Return to Work
An Employer’s Guide

An Introduction to Return to Work

How to Develop a Return To Work Program

Implement Your Return To Work Program
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Part 1
An Introduction to Return to Work:

To promote the prevention of workplace disability related to a workplace injury, the recommended approach is the development and implementation of a return to work (RTW) plan. This can begin as soon as safe and functionally possible and can occur at the same time as medical and rehabilitation treatment to improve the worker’s overall recovery.

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 (WCB Act, Section 86.5)
- Retains experienced, skilled and knowledgeable workers, a valuable resource to the company
- Improves worker morale, workplace relations and 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 may reduce claim costs
- Reduces hiring and training costs of replacement workers
- Improves the health and safety culture
- Enhances company image

Did You Know?
Workers who are away from work with an injury for 6 months have only a 50% chance of returning to full-time pre-injury employment.
Worker Benefits:

- Aids recovery, rehabilitation and helps to prevent workplace disability
- Maintains physical fitness and cardiovascular health
- Reduces or eliminates lost earnings, maintains financial benefits (pension, EI, medical and dental plans, vacation leave)
- Increases worker morale and sense of confidence and value
- Minimizes the impact on the workers family, shifts the focus from what they “can’t do” to what they “can do”
- Keeps worker involved and connected to the workplace

What is a RTW Program?

A RTW program helps injured workers return to modified or alternate work as soon as functionally 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 should be developed in conjunction with the injured worker. It considers the worker’s functional abilities, 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 stay at work or return to work as soon as safe and functionally possible.
Part 2
How to Develop a RTW Program

What should I include in a RTW Program?

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

To develop a RTW program you should:

1. Designate a RTW Coordinator (an individual responsible to oversee your RTW program)
2. Develop a RTW commitment statement
3. Develop your RTW procedures
4. Assign roles and responsibilities
5. Provide RTW education
6. Review and evaluate

1. Designate a RTW Coordinator

Assign responsibility for your RTW program. Depending on the company’s size and structure, either select a Coordinator or create a committee (to develop the RTW program).

If forming a committee you should include:
- Management
- Workers
- Union representative (if applicable)
The Coordinator 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
- 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 Employee Assistance Program (EAP).

2. Develop a RTW Commitment Statement:

Include a RTW commitment statement to state the organization’s objectives and targets. This commitment statement forms the basis of the RTW program. Having a commitment statement shows an employer’s commitment to care for injured workers. (pg. 37-38)

A commitment statement should be clear and easy to understand. When communicating a commitment statement 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 commitment statement
- Review the commitment statement and procedures annually
- Have the commitment statement accessible to all workers by posting it in the workplace

Ensure there is commitment and support from the top down

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

- Current copy of your RTW commitment statement and procedures
- RTW Coordinator contact information
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 functionally possible.

The information 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.

<table>
<thead>
<tr>
<th>1. Get Medical Attention</th>
<th>Basic Procedure:</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Worker gets first aid from first aid attendant or health care provider.</td>
<td>Do you have a list of first aid attendants and how to contact them? (Section 9, OH&amp;S Act)</td>
</tr>
<tr>
<td></td>
<td>If needed, the employer must provide the worker transportation to a health care facility.</td>
<td>Who in your organization is available in an injury situation to arrange or provide transportation?</td>
</tr>
<tr>
<td></td>
<td>Health care provider fully completes and submits the Form 8, Physicians Report. <em>Request a copy of the worker’s Functional Abilities form.</em></td>
<td>Who reminds the worker to request this form? Do you have a letter to the health care provider that outlines the request?</td>
</tr>
</tbody>
</table>
2. Report the injury or illness

Basic Procedure:

Worker reports the injury.

Ensure you are fulfilling your legal incident reporting requirements.

Worker completes and submits the WCB Form 6 Worker’s Report.

Employer completes and submits the WCB Form 7 Employer’s Report (provide a copy to your worker).

Employer calls OH&S Division to report a serious workplace injury.

Worker provides employer with copy of the Functional Abilities Form for Health care provider.

Specify:

To who? Is it their supervisor, HR, etc...
When?

Refer to the WCB Act, OH&S Act. Do you have separate incident reporting procedure? Refer to it.
When? How do they submit the form?

Who completes and submits the form on behalf of the employer – supervisor, HR, etc...
Does anyone need to review it before submitting? Maintain a copy for your records.

Loss of limb, unconsciousness, substantial blood loss, a fracture, an amputation, a burn, or loss of sight in an eye.

