

## Section 17 - Return to Work (RTW)

---

**PURPOSE** The Return to Work (RTW) Program will facilitate a safe and early return to work for Workers who have sustained a workplace injury while employed with our company.

**SCOPE** The RTW program will provide every opportunity for injured Workers to return to gainful employment in the event of a disabling workplace accident.

### RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Communicate with the WSIB relating to the RTW process and existing claims.
- Maintain all documentation related to the injury, WSIB, modified work, and recovery progress.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Assist in developing corporate health and safety documentation, policies and procedures where required.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.

Senior Management Responsibilities:

- Cooperate with the RTW program and worker restrictions as required.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Ensure that the equipment, materials and protective devices are provided, maintained in good condition and used as prescribed.
- The measures and procedures prescribed are carried out in the workplace.

Supervisors Responsibilities:

- Arrange for suitable Modified Work.
- Ensure, where reasonably possible, that every Subcontractor, worker and visitor at the workplace complies with all Occupational Health and Safety Act and Regulations.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

## Section 17 - Return to Work (RTW)

---

### Workers Responsibilities:

- Participate in the RTW Program diligently.
- Obtain Functional Abilities information at each Health Care Practitioner's visit related to the work related injury.
- Provide all RTW documentation provided by the Health Care Practitioner to you Supervisor.
- Advise Supervisor if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.
- Report to his or her Supervisor any contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device.

### PROCEDURE

Once an injured Worker has been placed on an RTW program, the supervisor for that Worker with assistance for the Health and Safety Coordinator will be expected to follow the program with the injured Worker using Forms Temporary Modified Work Form **(17-2 Form)** and Worker's Progress Report Form **(17-3 Form)** to document the process and keep Senior Management updated as required.

The RTW program will be broken into two stages;

1. To prevent Workers from losing time due to workplace injuries through prompt medical treatment (use of the WSIB Functional Abilities Form) and adherence to the Workplace Safety and Insurance Act (WSIA).
2. To return Workers to gainful employment as soon as medically authorized. This will be done on potentially two levels;
  - a) Temporary Modified Work **(17-1 Form)**
  - b) Permanently Modified Work

### DISTRIBUTION

The entire workforce must also be made aware of the RTW program during worker Orientations and/or review of the Employee Guidelines.

### RECORDS

Worker records generated through the RTW program must be maintained indefinitely.

## Section 17 - Return to Work (RTW)

### Return to Work (RTW) Program

The purpose of having an RTW program is to provide workers who have been injured on the job, a safe means for returning to gainful employment in an expedient manner while ensuring that "Lost Time" is kept to an absolute minimum.

Re-employment obligations and the financial impact of experience rating implemented by the Workplace Safety and Insurance Board have put the onus on the Employer to return injured Workers to the workplace as soon as possible. As per the Workplace Safety and Insurance Act, 1997, s. 40 (See below). All employers are required to have a Return to Work program.

### **PART V RETURN TO WORK**

#### **Duty to co-operate in return to work**

**40.** (1) The employer of an injured worker shall co-operate in the early and safe return to work of the worker by,

- (a) contacting the worker as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;
- (b) attempting to provide suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores the worker's pre-injury earnings;
- (c) giving the Board such information as the Board may request concerning the worker's return to work; and
- (d) doing such other things as may be prescribed. 1997, c. 16, Sched. A, s. 40 (1).

#### **Same, worker**

(2) The worker shall co-operate in his or her early and safe return to work by,

- (a) contacting his or her employer as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;
- (b) assisting the employer, as may be required or requested, to identify suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores his or her pre-injury earnings;
- (c) giving the Board such information as the Board may request concerning the worker's return to work; and
- (d) doing such other things as may be prescribed. 1997, c. 16, Sched. A, s. 40 (2).

#### **Same, construction industry**

(3) Employers engaged primarily in construction and workers who perform construction work shall co-operate in a worker's early and safe return to work and shall do so in accordance with such requirements as may be prescribed. Subsections (1) and (2) do not apply with respect to those employers and workers. 1997, c. 16, Sched. A, s. 40 (3).

## Section 17 - Return to Work (RTW)

---

### 1.0 PURPOSE/ INTRODUCTION

Return to Work Programs became mandatory effective January 1, 1998 as a result of Bill 99. Employers and their workers are required to work cooperatively and communicate in the facilitation of the worker's return to work. The failure of any workplace party (employers or workers) to comply with these initiatives could result in penalties by the Board, as a provincial offence, under the WSIA.

