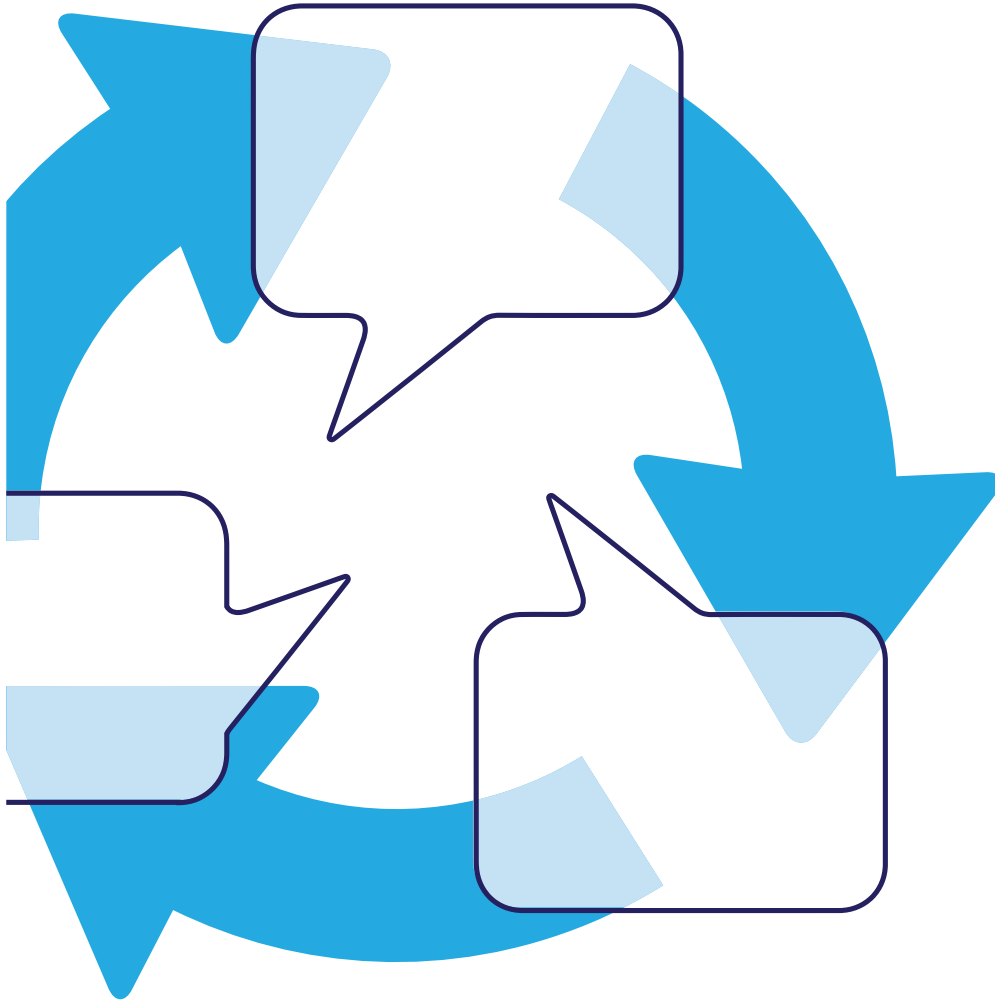


Employer's Guide to

# RETURN TO WORK



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WSCCNTNU

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## PART 1:

# An Introduction to Return to Work

*Return to Work (RTW) is a process that occurs when a worker suffers an injury or illness to help them return to work as soon as safe and medically possible. The process can occur at the same time as medical and rehabilitation treatment to improve the worker's overall recovery.*

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## What are the Benefits of RTW?

There are many benefits of early and safe RTW for both employers and workers:

### Employer Benefits:

- Fulfills legislative requirements including the duty to accommodate under the Human Rights Act;
- Retains experienced, skilled, and knowledgeable workers;
- Improves worker morale and relations;
- Demonstrates the value the organization places on their workers;
- Provides consistency in the treatment of injured workers;
- Decreases worker's time away from work, which reduces time loss claims;
- Reduces hiring and training costs;
- Improves the health and safety culture;
- Reduces risk of similar injuries occurring by identifying and controlling hazards; and
- Enhances company image.

### **Did You Know?**

Workers who are away from work with an injury for six months have only a 50 percent chance of returning to full-time, pre-injury employment.

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### **Worker Benefits:**

- Improves recovery and rehabilitation, and prevents disability;
- Maintains physical fitness and cardiovascular health;
- Maintains financial benefits (pension, Employment Insurance, medical and dental plans, vacation leave benefits);
- Increases worker morale; and
- Protects worker employability.

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## **What is the RTW Procedure?**

### **1. Get first aid or medical aid:**

- Provide first aid or medical aid.
- If needed, provide transportation to the nearest medical centre.
- At the medical centre, the Health Care Provider completes a *Functional Abilities* form. Request a copy of this form from your worker. If your worker can't provide this form, contact the WSCC.

### **2. Report the injury:**

- Complete and submit the *Employer's Report of Injury* form to WSCC Claims Services. Provide a copy to your worker.
- Remind your worker to complete and submit the *Worker's Report of Injury* form to the WSCC.

### **3. Communicate and collaborate:**

- Communicate with your worker as soon as possible after the injury and maintain contact throughout recovery.
- Contact the WSCC regularly to share updates on your worker's progress and suitable work options.

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#### **4. Identify suitable work and create your worker's RTW plan:**

- Discuss the functional abilities and prognosis for recovery with your worker and the WSCC to identify suitable work.
- Document identified suitable work in a personalized RTW plan for your worker. Have the worker and employer sign and submit the RTW plan to the WSCC.

#### **5. Implement and monitor your worker's RTW plan:**

- Worker returns to work.
- Check in with your worker to monitor their RTW plan.
- Provide updates to the WSCC every two weeks.
- Communicate any progress or concerns to the WSCC.

#### **6. RTW completion:**

- Worker fully recovers and returns to their pre-injury job; or
- Worker reaches maximum recovery and requires permanent accommodations.

#### **7. Evaluate the RTW:**

- To improve internal processes for future RTW situations, determine what went well and what didn't.

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## What is a RTW Program?

A RTW program helps injured workers return to suitable work as soon as medically possible. It outlines what steps to take when a worker is injured and how to create and implement individualized RTW plans.

A personalized RTW plan meets the specific needs of the injured worker. It considers the worker's functional limitations, rehabilitation and treatment, skills and abilities, and available suitable work.

### ***Did You Know?***

An injury doesn't always mean time away from work. An effective RTW program aims to help workers get back to work as soon as medically and safely possible.



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## PART 2

# How to Develop a RTW Program

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## What should I include in a RTW Program?

A formalized RTW program includes procedures and supporting documentation tailored to your organization.

To make a RTW program you should:

1. Designate a RTW Coordinator or Committee;
2. Develop a RTW policy;
3. Develop your RTW procedures;
4. Assign roles and responsibilities;
5. Provide RTW education; and
6. Review and evaluate.

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### 1. Designate a RTW Coordinator or Committee

Assign responsibility for your RTW program. Depending on the company's size and structure, either select a Coordinator or create a Committee.

If forming a committee you should include:

- management;
- workers; and
- union representatives (if applicable).

The Coordinator or Committee manages the RTW program. Their responsibilities may include:

- Developing and implementing RTW program policies and procedures;
- Collecting and maintaining relevant RTW documentation;
- Evaluating the RTW program;
- Implementing RTW program changes and communicating to all staff;

- 
- Acting as a mediator to resolve disputes arising from RTW;
  - Assisting in the development of individualized RTW plans;
  - Identifying incident and injury trends and working with safety personnel to reduce risks; and
  - Identifying and maintaining suitable work lists.

A RTW Coordinator or Committee member can assist your worker through their recovery by explaining the process and providing information on external resources, such as an Employee Assistance Program (EAP).

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## 2. Develop a RTW Policy


Include a RTW policy to state the organization's objectives and targets. This policy forms the basis of the RTW program. Having a policy shows an employer's commitment to care for injured workers. **See sample policy.**

A policy should be clear and easy to understand. When communicating a policy it should answer four questions:

- **What** does the organization want to achieve?
- **Why** does it want to achieve this?
- **How** will it achieve the intent?
- **Who** will it affect?

