiums low – the first is to prevent injuries from happening in your workplace. For more information on injury prevention, please see the SAFE Work Manitoba website at: www.safemanitoba.com.

The second is to return injured workers in a timely fashion to an accommodated or modified position within your organization. If you can return someone to work, you will instantly reduce the direct costs of your business. By developing a Return to Work program, you will have policies and procedures in place, ready to use in the event of an injury.

You can learn more about how WCB rates and premiums are calculated, and how they relate to injury prevention and disability management, on our website: www.wcb.mb.ca/your-wcb-premium.

Supporting Mental Health

Many studies show that remaining in the workplace supports a worker's good mental health by giving them the opportunity to be part of a team, do useful work and contribute to a shared goal. Studies show that the longer someone remains out of the workforce the less likely they are to return. After six months of being off work, the chance of having a worker return to your workforce drops to 50 per cent. These numbers continue to drop to the point that after two years, if someone has not returned, the likelihood of them coming back to work is down to 10 per cent.

Workers may develop secondary conditions that could contribute to ongoing absences, additional medical treatments and increased use of medication. Studies show that being out of the workforce negatively affects physical and mental health as well as social wellbeing. This can be seen in the development of depression or further physical injury, which may be related to deconditioning or other serious health-related issues such as heart attack, stroke or cancer.

The medical community has recently acknowledged the importance of supporting workers remaining in the workforce. The Occupational Health Specialist of Canada's position is that:

“Absence from work contributes to declining health, slower recovery times and longer duration of disability.”

It is clear: a person who remains in the workplace during their recovery is more likely to feel valued and connected to the workplace, resulting in faster recovery time.

A timely Return to Work is a team effort and each area needs to be committed and involved to support the success of the whole organization.

