

WORKPLACE HEALTH SAFETY AND COMPENSATION COMMISSION

DISABILITY MANAGEMENT PROGRAM

By

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Abstract

The Workplace Health Safety and Compensation Commission (the Commission) of Newfoundland and Labrador is committed to promoting employee health and wellness as well as facilitating recovery through safe work practices and effective occupational health and safety and return to work programming.

The Disability Management Program, jointly developed with both labor and management, establishes effective processes for return to work, outlines roles and responsibilities and is designed to attain the best performance in managing employee medical absences in both human and financial terms.

While it is recognized that effective Disability Management Programs have an occupational health and safety component, this project introduces the Disability Management Program and Committee and then focuses specifically on the development of the return to work aspect. This program will continue to develop and incorporate the Occupational Health and Safety, Wellness, Employee Assistance and other programs that are currently ongoing within the Commission.

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Acknowledgement

This program was developed using the best practice guidelines outlined by the National Institute of Disability Management and Research. In keeping with their philosophies, the Workplace Health Safety and Compensation Commission's Disability Management Program (specifically the Return to Work section) was jointly developed by a Return to Work Committee consisting of equal representation from labour and management in the organization. I offer my sincere thanks to this group who were so committed to the development of this project.

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Disability Management Program Manual

**Workplace Health, Safety and Compensation Commission
January 1, 2005**

Introduction:

The Workplace Health Safety and Compensation Commission will make every effort to promote workplace safety and employee well being through various practices including the Health and Safety, Employee Wellness, Attendance Support and Assistance Policies. However in the event that illness or injury occurs, the Disability Management Program also provides a forum for:

- Responding to the corporate/union vision of providing employee with a safe and healthy workplace.
- Intervening early at the onset of an injury or illness.
- Focusing on injury or illness prevention.
- Managing absences due to injury or illness.
- Conveying the message early that employees are valued.
- Following confidentiality and privacy guidelines.
- Promoting the image of a caring and responsible employer/union while contributing to employee and community morale.
- Demonstrating compliance with legislation and regulations.

The Disability Management Program is also designed to attain the best performance in managing employee medical absences in both human and financial terms. The aim is to promote employee health and to facilitate recovery through active claims and case management, and safe and meaningful return to work opportunities.

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Return to Work Program

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II. Non Occupational Injury and Illness Management Program

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Mission Statement:

The Workplace Health, Safety and Compensation Commission's Disability Management Program is designed to attain the best performance in both human and financial terms regarding disability management and workplace health. The program, collaboratively designed by labour and management, includes both prevention initiatives as well as clear procedures regarding the steps which will be followed after an injury or illness. This Commission is committed to promoting and communicating the program to all employees throughout the organization. The aim is to ensure employee health through active health and workplace management resulting in increased productivity and decreased absenteeism.

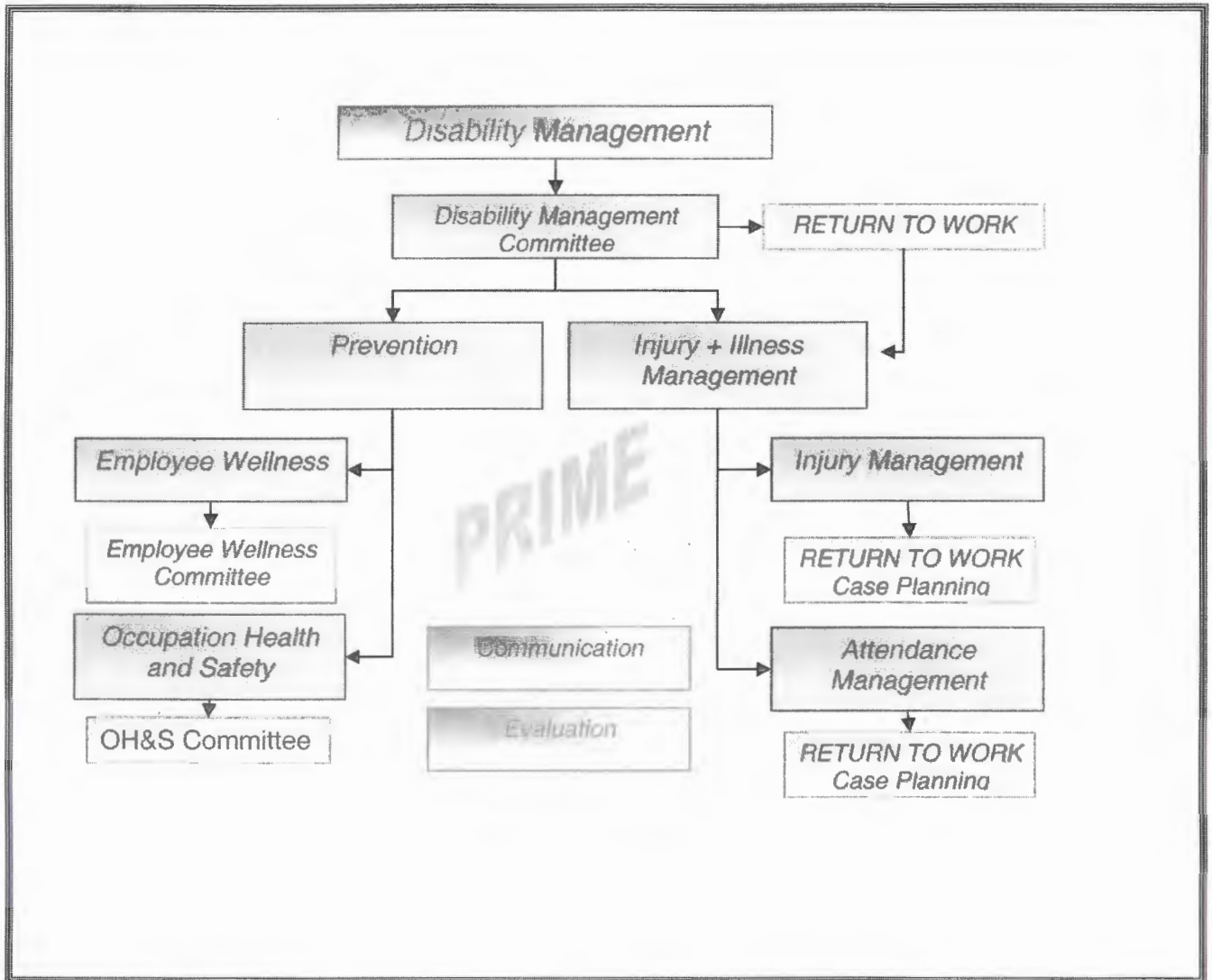
Objectives:

The Disability Management Program will:

- Continue the Commission's commitment to Occupational Health and Safety.
- Remain committed to maintaining a comprehensive Employee Wellness Program encompassing the physical emotional and social needs of employees.
- Promote open, honest and ongoing communication between all parties, respecting the need to ensure confidentiality and privacy.
- Assist employees in maintaining their dignity and self respect subsequent to being adversely affected by a disabling injury or illness.
- Ensure early intervention resulting in expeditious return to work of valuable human resources, thereby minimizing the economic and emotional impact on the employee.
- Facilitate the rehabilitation of employees and expedite an early return to work or modified work.
- Follow confidentiality and privacy guidelines.
- Respond to the organizational goal of providing employees with a safe and healthy workplace.
- Contribute to employee and community morale, convey the message that employees are valued, and demonstrate compliance with legislation and regulations.
- Develop a comprehensive data base that will enhance the effectiveness of initiatives undertaken to prevent future occupational injury or illness.
- Provide reduction of direct and related costs associated with occupational and non occupational injuries and illnesses.
- Strive to achieve the Human Resources Strategic Plan of reduced absenteeism (as reflected in the balanced scorecard).