Who should they provide it to?
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.

Did you know completing a Form 6 and Form 7 does not complete Legislative requirement to contact the OH&S Division
3. **Communicate and Collaborate**

**Basic Procedure:**

Communicate with your worker as soon as possible after the injury.

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.

Contact the WCB regularly (bi-weekly) to provide updates on worker prognosis and modified work options. Document communications.

If there is a job demands analysis or job description for your worker’s job or possible suitable work, provide it to the WCB.

**Specify:**

Who makes the contact and how?

Who maintains the contact with your worker while they are absent?

What method of contact will you use (phone is ideal)

Who in the organization is responsible for communicating with the WCB?

Who provides the job demands analysis and description?

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4. **Identify Suitable Work and Create Worker’s RTW Plan**

**Basic Procedure:**

Review functional abilities, job demands analysis and transferable skills to identify suitable work options.

Meet with worker and union representative (if applicable) to discuss goals, timelines and suitable work.

**Specify:**

Who in the organization identifies suitable work options?

Is it a team or one person?

Who schedules the meeting and who will attend?
<table>
<thead>
<tr>
<th>Basic Procedure:</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the functional abilities, suitable work goals, and timelines with the WCB.</td>
<td>Identify suitable work.</td>
</tr>
<tr>
<td>Document the RTW plan and ensure the employer, worker, and union representative (if applicable) sign it.</td>
<td>Do you have a template to use? Who signs it on behalf of the employer?</td>
</tr>
<tr>
<td>Submit the RTW plan to the WCB.</td>
<td>Who submits the plan and how?</td>
</tr>
</tbody>
</table>

5. **Implement and Monitor Worker’s RTW Plan**

If your worker requires a different tool, equipment, or other work design changes, discuss these with the WCB and purchase and implement them.

Worker returns to work and starts suitable work.

Worker and employer meet regularly (initially daily, then weekly at a minimum) to discuss and evaluate RTW plan.

Health care providers monitor and evaluate your worker’s recovery and rehabilitation. The employer may request updated functional abilities information. Who contacts the WCB to request any updated prognosis or functional abilities information? (Workers may also provide Functional Abilities forms following their appointments)
6. RTW Completion

Worker fully recovers, completes their RTW plan

Sometimes a worker may require permanent restrictions due to the injury. In this case, the employer should discuss with the WCB. The employer needs to assess and if possible provide long-term or permanent accommodations.

7. Evaluate

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.

Follow the process consistently and get support from co-worker’s to build a culture that accommodates RTW. 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.
4. Assign Roles and Responsibilities:

A RTW program involves a team of people committed to keeping the injured worker at work or getting them back to modified or alternate work as soon as is safe and functionally possible.

The team includes:

- Management
- The injured worker
- Health care providers
- The union (if applicable)
- The WCB

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

Injured Worker

1. Contact employer as soon as possible after the injury happens
2. Complete and submit to WCB a Worker’s Report form (6)
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 modified or alternate work
7. Accept modified or alternate work when identified
8. Provide the WCB with information on RTW plan
9. Work within the identified limitations or restrictions
10. Work with the employer and the WCB to address any concerns that may arise
11. Understand the Refusal to Work legislation and the necessary steps that must be performed to correctly refuse work that you may feel is unsafe for you to do. (Section 28, OH&S Act)
**Employer**

*Depending on the organization these may be the responsibilities of the owner, manager, supervisor, HR, senior management, RTW coordinator, safety coordinator, etc.*

1. Contact worker as soon as possible after the injury happens
2. Complete and submit an Employer’s Report form (7) within three days of incident, report serious workplace injuries to the OHS Division
3. Communicate with the worker, union representative, and the WCB throughout the recovery period
4. Maintain communication log/documentation
5. In collaboration with your worker and union representative (if applicable) identify and provide modified or alternate work consistent with worker’s functional abilities and, where possible, restores worker’s pre-injury earnings
6. Provide the WCB 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 WCB
9. Work with the worker, the WCB and the union (if applicable) to address any concerns that may arise
10. Ensure that the incident is on the agenda of the upcoming Safety Committee meeting to discuss ways of preventing a similar incident from happening
11. Provide Employee Assistance Program (EAP) information (if applicable)