The focus of an effective Return to Work Program (RTW) is the well being of our most valuable resource, our workers. This program is a temporary measure (in some extreme cases - permanent) that will facilitate a safe and early return to work in the event of a disabling workplace accident and provide every opportunity for injured workers to return to gainful employment.

This Program can only be successful if there is commitment, cooperation and communication between the employer and workers and as necessary the treating physician, health care providers and the WSIB.

#### **Return to Work Goal Setting:**

The primary goal of a return to work plan is a return to the pre-injury job as soon as possible. By comparing the physical demands of the job and the functional abilities, the Health and Safety coordinator, supervisor and the employee can determine if the job needs modifying and if accommodations would be required.

If the employee is not able to return to their pre-injury position, the Health and Safety coordinator and supervisor will attempt to accommodate the worker as soon as possible. The accommodation should be suitable and restore the employee's earnings. The employer will make every effort to provide meaningful modified work. The Health and Safety coordinator and supervisor will use the following hierarchy as a guideline to return to work plan development:

1. Pre-injury job(starting point and overall goal)
2. Pre-injury job, accommodate to meet the workers abilities.
3. Work comparable in nature and earnings to the pre-injury job (with accommodation if required)
4. Alternate suitable work( with accommodation if required)

### 2.0 REPORTING REQUIREMENTS TO WSIB

Under Section 21(1) of the WSIA, an employer shall notify the Board within three days after learning of an accident to a worker employed by him/ her or if the accident necessitates health care or results in the worker not being able to earn full wages. As well, an employer shall give a copy of the Form '7' to the worker at the time the notice is given to the WSIB. Equally, the worker shall give a copy of his or her claim to his or her employer at the time the claim is given to the Board.

Under Section 21(3) of the WSIB an employer who fails to comply with this section shall pay the prescribed amount to the Board under Act. Under Section 157, if a corporation commits an offence under this Act, every director or officer of the corporation who

## Section 17 - Return to Work (RTW)

---

knowingly authorized, permitted or acquiesced in the commission of the offence is guilty of an offence, whether or not the corporation has been prosecuted or convicted.

**Wage Changes** – Under the WSIA a change in a workers wage or condition constitutes a material change that affects a person's entitlement to benefits and services under the Act. Any change in wages must be reported to the WSIB within 10 days of the change.

### **Changes in Modified Work Duties/ Duration of Program**

As is necessary, the modified work duties as performed by the worker shall be monitored or adjusted, to ensure progress or difficulties being encountered by the worker are being addressed.

All change in duties must be documented on the worker contact log and medically authorized by the treating physician. As well, all change in duties should be reviewed and approved by the JHSC/ Modified Work Committee and explained to the worker, the Supervisor and others involved in the RTW Program.

### **Failure to Cooperate**

If the WSIB determines that an employer is not co-operating in RTW activities, the employer will be notified by the WSIB regarding their obligation to co-operate in RTW activities, and finding of non-co-operation.

If the WSIB determines that a worker is not co-operating in RTW activities, the decision-maker notifies the worker of the obligation to co-operate in RTW activities, and consequences of this finding (i.e., reduction or suspension of benefits).

### **Return to Regular Pre-Accident Work Duties/ End of RTW Program**

All injured workers should obtain medical clearance from their treating physician, via a Functional Abilities Form or note from the treating physician, prior to resuming his or her pre-accident duties. The WSIB must also be advised of this change.

## **3.0 ROLES AND RESPONSIBILITIES**

Assigning ownership in any Return to Work Program is vital in achieving desired results. As such, identifying and understanding each party's role and responsibility is the first key.

**The role of the Health and Safety Coordinator** is to ensure regular communication exists between Worker, Supervisor and the Health Care Provider. Under the return to work obligations Part V Section 40, (Subsection 1) of WSIA the employer of the injured worker shall cooperate in the return to work program by:

- contacting the worker as soon as possible after the injury occurs and document ongoing communication using the workers contact log (**Appendix G**) throughout the period of the worker's impairment and recovery,
- providing suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores the worker's pre-injury earnings,
- giving the Board such information as the Board may request concerning the worker's return to work, and doing such things as may be prescribed.

