


# Successful Return To Work Coordination

ESAO  
Conference  
May 28<sup>th</sup>, 2009



A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a dark blue horizontal bar that curves at its left end.

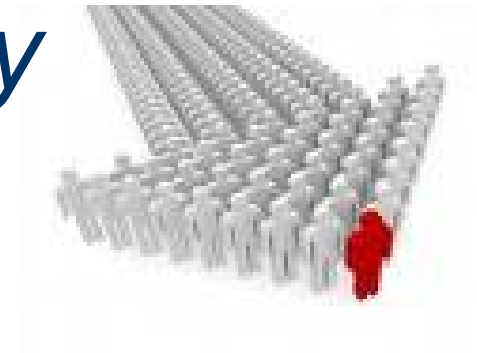
*“Goodwill and trust  
are critical to the success of any  
Return to Work Program.”*

## 3 Key Elements

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1. *Take the Lead*

2. *Work Together - Duty to Cooperate*



3. *Communicate*

# The Mindset

1. Bringing employees back to work before they are fully recovered is not in their best interest
2. Most employees will stay out of work for as long as possible

# Change The Mindset

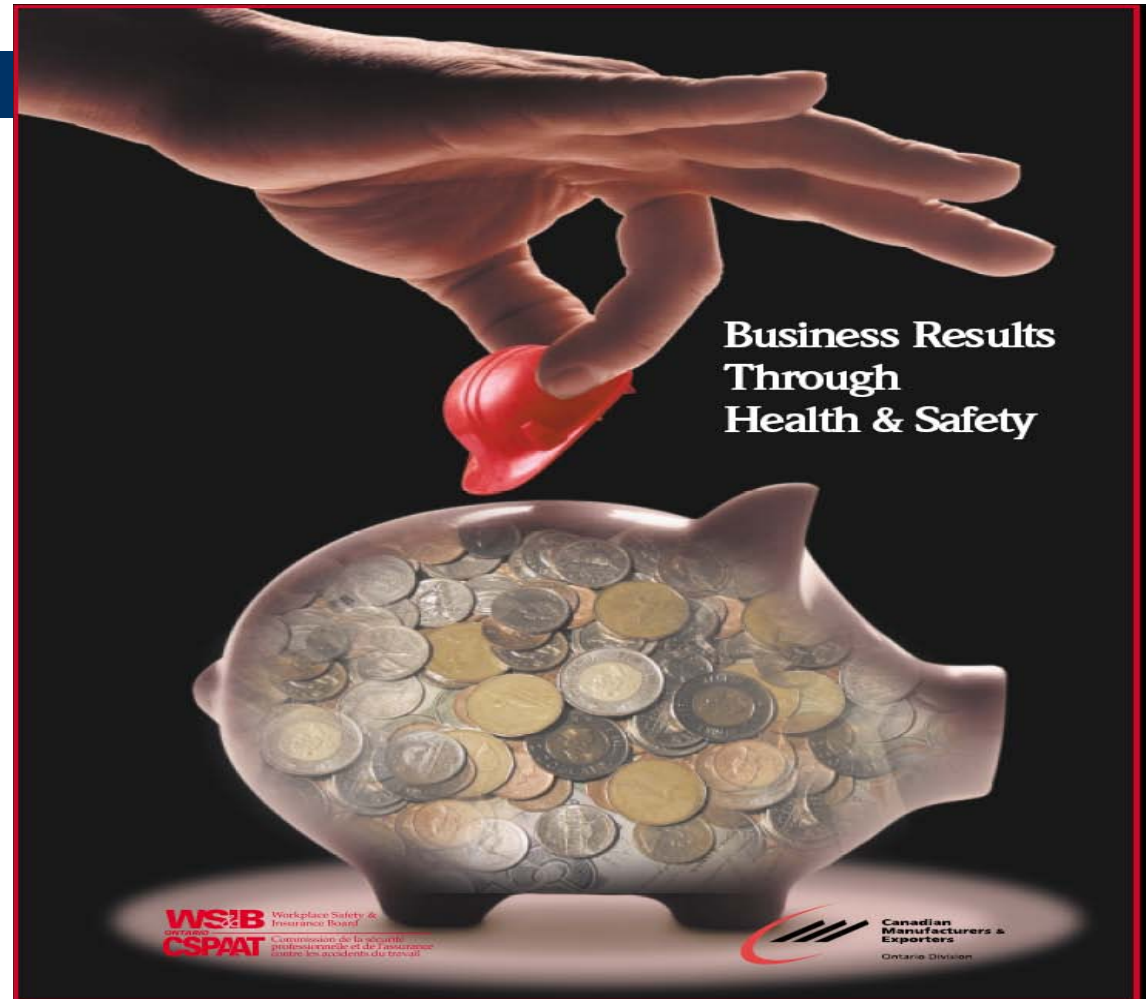
1. Most employees identify with their jobs
2. Most employees want to come back to work as soon as it is safe to do so