BEST PRACTICES FOR SETTING UP A RETURN TO WORK PROGRAM





STAGE 1 LEADERSHIP COMMITMENT

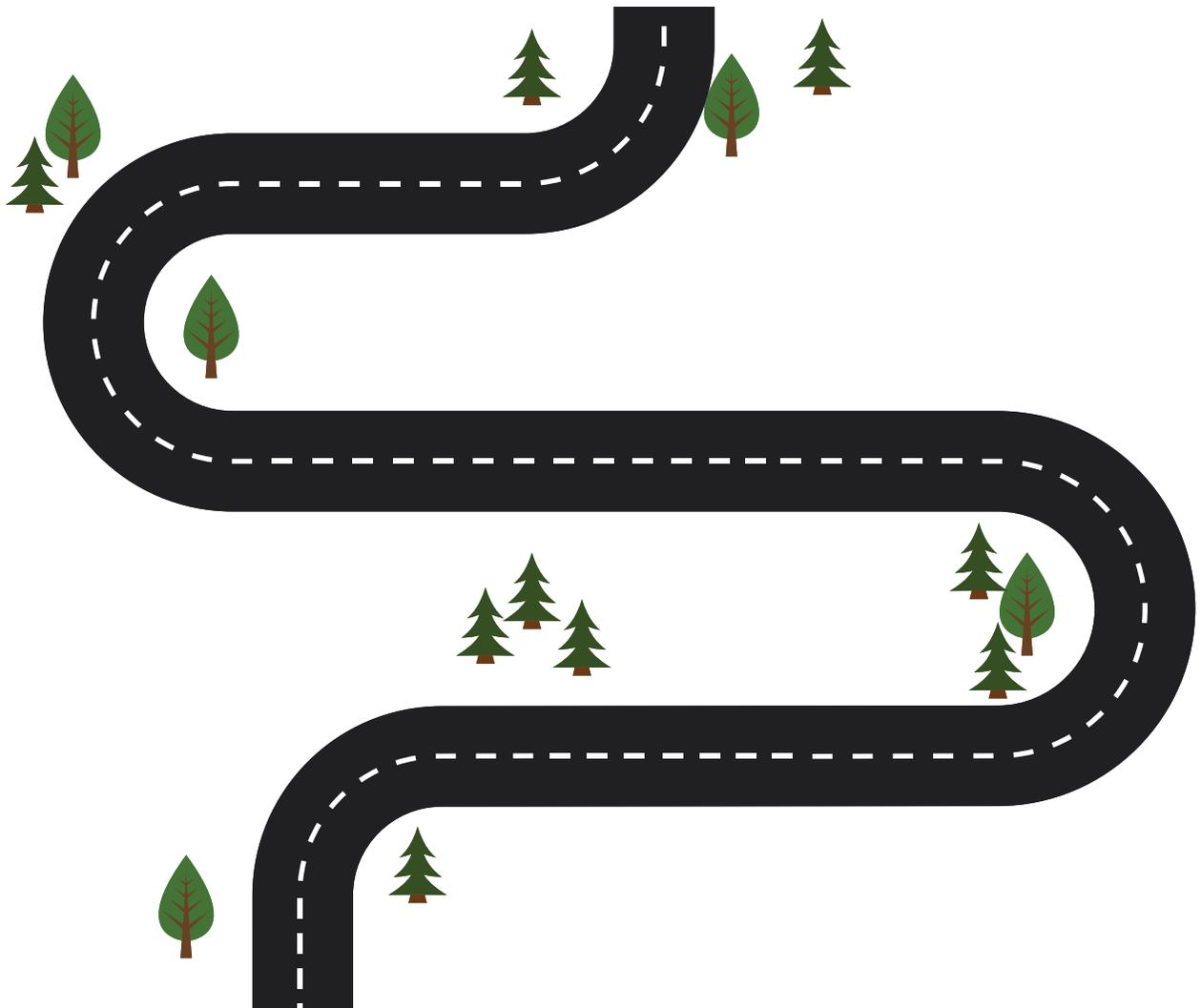


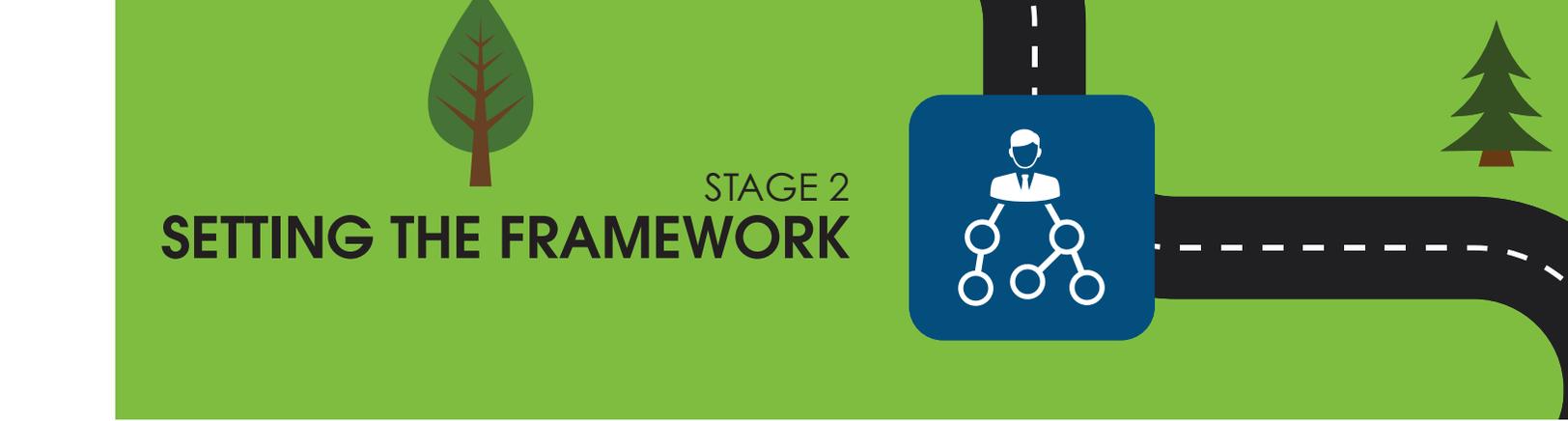
Leadership's support and commitment is essential to the success of a Return to Work program.

Leadership needs to embrace and promote a proactive approach to Return to Work that keeps people connected to your workplace. Successful Return to Work programs reduce a worker's loss of earnings and stress, maintain productivity levels in your organization and lessen your company's direct claim costs.

It is senior leadership who set the tone for a company's organizational culture and influence the success of Return to Work programs. When leaders work together they are able to inspire major cultural changes in the workplace. Manitoba's workplaces are safer today than ever before, and more workers are getting home safely today compared to any other time in history – and this can be directly related to leaders' dedication and commitment to safety over the last 20 years.