As an employer:

- ensure the highest ranking official in the company signs the policy;
- review the policy and procedures annually; and
- have the policy accessible to all workers by posting it in the workplace.

 **Key to Success:** Get commitment and support from the top down.

### Hint

Remember to post the following in highly visible places throughout the workplace:

- Current copy of your RTW policy and procedures; and
- RTW Coordinator or Committee contact information.

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### 3. Develop your RTW Procedures

Effective RTW procedures should be specific to the unique needs of your organization. You must communicate them to all workers before an injury occurs, to ensure fast implementation to help the worker return to work as soon as safe and medically possible.

The table below helps you get started on writing your own procedures. Remember, for each step specify the **Who, When, and How** questions, and document them in your procedures.


SAMPLE SUBTITLE	SAMPLE BASIC PROCEDURE:	SPECIFY:
1. Get Medical Attention	Worker gets first aid from first aid attendant or medical aid from a site medic or health care provider.	<ul style="list-style-type: none"><li>• <i>Do you have a list of first aid attendants and site medics, and how to contact them?</i></li></ul>
	If needed, the employer must provide the worker transportation to a health care facility, and back to work or residence as appropriate.	<ul style="list-style-type: none"><li>• <i>Who in your organization is available in an injury situation to arrange or provide transportation?</i></li></ul>
	Health care provider fully completes and submits the <i>First Medical Report</i> form. Request that the health care provider gives a copy of the worker's <i>Functional Abilities</i> form to your worker.	<ul style="list-style-type: none"><li>• <i>Who reminds the worker to request this form?</i></li><li>• <i>Do you have a letter to the health care provider that outlines the request?</i></li></ul>

SAMPLE SUBTITLE	SAMPLE BASIC PROCEDURE:	SPECIFY:
<p><b>2. Report the Injury or Illness</b></p>	<p>Worker reports the injury.</p>	<ul style="list-style-type: none"> <li>• <i>To who? Is it their supervisor, Human Resources, etc.?</i></li> <li>• <i>When?</i></li> </ul>
	<p>Ensure you are fulfilling your legal incident reporting requirements.</p>	<ul style="list-style-type: none"> <li>• <i>Refer to the Safety Acts, Mine Health and Safety Acts, Workers' Compensation Acts, and related Regulations.</i></li> <li>• <i>Do you have separate incident reporting procedure? Refer to it.</i></li> </ul>
	<p>Worker completes and submits to WSCC Claims Services <i>Worker's Report of Injury</i> form.</p>	<ul style="list-style-type: none"> <li>• <i>When?</i></li> <li>• <i>How do they submit the form?</i></li> </ul>
	<p>Employer completes and submits to WSCC Claims Services the <i>Employer's Report of Injury</i> form (provide a copy to your worker).</p>	<ul style="list-style-type: none"> <li>• <i>Who completes and submits the form on behalf of the employer – is it the supervisor, Human Resources, owner, etc.?</i></li> <li>• <i>Does anyone need to review it before submitting? Maintain a copy for your records.</i></li> </ul>
	<p>Worker provides employer with copy of the <i>Functional Abilities</i> form from health care provider.</p>	<ul style="list-style-type: none"> <li>• <i>Who should they provide it to?</i></li> <li>• <i>Hint: A letter to the health care provider can inform them that it is a workplace injury, and your commitment to provide suitable work based on the functional abilities information that they provide.</i></li> </ul>

SAMPLE SUBTITLE	SAMPLE BASIC PROCEDURE:	SPECIFY:
<b>3. Communicate and Collaborate</b>	Communicate with your worker as soon as possible after the injury.	<ul style="list-style-type: none"> <li>• <i>Who makes the contact and how?</i></li> </ul>
	If your worker can't go back to work immediately, the employer and worker have regular scheduled communication throughout the absence from work (at least bi-weekly or as agreed to). Document communications in communications log.	<ul style="list-style-type: none"> <li>• <i>Who maintains the contact with your worker while they are absent?</i></li> <li>• <i>What method of contact will you use (phone is ideal)</i></li> </ul>
	Contact the WSCC regularly (bi-weekly) to provide updates on worker prognosis and modified work options. Document communications.	<ul style="list-style-type: none"> <li>• <i>Who in the organization is responsible for communicating with the WSCC?</i></li> </ul>
	If there is a job demands analysis or job description for your worker's job or possible suitable work, provide it to the WSCC.	<ul style="list-style-type: none"> <li>• <i>Who provides the job demands analysis and description?</i></li> </ul>
<b>4. Identify Suitable Work and Create Worker's RTW Plan</b>	Review functional abilities, job demands analyses, and transferable skills to identify suitable work options.	<ul style="list-style-type: none"> <li>• <i>Who in the organization identifies suitable work options?</i></li> <li>• <i>Is it a team or one person?</i></li> </ul>
	Meet with worker and union representative (if applicable) to discuss goals, timelines, and suitable work.	<ul style="list-style-type: none"> <li>• <i>Who schedules the meeting and who will attend?</i></li> </ul>

SAMPLE SUBTITLE	SAMPLE BASIC PROCEDURE:	SPECIFY:
	Discuss the functional abilities, suitable work goals, and timelines with the WSCC.	<ul style="list-style-type: none"> <li>• <i>Identify suitable work.</i></li> </ul>
	Document the RTW plan and ensure the employer, worker, and union representative (if applicable) sign it.	<ul style="list-style-type: none"> <li>• <i>Do you have a template to use?</i></li> <li>• <i>Who signs it on behalf of the employer?</i></li> </ul>
	Submit RTW plan to the WSCC.	<ul style="list-style-type: none"> <li>• <i>Who submits the plan and how?</i></li> </ul>
<b>5. Implement and Monitor Worker's RTW Plan</b>	If your worker requires a different tool, equipment, or other work design changes, discuss these with the WSCC and purchase and implement them.	<ul style="list-style-type: none"> <li>• <i>Who coordinates this?</i></li> <li>• <i>Who discusses this with the WSCC?</i></li> </ul>
	Worker returns to work and starts suitable work.	<ul style="list-style-type: none"> <li>• <i>Does your organization require worker to report to anyone on first day? Ex: Human Resources or Payroll</i></li> </ul>
	Worker and employer meet regularly (initially daily, then weekly at a minimum) to discuss and evaluate RTW plan.	<ul style="list-style-type: none"> <li>• <i>Who for the employer should your worker meet with?</i></li> </ul>
	Health care providers monitor and evaluate your worker's recovery and rehabilitation. The employer may request updated functional abilities information.	<ul style="list-style-type: none"> <li>• <i>Who contacts the WSCC to request any updated prognosis or functional ability information? (Workers may also provide Functional Abilities forms following their appointments.)</i></li> </ul>

SAMPLE SUBTITLE	SAMPLE BASIC PROCEDURE:	SPECIFY:
	Adjust the RTW plan according to the recovery process and operations. Submit any updates to the plan to the WSCC.	<ul style="list-style-type: none"> <li>• <i>What happens if there are concerns?</i></li> <li>• <i>Who documents the changes and submits to the WSCC?</i></li> </ul>
	Report progress, hours worked, and concerns to the WSCC at least bi-weekly.	<ul style="list-style-type: none"> <li>• <i>Who communicates with the WSCC?</i></li> </ul>
<b>6. RTW Completion</b>	Worker fully recovers, completes their RTW plan, and returns to pre-injury job.	<ul style="list-style-type: none"> <li>• <i>Does your organization require worker to report to Human Resources or Payroll?</i></li> </ul>
	Sometimes a worker may require permanent restrictions due to the injury. In this case, the employer should discuss with the WSCC. The employer needs to assess and, if possible, provide long-term or permanent accommodations.	<ul style="list-style-type: none"> <li>• <i>Who discusses the permanent restrictions with the WSCC?</i></li> </ul>
<b>7. Evaluate</b>	Evaluate the RTW plan and overall process: what went well, what didn't, assess how participants overcame challenges, and make recommendations for improving future plans and the overall RTW program.	<ul style="list-style-type: none"> <li>• <i>How do you want to evaluate it? Use a form, have a meeting, etc. Both worker and employer representatives provide feedback.</i></li> </ul>

 **Key to Success:** Follow the process consistently and get support from co-workers to build a culture that accommodates RTW.