# Cost of Claims

1. Direct

2. Indirect

3. Human



# Who are the RTW Parties?

- **Workplace:**

- Injured Worker
- Supervisor
- Manager

- **WSIB:**

- Adjudicator
- Nurse Case Manager
- Ergonomist
- Return to Work Coordinator

- **Medical:**

- Physician
- Physiotherapist
- Chiropractor
- Specialist
- Dentist
- Etc.

# Worker Injury?

Employers 1<sup>st</sup> Obligation:

Obtain medical assistance for the worker.



# Worker Injury?

## Walk-in Clinic



*Open 7 days a week!*

Monday – Friday 9am to 7pm

Saturday & Sunday 10am to 3pm

# Worker Injury?

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Staff not happy with  
Walk-in Clinic  
medical opinion of their injury?

# Return to Work Package

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1. Letter to Doctor outlining that you offer alternative or modified work for all injuries.

Park/Department of Employment: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

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

Employee Position Title/Job: \_\_\_\_\_

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

Re: Modified Return to Work Program for All Employees

To the Attending Physician;

We, the staff, Supervisors and Management at **CONSERVATION HALTON** have collaboratively developed a modified Return to Work Program. The goal of this program is to keep meaningful employment in the life of the employee while they are recovering from an occupational or non-occupational injury or illness. The Return to Work Program will be individually designed for each employee with their full participation, subject to medical precautions (if any). The program will not necessarily be similar to his/her regular duties.

We invite your participation in the attainment of the rehabilitation goals of your patient and our co-worker.

Please assist us in achieving these goals by defining the capabilities and any precautions for the worker as they relate to returning to work on the enclosed WSIB Functional Abilities Form (FAF).

We thank you for your assistance in helping with our efforts to put meaningful work back into the life of the injured worker.

Sincerely,  
**CONSERVATION HALTON**

# Return to Work Package

Also include WSIB Forms:

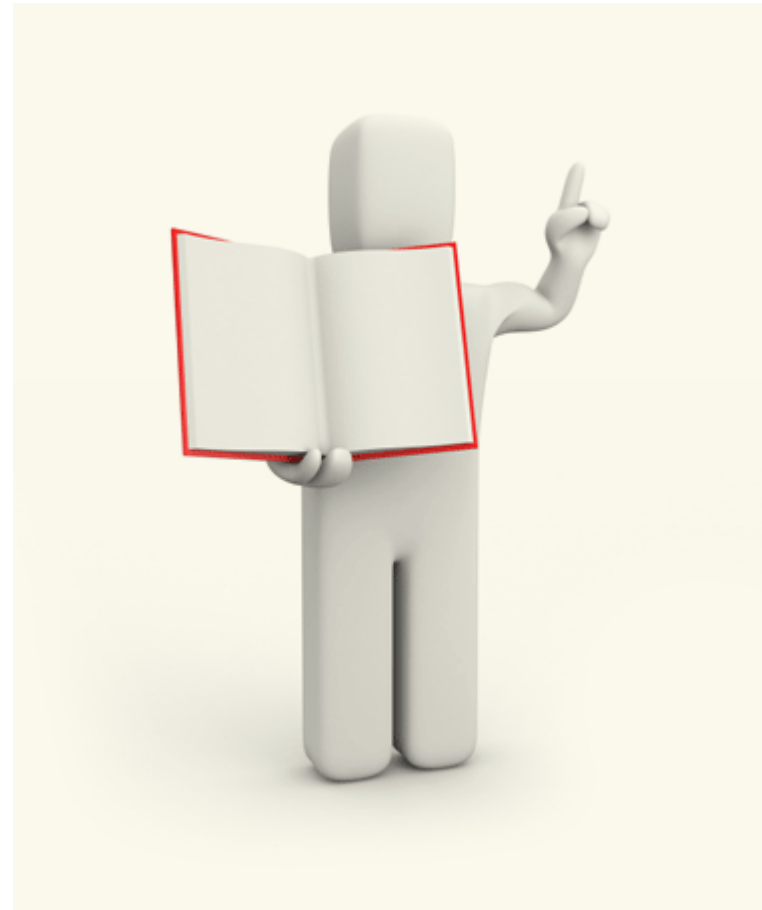
2. Functional Ability Form
3. Treatment Memorandum
4. Workers Claim/Consent Form