Flow Chart:

Disability Management Program Model



*Client Services Policy Manual
Newfoundland and Labrador*

POLICY NUMBER: HR -15
SUBJECT: DISABILITY MANAGEMENT

REFERENCE

HR- 14 (Occupational Health and Safety); World Health Organization 2001 Collective Agreement Article 20 .04 a and b

DEFINITIONS:

Disability management: the process in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort and taking into account individual needs, work environment, enterprise needs and legal responsibilities (WHO 2001)

Disability: any impairment arising out of any work or non work related illness or injury or disease which prevents an employee from performing his or her essential job functions

POLICY STATEMENT

The Workplace Health, Safety and Compensation Commission will make every effort to promote workplace safety and employee well being through various practices including Occupational Health and Safety, Employee Wellness Initiatives and Return to Work programming.

The Commission is committed to the goals of effective disability management whereby the impact of injury or illness is minimized as a result of early intervention and clear guidelines around the proactive process of accommodation.

To achieve the strategies and interventions of effective disability management, the Commission will facilitate return to work services and programs using a hierarchical sequence, the goal of which is to safely return the worker to pre-injury employment through early and safe return to work and/or re-employment obligation, or to offer labour market re-entry services to ensure workers have the skills, knowledge and abilities to re-enter the labour market and reduce or eliminate their loss of earnings.

GENERAL

Disability Management strategies and interventions are focused on three basic objectives: 1) reducing the number and magnitude of injuries and illnesses; 2) minimizing the impact of disabilities on work performance, and 3) decreasing the lost time associated with injuries or illnesses and resulting disabilities.

A collaborative approach is an essential component of a successful return to work process. The disability management committee and the Return to Work Committee will reflect the concerns and interests of labour and management equally.

ROLES AND RESPONSIBILITIES

- I. DISABILITY MANAGEMENT COMMITTEE**

The Disability Management Committee is a joint labour management corporate level steering committee working collaboratively to ensure the disability management program is effective, efficient and meeting the goals of the organization. The Committee will work in an advisory role to assist in evaluating the program and to provide advice on how to improve the program or deal with issues that arise.
- II. RETURN TO WORK COMMITTEE**

The Return to Work Committee is a joint labour management sub committee of the disability management committee responsible for the development of a return to work injury and illness protocol. The committee is also a working group for the development of selected policies and procedures as determined by the disability management committee.
- III. RETURN TO WORK CASE PLANNING TEAM**

The Return to Work Case Planning Group is an individualized committee formed around each injured or ill worker. The committee members are the worker, case manager, the Return to Work Co-ordinator and the supervisor. As needed, other members may be included such as worker representatives or health care providers.
- IV. DISABILITY MANAGEMENT COORDINATOR**

The Disability Management Co-ordinator carries out the program administration of the Disability Management program. The Disability Management Co-ordinator works with Occupational Health and Safety Committees to develop relevant policy and procedures. This role is also responsible for the development of policy and procedures, which clarify the hierarchy of return to work priorities, in conjunction with Disability Management and Return to Work Committees. As well, this Co-ordinator develops and maintains data tracking system in order to evaluate absences, costs and outcomes. The Disability Management Co-ordinator acts as the disability management liaison between Human Resources, Occupational Health and Safety, employee assistance programs, wellness promotion programs and Return to Work programs as well as planning and implementing all education and communication around Disability Management programming.
- V. RETURN TO WORK COORDINATOR**

The Return to Work Co-ordinator is the main contact person for all

parties involved in the individualized return to work case planning. She/he is an active supporter of the injured or ill worker and the catalyst for facilitating the return to work of that worker. The Return to Work Co-ordinator engages actively in the hierarchical process in all Return to Work planning.

The Return to Work Co-ordinator is also the liaison with the Disability Management Co-ordinator to ensure organizational goals and objectives continue to be met.

VI. INJURED OR ILL WORKER

The role of the ill or injured worker is to actively participate in the return to work process, to ensure that it is safe, sustainable and suitable.

VII. SUPERVISOR

The supervisor is the initial point of contact following an injury or illness. They will initiate contact with the Return to Work Co-ordinator and monitor safe work practices of employees who are returning to work.

VIII. WHSCC ROLE (CASE MANAGER)

The Commission (case manager) is responsible to facilitate self-reliance in the early and safe return to work process by:

- Ensuring there is communication between all relevant workplace parties.
- Monitoring activities, progress and cooperation of all workplace parties.
- Proactively managing the medical rehabilitation of the worker in consultation with the worker and the health care provider(s).
- Determine compliance with the obligation to cooperate and, where applicable, to reemploy.
- Offer/provide dispute resolution.

IX. WHSCC (EMPLOYER ROLE)

The Commission, as an employer is committed to developing and maintaining a positive corporate culture which supports the objectives of disability management programming. The Commission will maintain contact with the worker and offer suitable and available employment, when appropriate. Managers in each department will ensure that proper information is forwarded to the Commission HR department for adjudication.

X. HEALTH CARE PROVIDERS

Health care providers work cooperatively with employee and Return to Work Co-ordinator to ensure early and safe return to productive and meaningful employment.

XI. SENIOR MANAGEMENT

Senior management will provide support and commitment to

disability management program objectives. The senior management team has a key role as champions of the mandate and objectives of effective disability management.

**XII. UNION
REPRESENTATIVES**

Union representatives provide support and commitment to the disability management program objectives. Union officials will support marketing and promotion efforts and promote return to work language in the collective agreement.

**XIII. INSURANCE
PROVIDERS**

Insurance providers promote and support early and safe return to work. They are responsible for supplying benefits and arranging for rehabilitation services efficiently. They are also expected to communicate openly with the employee and the Return to Work Coordinator to explore return to work strategies as well as participating in the process of identifying available, sustainable and suitable employment.

Disability Management Committee

Mandate:

The Disability Management Committee is a steering committee consisting of members of both labour and management from various departments within the Commission. The Disability Management Committee is responsible for determining which policies and procedures require development or revision, overseeing budget planning, and assisting in the evaluation of all aspects of the Disability Management Program. All other committees involved in the Disability Management Program report to the Disability Management Committee.