## Section 17 - Return to Work (RTW)

---

**Independent medical assessments:** Where there are discrepancies or differences in opinions around the employee's prognosis or functional abilities, the employer may request that an independent medical assessment be completed in an attempt to resolve the issue.

**The role of the Injured Worker** when filing a claim, a worker must consent to the disclosure to his or her employer of information provided by a health professional under subsection 37(3) concerning the worker's functional abilities. The disclosure is for the sole purpose of facilitating the worker's return to work.

Under the return to work obligations Part V Section 40, (Subsection 2) of the WSIA the worker shall cooperate in his or her return to work by:

- contacting his or her employer as soon as possible after the injury occurs and maintain communication throughout the period of the worker's impairment and recovery,
- assisting the employer, as may be required or requested, to identify suitable employment that is available and consistent with the worker's functional abilities and that, when possible restores his or her pre-injury earnings,
- giving the Board such information as the Board may request concerning the workers return to work; and
- doing such things as may be prescribed.

**The role of the Health Care Provider** is to provide medical treatment to an injured worker. The health care provider shall complete a Form 8 during the initial visit and provide the completed third page of the Form 8 to the worker. This third page represents the functional abilities information found during the assessment. Every subsequent visit, the physician will complete a functional Abilities Form provided by the injury party.

**The role of the WSIB** is to monitor the progress of the workers return to work and provide assistance if either the employer or the workers have any difficulty or dispute concerning either parties' cooperation with the RTW. Under Section 40(6) of the WSIA, either party could contact the WSIB for assistance. This includes the assistance of a WSIB assigned Return to Work Mediator who will assist both workplace parties in resolving any or all disputes that need to be addressed.

### 4.0 SUPERVISOR'S DUTIES

Experience dictates that the supervisors play an integral role from the time of the accident to the injured worker's return to work. As such, the following guidelines are to clarify the supervisor's roles and responsibilities. To ensure that accidents are properly documented and minimize the need for lost time assist, an injury management package was created for all supervisors that provides the necessary paperwork to be completed

#### **Injury Management Package Includes:**

What to do in case of an injury  
Injured Worker Triage Form - Medical Clinic or Hospital – **(Appendix E)**  
Letter to the Employee Offering Modified Job Duties  
Letter to the Health Care Provider  
Functional Abilities Form

## Section 17 - Return to Work (RTW)

---

Worker's Claim

Modified Work Job Description or Physical Demands Analysis (PDA)

Worker's Return to Work Progress Report

Accident Investigation Form

**1)** Provide prompt medical treatment by arranging transportation for the injured worker and accompany or assign someone to take the worker to a medical treatment facility. In cases of serious accidents, where the possible improper movement (transportation) of an injured worker could result in further injuries or unnecessary pain to the injured worker, an ambulance must be called (911).

**2)** Should the injured worker choose to be seen by his/ her family doctor, the injured worker must be given an Injury Management Package to be completed and returned before the following shift. Explain that your company has developed and implemented an Return to Work Program that requires all parties co-operation.

**3)** Should the employee not choose to attend the nearest medical walk in clinic on the day of accident or reporting, and does not return page 3 of Form 8 or Functional Abilities Form prior to the next shift, the employee should be asked to cooperate and attend a walk in clinic, arranged by the company, to have the Form 8 or Functional Abilities Form completed and returned to the Supervisor.

**4)** Assign suitable modified duties, if medically required, in accordance with the physical restrictions noted on the Form 8 third page or Functional Abilities Form.

Maintain regular contact with the program coordinator and injured worker to ensure progress and deal with difficulties encountered by the worker to avoid a recurrence.

**5)** Investigate the accident and provide a completed copy to the program coordinator to ensure all WSIB reporting requirements are met.

### 5.0 Contact With The Injured Worker

Under Section 40(1) of the WSIA, the employer of an injured worker shall co-operate in the return to work of the worker by,

40(1) (a) Contacting the worker as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;

40(2) (a) The worker shall co-operate in his or her return to work by, contacting his or her employer as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;

To ensure contact is established and maintained the program coordinator is required to complete a Worker's Contact Log (**Appendix F**).

In the event that a problem cannot be resolved between the Supervisor, injured worker and the program coordinator, a meeting should be arranged between the parties for resolve. If the dispute cannot be resolved this matter can be taken up with the WSIB for dispute resolution.