# Return to Work Package

1. Prepare packages in advance
2. Every area/dept/site should have an adequate supply
3. Communicate the benefits of *Return To Work* to all levels of staff

# Successful RTW Program Building

## 1. Set Standards



# Successful RTW Program Building

## 2. Communicate



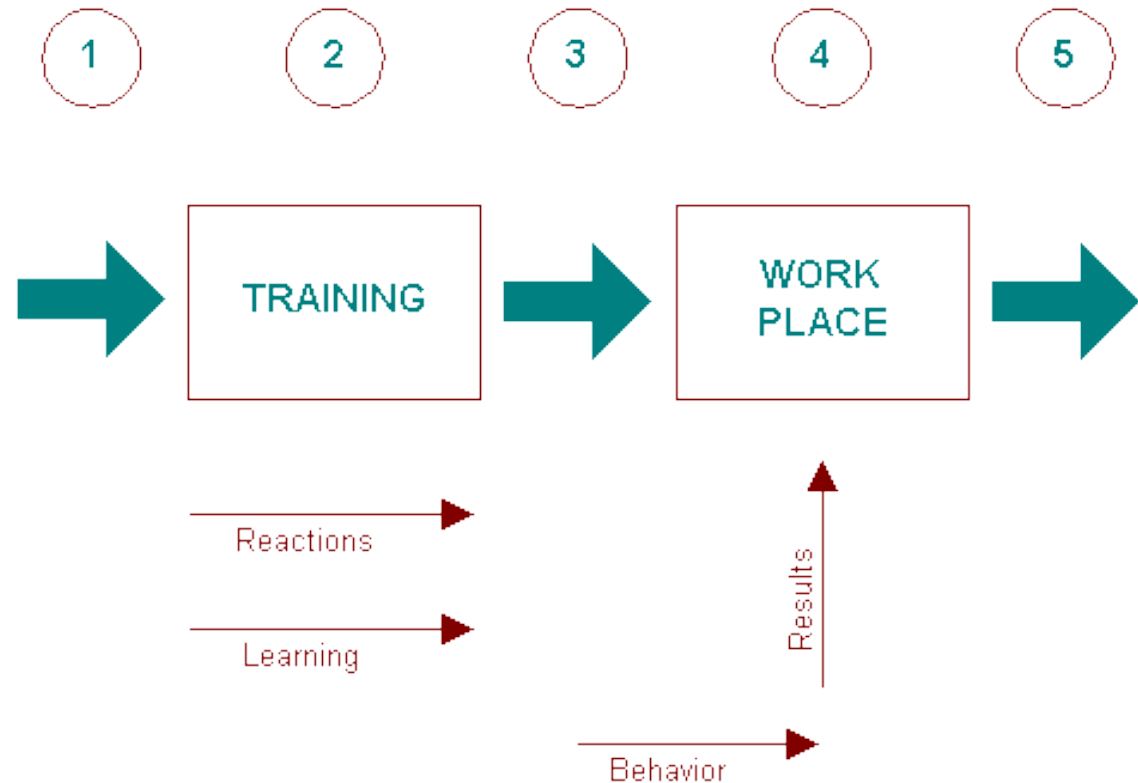
# Successful RTW Program Building

## 3. Train all Staff



# Successful RTW Program Building

## 4. Evaluate



# Successful RTW Program Building

## 5. Acknowledge Success



# Return to Work Team

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1. Supervisor
2. Human Resources or Claims Management Rep
3. Health & Safety Rep
4. Union Rep (if applicable)

# Modified or Alternate Work

## Items Required:

- WSIB FAF
- Workers Original Job Details
- Blank Modified RTW Plan
- Meeting Place
- Time and Patience

# Modified or Alternate Work

- Develop a list of tasks to be done on a daily basis for Week 1.
- Include times and how the tasks can be done within injured person's abilities.
- Include statement that injured person is not to work beyond their abilities