**Hint**

Remember that RTW steps can happen fast. There are no time constraints and, depending on the injury, the worker may be able to return to work the same day.

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## 4. Assign Roles and Responsibilities

A RTW program involves a team of people committed to getting the injured worker back to suitable work as soon as is safe and medically possible.

The team includes:

- management;
- the injured worker;
- health care providers;
- the union (if applicable); and
- the WSCC.

Assigning and communicating responsibilities helps ensure the RTW procedure is consistent.

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### Injured Worker

1. Contact employer as soon as possible after the injury happens;
2. Complete and submit to WSCC Claims Services a *Worker's Report of Injury* form;
3. Provide employer with regular updates on functional abilities throughout recovery;
4. Participate in prescribed treatment and rehabilitation programs;
5. Assist employer to identify suitable and available work, consistent with functional abilities and, where possible, restores pre-injury earnings;
6. Inform health care provider of available suitable work;
7. Accept suitable work when identified;
8. Provide the WSCC with information on RTW plan;
9. Work within the identified limitations or restrictions; and
10. Work with the employer and the WSCC to address any concerns that may arise.



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## Employer

Depending on the organization, these may be the responsibilities of the owner, manager, supervisor, human resources, senior management, safety co-ordinator, etc.

1. Contact worker as soon as possible after the injury happens;
2. Complete and submit an *Employer's Report of Injury* form within three days of incident;
3. Communicate with the worker, union representative, and the WSCC throughout the recovery period;
4. Maintain communication log and documentation;
5. In collaboration with your worker and union representative (if applicable) identify and provide suitable work consistent with worker's functional abilities and, where possible, restores worker's pre-injury earnings;
6. Provide the WSCC with a copy of your worker's RTW plan;
7. Supervise and monitor the RTW plan;
8. Submit the hours worked at least every two weeks to the WSCC;
9. Work with the worker, the WSCC, and the union (if applicable) to address any concerns that may arise; and
10. Provide Employee Assistance Program (EAP) information (if applicable).

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## Health Care Provider

1. Diagnose and treat illness or injury;
2. Submit completed *First Medical Report* within three days of treating worker. Provide worker with *Functional Abilities* form;
3. Provide worker with continued medical advice and support;
4. Provide updated functional abilities information to the WSCC and employer;
5. Communicate appropriate medical advice and information to worker, employer, and the WSCC;
6. Work closely with other health care professionals to facilitate worker's safe and timely return to the most productive employment possible.

<b>Union (if applicable)</b>	<ol style="list-style-type: none"> <li>1. Assist employer, worker, and the WSCC to identify suitable temporary and, where required, permanent accommodation measures;</li> <li>2. Support reasonable re-employment or accommodation offers; and</li> <li>3. Openly share RTW concerns with employer, worker, and the WSCC.</li> </ol>
<b>Return to Work Coordinator or Committee</b>	<ol style="list-style-type: none"> <li>1. Ensure ongoing communication between the parties;</li> <li>2. Ensure worker, supervisor, and other parties involved understand what to expect and what they must contribute to the process;</li> <li>3. Identify and maintain suitable work lists;</li> <li>4. Assist in the development of individualized RTW plans;</li> <li>5. Identify incident and injury trends and work with safety personnel to reduce risks;</li> <li>6. Act as a mediator to resolve disputes; and</li> <li>7. Evaluate the program.</li> </ol>
<b>All Workers</b>	<ol style="list-style-type: none"> <li>1. Know the RTW procedure.</li> <li>2. Support your co-workers when they have suffered an injury, to help them return to work.</li> </ol>
<b>WSCC</b>	<ol style="list-style-type: none"> <li>1. Administer health care and earning replacement benefits;</li> <li>2. Explain to employers and workers their responsibilities in the RTW process;</li> <li>3. Monitor activities, progress, and cooperation of all parties, and act as a liaison;</li> <li>4. Assist all parties in the RTW process;</li> <li>5. Monitor, and if necessary, co-ordinate appropriate health care for recovery;</li> <li>6. Mediate disputes when required.</li> </ol>

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## 5. Provide RTW Education

Management and workers need to know what to do if an injury occurs, how to report an injury, how the process works, and what their responsibilities are.

For workers, RTW education can form part of existing training, such as:


- New worker orientations;
- Organization refresher training; or
- Staff meetings (tailgate meetings).

RTW education should include:

- The benefits of RTW;
- RTW policy, and where to find it;
- Who to contact for RTW information;
- Injury reporting procedures; and
- Workers' roles and responsibilities in the RTW process.

In addition to your worker training, management needs specific training related to their role and responsibilities for:

- Injury reporting requirements;
- Identifying suitable work;
- Monitoring RTW plans;
- Communication with the worker and the WSCC; and
- Maintaining confidentiality.

 **Key to Success:** Educate everyone in your organization and promote RTW



### *Hint*

There are several other ways to share RTW information, including: meetings, newsletters, presentations, or on your organization's intranet.


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## 6. Review and Evaluate RTW Program

RTW programs evolve to meet the changing needs of your operations. Evaluation is a key part of a RTW program's evolution and continued success.

The list below provides ideas for areas that you can analyze in the evaluation of your program:

- Your policy (review annually or minimum every three years) and procedures;
- Legislative requirements;
- Supervisor and worker knowledge of the RTW program;
- Worker and supervisor satisfaction with the RTW program;
- Efficiency of reporting procedures between injured worker, supervisor, and the WSCC;
- Time it takes to create a worker's RTW plan;
- Completion and usability of forms and templates;
- Organization claims costs;
- Percentage of no time loss injuries;
- Percentage of claims on modified work and RTW plans; and
- Average duration of time loss claims.

 **Key to Success:** if you make changes to your RTW program, communicate the changes to all workers.

### *Hint*

Workers and supervisors can provide valuable feedback. Use a questionnaire to capture feedback on their RTW experience. (see sample questionnaire)

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## PART 3

# How to Implement your RTW Program

By now you should understand what's included in a RTW program. This section will provide further guidance on how to implement your RTW program and get your injured workers back to work as soon as safe and medically possible.

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## Be Prepared

At the time of an injury, workers and management can sometimes forget the RTW procedures. To avoid this, print your procedures and forms and have them in a package that is ready for use.

The package should include:

- Procedures for your worker and employer
- Worker's Report of Injury* form
- Employer's Report of Injury* form
- Letter to Health Care Provider
- First Medical Report* form including *Functional Abilities* form
- A RTW plan template (see sample *Return to Work Plan*)



**Hint**

Make packages accessible. (For example, next to first aid kits.)

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## Identify Suitable Work before an injury occurs

Be proactive, not reactive. Here are some ways to assist in identifying possible suitable work before an injury occurs:

- Develop a list of projects, unfinished work, value-added tasks, and back-burner tasks with management input that covers all departments and divisions. Update the list regularly.

- Understand the specific tasks and the demands required for job positions in your workplace by conducting a **job demands analysis**. Job demands analyses allow you to identify work that is safe or unsafe for workers given their functional limitations and restrictions. Job demands analysis include the following:
  - tools, equipment, or machinery;
  - physical demands such as weights, number of repetitions, and frequency; and
  - specific postures required to do the job or tasks.
- Identify common injury types that occur in your organization. Match the restrictions with appropriate job tasks and value-added tasks that are safe for those types of injuries. Make and maintain a list of these work options.

Remember, when developing an individualized RTW plan, customize it to meet the individual needs of the worker, ensuring it is within their functional abilities and skill set.

**Hint**

When making a list of possible suitable work, ask your workers for their input. Workers know their jobs best.

## Keep Track of Communication

Communication is essential for effective RTW. Your RTW procedures identify who will be the contact for your worker and the WSCC throughout the RTW process, from injury to recovery.

Maintain a **communications log** to help keep track of communication and worker progress. It forms a summary of the claim. If the designated contact person leaves, someone else can pick up where they left off.

Documentation should include:

- Date;
- Method of contact (i.e. phone, meeting, email);
- Who made the contact;
- Person contacted;
- Communication details summary; and
- Actions (follow up required).

**Hint**

Conference calls are a great way to stay on track and communicate with all parties at once.