Terms of Reference:

Introduction

Disability Management Programming is the most effective means of reducing the financial and human costs associated with injury and illness. We recognize that all employees must have a safe and healthy workplace and are committed to ensuring that this is maintained at the highest level. Recognizing that some injury and illness is unavoidable, we are also committed to programming which offers our employees the most effective means of accommodating them back into the workforce while ensuring that the confidentiality and dignity of the individual is maintained. Finally we are committed to programming which will reduce the cost of injury and illness in our organization.

For the employees:_____ Title _____

For the employer:_____ Title _____

1. Name of Committee:

- a. The name of this organization will be the Disability Management Committee

2. Composition of Committee:

- a. The Disability Management Committee will consist of equal number of members from labour and management.

3. Purpose of the Committee:

- a. It is a joint committee made up of worker and employer senior representatives overseeing all aspects of the Disability Management Committee within the organization.

4. Functions of the Committee:

- a. Establishing and developing joint labour management committee and develop a mandate and objectives of for Disability Management Committee.

- b. Reviewing and approving Disability Management Policy developed by the Return to Work Committee.
- c. Ensuring confidentiality and privacy is maintained in the development of all processes and procedures.
- d. Developing communication plan for organization with regard to objectives and processes of Disability Management Programming.
- e. Being involved in the development of an evaluation process incorporating data collection and trend analysis.
- f. Playing an advisory role to the organization on prevention and injury and illness management issues.
- g. Must be involved in educating, promoting and communicating the Disability management program.
- h. Must be consulted during the development of the Return to Work program.

5. Records:

- a. The committee will designate a secretary for each meeting to take minutes and be responsible for having the minutes prepared, filed and circulated. The committee will keep accurate records of all matters that come before it.

6. Meetings:

- a. The committee will meet at least once every three months.
- b. Special meetings, if required, will be held at the call of the Chair.
- c. In order to achieve 100% attendance, alternates will be permitted. Employer and workers are to supply a list of alternates.

7. Agenda and Minutes:

- a. An agenda will be prepared by the chair and distributed to all members prior to the meeting.
- b. All items raised in the agenda and in meetings will be dealt with on the basis of consensus. Formal voting will not be used.
- c. All items will be reported in the minutes. Unresolved items will continue to be reported in the minutes and placed on the agenda until such time as they are considered complete.

8. General Provisions:

- a. All employees are encouraged to discuss their problems with their immediate supervisor before bringing them to the attention of the Return to Work committee.
- b. Any changes to these guidelines must have the consensus of the committee, be set out in writing and be attached, as an appendix.

Signed at _____(location)

On _____(date)

For the employer:

For the employees:

Return to Work Committee

Mandate

The Return to Work Committee is a sub committee of the Disability Management Committee. This committee's focus is to develop in house guidelines for injury management of both occupational and non occupational injury and illness. The committee will not be involved in or responsible for individual staffing issues, but will jointly develop injury reporting guidelines and processes around what occurs in the event of injury or illness.

The mandate of the committee is to develop a claims and attendance management protocol that is in keeping with the organizational goals involving the hierarchy of early and safe return to work in meaningful and productive employment while respecting the needs and dignity of the individual. The Committee will make every effort to ensure that the program is communicated to all employees. As well, on an ongoing basis the Committee will be responsible for ensuring the program continues to meet the needs of both the Commission and its employees.

The members of the Committee will be encouraged to continually upgrade their own personal development in the area of return to work to ensure competency in the area.

Objectives

- Establishing and developing joint labour management committee and developing mandate and objectives of Return to Work Committee (and Disability Management Committee).
- Developing injury reporting system for claims and injury management.
- Developing Disability Management Policy to forward to Disability Management Committee for review and approval.
- Ensuring confidentiality and privacy are maintained in the development of all processes and procedures.
- Developing communication plan for employees within the organization with regard to objectives and processes of injury and illness management.
- Developing an evaluation process incorporating data collection and trend analysis
- Outlining roles and responsibilities of all parties involved in injury and illness management.

Terms of Reference:

Introduction

It is our belief that, through education programs, investigation of problems and resolution of these problems, the workplace will contribute to the early and safe return to work of injured employees. We acknowledge that proper functioning of the Return to Work Committee can only be carried out where representatives of both the employer and employees are committed to these responsibilities. We adapt these guidelines in good

faith and agree to promote and assist the Disability Management Committee and occupational health and safety committee whenever possible.

For the employer _____ Title _____

For the workers _____ Title _____

9. Name of Committee:

- a. The name of this organization will be the Return to Work Committee.

10. Composition of Committee:

- a. The Return to Work committee will consist of equal number of members from labour and management.

11. Purpose of the Committee:

- a. It is a joint committee made up of worker and employer representatives consulting in a cooperative spirit to identify and resolve return to work problems in support of a planned Return to Work program in the place of employment.

12. Functions of the Committee:

- a. Establishing and developing joint labour management committee and develop mandate and objectives of Return to Work Committee (and Disability Management Committee).
- b. Developing injury reporting system for claims and injury management.
- c. Developing Disability Management Policy to forward to Disability Management Committee for review and approval.
- d. Ensuring confidentiality and privacy are maintained in the development of all processes and procedures.
- e. Developing communication plan for organization with regard to objectives and processes of injury and illness management.
- f. Outlining roles and responsibilities of all parties involved in injury and illness management.
- g. Making recommendations for the establishment of Return to Work policies and procedures.
- h. Playing an advisory role to the organization on Return to Work issues.
- i. Being involved in the education, promotion and communication of the Return to Work program.
- j. Being involved in the evaluation of the Return to Work program.
- k. Being consulted during the development of the Return to Work program.

13. Records:

- a. The committee will designate a secretary for each meeting to take minutes and be responsible for having the minutes prepared, filed and

circulated. The committee will keep accurate records of all matters that come before it.

14. Meetings:

- a. The committee will meet at least once every three months.
- b. Special meetings, if required, will be held at the call of the Chair.
- c. In order to achieve 100% attendance, alternates will be permitted. Employer and workers are to supply a list of alternates.

15. Agenda and Minutes:

- a. An agenda will be prepared by the chair and distributed to all members prior to the meeting.
- b. All items raised in the agenda and in meetings will be dealt with on the basis of consensus. Formal voting will not be used.
- c. All items will be reported in the minutes. Unresolved items will continue to be reported in the minutes and placed on the agenda until such time as they are considered complete.

16. General Provisions:

- a. All employees are encouraged to discuss their problems with their immediate supervisor before bringing them to the attention of the Return to Work committee.
- b. Any changes to these guidelines must have the consensus of the committee, be set out in writing and be attached, as an appendix.

Signed at _____(location)

On _____(date)

For the employer:

For the employees:

Return to Work Case Planning Team

Mandate:

The Return to Work case planning team is an individualized committee formed around each injured or ill worker. The team members are the worker, case manager, the Return to Work Co-ordinator and the supervisor. As needed, other members may be included such as worker representatives or health care providers. This group is an ad hoc committee whose members change depending on the worker who is injured. The team works together to ensure accommodation and return to work needs of the worker are met in order to provide a safe and timely return to work.