## Section 17 - Return to Work (RTW)

---

**Establishing Early Contact:** If an employee is off due to an injury or illness, it is recommended (where appropriate depending on the severity or circumstances of the injured/ill employer) that contact be initiated by the supervisor and or the RTW coordinator within 24 to 48 hours. Contact can be a telephone call or a face to face meeting.

**Frequency of Contact:** The frequency of contact required by the employee and Health and Safety coordinator will be determined by the health recovery status. At minimum, a follow up case conference between the worker and Health and Safety coordinator by telephone at least biweekly.

**Health Recovery:** The Health and Safety coordinator will assist and support the injured employee during their recovery. The process will involve consultation with the treating health professional and the employee. The Health and Safety coordinator will obtain functional abilities to be utilized when developing the return to work plan.

### 6.0 Medical Monitoring and Treatment

Regular review of the workers physical abilities will provide an employer with the opportunity to accommodate an injured worker and facilitate the goal of returning a worker to his or her pre-injury duties as soon as possible.

To assist in the medical monitoring and treatment, a worker should be given a Functional Abilities Form to have completed and returned to the employer on the day of the workers scheduled medical appointment.

Note: Section 22(5) of the WSIA, when filing a claim, a worker must consent to the disclosure to his/her employer information provided by a health professional concerning the worker's functional abilities for the purpose of facilitating the worker's return to work.

**Dispute resolution process:** In situations where there is an issue in dispute related to either the RTW process or the suitability of the RTW plan, and where a meeting with the worker did not resolve the dispute, the RTW Coordinator will refer the matter to Management to facilitate a resolution. All findings and discussions will be recorded on the Contact Log (**Appendix F**) If the matter cannot be resolved, a referral to the WSIB may be made where the dispute involves cooperation in return to work or suitability of the job accommodation. The WSIB may then requisition a Return to Work Specialist to meet with all parties to assist in a resolution.

### 7.0 Provisions for Modified Work

**Safe Duties** - It is essential that an employer impress upon an injured employee that he/she is a valuable employee and the Return to Work Program is not intended to cause further injury. Before returning an injured or ill employee to any form of work duty it is important to have pre-determined levels of accommodated Modified Duties for the injured worker to perform. (Example Modified Field Level Duties for less serious injuries where a worker can still perform some work on site and Sedentary Duties for more serious injuries, describing duties that can be performed in a shop/ office environment)

**Other Available Work** - The enclosed Suitable Modified Work Job Description or



## Section 17 - Return to Work (RTW)

---

Physical Demands Analysis (**Appendix E**) is designed to assist an employer in assembling/ documenting the duties of the modified positions to provide to the worker's treating physician for approval. In the case of a permanent impairment, the members of the JHSC will meet with the injured worker, and others, to consider what additional measures might be necessary for placement in a suitable and sustained permanent position that could require further (re) training.

**Worker Progress Log** - It is recommended that the supervisor make contact with the worker so that any difficulties can be communicated and readily resolved. The program coordinator should ensure that the worker is completing the Worker's Return to Work Progress Report Form (**Appendix G**) and that it is being reviewed and signed by the supervisor, at the end of the first day back to work, and at the end of each week. These forms are to be completed at least until the worker is able to return to his/ her pre accident job. After the injured worker has been integrated back into the workplace, the next stage is to ensure that the follow-up procedures are understood and followed.

### 8.0 Re-Integration of the Worker to Regular Work

**Transitional Work** - With injured workers who have been off for a substantial period of time due to a more serious injury, it is recommended to start them off working a transitional work program, usually starting work and gradually increased every week or every other week, as his/ her condition permits, until the injured worker is working pre-accident hours. It is felt that by implementing this gradual increase in hours, you are reducing the risk of re-injury or possibly a new injury. In addition, this return to work phase will assist the worker in re-adjusting (work hardening, acclimatizing) to working again, both physically and mentally. Supervisor together with the injured worker are encouraged to utilize whatever measures are most appropriate in the individual case.

**Work Hardening** – Through active rehabilitation treatment and work hardening, injured workers will be able to recover from their injuries in an expedient manner. Furthermore, rehabilitation treatment will help the injured worker understand the nature of the injury and methods of avoiding a recurrence (e.g. back injuries - proper lifting techniques). To ensure minimal disruption to the Return to Work Program, it is recommended that all physiotherapy and doctors appointments be arranged for the end of the workday or after work.