**Health Care Provider**

1. Diagnose and treat illness or injury
2. Submit completed Physicians Report form (8) within three days of treating worker. *Provide worker with completed Functional Abilities form*
3. Provide worker with continued medical advice and support regarding recovery and RTW
4. *Provide updated functional abilities information to the WCB and employer as necessary*
5. Work closely with other health care professionals to facilitate worker’s ability to stay at work or return to the most productive employment possible when functionally able
Union (if applicable)

1. Assist employer, worker and the WCB to identify modified or alternate temporary work and where required permanent accommodation measures
2. Support reasonable re-employment or accommodation offers
3. Openly share RTW concerns with employer, worker and the WCB

Return to Work Coordinator

1. Ensure ongoing communication between the parties
2. Ensure worker, supervisor and other parties involved understand what to expect and what they must contribute to the process
3. Identify and maintain modified or alternate work lists
4. Assist in the development of individualized RTW plans
5. Identify incident and injury trends and work with safety personnel to reduce risks
6. Act as a mediator to resolve disputes
7. Evaluate the program regularly

All Workers

1. Know the RTW procedure
2. Support your co-workers when they have suffered an injury, to help them return to work

WCB

1. Administer health care and earning replacement benefits
2. Help employers and workers understand their responsibilities in the RTW process
3. Monitor activities, progress and cooperation of all parties, and act as a liaison
4. Assist all parties in the RTW process
5. Monitor and if necessary co-ordinate appropriate health care for recovery
6. Mediate disputes when required
7. Investigate serious workplace injuries (OH&S Division)
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
- Staff meetings (tailgate meetings)

RTW education should include:

- The benefits of staying at work or RTW
- RTW commitment statement and where to find it
- Who to contact for RTW information
- Injury reporting procedures
- Worker’s 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 modified or alternate work
- Monitoring RTW plans
- Communication with the worker and the WCB
- Maintaining confidentiality

- Educate everyone in your organization and promote RTW.
- There are several ways to share RTW information including: meetings, newsletters, presentations, or on your organizations intranet.
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 commitment statement and procedures (review annually or minimum every three years)
- 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 WCB
- 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
- Average duration of time loss claims

Workers and supervisors can provide valuable feedback. Use a questionnaire to capture feedback on their RTW experience. (see sample evaluation/questionnaire) If you make changes to your RTW program, communicate the changes to all workers.
Part 3
How to Implement your RTW Program

By now you should understand what is 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 functionally possible.

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 form (6)
- Employer’s Report form (7)
- Letter to Health Care Provider
- Functional Abilities form
- A RTW plan template (see sample RTW plan)

Identify Suitable Work before an injury occurs

Be proactive, not reactive. Here are some ways to assist in identifying possible modified or alternate 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 analysis allows you to identify work that is safe or unsafe for workers given their functional abilities and restrictions. Job demands analysis include the following: (this can be determined by occupational therapists)

- Tools, equipment or machinery
- Physical demands such as weights of objects, number of repetitions for tasks and frequency of tasks
- 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.

When making a list of alternate or modified work, ask your workers for their input. Workers know their jobs best.

*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.*
Keep Track of Communication

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

Maintain a communications log (pg. 44) to help keep track of communication and worker progress. It forms a summary of the claim. If the designated contact person is unavailable, 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
- Actions (follow up required)

Identify Modified or Alternate Work

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

When identifying modified or alternate 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
- Goals and timelines
To identify modified or alternate work, follow the steps below:

   [No] Can the worker return to their pre-injury job with modifications?

2. Can the worker return to their pre-injury job with modifications? [Yes] Worker returns to pre-injury job with modifications.
   [No] Can the worker perform a different job without making modifications?

   [No] Can the worker perform a different job with modifications?

   [No] Can alternate suitable work be identified?

5. Can alternate suitable work be identified? [Yes] Worker returns to perform these suitable tasks.
   [No] Worker continues treatment and rehabilitation to increase functional abilities.

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.

If possible, try to identify duties that maintain the injured worker’s connection to their usual work area.
What is modified or alternate work?

Modified or Alternate 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
- Workers can assist in identifying alternate duties that they feel capable of performing

Some considerations when assessing modified or alternate 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 modified or alternate work?
- Is your worker on medications that may impair their ability to safely perform the modified or alternate 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?
- Is this a value added task, does it contribute to your organization?