This team will work together to develop a Return to Work plan in keeping with the organizational goals involving the hierarchy of early and safe return to work in meaningful and productive employment while respecting the needs and dignity of the individual.

Objectives

- Maintaining open and regular contact during an absence or accommodation.
- Utilizing the goals associated with the Commission's Policy RE-18 - Hierarchy of Return to Work (**Appendix 1**) in the development of all Return to Work plans.
- Ensuring the confidentiality and privacy of the injured worker is maintained throughout the Return to Work process.
- Jointly monitoring all Return to Work plans.
- Ensuring there is follow up and evaluation of all Return to Work plans and accommodation needs.
- Developing injury reporting system for claims and injury management.

(Terms of reference are not required for this team)

Return to Work Procedures

I. Accommodation Procedure

The purpose of this procedure is to outline what accommodation means for employees of the Commission. It is important to recognize requests for accommodations must be considered on an individualized basis. There will be variations depending on the circumstances in each case. The goal of all situations is to have a productive employee without negatively impacting operations or safety in the workplace.

The board is not required to create a job which suits an employee's abilities. The duty to accommodate does not extend to performance problems which are unrelated to disability.

An accommodation need requires identification and supporting documentation prior to being implemented at the worksite. There is need to determine the extent of a disability or accommodation for employees either on sick leave or experiencing deteriorating health such that their ability to remain at work is in jeopardy. In most cases the Return to Work Co-ordinator will contact the employee's physician in order to clarify issues regarding employee's abilities and accommodation requirements. However it is recognized that there may be some cases where because of confidentiality issues the Commission may retain the services of a third party physician. In these cases, it will be the Occupational Physician's duty to contact the employee's physician to clarify issues and confirm the employee's restrictions. The Occupational Physician will inform the Return to Work Co-ordinator of the information needed to accommodate the employee.

1. Identification of disability and need for accommodation

- a. Request for accommodation may be made by:
 - Employee
 - Manager
 - Union
 - Return to Work Coordinator
- b. The employer has the right to verify the disability and need for accommodation and may request rationale or evidence in writing.

2. Evaluation of employee Capabilities and Limitations

- a. Once the disability and need for accommodation is identified and verified, the request is reviewed.
- b. Evaluation is made by the reviewers to determine the employee's capabilities and limitations as they relate to the workplace. Information from third parties may be requested.
- c. An important consideration when evaluating capabilities and limitations in terms of operational requirements is whether the accommodation is short or long term. A short term need may be easily met; however a long term situation may require a more complex planning process.

3. Determination of Accommodation within Existing Position

- a. It is the Commission's objective to accommodate an employee within his or her existing position, wherever possible.

- b. Some methods to accommodate an employee include;
 - Modify, transfer or eliminate job tasks
 - Graduated Return to Work Plan
 - Modify work process or method
 - Adjust hours of work or rest periods
 - Provide assistive devices(e.g., ergonomic keyboards)
 - Provide training.
- c. Review previous accommodation methods of similar cases for successful strategies.

4. Explore Accommodation in Alternate Positions

- a. Should accommodation not be possible within the existing position, exploration of alternate options should be considered in accordance with Commission Policy RE 15 (Appendix 2).
- b. The same methods to accommodate an employee described for his or her position also apply for alternate positions.
- c. Some factors to consider when pursuing accommodation in an alternate position include:
 - Rate of pay
 - Capabilities of the worker
 - Transferable skills
 - Operational needs
 - Collective agreements
 - Competencies required for alternate position.

5. Exhaustion of accommodation measures

- a. The goal is to explore all accommodation measures available and facilitate an accommodation which all parties can accept. This does not necessarily guarantee the perfect solution.
- b. Employees need to be aware that should they refuse a reasonable accommodation, further accommodation will not be considered without examinations of the reasons for refusal.
- c. If the employee refuses a reasonable proposal, the Commission's duty to accommodate is completed. Refusal of a reasonable accommodation by the employee releases the Commission from further duty to accommodate.

II. Administrative Procedure

A critical component of the Return to Work program is that it maintains the highest level of priority on the importance of ensuring the privacy and maintaining the confidentiality of information collected during involvement with the workplace Return to Work program. The guidelines around confidentiality are outlined in the Commission confidentiality policy.

Any information collected for the purposes of the Return to Work program are to be kept in a secure location. If a file cabinet is used it is to be locked and stored in a locked office. Access to these files must be limited to those covered by signed employee consent. If an electronic data tracking system is used, the information must be password protected and be secure from all unauthorized personnel.

Employees are entitled to all information in their own case file except where specifically prohibited by legislation.

Files will be maintained on site for seven years after which time they will be microfiched and archived. Upon transfer to microfiche, paper documents will be destroyed.

Files opened upon referral to the Return to Work Program may include the following documentation:

- Documentation on services provided.
- Follow up information on assessment and treatments.
- Accommodations that have been negotiated.
- Equipment that has been ordered.
- Schedule of the Return to Work plan components.
- Follow up as to whether the schedule was met.
- Meeting summaries.
- Any other relevant information.
- Evidence that efforts have been made to obtain any missing information from community service providers.
- Appropriate closure of the Return to Work plan (e.g. insurance carrier has been contacted, results of plan, etc.)
- Long term follow up schedule and implementation.

Costs and benefits will be tracked through a data tracking system that is currently researched by the Human Resources and Information Systems Department.

III. Dispute Resolution Procedure

In the event of a disagreement between parties where the conflict cannot be easily resolved, a dispute policy is in place to assist the participants.

In the event that a satisfactory level of compromise has not been reached, the following steps can be taken:

1. Review of Return to Work policy and procedures by workplace parties to ensure all appropriate steps have been followed as outlined in the documents. In the case of an error or misinterpretation of the situation, steps should be taken by the appropriate parties to correct and resolve the situation.
2. In case of a dispute over actual disability (medical dispute):
 - Review of functional ability form on the injured or ill employee
 - In the case of continued dispute after the review of Return to Work Committee, the employee is referred back to the medical professionals involved and, if warranted, will be assessed by an independent medical examiner.
3. Seniority/collective agreement disputes will be referred to the Union Local and Labour Management Committee, if required.
4. If the dispute is involving a work related injury, there is also a mediation process that is available upon request through the Workplace, Health Safety and Compensation Commission.

IV. Program Evaluation Procedure

The importance of ongoing evaluation and commitment to continuous improvement of the WHSCC Disability Management Program is critical to its success. Evaluation of the program will require defined methods of measuring the performance of the Return to Work program. The specific data points that are measured need to be identified and defined so that there is a confidence that the measurement is consistent from year to year. The Return to Work Coordinator will be responsible for ensuring that the program evaluation procedure is facilitated in the organization.

To ensure we continue to be progressive and current on effective Return to Work programming ideas and to meet the requirements of PRIME, this program will be reviewed on an annual basis. Evaluation throughout the year will be in the form of:

- Online surveys/questionnaires.
- Return to Work case planning team evaluations.
- Return to Work Committee quarterly review (using data from tracking system).
- Organizational targets.