Having senior leadership endorse and visibly support the Return to Work program is the first step to success. With senior leadership steering safe and efficient Return to Work programs, we can keep workers safe, connected to the workplace and reduce the stressful impact of disability.





STAGE 2 SETTING THE FRAMEWORK

The framework, or organizational structure of Return to Work, is the second stage in developing a successful Return to Work program.

Go-To Modified Duties List

It is important for senior leadership to support the development of a list of modified duties or accommodations which have been identified in advance. This way, if a worker is injured, they can offer them safe and suitable work immediately. This should be developed in collaboration with all the operational areas in your organization. Each area leader and their staff should contribute ideas on what modified duties are reasonable in their department.

People perform best when they feel their work has value. For this reason it is important to explain why the modified work matters and how it contributes to the success of the organization, not just that it fits the person's abilities. If someone is given a seemingly straightforward task such as shredding paper, be clear in your explanation as to why it is operationally required. For example, the papers are confidential or there is limited storage. By outlining the need for the task, you help the worker feel they are contributing to the overall success of the company.

From a WCB standpoint, it is acceptable to move a worker to a different area or different shift (as long as it does not cause undue hardship to the worker) or to provide them with a completely different job or job duties. As long as the work needs to be done for the business to operate, it is considered a reasonable accommodation.

Point Person

You'll want to identify one person who is the main contact between the company and the WCB. Having only one point person who communicates with the WCB cuts down on delays and duplicated effort. It also helps avoid confusion, as the point person always knows it is their role to work with the WCB and then communicate and co-ordinate with a company's internal stakeholders in the Return to Work process.

The WCB assigns each registered employer a Short Term Claims Adjudicator who is responsible for making the initial decision on a claim. They are also involved in managing the initial claim and may provide technical assistance in arranging the worker's Return to Work. The WCB also has Case Managers who manage claims when recovery lasts longer than eight to 14 weeks. They handle complex claims, such as serious injuries. It is valuable to have your Adjudicator and Case Manager tour your operations to help them make initial claims decisions, manage ongoing files and communicate with your point person.

Reporting Process

A clear process for how injuries are reported, and to whom, is essential to the success of any Return to Work program. If workers do not know who to report their injury to and leaders don't know what to do or who to report to when an injury occurs, it causes confusion and inconsistent practices. Confusion in the reporting process leads to delays in returning or retaining an injured worker in your workplace.

Make it clear and educate everyone about what their roles are and the expectations for following them. Again, it is key that this message comes from senior leadership for your organization to accept and enact the change. Communicate clearly that the process is being implemented primarily for the health of workers and that it benefits your organization as a whole.

Policies and Adherence

Having a Return to Work policy that outlines what the employer is doing, the rationale for their actions, the structure of the Return to Work program, and what is expected of all stakeholders is the easiest way to make sure everyone is working together.

It is important to create a statement summarizing the policy and where the full policy can be found. This is a quick and efficient way to keep workers informed about the existence of the Return to Work program. Post the policy statement on a safety board or in the lunchroom to ensure that it is visible to everyone.

The statement should be clear about the roles of those involved, including:

- what to report
- who to report to
- where to find forms
- when workers are expected to return Functional Abilities Forms.

Your policy should define what disciplinary steps will be taken should the Return to Work program not be followed. It is helpful to include the union in developing the policy to make sure it is aligned with your collective agreement. However, if unsure, contact the WCB to determine if what is being proposed abides by WCB legislation.

Forms

Clear and easy-to-use forms allow a Return to Work program to run smoothly. The following forms are core pieces for the Return to Work process:

- Incident Report
- Functional Abilities Form (FAF) with cover letter for healthcare providers
- Offer of Accommodation.

Samples of these forms to use or to help you create your own are included at the end of this guide.



STAGE 3 ORIENTATION FOR NEW STAFF

The third stage is to ensure every new worker knows about the Return to Work program from the moment they start.

Explain that Return to Work is for the worker’s benefit and safety and ensure you are thorough in describing the process to follow if they are injured. Tell them what forms to use, the expectations for reporting, to whom they report and what they are required to do if they are considering or seeking medical attention.