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.
## Common modified or alternate work options:

The most common options for modified or alternate work include:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Duties</td>
<td>Modify the job tasks or methods to complete tasks so that job demands are within your worker’s abilities</td>
<td>Minimize standing by using a sit-stand stool</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimize manual handling by using carts, hoists, housekeeping techniques, etc...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase time to complete tasks</td>
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<tr>
<td></td>
<td></td>
<td>Remove non-essential duties or prioritize tasks</td>
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<tr>
<td></td>
<td></td>
<td>Provide direction as written instructions rather than verbal</td>
</tr>
<tr>
<td>Alternate Duties</td>
<td>Duties your worker did not perform pre-injury</td>
<td>Different job position</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assist another division with backlog, back-burner tasks, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special projects</td>
</tr>
<tr>
<td>Reduced Hours</td>
<td>Adjust hours to allow injured worker to return to work while progressively building strength and tolerance</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Week 1-2 – four hours of work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Week 3-4 – six hours of work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Week 5-6 – eight hours of work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allow time to attend scheduled rehabilitation appointments</td>
</tr>
<tr>
<td>Training</td>
<td>Consider if your worker requires education, training, or refresher courses for their job</td>
<td>Technical training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New equipment training</td>
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<td></td>
<td></td>
<td>Cross-training in other job duties for possible alternate work</td>
</tr>
</tbody>
</table>
Modified or Alternate work includes more than the above. Don’t be afraid to innovate and develop a creative way to bring your worker back on board.

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
- 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 if required?
- Any pre-existing limitations that may affect suitable work

When considering modified or alternate work, try to keep your worker in the same department, division, or worksite where possible. 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.
Modified or Alternate Work (Accommodation):
- Offer modified or alternate 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
- Safety – training, hazards, controls, PPE

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

Submit your Worker’s RTW Plan to the WCB

Once you and your worker develop your worker’s RTW plan, document, sign and submit it to the WCB. 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

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.
• Supervisor injured worker will report to
• Remuneration, if different from pre-injury
• Monitoring and follow-up schedule
• Action for addressing worker, employer and WCB concerns
• Signature block for employer and worker

See sample RTW plan template (pg. 45-46).

The employer and worker must agree to modified or alternate work. If the worker doesn’t agree, the WCB will mediate the situation. If the WCB finds the work suitable, the worker must accept it. If the WCB finds that the work is not suitable, the WCB will help the employer and worker identify suitable work.

**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

• 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

- **Formal reviews**: see sample monitoring template (pg. 47). Formal reviews should be at least bi-weekly and whenever concerns arise. Discuss concerns with the appropriate persons (WCB, RTW Coordinator, union)

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

Modify the RTW plan to match the worker’s recovery and changing functional abilities.
Part 4
Review
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 (pg. 42-43)

2. Report the injury:
   - Complete and submit the Employer’s Report to WCB, provide a copy to your worker
   - Remind your worker to complete and submit the Worker’s Report to WCB
   - Section 36 of the OH&S Act requires an employer to contact the OH&S Division of the WCB within 24 hours if there is a serious injury at the workplace. (24 hour Emergency # 902-628-7513)

3. Communicate and collaborate:
   - Communicate with your worker as soon as possible after the injury and maintain contact throughout recovery
• Communicate with the WCB regularly to share updates on your worker’s progress and suitable work options

4. **Identify modified or alternate work and create your worker’s RTW plan:**

• *Discuss the functional abilities and prognosis for recovery with your worker and the WCB to identify modified or alternate work*

• Develop a list of jobs or tasks that normally do not get completed that can be utilized for modified duties

• Document modified or alternate suitable work in a personalized RTW plan for your worker. Have the worker and employer sign and submit the RTW plan to WCB

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

• Regularly check in with your worker to ensure all is going well with their RTW plan

• Provide updates to the WCB every two weeks

• Communicate any progress or concerns to the WCB

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
PART 5
Resources, Samples and Templates

Common RTW Questions

What is a RTW plan?

A RTW plan is an individualized plan for the injured worker that considers their functional abilities, rehabilitation or treatment plan and the availability of modified or alternate work. The plan assists them in either remaining at work or returning to work as soon as functionally 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 WCB’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 WCB. The plan varies from worker to worker and takes into consideration the type of injury, the recovery process and the availability of modified or alternate work.
Does an injured worker have to accept the modified or alternate work?

If an injured worker refuses the modified or alternate work, they need to give reasons why, which the WCB will review and consider. If the WCB 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 WCB agrees with the reasons the injured worker provides as to why the work is not suitable the WCB will help the employer identify alternative suitable work.

Who decides when an injured worker should return to work?