On line Surveys and Questionnaires will be forwarded to all staff at regular intervals throughout the year. These evaluation tools will ensure all staff remain aware of the Return to Work programming and the corporate culture which supports effective and safe Return to Work planning.

Return to Work Case Planning Team Evaluations – Surveys will be forwarded to all workers who required accommodation as a result of either occupational or non occupational issues. Evaluation form has been attached in Appendix 17.

Return to Work Committee Quarterly Review – The Return to Work Committee must review on a quarterly basis, the organization's return to work statistics in order to ensure that the Return to Work program is continuing to meet the needs of the organization.

Organizational Targets – Return to work statistics and targets have to be incorporated into strategic planning and organizational goals. These require review on a quarterly basis.

Workplace Health, Safety & Compensation Commission

Injury Management Program

2005

Introduction

The Workplace Health Safety and Compensation Commission of Newfoundland and Labrador (the Commission) has a dual responsibility:

1. As the **administrator** of the compensation system, it is responsible for promoting and supporting safe workplaces and assisting employers and workers in managing workplace injuries and Return to Work planning.
2. As an **employer**, the Commission is responsible for ensuring that its injured workers are treated fairly and equitably in accordance with all related legislation.

This document will outline the management of work related claims of the employees of Workplace Health, Safety & Compensation Commission. It describes the roles and responsibilities of all key players involved with a compensation claim. As well, it outlines the process for ensuring effective claims management with safe and timely return to work.

To ensure that the needs of its injured workers are met and the claims are successfully resolved, the Commission supports:

- Prompt and accurate reporting of injuries.
- A cooperative effort from all key players involved to promote early & safe Return to Work programs for the injured employee.
- Provision of salary and reasonable level of benefits in accordance with the legislation.

Other reference materials include the WHSCC Act, Policies and Procedures, Human Rights Act, Labour Standards and the Collective Agreement. Additional information such as brochures and publications are available in the Resource Center, WHSCC or can be accessed on the web site www.whscc.nf.ca.

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Part I	Return to Work Policy Statement
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Part I

Return to Work Policy Statement

The Workplace Health Safety and Compensation Commission, through its Return to Work Program, is committed to promoting employee health and recovery from disability (injury or illness) through early intervention and active case management.

The Return to Work program is cooperative, consistent and follows the priorities outlined in the Commission's Hierarchy of Return to Work Policy in accordance with section 89 and 89.1 of the WHSC Act (Appendix 3). The Commission will contact the employee as soon as possible following an injury and will offer employment that is consistent with the employee's functional abilities. The Commission will make every effort to accommodate its employees as required by the Workplace Health Safety and Compensation Commission's re-employment obligation and the Duty to Accommodate.

An injury reporting system (Appendix 4) is posted throughout the organization so that all employees are aware of the process to follow in the event of an injury.

A critical component of the Return to Work program is that the employee is involved in all aspects of return to work planning. In fact, 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. Where necessary, the company will seek input and advice from other parties involved in the Return to Work process including the Workplace Health Safety and Compensation Commission and external health care providers.

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.

The Return to Work program is has been developed for and is available to all employees of the Workplace Health Safety and Compensation Commission and the return to work process does not in any way jeopardize the health and safety of individuals.

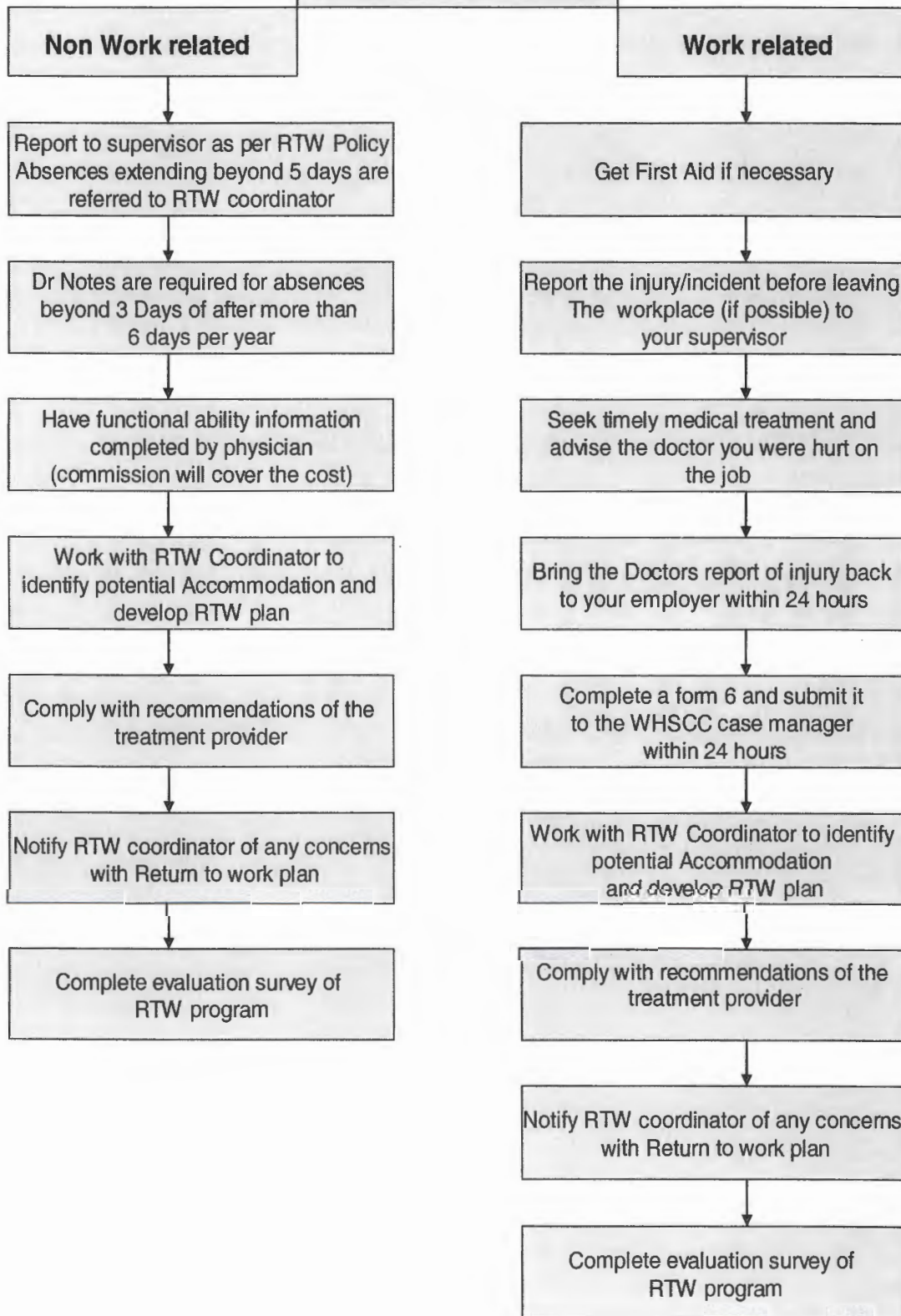
This statement will be reviewed at least annually and may be updated or changed as required.

