

AWCBC Compensation and Benefits Committee – Virtual Meeting – October 7, 2020

Attendees

Doug Jones (NB) – Executive Sponsor

Cheryl Tucker (AWCBC)

Sherry Rose-Christopher (NL)

Dino Scichilone (NB)

Nancy Hartley (MB)

Susanne Wirth (Yukon)

Kelly Arychuk (NT)

Marj Langkamp (Alberta)

Denise Caron-Adam (WSIB)

Christine Tardif (Quebec)

Shelly McFadden (SK)

Julie Courville (Quebec)

Jeff Miniely (BC)

Kate Marshall (PEI)

Wade Hynes (Nova Scotia)

Agenda

- COVID-19 Discussion:
 - How has COVID impacted your WCB/ your province? What has been the impact to workers, employers and service providers, as well as employees and the economy?
 - In person services during the pandemic: what, if anything, are the other Boards doing with resuming and/or planning for in person services (if at all)?
 - How are you dealing with mental health claims during COVID?
- Are there other changes you've been managing this past year, (e.g. technology, workers' compensation review, other changes)?
- What assumptions are you using for business planning for 2021?

Discussion

Cheryl – want to be able to continue to share information and connect people across the country. Would anyone be interested in doing a panel discussion about how COVID has impacted claims? From across the country. E-blast was sent out earlier this week – take a look! Share with colleagues.

Doug Jones – welcome – interested in hearing more details behind some of the notes that were sent in. Lots of innovation has occurred in a short period of time.

Jeff - BC– new claims are down although there is a relative increase in TL claims. Might be because people with minor injuries aren't going for treatment? VR benefits are up; although volumes are down, there's an increase of claims in pay. Moved some work around to address. COVID- handled by Occ Disease – manageable volumes – coming from specific industries. Incoming volume of COVID cases have increased recently. In-person treatment is still low; surgeries are catching up, reduced job

opportunities; limited in-person services (just opened counter services recently). Skeleton staff in the offices. Discouraging people from dropping paper off and encouraging online services; employers – limited modified; deferred premiums but 75% chose to pay anyways. Approved stipend for telehealth services. Created job aids to support decision making for staff. 90% of staff are home til at least January. No plans to increase in-person services. Economy – primary industries were not impacted. UE rate is still high. High volume of calls into Mental Health unit. Bill 23 implemented – see Jeff's summary for details. Other recommendations were also provided – they are looking at. Assumptions for 2021 start 2021 averaging 85% of prior volumes and increasing to 90% over the course of 2021. Using claim scoring to balance workload.

Marj - Alberta- very similar to BC in terms of volume, impact to industries (except the UE rate is highest in the country). Have implemented some significant tech projects and working on next iterations.

Shelly - Saskatchewan – COVID volume has been relatively low – see summary for industries, etc. Telehealth service only at this time; MW is down but is specific to some employers. Educating workers about services available through Federal/ Provincial support as well as WCB. Some challenges with consistent messaging to stakeholders. Penalties to employers have been waived. Cost relief is being applied on COVID claims; introduced pre-authorized payments for employers; providing H&S info to employers about COVID. Lots of challenges getting people working from home initially; needed to work on productivity measures; are starting to bring people back to the office after Thanksgiving (managers etc are back now). Sent office equipment home with employees. People are concerned about returning to work – using different communication methods (video) to help; and using a two –week rotation at first. Virtual lunch and learn sessions for staff with international experts. 75% turnover in executive in the last 18 months. Pending election; remote work; Continuous Improvement Initiative; IT transformation work.

Nancy – Manitoba – Claim volumes are down however are starting to rebound. Time loss is up. Expect exams to be caught up by year-end. COVID claims – approx. 200 claims reported, only 33 accepted. Majority in HC industry. VR- status quo. Appeals had been down but have rebounded. All staff have been sent home. Technology was an issue but was resolved. Have started bringing staff back to the office – 70% of claims staff are back in some capacity. In person services on hold/ recent increase in COVID cases in the province, except with some sensitive cases – they are being provided with in person service. Change management has been an issue (similar theme across all jurisdictions). CEO is retiring at the end of October. Leg review has been on hold but may be revisited. Cheryl brought up an issue regarding staff who are working from home but are electing to move to a different jurisdiction – is there a gap in coverage?

Denise – Ontario – about 9000 COVID cases and about 3000 exposures. Moved staff home early. Switching out PCs for laptops, still have very few staff in the office- were thinking about increasing the numbers but have backed off given the provincial increase in cases. Introduced many digital services online portal, digital access to files (secure email), appeal hearings. Contracted a 3rd party to scan their mail. Providers are offering virtual treatment and retraining. Similar observations about decrease in MW for workers. Offered deferral of premium payment/ payroll reporting. H&S training and PPE has been offered to field staff and 400 staff have returned to work in the field. Seeing some mental health claims related to COVID. No changes to how mental health claims are being managed. New Chief of Operations joined in early 2020 and their CEO is retiring at the end of the year. Have made some changes to how claims are being assigned. Ontario Employment Rate is forecasted to be gradually back

to pre-pandemic level in 2021. Our incoming claim volume is also forecasted to be gradually back to pre-pandemic level in 2021 as well.

Julie – Quebec – decrease in claims but significant increase in claims coming from health care. Over 11K claims for COVID. Increased flexibility for stakeholders. Continued wage replacement benefits for workers until after the end of their entitlement date. Flexibility for employers with premiums. Most employees are still working from home. Workloads have increased related to focusing on essential services. Government review of Act in November.