It is imperative that workers understand that, if they are injured, the employer will immediately consider Return to Work options and make a timely offer of modified or accommodated duties.



STAGE 4 ONGOING TRAINING AND EDUCATION FOR WORKERS AND LEADERS

The fourth stage is ensuring both leaders and workers are aware of the importance of working safely, both physically and psychologically, and remaining connected to the workplace.

Take every opportunity to showcase the Return to Work program to your workers. Discuss various Return to Work topics at meetings, put up posters outlining the process for reporting an injury and explain why returning to work is important. You can obtain posters and pamphlets free of charge from the WCB at: <https://www.wcb.mb.ca/resources>.

The WCB also offers free workshops for your leaders. Please see the end of the guide for information and links to sign up.



STAGE 5 WHEN A WORKER IS INJURED ON THE JOB



The fifth stage in the process occurs when someone is injured at work.

As previously stated, it is important to have a strong framework to guide you when a worker is injured during the course of their job duties. At this point, workers should know the organization has a Return to Work program and what to expect in their recovery.

In the event a worker is injured, it is best to have a pre-made package containing:

- an Incident Report for the worker to explain in detail what happened
- a Functional Abilities Form (FAF) for them to take to the healthcare provider, which explains that the company has a Return to Work program and can accommodate the worker
- a checklist for the worker to remind them what to expect and what they are responsible for in their recovery.

It is reasonable to request that a completed FAF is returned within 24 hours or before the start of their next shift. This establishes a time frame and allows your organization to find an accommodation or modified position as quickly as possible (reducing time loss) and to make supervisors aware of the necessary details. As studies have shown, staying at work leads to better mental health, reduces the impact to productivity and results in a lower WCB premium rate.

It is essential that workers know who to report to, where to get the FAF forms and when they are expected to return the form.

You should provide an injured worker with the pre-made package and clear instructions even if they are not sure whether they will seek medical attention. It is best to assume that they will, rather than that they won't.

At this stage you should remind the worker that your goal is to bring them back to work as per your Return to Work program and legal obligation.

The leader to whom the injury is reported should know who to tell and what to do with the forms. Once the leader has reported the injury, the point person for the WCB files the claim. You are required to file the claim within five business days; late reporting can result in a \$500 penalty.

Once the process is started, the point person works directly with the WCB to obtain technical assistance (if required) to determine a worker's abilities. Technical assistance is described in Policies 43.00, 43.20.20 and 43.20.25. You can access these policies at <https://www.wcb.mb.ca/section-40-benefits-administration> for full details.

It is recommended that your organization partner with a nearby healthcare facility such as a walk-in clinic, chiropractor or physiotherapist who will see workers in a timely fashion and bill you directly for completing the form. If your organization agrees to this one-time front end cost, it can reduce time loss by weeks. From a cost-benefit standpoint, this approach far outweighs the alternative of waiting for the WCB to receive the medical reports, review them and then communicate the worker's abilities back to your point person.



STAGE 6 SETTING UP AN ACCOMMODATION

Once you know the injured worker's functional abilities, the sixth stage is returning them to the workplace in either an accommodated or modified position as soon as possible.

The quickest and most proactive way to determine how to accommodate a worker is by having a list of "go-to" modified duties. This allows you to make an offer to an injured worker either on the date of the incident or the following day.

If you need to set up a formal meeting to arrange the Return to Work, involve all the necessary parties:

- worker
- union and/or worker representative (if applicable and required)
- supervisor of the department where they will be working in their modified duties
- WCB point person.

With the worker present, fill out an Offer of Return to Work that details their duties, hours of work and to whom they report. The Offer of Return to Work should also outline the worker's abilities on which the Return to Work plan is based.

Ensure the accommodating department is aware of the worker's abilities and confirm that the worker and others in the area know they are not to work outside of their abilities for any reason. Doing so may cause further injury and only prolong their recovery and return to full duties.

It is important to advise the worker to make every effort to schedule medical appointments or treatment related to the workplace injury around their work schedule, if possible. The WCB expects workers to limit their time loss as much as possible.

STAGE 7 MONITORING THE MODIFIED RETURN TO WORK



Checking in with your worker after they have started their modified or accommodated duties is the seventh stage in an effective Return to Work program.