Signed

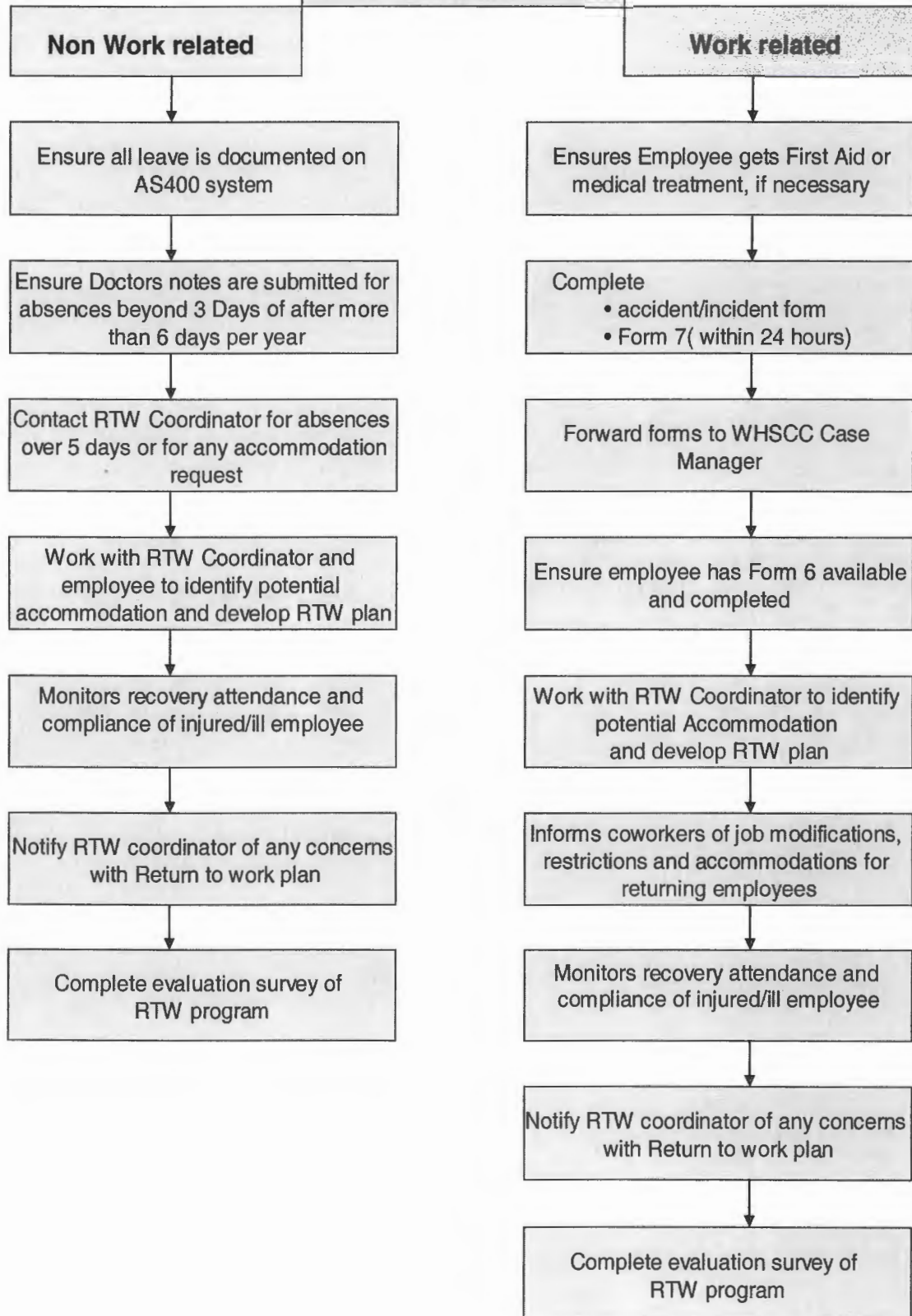
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PART II

Employee's Role



Supervisor's Role



Part III

Key Players

Operating Area

Injured Worker: The employee of the Commission who sustained an injury at work.

Supervisor: The first person the injured worker reports to directly regarding the work related injury (may include, Supervisor, Manager or Director etc.).

Corporate (The Commission as an Employer)

Return to Work Coordinator: Co-ordinates and monitors the progress of individual claims on behalf of the Commission (employer) & develops Return to Work plan.

Disability Management Coordinator: Co-ordinates, communicates and evaluates overall disability management program.

Human Resources Payroll Administrator: Ensures appropriate management of payroll and benefit issues for lost time injuries as directed by the Disability Management Coordinator.

WHSCC (The Commission as an insurer)

WHSCC Case Manager: Responsible for decision making in the areas of initial adjudication of the claim and ongoing case management and provides the functions of intake adjudicator and Case Manager.

Assembly designate: Responsible for using appropriate steps to open claims (lost time, medical aid only and recurrences).

Health Care Benefits designate: Responsible for issuing purchase orders for equipment, medical reports etc.

Imaging designate: Responsible for processing documents on injured employees claims.

Manager, Internal Review: Responsible for decision making on internal review issues regarding WHSCC (unless he/she is the direct manager of the injured worker) and for logging information regarding copies of files provided by the Case Manager.

Payroll Administrator: Responsible for ensuring payroll and benefits are appropriately administered to the injured worker and WHSCC.

Health Care Consultants: A source to be used for consultation in areas of diagnosis, treatment, Permanent Functional Impairment assessments and reassessments, Chiropractic care, Physiotherapy and Occupational therapy.

Medical Services designate: Responsible for the coordination of referrals to consultants, specialists, as well as typing reports from dictation system.

Union

NAPE (Local # 7813 - St. John's and Local #1810 - Corner Brook): The union bodies that represents the bargaining unit employees at WHSCC.

Committees

Occupational Health and Safety Committee: Providing a central source for the union/employer partnership for health and safety issues.

Ergonomics Committee: Monitoring and providing intervention to ensure a safe working environment for staff. Confidential information is not provided to the ergonomics committee without the consent of the worker(s) involved.

Disability Management Committee: A steering committee consisting of members of both labour and management from various departments within the Commission. This Committee is responsible for:

- Determining which policies and procedures require development or revision.
- Overseeing budget planning.
- Assisting in the evaluation of all aspects of the Disability Management Program. All other committees involved in the Disability Management Program report to the Disability Management Committee.

Return to Work Committee: A sub committee of the Disability Management Committee. This Committee is responsible for:

- Developing in house guidelines and reporting systems for management of both occupational and non occupational injury and illness
- Ensuring guidelines are in compliance with the Hierarchy of Return to Work as outlined in the Commission Policy RE-18 (this Committee will not be involved in or responsible for individual staffing issues).

All key players are aware of their responsibility to uphold all principles of confidentiality and to respect the privacy of injured staff and coworkers. All employees are required to sign an Oath of Office at the start of employment. The confidentiality of information is also outlined in the Workplace Health, Safety and Compensation Commission Legislation and Policy # GP-01.