The WCB receives medical reports that include functional abilities and prognosis information from health care providers. The employer may receive information on the injured worker’s functional abilities to determine modified or alternate work from the injured worker, the health care provider and the WCB. The WCB 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 WCB to discuss.
What should the employer do if the 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 WCB and get current medical information that clears them to perform those activities.

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 WCB to make sure that there is no new medical information that affects the worker’s functional abilities.

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

The WCB refers to the following definitions:

Sedentary – work activities involve handling loads up to 5 kg (11 lbs)
Light – work activities involve handling loads of 5 kg but less than 10 kg (11-22 lbs)
Medium – work activities involve handling loads between 10 and 20 kg (22-44 lbs)
Heavy – work activities involve handling loads more than 20 kg (over 44 lbs)

If you have any questions regarding what physical demands the worker is capable of performing and their limitations and restrictions contact the WCB.
Can I lay off the worker?

In order to satisfy Section 86.5 of the Workers Compensation Act, an employer shall accommodate the work or the workplace to the needs of a worker who requires accommodation as a result of the injury to the extent that the accommodation does not cause the employer undue hardship. This involves looking at modifying the 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 WCB Return to Work Coordinator is important as they may also be able to assist you and the worker.

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 WCB utilizes anticipated recovery guidelines for different injuries to guide rehabilitation expectations and provide prognosis and recovery based on this information.

Who at the WCB can help?

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

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

If you need help with your safety program and investigating incidents and controlling hazards, contact the Occupational Health and Safety Division.

Workers Compensation Board of PEI
14 Weymouth Street
Charlottetown, PEI
C1A 7L7

1-800-237-5049
Definitions

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

**Alternate Work** – employment that is comparable, as determined by the WCB, to the worker’s pre-injury work in nature, earnings, qualifications, opportunities and other respects.

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

**Duty to Accommodate** – an employer shall, to the satisfaction of the Board and in order to fulfil the employer’s obligations pursuant to sections 86.1 to 86.11, accommodate the work or the workplace to the needs of a worker who requires accommodation as a result of the injury or illness to the extent that the accommodation does not cause the employer undue hardship.

**Employer** – includes: (i) every person who has in service under a contract of hiring or apprenticeship, any person engaged in any work in or about an industry within the scope of the Act. (ii) the principal, contractor and sub-contractor respectively.

**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 medical practitioner, physiotherapist, chiropractor, occupational therapist, dentist, dietician, optometrist, registered nurse, nurse practitioner, psychologist, pharmacist, optician, denturist. Who must be licenced by a recognized licencing body to practice in Prince Edward Island, or certified by a recognized national body (Policy – 64).

**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.

Return to Work – a process to help injured workers return to safe, productive and suitable employment as soon as functionally possible (modified duties, alternate duties or tasks, ease back).

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

Suitable Work – work that a worker has the necessary skills to perform and is functionally able to perform, and does not pose health or safety hazards to the worker or co-workers (serves a purpose or valuable function to the organization).

Undue Hardship – means a situation that creates onerous conditions for an employer such as, intolerable financial costs, serious disruption to business or health and safety risks. The onus of proof for a claim of undue hardship is the responsibility of the employer.

Worker – includes a person who enters into or works under a contract of service or apprenticeship, a learner or student, a member of a municipal volunteer fire brigade, in respect of any industry, a person while he or she is actually engaged in rescuing or protecting or attempting to rescue or protect life or property.

Workplace or Worksite – any building, construction site, vehicle, field, road, forest, or other space where a worker is working regardless of how frequently work occurs at the location.
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. 36
2. Sample Return to Work Commitment Statement – pg. 37, 38
3. Procedure Development Advice – pg. 39, 40

Implementing the Program:

4. Sample Letter to Health Care Provider – pg. 41
5. Functional Abilities Form – pg. 42, 43
6. Sample Communications Log – pg. 44
7. Sample Return to Work Plan – pg. 45, 46
8. Sample Return to Work Plan Monitoring Form – pg. 47, 48
10. Sample Checklist for Managing Return to Work – pg. 51

Other useful resources:

11. Sample Job Demands Summary (1) – pg. 53 - 56
12. Sample Jog Demands Summary (2) – pg. 57, 58
13. Prompts for Identifying Suitable Alternate Work – pg. 59
14. Injured Worker Example Scenario – pg. 60, 61
Return to Work Program Checklist

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

Commitment Statement:

- 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 modified or alternate 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 WCB forms
- Written RTW plan template
- Communication log
- List of modified or alternate work
- RTW plan evaluation form

Education:

- Program information included orientation training
- Education for workers
- Education for management
Sample Return to Work Policy/Commitment Statements

ABC Company will make every effort to provide a healthy and safe work environment. All supervisors and employees must be dedicated to reducing the risk of injury and illness.