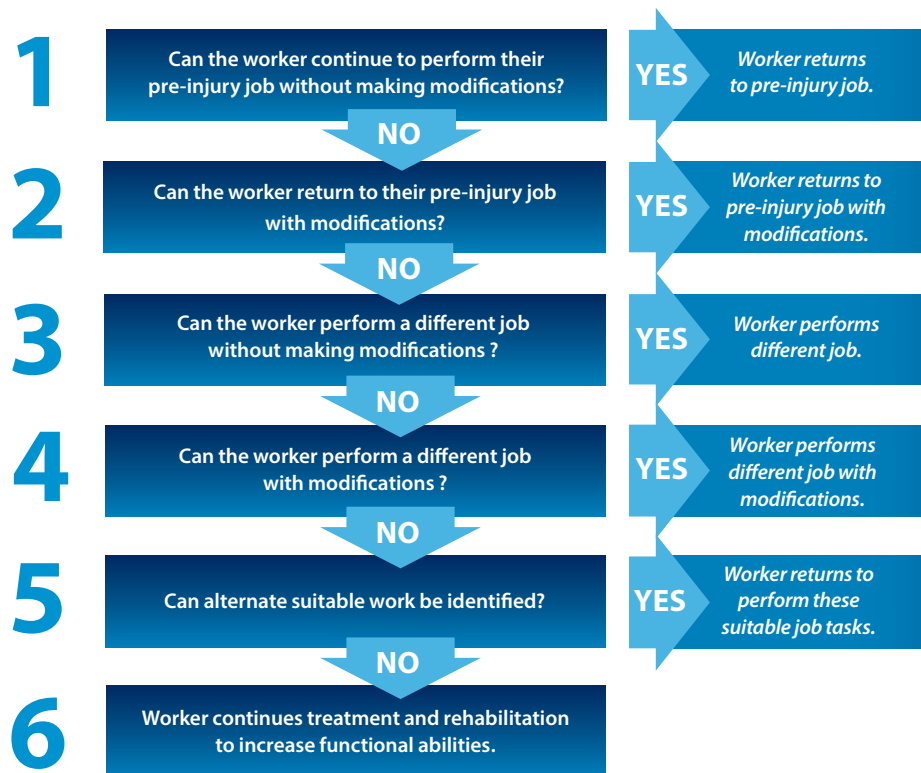
## Identify Suitable Work

After an injury or illness occurs, promptly act to identify suitable work.

When identifying suitable work and developing the RTW plan, consider the:

- Demands of the job – see **job demands analysis**;
- Worker’s functional abilities and prognosis for recovery;
- Worker’s skills, abilities, and education; and
- Goals and timelines.

To identify suitable work, follow the steps below:



At each step, look at the job demands and compare to the worker’s functional abilities. Identify the barriers that prevent a return to work and determine if you can implement modifications to overcome the barrier.

### Hint

If possible, try to identify duties that maintain the injured worker’s connection to their usual work area.

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## What is suitable work?

Suitable work must be work that:

- Is within your worker's functional abilities;
- Is safe and does not put the worker or co-workers at risk nor hinder recovery;
- Is meaningful and promotes healthy recovery. It serves a purpose or valuable function to the organization; and
- Is equal to pre-injury earnings, where possible.

Some considerations when assessing suitable work:

- Does your worker have the education and skills to safely complete the work?
- Is your worker trained? Can you train your worker to do the suitable work?
- Is your worker on medications that may impair their ability to safely perform the suitable work?
- Can your worker safely access the site location or facility?
- Does the work contribute to recovery?
- Does the work contribute to the goals of the organization?
- Would the organization pay someone to complete the job tasks or work?

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## Common suitable work options:

The most common options for suitable work include:


Option	Description	Examples
<b>Modified Duties</b>	Modify the job tasks or methods to complete tasks so that job demands are within your worker's limitations and restrictions.	<ul style="list-style-type: none"><li>• Minimize standing by using a sit-stand stool.</li><li>• Minimize manual handling by using carts, hoists, housekeeping techniques, etc.</li><li>• Increase time to complete tasks.</li><li>• Remove non-essential duties or prioritize tasks.</li><li>• Provide direction as written instructions rather than verbal.</li></ul>



Option	Description	Examples
<b>Alternate Duties</b>	Duties your worker did not perform pre-injury.	<ul style="list-style-type: none"> <li>• Different job position.</li> <li>• Assist another division with backlog, back-burner tasks, etc.</li> <li>• Special projects.</li> </ul>
<b>Reduced Hours</b>	Adjust hours to allow injured worker to return to work while progressively building strength and tolerance.	<ul style="list-style-type: none"> <li>• For example: <ul style="list-style-type: none"> <li>• Week 1-2: four hours of work</li> <li>• Week 3-4: six hours of work</li> <li>• Week 5-6: eight hours of work</li> </ul> </li> <li>• Allow time to attend scheduled rehabilitation appointments.</li> </ul>
<b>Training</b>	Consider if your worker requires education, training, or refresher courses for their job.	<ul style="list-style-type: none"> <li>• Technical training.</li> <li>• New equipment training.</li> <li>• Cross-training in other job duties for possible alternate work</li> </ul>

Worker safety **must** be a priority. When providing any new job duties or tasks ensure the worker has appropriate job training, orientation, and understands all hazards and controls.

Suitable work includes more than the above. Don't be afraid to innovate and develop a creative way to bring your worker back on board.

 **Key to Success:** When considering suitable work, try to keep your worker in the same department, division, or worksite where possible.

**Did You Know?**

**Sometimes job or tool modifications can benefit all workers by preventing future injuries. For example, all workers can use a hoist that was originally installed for an injured worker, preventing future injuries.**

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## Work Together to Create your Worker's RTW Plan

Working together is the key to creating a successful RTW plan for your injured worker.

Hold a RTW planning meeting with the injured worker and union (if applicable) to discuss:

### Rehabilitation and Recovery:

- Prognosis;
- Determine if treatment appointments are during the work day; and
- Provide information on other available support – Employee Family Assistance Programs, RTW Committee, insurance providers, community supports, etc.

### Functional Abilities:

- The limitations and restrictions (including medication side effects) related to job duties;
- Your worker's ability to travel and get to work;
- Personal protective equipment (PPE) requirements. Does the worker have the ability to wear it?; and
- Any pre-existing limitations that may affect suitable work.

### Suitable Work (Accommodation):

- Offer suitable work, discuss potential barriers, alternatives, and necessary modifications;
- Job demands – essential duties, physical demands, work environment, productivity standards;
- Work schedule and hours;
- Job suitability – skills, training, education, meaningful work; and
- Safety – training, hazards, controls, PPE.

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### RTW Monitoring:

- Discuss process to monitor and evaluate the RTW plan; and
- Agree upon a plan for addressing issues proactively as they may arise.

#### **Remember**

**The worker can decide not to disclose medical diagnosis, treatment, and medication information. It is not a requirement for a successful return to work.**

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## Submit your Worker's RTW Plan to the WSCC

Once you develop your worker's RTW plan, document, sign, and submit it to the WSCC. Both the employer and worker must sign the plan.

The RTW plan should include:

- Dates – start date and the anticipated end date;
- Recovery targets and associated timelines;
- Work schedule;
- Appointment dates and times, if the worker will miss work;
- Limitations and restrictions – include job duties and tasks that your worker should not perform;
- Job duties – tasks your worker will perform;
- Modifications, tools, and equipment required to complete the duties, if any;
- Supervisor injured worker will report to;
- Remuneration, if different from pre-injury;
- Monitoring and follow-up schedule;
- Action for addressing worker, employer, and WSCC concerns; and
- Signature block for employer and worker.

---

See sample **RTW plan** template.

The employer and worker must agree to the suitable work. If the worker doesn't agree, the WSCC will mediate the situation. If the WSCC finds the work suitable, the worker must accept it. If the WSCC finds that the work is not suitable, the WSCC will help the employer and worker identify suitable work.

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## Monitor your Worker's RTW Plan


Once the worker returns to the workplace, it's important to monitor the RTW plan:

- to ensure that the plan continues to meet the specific needs of the injured worker and the organization; and
- to improve the RTW program and processes for future workers requiring RTW plans.