To ensure continuity in the modified or accommodated position, it is recommended the supervisor conduct an initial check-in on a daily basis with the worker to support their return. At the end of each week of modified duties, provide the worker with a weekly check-in form to allow them to explain in their own words how they are managing. Some people may not be comfortable telling you directly if they are having difficulties and a check-in form gives them the opportunity to do so. It also gives you the chance to modify their duties further if required.

The expectation of the worker is that they will be capable of doing more over time, consistent with recovery. As they recover, their capabilities should become broader, bringing them closer to returning to full duties.

Should a worker state they are having difficulties, do not send them home. Rather, advise them you are offering a modified position within their abilities as medically stated and should they choose to leave, which they can, they should contact the WCB. This time loss may not be covered; however, that is up to the WCB to decide. Your role is to simply advise the worker that you are willing to continue to support them in their Return to Work and advise them to be in touch with their adjudicator or case manager.

Should there be any disagreements about the Offer of Return to Work, as per policy 43.20.20, talk to the WCB for technical support and they can review the offer and abilities, and then determine if the work is within reasonable limits.



Once you are aware the worker is fit to return to their full-time regular job duties, the eighth stage is to make sure that you notify the WCB. Failure to do so may result in a \$225 minimum fine if it results in an overpayment of wage loss benefits to the worker. Your organization is encouraged to run your own Return to Work program and, as a result, the WCB may not be aware of the exact date the worker will return to their full duties.

As a supportive employer, ensure you check in with the worker during their first day back. Ask how they are doing and if they need anything. It is important for the worker to know that the leaders are there to support them and ready to make modifications if need be.



Once the worker has been back to regular duties for a week, the ninth stage is to set aside some time to talk them about how they are managing. It is best to check in weekly over a period of two to three weeks to be sure they have completely recovered and feel supported by the organization.

You may want to take notes or even have a formal survey for them to fill out giving feedback on their experience with the Return to Work process.

Use these conversations or survey results to continue to make your program better. As your business changes, so may the needs of your Return to Work program.

SUMMARY

Creating a Return to Work program requires some front end time commitment. Once it is in place, it is a tool and a model that can be used for years to come.

The WCB Return to Work Program Services Team is here to help you. In some instances the team may be able to provide you with a free custom program, following a full review of your existing process.

Training Options

There are free training options available for Manitoba employers to learn more the WCB and its processes.

We offer two free workshops:

RETURN TO WORK BASICS

The Return to Work Basics workshop will help you gain an understanding of the basic components and best practices to develop or enhance your workplace Return to Work program. We will demonstrate how an effective Return to Work program supports injured workers in their return to meaningful work.

WCB BASICS

The WCB Basics workshop will help you get a better understanding of how the WCB operates and your role in the WCB workers compensation system.

You'll learn about reporting injuries, decision-making, rate setting, dispute resolution, claims management and the benefits of developing a Return to Work program.

Other Training

You can also look on your industry's or association's websites for training options that may help you learn some strategies to support your staff and your processes. The Winnipeg and Manitoba Chambers of Commerce and many regional Chamber branches often run lunch and learn sessions.

Templates

Incident Report

Functional Abilities Form

Return to Work Offer

Links

Return to Work Program Services <https://www.wcb.mb.ca/return-to-work-program-services>

WCB Training <https://www.wcb.mb.ca/training>

SAFE Work Manitoba <https://www.safemanitoba.com>

Manitoba Chamber of Commerce <https://mbchamber.mb.ca/>

Winnipeg Chamber of Commerce <http://www.winnipeg-chamber.com/>



TEMPLATES



LOGO

INCIDENT REPORT

Employee Name		Date of Incident		Reported Date	
Job Title		Time of Incident		Reported to	
Department		Location of Incident <small>(office/home/offsite/ etc.)</small>		Hours Worked	Hours Scheduled

Incident Type:

<input type="checkbox"/> Near Miss	<input type="checkbox"/> First Aid (internal)
<input type="checkbox"/> Report Only (Hazard)	<input type="checkbox"/> Medical treatment (external)
<input type="checkbox"/> Property /equipment damage	If yes, where: _____ treatment date: _____
<input type="checkbox"/> Chemical spill/other releases	<input type="checkbox"/> Emergency Service Response (external)

Incident Details: Relevant events that happened before and during the incident, and immediate actions which followed. If incident resulted in a physical injury - include details such as body part(s) injured and source of incident (i.e. assault, equipment failure, vehicle, wet floor, incorrect procedure, etc.).