PART IV

Injury/Incident Reporting System for WHSCC Staff Claims

It is essential that all work related injury/incidents are reported as soon as possible after they occur. Reporting injuries assists in the identification of hazards at the work site allowing the Commission to initiate preventative measures.

1. Where there is an accident/ incident but NO INJURY

A. Steps for reporting a Hazard:

The **worker** shall:

- a. Complete **Hazard Report** form (Appendix 5) within 24 hours.
- b. Forward Hazard report form to supervisor as per Procedure 15-04 (Appendix 6).

The **supervisor** shall:

- a. Make every effort to immediately address the hazard as per Procedure 15-04.02.

The **disability management Co-ordinator** shall:

- a. Make every effort to address the hazard as per Procedure 15-04.03.
- b. Maintain documentation of all hazard report forms and follow up.

The **occupational health and safety committee** is:

- a. Responsible to ensure all hazard report concerns have been completed as per procedure 15-04.04.

B. Steps for reporting an Incident (no injury):

The **Worker** shall:

- a. Complete **Work incident/accident report** form (Appendix 7) within 24 hours.
- b. Forward incident report form to supervisor as per Procedure 15-01 (Appendix 8).

The **Supervisor** shall:

- a. Complete form in consultation with the worker and forward form to the Disability Management Co-ordinator as per Procedure 15-01.02.

The **Disability Management Co-ordinator** shall:

- a. Make every effort to address the hazard as per Procedure 15-01.03.
- b. Maintain documentation of all hazard report forms and follow up.
- c. Send documentation to appropriate committees (i.e., ergonomics, occupational health and safety, etc) for information purposes ensuring confidentiality and privacy of employees is maintained.

The **Occupational Health and Safety Committee** is:

- i. responsible to ensure all incident report concerns have been completed as per procedure 15.01.03.

2. Where there is an accident/incident resulting in an INJURY

A. Incident resulting in injury (lost time)

The **Worker** is responsible for:

- a. Seeking **emergency** medical attention, if necessary or if injury requires minor medical attention first aid equipment is available on each floor and in each regional office.
- b. Reporting **all** accidents involving physical injury to their supervisor immediately following the accident or before leaving the employer's premises.
- c. Fully completing a Workers' Report of Injury - Form 6 – (Appendix 9) and is responsible for ensuring that form 6 is submitted to the WHSCC Case Manager.
- d. Completing applicable sections of the Work Incident/ Accident Report form within twenty four hours. The worker is also responsible for ensuring the work incident/accident report form is submitted to their supervisor.
- e. Visiting a doctor (medical or chiropractic if necessary) and informing the physician that this is a work injury and
- f. Returning the employer's copy of the physician or chiropractor Form 8/10 (Appendix 10) to the employer within 24 hours. This information should be **hand delivered** to the Return to Work Co-ordinator to ensure that communication between the injured worker and the employer begins and any appropriate Early & Safe Return to Work program is initiated.

The **Supervisor** is responsible for:

- a. Completing the applicable sections of the work incident report / plus fully complete Employer's Report of Injury – Form 7 (Appendix 11).
- b. In conjunction with the Return to Work coordinator, identifying transitional work options or job accommodations that might assist in safe return to work.
- c. Advising Department Director immediately once aware of the incident/injury.
- d. Once received, hand delivering both reports to Return to Work Co-ordinator within twenty four hours.
- e. Monitoring safe work practices of employees who are returning to work.

The **Return to Work Co-ordinator** is responsible for:

- a. Finalizing Form 7 in conjunction with supervisor & payroll administrator.
- b. Reporting to Department of Labour in the event of a serious injury as defined by the Occupational Health and Safety Act.
- c. Sending finalized forms and payroll information to WHSCC case manager within twenty four hours from the date Form 7 is received.

- d. In the event of a lost time claim, arranging for the injured worker to be placed on injury-on-duty leave in accordance with the prevailing Human Resources Policies, Collective agreement and WHSC Act.
- e. In conjunction with the supervisor, identifying transitional work options or job accommodations that might assist in safe return to work.
- f. As the employer representative, the Return to Work Co-ordinator is responsible for communicating on a weekly basis (at minimum) with the injured worker and supervisor and arranging in conjunction with the Commission's case manager for any external services needed to enhance an Early and Safe Return to Work program (i.e., work station review; job site analysis).
- g. Ensuring that any necessary payroll changes are completed in a timely basis.
- h. Ensuring attendance information is entered on the AS/400 system.
- i. Reviewing evaluation surveys and forwarding findings to appropriate committees.
- j. Sending documentation to appropriate committees (i.e., ergonomics, occupational health and safety, etc) for information purposes ensuring confidentiality and privacy of employees is maintained.

B. Incident resulting in injury but with no lost time (medical aid only)

For a work related injury that does **not require lost time**, or in cases where symptoms of a work related injury continue and further types of treatment (physiotherapy/ chiropractic care/ medication etc.) are required while the employee is remaining at work, the appropriate forms **must** be submitted and adjudicated before any authorization or payment for these treatments begins. The same process is to be followed as above with a lost time claim.

PART V

Roles and Responsibilities

The Commission as an employer and the employees of the Commission have roles and responsibilities as outlined by the WHSCC Policy – Re 02 (Appendix 12) in regards to accident, injury and the return to work process. There is an obligation under the Act for all workplace parties to actively participate and co-operate in the worker's early and safe return to suitable and available employment while the worker is receiving active medical rehabilitation for a work injury. Employers and unions also have obligations to injured and disabled workers under human rights legislation.

A team approach has been adopted for managing compensation claims. Once the work injury has been properly reported and documented, processing of the claim can begin. The active participation of these key players ensures the effective and timely Return to Work plan development for injured workers. The roles and responsibilities of these key players are outlined below.

Operating Area

1. The **employee/injured worker** is responsible for initiating contact with the supervisor regarding the injury. The employee must follow medical treatment as prescribed by the treating health care providers and ensure that all doctor's notes are forwarded to the WHSCC case manager and Return to Work Coordinator. The employee is also responsible for:
 - a. Initiating and maintaining contact with the supervisor or Return to Work Co-ordinator weekly (at a minimum).
 - b. Maintaining contact with WHSCC case manager.
 - c. Following medical treatment as prescribed by the treating health care provider(s) and ensuring that the employer's copy of the physician's form 8/10 is brought to the Return to Work Co-ordinator within 24 hours of visiting the physician.
 - d. Notifying the Return to Work Co-ordinator and WHSCC case manager, if there is a change in medical status or prescriptions.
 - e. Actively participating in early and safe return to work as outlined by policy RE -02 and Policy RE-18 (Hierarchy of Return to Work).
 - f. Actively participating in Labour Market Re-entry plans (Policy RE-14) (Appendix 13), when appropriate, and comply with the following:
 - Participating in the activities of the labour market re-entry assessment.
 - Participating in the preparation of a labour market re-entry plan.
 - Fulfilling the mutually agreed commitments outlined in the labour market re-entry plan.
 - Requesting salary information from Return to Work Co-ordinator and provide this to WHSCC Case Manager.
2. The **Supervisor** is the first person the injured worker reports to directly regarding the work related injury (may include, Supervisor, Manager or Director etc.). The

supervisor shall ensure that appropriate leave is documented on the attendance system. It is the responsibility of the supervisor to be aware of the ongoing status of all absences. The supervisor must ensure that ongoing communication with the employee is maintained during the accommodation or the absence. The supervisor ensures that all relevant information is forwarded to the Return to Work Co-ordinator in the appropriate time frames as outlined in Part II.