Monitoring your worker's RTW plan and progress should involve:

- informal check-ins:** Informal check-ins should be daily, decreasing in frequency as the worker progresses; and
- formal reviews:** See sample **monitoring template**. Formal reviews should be at least bi-weekly and whenever concerns arise. Discuss concerns with the appropriate persons (WSCC, RTW Coordinator, union).

If the RTW plan requires adjustments, document, sign, and submit the revisions to the WSCC.

 **Key to Success:** Modify the RTW plan to match the worker's recovery and changing functional abilities.

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## PART 4

# Resources, Samples, and Templates

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## Common RTW Questions

### What is a RTW plan?

A RTW plan is an individualized plan for the injured worker that considers their functional limitations, rehabilitation or treatment plan, and the availability of suitable work. The plan assists them in either remaining at work or returning to work as soon as medically and safely as possible.

### Can I use the RTW program for non-work related injuries?

Yes, the duty to accommodate under the Human Rights Act applies to both work and non-work related injuries. However, the WSCC's involvement is only with work-related injuries.

### When is the RTW program triggered?

Start the process immediately after the occurrence or identification of a workplace injury, illness, or disability.

### Who develops the RTW plan?

A RTW plan is a team effort involving the supervisor, worker, union (if applicable), health care providers, and the WSCC. The plan varies from worker to worker and takes into consideration the type of injury, the recovery process, and the availability of suitable work.

### Does an injured worker have to accept the suitable work?

If an injured worker refuses the suitable work, they need to give reasons why, which the WSCC will review and consider. If the WSCC disagrees with the injured worker and believes the work is suitable, the injured worker must return to work. If the worker still chooses not to accept the work, they risk suspension or termination of their benefits. If the WSCC agrees with the reasons the injured worker provides as to why the work is not suitable, the WSCC will help the employer identify alternative suitable work.

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### Who decides when an injured worker should return to work?

The WSCC receives medical reports that include functional abilities and prognosis information from health care providers. The employer receives information on the injured worker’s functional abilities to determine suitable work. The WSCC analyzes this information to determine when the worker is fit to safely return to work.

### Can an injured worker return to work before they are fully recovered?

Yes! The RTW program helps the injured worker get back to work as soon as safe and medically possible.

### What if an employer receives conflicting functional abilities information?

Contact the WSCC to discuss.

### What should the employer do if the injured worker starts working outside their limitations and restrictions?

Immediately approach the worker and explain concerns for their health and safety. If the worker says they can do those duties because of faster than anticipated healing, contact the WSCC and get current medical information that clears them to perform those activities.

### What are the legal incident reporting requirements?

Incident Type	Workers' Compensation Acts	General Safety Regulations	Mine Health and Safety Act, and Regulations
Death	Within three days fully complete and submit <i>Employer's Report of Fatal Injury</i> form.	Immediately submit oral report to the WSCC Chief Safety Officer.	Immediately submit an oral report to a WSCC Inspector of Mines.

Incident Type	Workers' Compensation Acts	General Safety Regulations	Mine Health and Safety Act, and Regulations
<p><b>Incident Involving Serious Injury or Incident of a Serious Nature</b></p>	<p>Within three days fully complete and submit <i>Employer's Report of Injury</i> form.</p> <p>Worker fully completes and submits <i>Worker's Report of Injury</i> form.</p>	<p>Within 24 hours submit written or oral report to the WSCC Chief Safety Officer.</p>	<p>Immediately submit oral report to a WSCC Inspector of Mines.</p> <p>Within 72 hours submit written report to the WSCC Chief Inspector of Mines.</p>
<p><b>Incident Involving Non-serious Injury</b></p>	<p>Within three days fully complete and submit <i>Employer's Report of Injury</i> form.</p> <p>Worker fully completes and submits <i>Worker's Report Form</i></p>	<p>Within one month submit incident report to the WSCC Chief Safety Officer. A First Aid Representative must sign the report of Injury form.</p>	<p>Monthly submit written reports to the WSCC Chief Inspector of Mines.</p>
<p><b>Incident with no Injury</b></p>	<p>No report required.</p>	<p>If the incident is of a serious nature, within 24 hours submit written or oral report to the WSCC Chief Safety Officer.</p> <p>If incident is not of a serious nature, within one month submit written report to the WSCC Chief Safety Officer.</p>	<p>If the incident is deemed a dangerous occurrence:</p> <ul style="list-style-type: none"> <li>• within 24 hours submit oral report to a WSCC Inspector of Mines; and</li> <li>• within 72 hours submit a written report to the WSCC Chief Inspector of Mines.</li> </ul>

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### Why does the employer need to document everything?

Documentation provides an accessible summary of actions and discussions, the injury, and the RTW process. This helps ensure follow-up on actions and provides a record of events if someone leaves the organization. The documentation can assist as evidence for reviews, appeals, or human rights tribunals if needed.

### What should I do if a worker returns to work with no restrictions but later requests reduced hours?

Refer to the worker's *Functional Abilities* form. If the worker has no restrictions there is no reason that they should need reduced hours. However, medical conditions do change. Contact the WSCC to make sure that there is no new medical information that affects the worker's functional abilities.

### What does it mean when a health practitioner states that the worker is fit for limited, light, medium, or heavy physical demands?

The WSCC refers to the following definitions:

- Limited – loads up to 5kg (11lbs)
- Light – activities involve handling loads between 5kg-10kg (11-22lbs)
- Medium – activities involve handling loads between 10kg-20kg (22-44lbs)
- Heavy – activities involve handling loads over 20kg (greater than 44lbs)

If you have any questions regarding what physical demands the worker is capable of performing and their limitations and restrictions contact the WSCC.

### Can I lay off the worker?

In order to satisfy the duty to accommodate you must accommodate to the point of undue hardship. This involves looking at modifying the job methods and tools as well as looking at other available job positions that meet the worker's skills, education, and functional abilities. Communication with the WSCC Case Manager is important as they may also be able to assist you and the worker.



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### How long does the employer need to provide a RTW plan for?

Everyone's recovery is different, and timelines differ depending upon the injuries or illnesses and individual circumstances. The WSCC use anticipated recovery guidelines for different injuries to guide rehabilitation expectations and provide prognosis and recovery based on this information.

### Who at the WSCC can help?

If you need assistance with your RTW program development and implementation, contact the Return to Work Specialist.

If you have questions or need assistance with a specific claim, contact the Case Manager or Adjudicator.

If you need help with your safety program and investigating incidents and controlling hazards, contact Prevention Services.

Northwest Territories: 1-800-661-0792

Nunavut: 1-877-404-4407

24-hour Incident Reporting Line: 1-800-661-0792

wscn.nt.ca | wscn.nu.ca

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## Definitions

**Accommodation** – an adaptation or change to the job to meet the injured worker’s functional abilities.

**Alternate Work** – job duties a worker does not normally perform.

**Disability Management** – the process in the workplace designed to facilitate the continued employment of workers with illness, injury, and disability. This is done through a coordinated effort taking into account the worker’s functional abilities.

**Duty to Accommodate** – fundamental legal obligation under the Human Rights Act. In the employment context it usually takes the form of accommodating workers with disabilities (injuries and illnesses).

**Employer** – the following are employers for the purposes of the *Workers’ Compensation Act*:

- a. Any person or entity that employs one or more persons under a contract of service; and
- b. Any person or entity that the commission determines is responsible for performing the obligations of an employer... (ss.8(1)).

**Functional Abilities** – a worker’s physical and psychological capabilities. This uses the worker’s medical limitations and restrictions to determine what they are able to do.

**Health Care Provider** – a chiropractor, dentist, nurse, occupational therapist, optometrist, physical therapist, physician, psychologist, or other class of persons whose qualifications to practice and of the healing professions are accepted by the Commission (per ss.1(1) of the *Workers’ Compensation Acts*).

**Injury** – physical or psychological harm or damage.

**Manager or Supervisor** – the person responsible for assigning and monitoring job duties.

**Modified Work** – altered job duties or methods of performing the job tasks to meet the worker’s functional abilities.

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**Return to Work** – a process to help injured workers return to safe, productive, and suitable employment as soon as medically possible.

**Return to Work Plan** – a documented plan that outlines the arrangements made so that an injured worker can return to work as soon as safe and medically possible.