Any witnesses: No Yes Name(s) _____

(Use reverse of form as needed)

<p>Nature of Injury/Illness:</p> <input type="checkbox"/> Allergy <input type="checkbox"/> Amputation <input type="checkbox"/> Bodily reaction <input type="checkbox"/> Bruise/contusion <input type="checkbox"/> Burn <input type="checkbox"/> chemical <input type="checkbox"/> electrical <input type="checkbox"/> heat <input type="checkbox"/> Crush injury <input type="checkbox"/> Cut/puncture/abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Illness - work related <input type="checkbox"/> Psychological <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin Condition <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Other _____	<p>Body Part(s) - Right / Left:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arm</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Eye(s)</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Finger(s)</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Foot/ankle</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Hand/wrist</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Leg(s)</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Toe(s)</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Head/neck</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Internal</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Arm	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Eye(s)	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Foot/ankle	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Hand/wrist	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Leg(s)	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Shoulder	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Toe(s)	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Abdomen			<input type="checkbox"/> Back			<input type="checkbox"/> Chest			<input type="checkbox"/> Face			<input type="checkbox"/> Head/neck			<input type="checkbox"/> Internal			<input type="checkbox"/> Other		_____	<p>Accident Type:</p> <input type="checkbox"/> Assault <input type="checkbox"/> Bodily fluid exposure/splash <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Contact electrical current <input type="checkbox"/> Contact extreme temperature <input type="checkbox"/> Contact hazardous substance <input type="checkbox"/> Fall from elevation <input type="checkbox"/> Fall on same level <input type="checkbox"/> Motor vehicle accident (MVA) <input type="checkbox"/> Overexertion <input type="checkbox"/> Repetitive movement <input type="checkbox"/> Rubbed or abraded <input type="checkbox"/> Struck against/by <input type="checkbox"/> Other _____
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<input type="checkbox"/> Other		_____																																													

Were modified / alternate duties offered? No Yes - if yes, indicate offered start date: _____

Sign Offs:			
Position	Name (Print)	Signature	Sign-Off Date
Employee:			
Supervisor:			
Return to Work Coordinator:			

***Ensure all reports are submitted to the Supervisor/Return to Work Coordinator prior to the end of the shift.**

Physical Functional Abilities for a Safe Return to Work

Please return completed form to your patient prior to the end of the appointment.

To be completed in keeping with *Section 40 (2) Medical Information to Third Parties and Sickness Certificates* from *Bylaw 11 Standards of Practice of Medicine*, Manitoba College of Physicians and Surgeons.

Dear Healthcare Professional:

The patient you are about to treat sustained an injury/illness at work. This letter is to request your assistance to help us return our team member to safe accommodations at work while they are recovering from their injury/illness.

To assist injured/ill employees, we provide a comprehensive alternate work program, at no base wage loss to the employee. All return to work plans are created in collaboration with our team member, you – the treating healthcare provider, the team member's supervisor, the Health and Safety Department and the Workers Compensation Board (WCB).

Due to our various operations, we are fortunate to be able to offer a wide range of work accommodations. **These include the ability to take more frequent breaks, work reduced hours, as well as modified or alternate work which can include sedentary duties if required.**

We have had an opportunity to discuss the Return to Work Program with this employee, but would also appreciate your support and involvement so that we may have a complete understanding of recommended abilities and limitations.

Please complete the attached Physical Functional Abilities Form to assist us in providing a tailored work program for your patient. Please return this form to your patient prior to the end of the appointment. If there are charges for the completion of the form we would be pleased to pay you directly; alternatively, should your patient pay for the form, please provide them with a paid in full receipt for us to reimburse them.

If there is a concern about any duties which may be available, please note them on the form and we will ask the WCB to contact you directly for clarification.

Thank you for your assistance in treating our team member and helping us return them back to work quickly and, most importantly, safely.

Should you have any questions, please contact me at any time.

NAME:

TITLE:

COMPANY:

PHONE NUMBER:

Physical Functional Abilities Form - Modified Duties Available

Please return completed form to your patient prior to the end of the appointment.