### 9.0 Monitoring and Evaluating the RTW program

Monitoring and Evaluating of our return to work program will be completed at the end of each year. The Health and Safety coordinator will complete the evaluation and present it to senior management for review. This review may also include feedback from individuals within the workplace that have gone through the RTW process. Following the review, Management will prepare an action plan and implement required changes.

The WSIB RTW Self Assessment tool will be used as the evaluation tool during the annual evaluation conducted by the RTW Coordinator.

**The Return to Work Self Assessment** is used to assist in realizing the benefits of

## Section 17 - Return to Work (RTW)

---

having evidence based best practice approach to returning our injured and ill workers in a safe and timely manner and completed by the safety coordinator.

The Return to Work Self Assessment will identify:

- Organizational Framework
- Return to Work Responsibilities
- Return to Work Program Maintenance
- Successes and Areas Where Improvement is Needed

Based on the results of the RTW self-assessment, an annual gap analysis from the finding of the RTW program will consider the following:

- Current policy and procedure
- Forms or documents that currently exist
- Current statistics, e.g. injury types, causes, duration, costs, etc.

## Appendix A

### Offer of Modified Work - Letter to Employee



## Section 17 - Return to Work (RTW)

---

Dear: \_\_\_\_\_

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

In cooperation with the Workplace Safety and Insurance Board (WSIB), BELMONT CONCRETE FINISHING CO. LIMITED has implemented a successful Return to Work Program. This Program is intended to permit an return to work activity for individuals such as you who may have suffered a work related injury.

This letter is to advise you that BELMONT CONCRETE FINISHING CO. LIMITED is offering you modified duties as noted in the enclosed Suitable Modified Work Job Description Form. These duties are available for you on either a full time basis or on graduated hours if necessary at your pre-accident wage.

Under the WSIA, as a worker you are required to cooperate in your return to work by:

- contacting your employer as soon as possible after the injury occurs and maintain communication throughout the period of the worker's impairment and recovery,
- assisting the employer, as may be required or requested, to identify suitable employment that is available and consistent with the worker's functional abilities and that, when possible restores your pre-injury earnings,
- In addition, the employer will provide additional modified duties based on standard medical restrictions and information documented on the Form 8 and or Functional Abilities Form.

BELMONT CONCRETE FINISHING CO. LIMITED is prepared to accommodate any medical restrictions that you may have with respect to your injury. We are prepared to allow you to work at your own pace, take breaks and rest as needed, alter your position from sitting to standing as required and is prepared to accommodate any time off work (within reason) that you may require to attend any further medical treatment for your compensable injury. In order to minimize disruption with your return to work, we ask that all medical appointments, including physiotherapy, be arranged for the end of the day, as possible.

In order to facilitate your safe return to modified work we ask that you take the attached letter and Modified Work Job Description to your doctor and request the third page of the Form 8 from the medical attending physician. Should your treating physician require additional precautions, including transportation, if medically warranted, will be accommodated. Please return the completed form to my attention the same day it is completed by the attending physician.

Please sign this letter confirming you intend to accept the accommodated modified work being offered to you. This work will be within your capabilities and limitations as approved by your treating physician.

Yours sincerely,

\_\_\_\_\_  
Management

\_\_\_\_\_  
Employee

Attachment: Letter to Doctor with Modified Job Description Form

Copy with employee's signature for file

## Appendix B

### Letter to Health Care Provider



## Section 17 - Return to Work (RTW)

---

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

Dear Doctor:

BELMONT CONCRETE FINISHING CO. LIMITED is committed to meeting the health care needs (both acute medical and rehabilitative) of employees sustaining workplace injuries. An return to work program has developed and implemented that provides our injured employees with modified work that will not in any way infringe upon the injury, and that will not prove hazardous to fellow workers.

If this is an initial visit with an injured worker, please complete the Form 8 and detach and provide the injured worker with the completed third page.

We are prepared to offer all accommodations that you may feel necessary including transportation, if medically warranted, to assist our employee's return to these accommodated duties. Assignments will be based on the physical restrictions and limitations noted on the completed Functional Abilities Form.

Please find enclosed;

1. Modified Work Description or Physical Demands Analysis that are available for the injured employee
2. Form 8 or Functional Abilities Form (to be used for each subsequent visit) for Timely Return to Work

We would ask you to kindly review the physical demands of the available positions, and to complete the Functional Abilities information and provide a copy to the injured worker.