**Suitable Work** – job tasks within the worker’s functional abilities that are safe and do not put the worker or their co-workers at risk or hinder recovery, and are meaningful (serve a purpose or valuable function to the organization).

**Undue Hardship** – the limit beyond which employers can no longer accommodate a worker’s return to work. This can happen when the employer cannot sustain the economic or efficiency costs of the accommodation. Determining undue hardship depends on the individual circumstances and takes into account health, safety, and financial considerations.

**Stakeholder** – individual or group who have an interest or stake in the return to work. Includes injured workers, employers, health care providers, the WSCC, and the union (if applicable).

**Worker** – a person engaged in work for an employer, whether working with or without remuneration.

**Workplace or Worksite** – any building, mine, construction site, vehicle, field, road, forest, or other space where a worker is working regardless of how frequently work occurs at the location.

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## Samples and Templates

The following samples and templates can help you make your own tools to support your RTW program. Modify and adapt them to meet your organization's specific needs.

### Developing the Program:

1. Return to Work Program Checklist – pg. 33
2. Sample Return to Work Policy – pg. 34
3. Procedure Development Advice – pg. 35

### Implementing the Program:

4. Sample Letter to Health Care Provider – pg. 36
5. *Functional Abilities* Form – pg. 37
6. Sample Communications Log – pg. 38
7. Sample Return to Work Plan – pg. 39
8. Sample Return to Work Plan Monitoring Form – pg. 41
9. Sample Return to Work Plan Closure Evaluation – pg. 42
10. Sample Checklist for Managing Return to Work – pg. 43

### Other useful resources:

11. Sample Job Demands Summary (1) – pg. 44
12. Sample Job Demands Summary (2) – pg. 48
13. Prompts for Identifying Suitable Alternate Work – pg. 50
14. Injured Worker Example Scenario – pg. 51

## Return to Work Program Checklist

Use this checklist to ensure that your RTW program has the minimum requirements.

### Policy:

- States return to work commitment
- Contains all necessary signatures
- Posted for all workers to see

### Program and Procedures include the following information:

- Roles and responsibilities
- Assigned coordinator or committee
- Procedures for injury reporting
- Communication – who communicates what to whom and when
- Identifying suitable work
- Monitoring RTW plans including how to address concerns
- Privacy and protection of confidential material
- Program evaluation

### Supporting Documents:

- Injury package including instructions for worker and WSCC forms
- Written RTW plan template
- Communication log
- List of possible suitable work
- RTW plan evaluation form

### Education:

- Program information included orientation training
- Education for workers
- Education for management

## Sample Return to Work Policy

Note: This is a sample letter only.

*COMPANY A* commits to preventing workplace injuries and illnesses through maintaining a safe and healthy work environment. In the event an employee suffers an injury or illness, *COMPANY A* commits to taking all reasonable steps to provide safe and timely return to work (RTW), by providing alternative or modified work through the return to work program.

*COMPANY A* will work in collaboration with workers (and union representatives, if applicable) to identify suitable work and develop individualized RTW or modified work plans based upon functional abilities information provided from health care providers and the Workers' Safety and Compensation Commission (WSCC). The RTW process commences immediately after an injury or illness occurs.

This policy applies to all employees who are unable to perform their regular work as a result of injury or illness. All employees must fully cooperate in the safe and timely return to work of injured and ill workers.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

## Procedure Development Advice

Procedures outline the who, what, when, and how questions for each step in the process, and should answer the questions below:

### **Injury reporting and form completion:**

- Who does the injured worker report the injury to?
- Who gives the injured worker the WSCC *Worker's Report of Injury* form, and when? Who provides instructions for the injured worker regarding the completed forms?
- What forms require completion (*Worker's Report of Injury* form, *Employers Report of Injury* form, company incident form, health care *First Medical Report* form - *Functional Abilities* component returned to employer), and when?
- How and when does your worker provide the completed forms to the employer?
- Who forwards the forms to the WSCC, and when?
- How and when does your worker contact the employer, and employer contact your worker?
- If your worker is unable to return to work who is responsible for maintaining communication, and how often?
- What happens if the *Functional Abilities* form isn't provided? Who contacts the WSCC?

### **Return to work planning:**

- Who schedules the meeting, and when?
- Who should attend the meeting?
- How is suitable work identified?
- Who documents the RTW plan and submits it to the WSCC?

### **Implementing and monitoring RTW plan:**

- Who coordinates the purchase or modification of any necessary equipment and tools?
- Who communicates the RTW plan to any affected co-workers?
- Who monitors the RTW plan, and how often?
- Who communicates the RTW progress to the WSCC, and how often?
- What happens if any of the parties have concerns with the RTW plan?

### **Program evaluation:**

- Who completes the RTW plan evaluation, when, and who receives it?
- Who performs RTW program evaluations and how often?
- What are some methods available to evaluate the program?
- Who communicates the program changes?

### **Confidentiality:**

- How will the organization maintain confidential material?

## Sample Letter to Health Care Provider

Note: This is a sample letter only

Dear Health Care Provider,

Thank you for providing treatment to our worker. We recognize the benefits a Return to Work (RWT) program provides for both the worker and our organization.

Our approach is to focus on our employee's abilities, while recognizing any identified limitations. Where appropriate, we will offer modified or alternative work that assists recovery, and the worker can perform safely and effectively without placing them or other workers at undue risk. This approach helps to protect the employment relationship, improve morale, assist in overall recovery, and can assist in reducing the worker's income loss.

We commit to ensuring our workers work within their identified abilities and limitations. Recognizing this, kindly provide a copy of the *Functional Abilities* form to our worker for immediate consideration of suitable modified or alternative work.

We thank you for your assistance and cooperation in facilitating the worker's recovery and return to work. Should you have any questions, please contact \_\_\_\_\_ at [email address/phone number].

Yours Sincerely,



# Functional Abilities Form (2<sup>nd</sup> Page of the *First Medical Report*)

## Functional Abilities

Worker's Last Name	First Name	Claim Number
--------------------	------------	--------------

Identify the worker's overall abilities and restrictions.

### A. Abilities and Restrictions

1. Please indicate <b>Abilities</b> that apply. Include additional details in section 3.															
<b>Walking:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (please specify)	<b>Standing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (please specify)	<b>Sitting:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify)	<b>Lifting from floor to waist:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)												
<b>Lifting from waist to shoulder:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)	<b>Stair climbing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 - 10 steps <input type="checkbox"/> Other (please specify)	<b>Ladder climbing:</b> <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 - 3 steps <input type="checkbox"/> 4 - 6 steps <input type="checkbox"/> Other (please specify)													
2. Please indicate <b>Restrictions</b> that apply. Include additional details in section 3.															
<input type="checkbox"/> Bending/twisting repetitive movement of: (please specify)	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical exposure to:	<input type="checkbox"/> Environment exposure to: (e.g. heat, cold, noise or scents)												
		<input type="checkbox"/> Limited use of hand(s): <table border="0"> <tr> <td>Left</td> <td></td> <td>Right</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Gripping</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pinching</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other (please specify)</td> <td><input type="checkbox"/></td> </tr> </table>		Left		Right	<input type="checkbox"/>	<input type="checkbox"/> Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>
Left		Right													
<input type="checkbox"/>	<input type="checkbox"/> Gripping	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/> Pinching	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>													
<input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Operating motorized equipment: (e.g. forklift)	<input type="checkbox"/> Potential side effects from medications (please specify). Do not include names of medications.	<input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/arm												
3. Additional comments on <b>Abilities and Restrictions</b> .															
<hr/> <hr/>															
4. From the date of this assessment, the above will apply for approximately:		5. Have you discussed return to work with the worker?													
<input type="checkbox"/> 1 - 2 days <input type="checkbox"/> 3 - 7 days <input type="checkbox"/> 8 - 14 days <input type="checkbox"/> 14 + days		<input type="checkbox"/> Yes <input type="checkbox"/> No													
6. Recommendation for work hours and start date:															
<input type="checkbox"/> Regular full-time hours Start Date: MM   DD   YY		<input type="checkbox"/> Modified hours Please specify:	<input type="checkbox"/> Graduated hours Please specify:												