## MODIFIED DAILY RETURN TO WORK PLAN

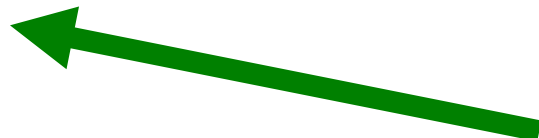
**EMPLOYEE NAME:** \_\_\_\_\_ **PARK/DEPARTMENT NAME:** \_\_\_\_\_

**CLAIM#:** \_\_\_\_\_ **MODIFIED PLAN DATE:** \_\_\_\_\_

For the duration of Modified Duties, shifts are \_\_\_\_\_ indicate hours to be worked i.e. 8:30am to 5:00pm), and Shift is \_\_\_\_\_ (indicate days of the week to be worked i.e. Monday thru Friday), for a period of \_\_\_\_\_ (insert duration or modified duties i.e. two (2) weeks).

**Current Precautions:**

- <insert restrictions from WSIB Functional Ability Form or based on injury restrictions>
- 
- 
- 
- 



\_\_\_\_\_ (insert employee name) is to follow precautions as noted above, if any difficulty or discomfort occurs, he/she is to stop the activity immediately and report to his/her Supervisor. The employee is to follow the modified return to work duties as outlined below, based on the schedule that has been outlined. If the worker is required to take frequent breaks, they will be recorded below as "micro-breaks" (frequent 5 minute breaks instead of fewer 15 minute breaks). Please enter the modified duties description beside the time frame. Describe the activity to be performed as well as how the activity is to be performed within accommodation.

Time	Activity	Details
<i>SAMPLE</i> 8:30-10:00	<i>Documentation</i>	<ul style="list-style-type: none"> <li>▪ <i>Employee will review first aid reports to determine trends. This activity can be done seated or while standing, whichever is more comfortable for the employee.</i></li> </ul>
10:00-10:15	<i>Break</i>	<ul style="list-style-type: none"> <li>▪</li> </ul>
10:15-11:15	<i>First Aid Kits</i>	<ul style="list-style-type: none"> <li>▪ <i>Employee will check contents of on-hand 1<sup>st</sup> aid kits to determine if supplies are required. This activity can be done</i></li> </ul>

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8:30–9:30am		<ul style="list-style-type: none"> <li>▪</li> </ul>
9:30-10:15		<ul style="list-style-type: none"> <li>▪</li> </ul>
10:15-11:15		<ul style="list-style-type: none"> <li>▪</li> </ul>

03:15-03:30		▪
03:30-04:00		▪
04:00-05:00		▪
05:00-5:30		▪
05:30-06:00		▪

I agree to the modified duties as outlined above. At the end of each shift, I will report to my Supervisor if I have experienced any difficulty with the above work, as assigned.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager Print Name & Sign

\_\_\_\_\_  
Date

Has worker refused modified duties as offered? \_\_\_\_ YES

\_\_\_\_\_  
Date and time refused

cc HR Employee Claim File  
WSIB  
Physician/Chiropractor/Physiotherapist  
Health & Safety/Risk Management Coordinator



# Return to Work Process

- Set up weekly meetings with the worker, HR, Supervisor etc. in order to review worker progress and determine next week of progressive modified tasks.



# Return to Work Process

- Send copies of the Plan to the Health Care Professional and the WSIB.
- Indicate that you have reached agreement on these tasks for the first week or two of modified duties with the injured person and that you will send them further updates.

# Return to Work Process

If the worker refuses to report back to the workplace the day of the injury or for their next scheduled shift, or refuses the Modified Return to Work Plan and leaves the workplace – WSIB must be notified that the worker was offered modified duties (in writing) and refused.

## Following these steps...

- Ensures that good communication exists.
- By inviting worker involvement, reduces miscommunication and misinformation
- Gives a document trail to WSIB showing that we are proactive and diligent about our responsibilities as an Employer.
- At best: gets our employee back safely and quickly,
- At worst: gives us good documentation if we need to appeal or apply for SIEF

## Ensure success...

### Continued Monitoring:

- Check-in with the worker
- Gain support and assistance from co-workers as required
- Convey a concerned and caring attitude
- Work together

# Success!

**Presented By:**

**Donna Carlson**

Coordinator, Health & Safety/Risk Management  
Conservation Halton