Your cooperation in helping to keep these employees fully employed when they have sustained minor injuries is greatly appreciated.

Sincerely,

\_\_\_\_\_  
Management

Attachment - Functional Abilities Form  
Suitable Modified Job Description/ Physical Demands Analysis

## Appendix C

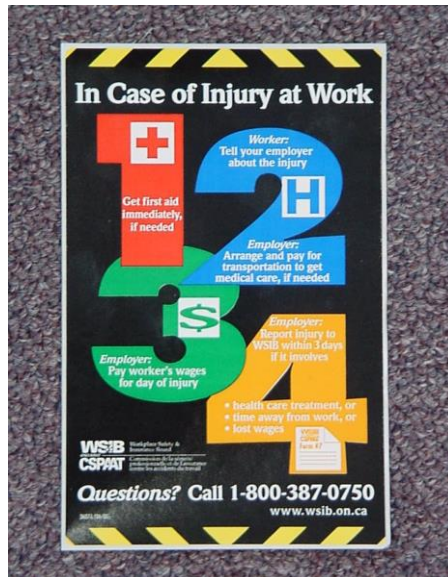
### Functional Abilities Form (FAF)



# Appendix D

## Injured Worker Triage Form

(Medical Clinic or Hospital)





# Attending To An Injured Employee

In the event of an illness or injury in the work place, use the following lists to determine whether the employee should be sent to the hospital, family doctor or to a Walk In Clinic. These lists are not exhaustive, but when used in conjunction with your St. John's Ambulance/Link-To-Life First Aid Manual, they should help you to direct our employee to the correct facility.

### **TO THE NEAREST DOCTOR'S OFFICE OR CLINIC**

- Minor burns that are smaller than 4 cm.
- Minor cuts requiring stitches
- Minor head injuries where no loss of consciousness is involved
- Small scrapes and cuts
- Injured limbs with bruising and/or swelling
- Dust and other small particles in the eye
- Illness that one would normally treat in a doctor's office
- Back injuries that result from heavy lifting and twisting where the patient can walk and sit

### **TO THE HOSPITAL**

- Difficulty breathing
- Severe chest pain
- Severe crush injuries of body or limbs
- Head injuries that rendered the employee unconscious (even if the episode of unconsciousness was short)
- Partial or complete amputations
- Penetrating eye wounds
- Deep stab-like wounds
- Broken bone injuries that cause the limb to be deformed looking or where bone pieces are visible through the skin
- Large wounds that are spurting bright red blood in a pulsation manner (these wounds involve severed arteries)
- Persons who are very faint, pale and sweaty
- Severe back injuries (e.g. where employee has difficulty moving limbs or has a loss of sensation in limbs)
- Severe neck injuries
- Burns that are larger than 4 cm.
- Any patient who requests to be sent to the hospital instead of a clinic (the patient knows best)

<p>These cases are examples of where medical treatment may be required, and are not meant to be all-inclusive. When in doubt, call for emergency services (911).</p>
--

## **Appendix E**

# **Suitable Modified Work/ Job Description Form and/ or PHYSICAL DEMANDS ANALYSIS (PDA)**

# Section 17 - Return to Work (RTW)

## SUITABLE MODIFIED WORK/ JOB DESCRIPTION FORM

### Administrative Information (please print)

Employee's Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Regular Job Title: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
Treating Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Physical Restrictions Provided By:

Functional Abilities Form  Specialist  Physiotherapist  Other \_\_\_\_\_

Proposed Duration of Restriction: \_\_\_\_\_

Hours of work per day: \_\_\_\_\_ Increase hours by \_\_\_\_ per week

### Suitable Modified Work Job Description

(The returning worker must understand that he/she is not to exceed the restrictions/ limitations detailed by the treating physician. As necessary, this Modified Work Job Description will be further modified to reflect the injured worker's (dis)abilities.)

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

### Essential Duties of Job and Physical Demands Involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Specify Weights and Sizes:

\_\_\_\_\_  
\_\_\_\_\_

Additional Notes Attached:    Yes     No

## **Appendix F**

### **Worker's Contact Log**

To be completed recording all contact made in a claim.