### B. Date of Next Appointment

Recommended date of next appointment to review <b>Abilities and Restrictions</b> . MM   DD   YY
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I have provided this completed Functional Abilities form to the worker: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date: MM   DD   YY      Health Care Provider's Signature: _____
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Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596  
 Toll Free Fax: 1-866-277-3677 • Email: nwtclaimsservices@wscn.nt.ca

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Ce formulaire est disponible en français  
 C'a CCN'nc'c' c'd'a'a' Δ'p'nd'  
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# Sample Communications Log

Communications made by \_\_\_\_\_

**Worker Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Expected RTW Date:** \_\_\_\_\_

Date of Contact	Person(s) Communicated With	Method of Contact	Details	Follow-up Required
Example: November 17, 2014	Injured worker at home	Phone	Asked how they were, if they needed anything. Responded doing all right and don't need anything. Will follow-up in couple days.	Contact worker again between Nov 20-22nd

# Sample Return to Work Plan

**Worker Name:**   
**Pre-injury Job Position:**   
**Pre-injury Supervisor:**   
**Modified Work Supervisor (if different):**   
**Effective Date:**  **Anticipated End Date:**

**Job Position:**

- Home position
- Home position modified
- Alternate job with or without modifications
- Re-bundled tasks

**Functional Limitations and Restrictions:**  
 (List the restrictions that require accommodating)

**RTW Plan Specifications:**  
 (Describe job duties, tasks, and modifications including necessary tools, equipment, and training)

**Hours (include progression schedule if applicable):**

Work Week (Date)	Days and Hours Scheduled Each Week							Comments
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	

**Monitoring/review:**

[Outline schedule for regular monitoring and review]

Daily informal check-ins with supervisor at \_\_\_\_\_.

Follow up review meeting with \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ [date, time, location]

In addition, if you (the worker), the employer, or the WSCC have any issues, difficulties, or concerns with the modified work contact [outline who to contact, how, and what you will do]

**Signatures:**

By signing this Return to Work plan we confirm our participation in the development of the plan, that we understand our roles in the implementation and monitoring of the plan, and agree to actively participate as outlined above.

Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Union Rep (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

# Sample Return to Work Plan Monitoring Form

Employers and workers, use this form to assist in tracking progress throughout the RTW plan.

**Worker Name:**

**Pre-injury Supervisor:**

**Modified Work Supervisor (if different):**  
**Review Period Dates (from/to):**

**Hours Worked (attendance):**

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Duties Assigned:** (list the work assigned during the review period)

**Comments or Concerns:**

Worker Comments	Employer Comments	Other Comments (Union, HR, WSCC)	Actions to address any concerns or comments	Date Reviewed

**Is the modified work or RTW plan assisting in accomplishing the goals?**

**Are there any other suggestions on how to improve the plan?**

**Next Steps:** [could include revising existing plan, continuing with plan, closing RTW plan - RTW goal achieved]

**Next Follow-up Date** (if needed): \_\_\_\_\_

**Signatures:**

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

## Sample Return to Work Plan Closure Evaluation

The intent of this evaluation form is to help the organization improve future RTW plans and the RTW program.

Question	Yes, No, N/A	Comments or Suggestions
The supervisor maintained regular contact with the worker during any period that they were unable to return to work?		
Was the RTW plan developed and implemented in a timely manner?		
Was the worker involved in the identification of suitable work and development of the RTW plan?		
Was the worker's functional abilities considered in the identification of suitable work?		
Was the work assigned productive and of value to the organization?		
Did the employer and worker both sign and keep a copy of the plan?		
Was there regular monitoring of the RTW plan?		
Was the RTW plan adjusted accordingly?		
Was confidentiality maintained? Was all-confidential information released with the worker's consent?		
Were any identified issues or concerns addressed in a timely manner?		
Were goals of the RTW modified work plan attained?		

What worked well in the RTW procedure and program?

Suggestions for improvements to the RTW procedure and program:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# Sample Checklist for Managing Return to Work

Note: The checklist may alter depending upon your organization's procedures – edit as required

**Worker Name:**

**Supervisor Name:**

**Date of Injury/Illness:**

## Initial Management

- Injury reported? Date: \_\_\_\_\_
- Provided first aid or medical attention, and transportation to a health care facility?
- Fully complete and submit an *Employer's Report of Injury* form to the WSCC? Date: \_\_\_\_\_
- Organization incident investigation completed? Y N
- Functional Abilities* form returned? Y N
- Expected return to work date: \_\_\_\_\_
- Maintain communication with worker and document in Communications Log.

## Return to Work Plan

- Meet with worker to discuss RTW. Date: \_\_\_\_\_
- Physical demands of pre-injury job or transitional job duties match the worker's functional abilities? Y N
- Document, sign, and provide RTW plan: Date: \_\_\_\_\_
- Submit RTW plan to the WSCC. Date: \_\_\_\_\_

## Monitor and Evaluate

- Regular meetings with worker to evaluate RTW plan  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
- Contacted WSCC Case Manager to keep them informed of RTW  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
- Provide hours worked to WSCC Case Manager
- Complete monitoring form. Date: \_\_\_\_\_
- Resolve any issues that arise.

## Completion

- Employee returns to regular job duties and hours. Date: \_\_\_\_\_
- Employee offered long term or permanent accommodation: Date: \_\_\_\_\_
- Employee and supervisor evaluate the RTW plan and program and suggest improvements for future RTW situations.

NOTES:

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# Sample Job Demands Summary (1)

General Information	
Job Position:	
Department:	
Hours of Work:	Breaks:
Personal Protective Equipment (PPE):	
Work Environment, Location, Workstation Description:	
Purpose and Overview of job:	
Essential Job Tasks (Tasks required for job purpose)	% of time performed
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
Non-essential Job Tasks	% of time performed
•	
•	
•	
•	
•	
Equipment, Tools, Supplies Used	% of time used
Physical Demands	



Frequency: **NA** (not applicable); **Rare** (0-5%); **Occasional** (6-33%); **Frequent** (34-66%); **Constant** (67-100%)

Mobility/Posture	Frequency (NA/R/O/F/C)	Activity or Comments
Walking		
Standing (stationary)		
Sitting		
Static positioning (indicate)		
Climbing		
Bending or stooping		
Crouching or squatting		
Crawling		
Kneeling		
Driving		

### Strength/Physical Demands

Frequency: **NA** (not applicable); **Rare** (0-5%); **Occasional** (6-33%); **Frequent** (34-66%); **Constant** (67-100%)

Hand use: **Right**, **Left**, **Both**

		Weight/Force		Freq.	Hand use	Activity or Comments
		Max.	Avg.			
Lift/Lower: Floor to waist						
Lift/Lower: Waist to shoulder						
Lift/Lower: Above shoulder						
Carry						
Push						
Pull						
Reach	Overhead					
	Forward/Lateral					
Grip	Power grip					
	Tip pinch					
	Lateral pinch					
	Pencil grip					
Unusual motions (indicate):						

## Psychological/Cognitive Demands

Frequency: **NA** (not applicable); **Rare** (0-5%); **Occasional** (6-33%); **Frequent** (34-66%); **Constant** (67-100%)

Psychological/Cognitive Demands	Freq.	Activity or Comments
Perform under pressure - deadlines		
Attention to detail		
Perform multiple tasks		
Perform repetitive tasks		
Control over work pace		
Exposure to environmental stimuli		
Need to work cooperatively with others		
Need to work alone		
Exposure to emotional or confrontational situations		
Responsibility and accountability required		
Incentive or piece work		
Memory		
Travel		
Overtime		
Irregular hours		

## Other Demands

Frequency: **NA** (not applicable); **Rare** (0-5%); **Occasional** (6-33%); **Frequent** (34-66%); **Constant** (67-100%)

Office/Administrative Work	Freq.	Activity or Comments
Computer work (typing, mousing)		
Paper work		
Filing		
Phone		
Other (indicate):		
Sensory Demands	Freq.	Activity or Comments
Hearing: telephone, conversation, signals		
Vision: near/far, depth and spatial perception		
Colour discrimination		
Sense of touch		
Sense of smell		
Taste		

Environmental conditions	Freq.	Activity or Comments
Hot/cold temperatures		
Extreme temperatures		
Outdoors		
Indoors		
Noise (>85 dBA)		
Vibration		
Damp or humid environment		
Adequate lighting		
Fumes, vapours, gases		
Electromagnetic fields		
Other (specify)		