To be completed in keeping with *Section 40 (2) Medical Information to Third Parties and Sickness Certificates* from *Bylaw 11 Standards of Practice of Medicine*, Manitoba College of Physicians and Surgeons.

Patient Name	Date of Appointment
Area(s) of Injury	Is the patient fit for full regular duties? (If no, complete next sections.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Weight Restrictions	Full Ability		11-25kgs / 24-55lbs		6-10kgs / 13-23lbs		Up to 5kgs / 12lbs	
	Spine	Extremity	Spine	Extremity	Spine	Extremity	Spine	Extremity
Lift/Carry - Floor to Waist	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R
Lift/Carry - Waist to Shoulder	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R
Lift/Carry - Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> L <input type="checkbox"/> R

If abilities above are frequent, occasional or other, please outline details in comments section.

Activities	Full Ability	Frequently (up to 66% / day)	Occasionally (up to 33% / day)	Should Not Perform
Walk				
Stand				
Sit/Sedentary				
Climb (Stairs/Ladder)				
Bend				
Twist				
Squat				
Kneel				
Grip/Grasp	<input type="checkbox"/> L <input type="checkbox"/> R			
Hand Dexterity	<input type="checkbox"/> L <input type="checkbox"/> R			
Reach Overhead	<input type="checkbox"/> L <input type="checkbox"/> R			
Reach Below Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R			
Repetitive Motion	<input type="checkbox"/> L <input type="checkbox"/> R			
Driving (If no please explain)				
Use Public Transportation				

Based on the above abilities is the patient capable of performing modified or alternate duties? Yes No
If no, please provide rationale for total disability:

Estimated duration of limitations: _____ Complete recovery expected: Yes No

Recommended work hours: Full Time Hours Reduced Hours (Please provide daily/weekly schedule.)

Reassessment date: _____ Additional comments: _____

Healthcare Professional Name/Address/Phone/Fax or STAMP	Date
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Please return completed form to your patient prior to the end of the appointment.

Cognitive Functional Abilities for a Safe Return to Work

Please return completed form to your patient prior to the end of the appointment.

To be completed in keeping with *Section 40 (2) Medical Information to Third Parties and Sickness Certificates* from *Bylaw 11 Standards of Practice of Medicine*, Manitoba College of Physicians and Surgeons.

Dear Healthcare Professional:

The patient you are about to treat sustained an injury/illness at work. This letter is to request your assistance to help us return our team member to safe accommodations at work while they are recovering from their injury/illness.

To assist injured/ill employees, we provide a comprehensive alternate work program, at no base wage loss to the employee. All return to work plans are created in collaboration with our team member, you – the treating healthcare provider, the team member's supervisor, the Health and Safety Department and the Workers Compensation Board (WCB).

Due to our various operations, we are fortunate to be able to offer a wide range of work accommodations. **These include the ability to take more frequent breaks, work reduced hours, as well as modified or alternate work which can include sedentary duties if required.**

We have had an opportunity to discuss the Return to Work Program with this employee, but would also appreciate your support and involvement so that we may have a complete understanding of recommended abilities and limitations.

Please complete the attached Cognitive Functional Abilities Form to assist us in providing a tailored work program for your patient. Please return this form to your patient prior to the end of the appointment. If there are charges for the completion of the form we would be pleased to pay you directly; alternatively, should your patient pay for the form, please provide them with a paid in full receipt for us to reimburse them.

If there is a concern about any duties which may be available, please note them on the form and we will ask the WCB to contact you directly for clarification.

Thank you for your assistance in treating our team member and helping us return them back to work quickly and, most importantly, safely.

Should you have any questions, please contact me at any time.

NAME:

TITLE:

COMPANY:

PHONE NUMBER:

Cognitive Functional Abilities Form

- Modified Duties Available

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Patient Name	Date of Appointment
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Is the patient fit for full regular duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete next sections.)
Is the patient capable of performing modified or alternate duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide rationale for total disability.)