Dino – NB – very few COVID cases. All staff moved to WFH in March but about 80% are still working from home. Similar themes in terms of lockdown impact to the economy, claim volumes. Employees had resiliency courses available through UFred. Employers- same in terms of deferrals of payments. Service providers – shut down initially but are currently back up to almost normal. Offices remain closed to the public, starting to resume some face to face treatment. Looking at some in-person visits for some staff. Home modifications were stopped temporarily. Looking at some transformational changes – enterprise/ client / employee experience. Announcement made last week re restructuring. Provincial election in Sept.

Wade –NS- small number of COVID claims – would like to hear more about how other jurisdictions are managing some of the symptoms that are coming up. Managers behind the changes over the past several months are feeling tired and would like to hear about how other people are managing this.

Suzanne – Yukon – different rules in different provinces re COVID testing, etc. is causing some challenges with getting people into medical service providers.

Kelly – NT – challenges with working with different governments; travelling

Sherry Rose- Christopher – NL – most staff have been back in the office since July.

Next meeting – will set up for later in October. Will think about setting up meetings more often.

Telecommuting

Telecommuting is a work arrangement where workers perform all or parts of their jobs outside their employer's usual place of work. Telecommuting relies on the use of technology to perform work from home or other remote locations.

Telecommuting workers may be covered under workers' compensation. When coverage is in effect, responsibilities under workers' compensation legislation (including recording and reporting accidents) still apply, even though the work is performed from home or another remote location.

Telecommuting arrangements may be temporary or permanent. Temporary arrangements may include carrying out a time-limited project at home or working from home during a quarantine period. Permanent arrangements include workers who perform all or part of their duties out of their home on a regular basis.

Telecommuting does not cover occasional situations when a worker brings work home on their own initiative, even with the employer's knowledge (e.g., to complete a project in time for a deadline).

Workers' compensation considerations

Telecommuting arrangements

Before you begin working from home, your employer may draft and require you to sign a formal telecommuting agreement. A written policy or agreement clarifies your arrangement and helps us adjudicate claims that arise while telecommuting.

Reporting

Because injuries or illnesses arising from telecommuting may be work-related, employers and workers are required to report these injuries and illnesses to WCB.

For more information see Section 33 of the [Workers' Compensation Act](#), Section 9 of the [Workers' Compensation Regulation](#), and [Policy 01-05, Part II, Application 2, Recording and Reporting Accidents](#).

Entitlement

Taking into consideration the individual circumstances of each claim, we look at the following factors, and possibly others, to determine whether a telecommuting injury is work-related and therefore covered:

- Was the activity on work time?
- Was the activity for your employer's benefit?
- Were you paid for the time?
- Were you in that time and place due to employment reasons?
- Was your work arrangement authorized by your employer?
- Did your illness or injury occur in the course of using equipment or materials supplied by your employer?

See Policy 02-01, Part II, [Application 1: Employment Hazards](#), and [Application 2: Time and Place](#).

Travel

Travel at the direction of your employer is covered. This includes situations when you travel from your home to your employer's office or another site to attend a work-related meeting. It may also include travel to pick up supplies for your home office that are used in the performance of your work duties.

For more information about travel see [Policy 02-01, Part II, Application 3, Travel](#).

Your workspace

When telecommuting is authorized by your employer, as a general rule, coverage is confined to your defined workspace unless you are engaged in an activity that is directly related to your telecommuting work.

For more information on [WCB-Alberta policies](#), please visit our website.

Example scenarios

Scenario 1:

Margaret is a typist for a municipality. She transcribes transportation planning reports from audiotapes. She works in a spare room in the basement of her home that was designated as her workspace.

Her home office has a computer, fax machine and printer supplied by the employer. On her way to the basement office one morning, Margaret slips on some water on her kitchen floor. She falls and hurts her lower back. Is her injury covered?

Unlikely. Margaret was not yet in her designated workspace and the hazard did not relate to her employment.

Scenario 2:

Margaret drives to a local office supply store to purchase toner and paper for the printer in her home office. On the way home she is involved in a motor vehicle accident and suffers a neck injury. Is Margaret covered?

Probably, provided Margaret did not deviate from the route for a personal errand. If she deviated from a direct route to the office supply store, she is not covered until she completes her personal errand and returns to the direct route.

Scenario 3:

Margaret has typed transportation planning reports out of her home for three months using her own desk and chair. Her work station was not ergonomically assessed before beginning the telecommuting arrangement.

Lately, she is experiencing pain in her wrists and neck. Her doctor diagnosed a repetitive strain injury in her wrists. Her employer sent an ergonomist out to assess her workstation.

The ergonomist determined her chair and desk, which cannot be adjusted, do not suit her body and she needs new office equipment. Is her injury covered?

Probably. Although Margaret provided the desk and chair, the injury is work-related because the desk and chair are required as a condition of her employment at home.

Scenario 4:

Margaret receives a box of office supplies delivered to her home. The supplies are paid for by her employer and are necessary for her employment.

The box is large and, when carried, prevents her from seeing her feet. As she carries the box down the stairs to her home office, she trips and falls. Her doctor diagnoses a sprained ankle, contusions and a concussion. Is Margaret covered?

Probably. Depending on the facts, the injury may be covered even though it occurred outside the designated workspace. The box is a hazard introduced by her employment and contributed to the accident.

Scenario 5:

At noon, Margaret decides to take a lunch break. She leaves her home office in the basement and climbs the stairs to her kitchen. On her way up the stairs, she misses a step, falls and cuts her chin on a step. The cut requires three stitches. Is Margaret covered?

Probably not. Margaret left her designated workspace on personal business and the stairs are not a hazard of employment.