ABC Company is committed to promoting employee health and recovery from injury or illness. All workers will be treated fairly and consistently and are expected to participate and cooperate in the RTW program.

ABC Company recognizes that the provision of modified or alternate work is important in the prevention of disability and has established a RTW program for employees who are unable to perform any or all of their normal duties as a consequence of an injury/illness. The return to work process begins immediately after an injury/illness occurs.

An important component of the RTW program is that the employee is involved in all aspects of return to work planning. All members of the organization including supervisors, co-workers and the union are responsible for actively participating and cooperating in the return to work process when required.

Any personal information received or collected that can lead to the identification of an injured worker will be held in the strictest confidence. Information of a personal nature will be released only if required by law or with the approval of the worker who will specify the nature of the information to be released and to whom it can be released.

President ABC Company

__________________________  ______________________
Owner Signature                  Date
The ABC Company values the goal of prevention of injuries and illnesses through maintaining a safe and healthy workplace. Consistent with this value is the company’s commitment to the successful recovery of injured and ill employees by assisting in timely intervention and return to safe and productive work.

It is the ABC Company’s policy to take all reasonable steps to return injured and ill employees to their pre-injury job as quickly as possible.

Where the employee is unable to return to their pre-injury job, the goal will be to return them to modified/alternate work, which is consistent with their functional abilities.

The ABC Company and its employees are committed to co-operate and participate in the success of the Return to Work program.

President ABC Company

__________________________________________  ______________
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 WCB Worker’s Report form (6), and when? Who provides instructions for the injured worker regarding the completed forms?
- What forms require completion Worker’s Report form (6), Employer's Report form (7), company incident form, health care form, and when?
- How and when does your worker provide the completed forms to the employer?
- Who forwards the forms to the WCB and when?
- How and when does the worker contact the employer, and employer contact the worker?
- If the 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 WCB?

Return to work planning:

- Who schedules the meeting, and when?
- Who should attend the meeting?
- How is modified or alternate work identified?
- Who documents the RTW plan and submits it to the WCB?
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 WCB, 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

Dear Health Care Provider,

Thank you for providing treatment to our worker. We recognize the benefits a Return to Work (RTW) 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

## 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 **Abilities** that apply. Include additional details in section 3.

<table>
<thead>
<tr>
<th>Walking:</th>
<th>Standing:</th>
<th>Sitting:</th>
<th>Lifting from floor to waist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full abilities</strong></td>
<td><strong>Full abilities</strong></td>
<td><strong>Full abilities</strong></td>
<td><strong>Full abilities</strong></td>
</tr>
<tr>
<td>Up to 100 metres</td>
<td>Up to 15 minutes</td>
<td>Up to 30 minutes</td>
<td>Up to 5 kilograms</td>
</tr>
<tr>
<td>100 - 200 metres</td>
<td>15 - 30 minutes</td>
<td>30 – 60 minutes</td>
<td>5 - 10 kilograms</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Other (please specify)</td>
<td>Other (please specify)</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifting from waist to shoulder:</th>
<th>Stair climbing:</th>
<th>Ladder climbing:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full abilities</strong></td>
<td><strong>Full abilities</strong></td>
<td><strong>Full abilities</strong></td>
</tr>
<tr>
<td>Up to 5 kilograms</td>
<td>Up to 5 steps</td>
<td>1 - 3 steps</td>
</tr>
<tr>
<td>5 - 10 kilograms</td>
<td>5 - 10 steps</td>
<td>4 - 6 steps</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Other (please specify)</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

2. Please indicate **Restrictions** that apply. Include additional details in section 3.

<table>
<thead>
<tr>
<th>Bending/twisting repetitive movement of:</th>
<th>Work at or above shoulder activity:</th>
<th>Chemical exposure to:</th>
<th>Environment exposure to: (e.g. heat, cold, noise or scents)</th>
<th>Limited use of hand(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please specify)</td>
<td></td>
<td></td>
<td></td>
<td>Left Right Gripping Pinching Other (please specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limited pushing/pulling with:</th>
<th>Operating motorized equipment: (e.g. forklift)</th>
<th>Potential side effects from medications (please specify). Do not include names of medications.</th>
<th>Exposure to vibration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left arm</td>
<td></td>
<td></td>
<td>Whole body Hand/arm</td>
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<tr>
<td>Right arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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</tbody>
</table>
3. Additional comments on Abilities and Restrictions.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. From the date of this assessment, the above will apply for approximately:

1 - 2 days 2 - 7 days 8 - 14 days 14 + days

5. Have you discussed return to work with the worker?

• Yes • No

6. Recommendation for work hours and start date:

Start Date: MM DD YY

• Regular full-time hours

• Modified hours
  Please specify:

• Graduated hours
  Please specify:

B. Date of Next Appointment

Recommended date of next appointment to review Abilities and Restrictions. MM DD YY

I have provided this completed Functional Abilities from to the worker:

• Yes • No Date: MM DD YY

Health Care Provider’s Signature: ____________________________
Sample Communications Log

Communications made by ____________________________________________

Worker Name:  
Supervisor Name:  
Expected RTW Date:  

<table>
<thead>
<tr>
<th>Date of Contact</th>
<th>Person(s) Communicated With</th>
<th>Method of Contact</th>
<th>Details</th>
<th>Follow-up Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 17/15</td>
<td>Injured worker at home</td>
<td>Phone</td>
<td>Asked how they were, if they needed anything. Responded doing all right and don’t need anything. Will follow-up in a couple of days.</td>
<td>Contact worker again between Nov 20 – 22nd</td>
</tr>
</tbody>
</table>
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):

Days and Hours Scheduled Each Week

<table>
<thead>
<tr>
<th>Work Week (Date)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Sat/Sun</th>
<th>Comments</th>
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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 WCB 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):

<table>
<thead>
<tr>
<th>Work Week (Date)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Sat/Sun</th>
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</table>

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

________________________________________________________________________________________

________________________________________________________________________________________

Comments or Concerns: (worker, employer, union, HR, WCB)

________________________________________________________________________________________

________________________________________________________________________________________

Actions to address any concerns or comments:

________________________________________________________________________________________

________________________________________________________________________________________
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/Questionnaire

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

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

Monitor and Evaluate

☐ Regular meeting with worker to evaluate RTW plan
  Date: _______________ Date: _______________ Date: _______________
☐ Contacted WCB Case Coordinator to keep them informed of RTW
  Date: _______________ Date: _______________ Date: _______________
☐ Provide hours worked to WCB Case Coordinator
☐ 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 performed

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Mobility/Posture</th>
<th>Frequency</th>
<th>Activity or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing (stationary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Static positioning (indicate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending or stooping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crouching or squatting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strength/Physical Demands**
Frequency: **NA** (not applicable; Rare (0-5%); Occasional (6-33%); Frequent (34-66%); Constant (67-100%)
Hand use: Right, Left, Both

<table>
<thead>
<tr>
<th>Weight/Force Max.</th>
<th>Freq.</th>
<th>Hand use</th>
<th>Activity or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift/Lower: Floor to Waist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift/Lower: Waist to Shoulder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift/Lower: Above Shoulder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Weight/Force

<table>
<thead>
<tr>
<th></th>
<th>Max.</th>
<th>Avg.</th>
<th>Hand use</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Carry</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Push</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pull</th>
</tr>
</thead>
</table>

Reach

<table>
<thead>
<tr>
<th>Overhead</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Forward/Lateral</th>
</tr>
</thead>
</table>

Grip

<table>
<thead>
<tr>
<th>Power grip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tip pinch</th>
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</table>

<table>
<thead>
<tr>
<th>Lateral pinch</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pencil grip</th>
</tr>
</thead>
</table>

Unusual motions

(indicate):

Psychological/Cognitive Demands

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

<table>
<thead>
<tr>
<th>Psychological/Cognitive Demands</th>
<th>Freq.</th>
<th>Activity or Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Perform under pressure – deadlines</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attention to detail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Perform multiple tasks</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Perform repetitive tasks</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Control over work pace</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exposure to environmental stimuli</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Need to work cooperatively with others</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exposure to emotional or confrontational situations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsibility and accountability required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incentive or piece work</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Memory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Travel</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Overtime</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Irregular hours</th>
</tr>
</thead>
</table>
**Other Demands**
Frequency: **NA** (not applicable); **Rare** (0-5%); **Occasional** (6-33%); **Frequent** (34-66%); **Constant** (67-100%)