**Additional Comments:**

Evaluation  
 Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Sample Job Demands Summary (2)

<b>Job Position:</b>	
<b>Department:</b>	
<b>Hours of Work:</b>	<b>Breaks:</b>

**Job Purpose:**  
(What is the purpose of the job?)

**Personal Protective Equipment (PPE):**  
(List PPE necessary for safe completion of the job duties)

**Tools and Equipment Used:**  
(list tools and equipment used to perform job tasks)

Physical Demands of job						
<i>Rare (0-5%); Occasional (6-33%); Frequent (34-66%); Constant (67-100%) of shift</i>						
	Frequency				Weight (lbs)	Job task or Activity, and Other Comments
	R	O	F	C		
Standing						
Sitting						
Squatting						
Walking						
Kneeling						
Crawling						
Pushing/pulling unilateral						
Pushing/pulling bilateral						
Bending/twisting						
Overhead reaching						
Forward reaching						
Climbing stairs/ladders						
Use of upper/lower extremities						
Lifting – floor to waist height						
Lifting waist to shoulder height						
Lifting - above shoulder height						
Gripping – pinch						
Gripping - power						

<i>(Continued)</i>	Frequency				Weight (lbs)	Job task or Activity, and Other Comments
	R	O	F	C		
Operating heavy equipment						
Operating a motor vehicle						
Flying						
Computer work (typing, mousing)						
Paper work						
Filing						
Phone						

**Workplace Environment**

*(Describe the working environment, for example: Does most of the work take place outside in potentially inclement weather? If so, describe. Is this an indoor position and the employee shares an open concept office? If so, describe.)*

**Any Other Job Comments:**

*(Describe any other comments that affect the demands of the job position such as shift work, overtime, etc.)*

Evaluation Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Prompts for Identifying Suitable Work

The following prompts may help you in thinking of alternative work that is of value to the organization. Remember, if the worker is unable to perform their usual job duties with or without modifications then first look for suitable work within the division before looking across the whole organization.

Department or Area within Organization	Questions to Ask	Example Ideas
Administration	<ul style="list-style-type: none"> <li>• What tasks have we not got around to doing?</li> <li>• What needs are coming up in the next 6-12 months?</li> </ul>	<ul style="list-style-type: none"> <li>• Processing tax receipts</li> <li>• Data entry</li> <li>• Filing and reorganizing</li> </ul>
Business Improvement	<ul style="list-style-type: none"> <li>• Are there new systems or processes that would improve business?</li> </ul>	<ul style="list-style-type: none"> <li>• Develop filing system</li> <li>• Forms for improved efficiency</li> <li>• Training manual content</li> <li>• Quality assurance system</li> </ul>
Promotion, Marketing, Sales	<ul style="list-style-type: none"> <li>• What work could promote the business?</li> </ul>	<ul style="list-style-type: none"> <li>• Phone sales or calling clients</li> <li>• Developing promotional material</li> <li>• Market research – customer satisfaction questionnaires</li> <li>• Updating client database</li> </ul>
Labour	<ul style="list-style-type: none"> <li>• Does anywhere need an extra hand?</li> </ul>	<ul style="list-style-type: none"> <li>• Cleaning up and organizing</li> <li>• Researching or buying tools and equipment</li> <li>• Inventory</li> <li>• Organizing parts and materials</li> <li>• Finding new suppliers including cheaper or better materials</li> </ul>
All	<ul style="list-style-type: none"> <li>• Are there ways to complete the job in a safer way?</li> </ul>	<ul style="list-style-type: none"> <li>• Can tools or equipment such as carts, handles, hoists, power tools, and ergonomics reduce the demands?</li> <li>• Reorganizing job tasks to reduce risks?</li> <li>• Adjusting the work environment such as temperature and lighting</li> </ul>
All	<ul style="list-style-type: none"> <li>• Are there incomplete tasks?</li> <li>• Are there opportunities for bundling job duties?</li> </ul>	<ul style="list-style-type: none"> <li>• Incomplete projects</li> <li>• Areas that requires research</li> <li>• Redistribution of job tasks (make sure that you are not putting co-workers at risk of injury)</li> </ul>
Training	<ul style="list-style-type: none"> <li>• Is there training that the worker could do that would be of benefit to the organization?</li> </ul>	<ul style="list-style-type: none"> <li>• Computer courses</li> <li>• Safety training</li> <li>• Courses on technical skills</li> <li>• Worker train others to perform certain skills</li> <li>• Is there an opportunity for cross training in other jobs within the organization?</li> </ul>

## Injured Worker Example Scenario

Charlie is a full time mechanic at a garage in Iqaluit. He suffered an injury while at work on May 5, 2014. These are the steps and actions that took place to get Charlie back to work in a safe and timely manner.

### Step 1: Get Medical Attention

Charlie's right shoulder popped out while he was pulling on an automobile hoist arm. Charlie immediately reported the incident to his supervisor who called the on-site medic to administer First Aid to Charlie. Charlie needed more medical care so the supervisor gave him a ride to the health care centre.

The supervisor made sure Charlie told the doctor the injury happened at work, and the garage has a RTW program. He asked Charlie to get a copy of the *Functional Abilities* form. The doctor completed and submitted the *First Medical Report* to the WSCC.

The supervisor gave Charlie a ride back to the garage.

### Step 2: Report the Injury

The supervisor and RTW Coordinator met with Charlie when he got back to the garage.

Charlie explains his injuries and tells them the recovery time for his injury ranges from six to ten weeks. The supervisor reminds Charlie to complete and fax the *Worker's Report of Injury* form to the WSCC.

The supervisor completes and faxes the *Employer's Report of Injury* form to the WSCC. Charlie receives a copy of the form.

The supervisor contacts WSCC Prevention Services Division to report the incident to a Safety Officer. He explains what happened and what he's doing to prevent an injury from happening again.

### Step 3: Communication and Work Together

The *Functional Abilities* form indicated that Charlie needs to stay off work for one week and will receive a follow-up appointment on May 8<sup>th</sup>.

The supervisor and Charlie agree to communicate via telephone the following day to ensure that he is okay, and to see if he needs any assistance. Charlie agrees to get an updated *Functional Abilities* form at his appointment on May 8<sup>th</sup> and they schedule to meet at the garage following his appointment.

The supervisor contacts Charlie at home to ask about his recovery.

Charlie tells him he feels better every day and wants to get back to work. The supervisor tells Charlie that everyone at the garage is looking forward to having him back!

The supervisor documents his communications and actions in a Communications Log.

#### **Step 4: Discuss and Identify Suitable Work**

Charlie provides the updated completed *Functional Abilities* form that details his physical abilities and restrictions. The supervisor and RTW Coordinator meet with Charlie to discuss his functional abilities and possible modified duties.

The supervisor has a list of modified duties that benefit the garage, and Charlie has some additional ones. They agree to the modified duties and document them in a RTW plan. They agree to a monitoring schedule and both sign off on the plan. The supervisor submits the plan to the WSCC.

#### **Step 5: Implement RTW Plan**

Charlie starts his RTW plan on May 12, 2014.

Every day Charlie checks in with his supervisor. Charlie lets his supervisor know of any problems he's having performing the alternative work.

Charlie continues attending physician and physiotherapy appointments. Charlie gets updated reports from his health care provider. These medical reports outline his progress and any changes in his physical abilities and restrictions. Charlie gives the supervisor and the WSCC copies of the reports.

The supervisor and Charlie regularly meet to review Charlie's progress. Charlie suggests ways to modify the workplace to help his recovery. The supervisor likes the ideas and implements them. The WSCC receives an updated version of the plan.

#### **Step 6: RTW Completion**

On Tuesday, June 16, 2014, Charlie attends a scheduled doctor appointment. The doctor confirms full recovery. Charlie's doctor completes a new *Functional Abilities* form that gives Charlie medical clearance to go back to working his regular full duties.

Charlie gives his supervisor and the WSCC copies of his *Functional Abilities* report.

June 17th, 2014, Charlie returns to working his regular full duties.

#### **Step 7: Evaluation**

Charlie and the supervisor evaluate the return to work process to identify areas for improvements. They document and make recommendations for some minor changes to the RTW program. They provide these recommendations to the garage owner for approval and implementation.