**Section 17 - Return to Work (RTW)**

---

# Contact Log

**Employee's Name** \_\_\_\_\_

Date	Name	Organization	Description of Contact (either verbal or written)

## **Appendix G**

### **Worker's Return to Work Progress Report Form**

To be completed weekly monitoring suitability of modified duties being performed by injured worker.

**Section 17 - Return to Work (RTW)**

---

**Worker's Return to Work Progress Report**  
To be completed weekly in The Return to Work Program

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

Claim Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Report Period: From \_\_\_\_\_ To \_\_\_\_\_

(Please check the appropriate statement)

The job duties that I have been performing for the past \_\_\_\_\_ week(s) have been within my physical restrictions/ limitations, which were prescribed by my treating physician/ health care specialist. I have not encountered any difficulties performing the assigned tasks.

I am having difficulty performing the job duties (or a component of the work) that have been assigned to me, for the following reasons:

---

---

---

---

---

I feel that my physical condition has:

Improved

Remained the same

Deteriorated

Please explain any concerns that you may have regarding your return to work.

---

---

---

---

---

**Note:** Any questions, concerns, or problems must be addressed with your Supervisor, in cooperation with the Joint Health and Safety Committee.

Worker's Signature: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

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

## **Appendix H**

### **Return to Work Self Assessment Form**



## Section 17 - Return to Work (RTW)

Company Name: \_\_\_\_\_ Name: \_\_\_\_\_

Workplace Location: \_\_\_\_\_ Date: \_\_\_\_\_

**If you answer "YES" or "NO" to any of the following questions, please supply comments regarding details.**

List the Return To Work activities that you perform on a daily, weekly or monthly basis.

Does your company have a written RTW policy that is clear and simple to understand?  YES  
 NO

Comments and Details:

Is your RTW policy accessible to all employees?  YES  
 NO

Comments and Details:

Does your company have a strategy in place for reducing or containing its costs associated with workplace injury and illness?  YES  
 NO

Comments and Details:

Does your RTW policy define the roles and responsibilities for all workplace parties?  YES  
 NO

Comments and Details:

Has your RTW policy been endorsed by management?  YES  
 NO

Comments and Details:

Does your company regularly review the effectiveness of its policy dissemination, and is the process improved based on the outcomes of the reviews?  YES  
 NO

Comments and Details:

Is your company's RTW policy formally reviewed regularly?  YES  
 NO

Comments and Details:

Does your company have an area or person responsible for RTW program management?  YES  
 NO

Comments and Details:

Is there regular contact with WSIB adjudicators and/or RTW expert resources regarding cases?  YES  
 NO

Comments and Details:

When your organization hires new employees, does their training and/or orientation include the organization's RTW policy and the case manager's role?  YES  
 NO

Comments and Details:

## Section 17 - Return to Work (RTW)

Does your company use the following performance indicators? Examples; Number and average cost of WSIB claims, Claim rate per 100 employees, Interval between date of injury and start of RTW plan  YES  
 NO

Comments and Details:

Is your company's RTW policy accompanied by an implementation strategy?  YES  
 NO

Comments and Details:

Does your company have an Employee Assistance Program (EAP)?  YES  
 NO

Comments and Details:

Does your company begin planning RTW before a claim is established by the WSIB?  YES  
 NO

Comments and Details:

Does your company have a reporting system that ensures immediate notification of an injury or incident?  YES  
 NO

Comments and Details:

Does your company have a reporting system that ensures immediate notification of an injury or incident?  YES  
 NO

Comments and Details:

Are your company's supervisors, line Project Manager and case Project Manager notified immediately of injuries or illnesses that could keep an employee from reporting for work?  YES  
 NO

Comments and Details:

Do you develop individualized RTW plans in consultation with the injured employee, health care providers, line Project Manager and supervisors, and the WSIB, as necessary?  YES  
 NO

Comments and Details:

Does your company routinely review all WSIB cases?  YES  
 NO

Comments and Details:

Does your RTW policy provide suitable employment for injured employees that is safe and productive?  YES  
 NO

Comments and Details:

Do you regularly monitor the effectiveness and efficiency of alternative duty and job placement strategies across your company?  YES  
 NO

Comments and Details:

Do you monitor employees following their return to work?  YES  
 NO

Comments and Details:

**Appendix I**  
**IN CASE OF INJURY AT WORK FLOW CHART**

# Section 17 - Return to Work (RTW)

## IN CASE OF INJURY AT WORK FLOW CHART