<table>
<thead>
<tr>
<th>Office/Administrative Work</th>
<th>Freq.</th>
<th>Activity or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer work (typing, mousing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (indicate):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory Demands</th>
<th>Freq.</th>
<th>Activity or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing: telephone, conversation, signals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision: near/far, depth and spatial perception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colour discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of touch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of smell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taste</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental conditions</th>
<th>Freq.</th>
<th>Activity or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot/cold temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise (&gt;85 dBA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vibration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damp or humid environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fumes, vapours, gases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electromagnetic fields</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments:**

**Evaluation completed by:** ____________________________  **Date:** ______________

**Reviewed by:** ____________________________  **Date:** ______________
Sample Job Demands Summary (2)

**Job Position:**

**Department:**

**Hours of Work:**

**Breaks:**

**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**
Rare (0-5%); Occasional (6-33%); Frequent (34-66%); Constant (67-100%) of shift

| 

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Weight (lbs)</th>
<th>Job task or Activity, and Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squatting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing/pulling unilateral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing/pulling bilateral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending/twisting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overhead reaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forward reaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing stairs/ladders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use or upper/lower extremities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting – floor to waist height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting – waist to shoulder height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting – above shoulder height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Gripping – pinch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gripping - power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating heavy equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating a motor vehicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer work (typing, mousing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
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</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Department or Area within Organization</th>
<th>Questions to Ask</th>
<th>Example Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>What tasks have we not got around to doing?</td>
<td>• Processing tax receipts</td>
</tr>
<tr>
<td></td>
<td>What need are coming up in the next 6-12 months?</td>
<td>• Data entry</td>
</tr>
<tr>
<td>Business Improvement</td>
<td>Are there new systems or processes that would improve business?</td>
<td>• Filing and reorganizing</td>
</tr>
<tr>
<td>Promotion, Marketing, Sales</td>
<td>What work could promote the business?</td>
<td>• Develop filing system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Forms for improved efficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training manual content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality assurance system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Phone sales or calling clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Developing promotional material</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Market research – customer satisfaction questionnaires</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updating client database</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cleaning up and organizing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Researching or buying tools and equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Organizing parts and materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Finding new suppliers including cheaper or better materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can tools or equipment such as carts, handles, hoists, power tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and ergonomics reduce the demands?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reorganizing job tasks to reduce risks?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adjusting the work environment such as temperature and lighting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Incomplete projects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Areas that require research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Redistribution of job tasks (make sure that you are not putting coworkers at</td>
</tr>
<tr>
<td></td>
<td></td>
<td>injury)</td>
</tr>
<tr>
<td>Labour</td>
<td>Does anywhere need an extra hand?</td>
<td>• Computer courses</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>• Safety training</td>
</tr>
<tr>
<td>All</td>
<td>Are there ways to complete the job in a safer way?</td>
<td>• Courses on technical skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Worker trains others to perform certain skills</td>
</tr>
<tr>
<td></td>
<td>Are there incomplete tasks?</td>
<td>• Is there an opportunity for cross training in other jobs within the</td>
</tr>
<tr>
<td></td>
<td>Are there opportunities for bundling job duties?</td>
<td>organization?</td>
</tr>
<tr>
<td>Training</td>
<td>Is there training that the worker could do that would be of benefit to the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>organization?</td>
<td></td>
</tr>
</tbody>
</table>
Injured Worker Example Scenario

Charlie is a full time mechanic at a garage in Summerside. He suffered an injury while at work on May 5, 2015. 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 provided First Aid to Charlie. Charlie needed more medical care so the supervisor gave him a ride to the hospital.

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 completed. The doctor completed and submitted the Physicians First Report, Form 8 to the WCB.

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 Form 6 to the WCB.

The supervisor completes and faxes the Employer’s Report Form 7 to the WCB. Charlie receives a copy of this form.

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 8th.

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 8th 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 WCB.

Step 5: Implement RTW Plan
Charlie starts his RTW plan on May 11, 2015.

Every day Charlie checks in with his supervisor. Charlie lets his supervisor know of any problems he’s having performing the modified/alternate 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 WCB 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 WCB receives an updated version of the plan.

Step 6: RTW Completion
On Tuesday, June 16, 2015, Charlie attends a scheduled doctor’s 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 WCB copies of his Functional Abilities report.

June 17th, 2015, 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.