Activity	Full abilities	If limited, specify abilities
Exercise full cognitive abilities		
Maintain concentration/attention span		
Handle multiple simultaneous demands		
Exercise full memory capabilities		
Operate motorized equipment		
Work and problem solve with accuracy		
Work and problem solve with speed		
Exercise sound judgment		
Maintain stamina		
Handle tight deadlines		
Handle shifting priorities		
Work independently		
Work with others		
Receive and act upon written/verbal instructions		
Driving (If no please explain)		
Other		

Estimated duration of limitations:	Complete recovery expected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Recommended work hours: Full Time Hours Reduced Hours (Please provide daily/weekly schedule.)	
Frequency of treatment:	Estimated date of return to regular abilities:
Reassessment date:	Additional comments:
Healthcare Professional Name/Address/Phone/Fax or STAMP	Date

Please return completed form to your patient prior to the end of the appointment.

February 13, 2009

Mr. Sam Body
123 Main Street
Winnipeg, MB
X2X 2X2

Your Claim Number is 00006699

Dear Mr. Body:

This letter is to confirm the details of your return to work program with the ABC Company. Arrangements have been made for you to return to work on April 6, 2009.

At present, you are fit for modified duties with the following restrictions:

- No lifting greater than 25 lbs.
- No repetitive bending
- Ability to sit and stand as required.

Your supervisor, John Smith is aware of your work restrictions and will provide you with modified duties. Please ensure you report any difficulties immediately to John and then contact myself to discuss as well.

These duties have been confirmed as:

- Customer service at front desk
- Light repairs at desk level
- Answer incoming telephone calls
- A sit/stand stool has been provided at the work site for your use

You will be working according to the following schedule:

- April 6, 2009 – 2 hours per day
- April 14, 2009 – 4 hours per day
- April 20, 2009 – 6 hours per day
- April 27, 2009 – full hours, regular duties

During this return to work program, your employer will pay for you hours worked and the WCB will issue partial wage loss benefits based on your gross earnings. I will be in contact with you and your employer on a regular basis to ensure your WCB benefits will be paid as per your due date.

I wish you all the best with your return to work. Congratulations on all the hard work you have put in towards your recovery to achieve this goal. As agreed, I will meet you at your work site on April 14, 2009 to monitor your progress further.

If you do not agree with the above decision, you have the right to appeal to the WCB's Review Office. Please see the enclosed information for appeal procedures.

If you have any questions, please call me at the number below.

Yours truly,

Ms. Case Manager
Rehabilitation and Compensation Services
(204) 954-4500
1-800-362-3340

cc: Dr. Smith
Supervisor
RTW Coordinator
Union Representative (if involved)

Employee: _____ Supervisor: _____

Objectives: Safe and timely return to pre-injury job
 Avoidance of recurrence or new injury

Limitations: _____

Nature of the job:
Temporary assignment until complete recovery
Permanent job with modifications

Accommodations, if any: Hours of work
 Reduced production
 Alternate job

Length of assignments:

What training is required?

How long is the training?

What are the safety precautions being taken during trainings?

What is the job?

What is the start date?

What is the date by which the employee will be back to pre-injury job?

Tasks:

Safety Considerations:

Employee's Signature

Supervisor's Signature

Employee Representative Signature

Manager's Signature

Company Name
Offer of Modified Work

Worker Name:

(Print full name)

In an effort to assist you in an early and safe return to work, we would like to offer the following modified/alternate work placement.

The modified/alternate work position is: _____
(name or description of position and department or location)

The duties you will be required to perform are as follows:

(describe specific job duties and the physical requirements of the position)

The functional capabilities form indicates the following restrictions:

The hours of work will be from: _____ to _____, _____
(hrs) (hrs) (days of week)

The duration of the modified work placement will be from: _____ to _____
(date) (date)

During the modified work placement your supervisor will be: _____
(name of supervisor)

Your rate of pay will be: \$ _____
(pre-incident job rate recommended)

In keeping with the current functional capabilities provided by your healthcare provider, it is expected you will only perform the duties outlined above. Your supervisor will meet with you weekly to adjust your duties and/or length of placement as required based on your ability and progress in the return to work. If you have any difficulties performing the modified work please notify your supervisor immediately.

Worker signature: _____ Date: _____

Employer's signature: _____ Date: _____

IMPORTANT

For WCB cases provide: _____
Injured employee's WCB claim number

Fax directly to WCB Adjudicator/Case Manager _____ at 1-877-872-3804

RETURN TO WORK BEST PRACTICES GUIDE





CONTACT US

Return to Work Program Services Team
In Winnipeg 204-954-6161
Toll free 1-855-954-4321, ext. 6161
RTWProgramServices@wcb.mb.ca