3. The **Return to Work Co-ordinator** is the main contact person for all parties involved in the individualized Return to Work case planning. They are an active supporter of the injured or ill worker and the catalyst for facilitating the return to work of that worker. The Return to Work Co-ordinator engages actively in the return to work hierarchical process in all return to work planning and accommodation requests. As well, the Return to Work Co-ordinator liaises with the Disability Management Co-ordinator on complicated claims to ensure organizational goals and objectives continue to be met. Specifically, the **Return to Work Co-ordinator** is responsible for:
 - a. Contacting the worker as soon as possible after the injury occurs and maintaining effective communication throughout the period of the worker's recovery or impairment.
 - b. Providing suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return to work process. The Commission will pay the differential, if any, between the salary earned during Early and Safe Return to Work and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling.
 - c. Giving the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return to work process.
4. The **Human Resources Payroll Administrator** is responsible for
 - a. Providing wage information, when requested by the Return to Work Co-ordinator in completing Form 7.
 - b. Providing wage information upon written request from the Commission Case Manager for completion of 13 week rate review.
 - c. Adjusting payroll to reflect WHSCC rate as directed and advised by Director.
 - d. Submitting payroll information to the Commission Case Manager on a biweekly basis (gross salary). This information must contain the breakdown of the days worked, the number of hours each day and the rate of pay. This process must continue until the worker is cleared and returns to returns to pre-injury employment.
 - e. Upholding confidentiality regarding claims.

Commission

1. The **WHSCC Case Manager** is responsible for decisions in the areas of initial adjudication of the claim and ongoing case management of all claims. The role provides the functions of intake CSA and Case Manager. The WHSCC Case Manager is responsible for
 - a. Communicating to the workplace parties their statutory obligations to co-operate in the early and safe return to work process.
 - b. Ensuring the Return to Work plans achieve the hierarchy of Return to Work priorities (Policy RE-18) and are consistent with the worker's functional abilities (Policy RE-03) (Appendix 14).
 - c. Monitoring activities, progress, and co-operation of the workplace parties;
 - d. Proactively managing the medical rehabilitation of the worker in consultation with the worker and health care provider(s).
 - e. Determining compliance with the obligation to co-operate and re-employ.
 - f. Offering/providing dispute resolution, and communicating regularly and effectively with workplace parties & health care providers.
 - g. Adjudicating the claim (lost time or medical aid only), determining entitlement to lost time benefits and establishing an equitable compensation rate.
 - h. Ensuring medical management of claim.
 - i. Calculating and complete rate reviews /overpayments/ retroactive payments etc.
 - j. Determining entitlement on claims for recurring conditions.
 - k. Maintaining contact with employer and injured worker on a regular basis and communicate with all parties concerned on all issues relative to the injured worker's claim.
 - l. Facilitating self-reliance in the early and safe return to work process.
 - m. Ensuring the Return to Work hierarchy is followed in return to work initiatives as per Policy RE-18.
 - n. Initiating and manage LMR process, if required.
 - o. Making decisions re extended earnings loss / annual EEL reviews / any other issues regarding the management of EEL claims.
 - p. Ensuring referral for mediation is made with an external provider, if necessary.
 - q. Monitoring and manage all aspects of prescription drugs for injured employees.
 - r. Ensuring that claim files are kept confidential and secure.
 - s. Clarifying role of Case Manager versus employer (WHSCC).
2. The **Manager of Internal Review** is responsible for reviewing the appeals of WHSCC staff claims. In the event that the staff person is in the internal review department, another manager with internal review experience will be designated by the Director of Human Resources.
3. **Health Care Consultants** are a source to be used for consultation in areas of diagnosis, treatment, Permanent Functional Impairment, assessments and reassessments, Chiropractic care, Physiotherapy and Occupational Therapy

4. **Health Care Providers** are responsible for:
 - a. Providing the workplace parties and the Commission with functional abilities information.
 - b. Providing the worker and the Commission with medical information.
 - c. Identifying the most appropriate method of treatment for the injury.
 - d. Ensuring the worker receives timely treatment.
 - e. Ensuring return to work is discussed throughout recovery.
5. The **Medical Services Designate** is responsible for the coordination or referrals to consultants and specialists as well as typing the reports from the dictation system
6. The **Occupational Health and Safety Committee** provides a central source for the union/employer partnership for health and safety issues.
7. The **Ergonomics Committee** monitors and provides intervention to ensure a safe working environment for staff. Confidential information is not provided to the ergonomics committee without the consent of the worker(s) involved.

The **Union** represents the bargaining unit employees in St. John's (Local 7813) and in Corner Brook (Local 1810). Union Representatives also have obligations to injured and disabled workers under human rights legislation. If initiated by the injured worker, the union provides:

- a. Advice and guidance on the rights of the employee under the collective agreement.
- b. Representation for the employee when needed and requested.
- c. Support and encourages cooperation through the Return to Work and Labour Market Re-entry programs.

All key players are aware of their responsibility to uphold all principles of confidentiality and to respect the privacy of injured staff and coworkers. All employees are required to sign an Oath of Office at the start of employment. The confidentiality of information is also outlined in the Workplace Health, Safety and Compensation Commission Legislation under Section 18 (1) and (2) and Policy # GP-01 (Appendix 15).

PART VI

Benefits Available to Injured Workers

The Workplace Health, Safety and Compensation (the Commission) system provides a variety of benefits and services to injured workers (and their dependents in case of fatalities). Entitlement to these benefits varies depending on the nature of the disability and the extent of earnings loss due to the injury. Entitlement for the Commission benefits and programs is outlined in the injured workers handbook published by the Commission.

1. Wage Loss Benefits

If the Commission accepts an initial claim for earnings loss benefits, these benefits start the day following the injury. The employer will pay full wages for the day of the injury. In the case of a recurrence, entitlement to benefits begins the day of the recurrence. Earnings loss benefits are equal to 80% of net earnings. There is a limit of \$46,275 on the amount of earnings insured, which is the maximum compensable ceiling.

However, in accordance with the collective agreement, Article 20, "Injury on Duty Leave" subsections 01- 05 outlines the agreement between the Employer and the Bargaining members with respect to work related injuries. Any questions regarding this section should be discussed with Union representative or the Human Resource representative.

Effective January 1, 2002, all employers and the workers are obligated under the *WHSC Act* to cooperate in the worker's early and safe return to work employment with the employer. The employer is required to pay the worker's salary earned while performing suitable work. The Commission will pay the worker the differential, if any, between the salary earned during early and safe return- to-work process and 80% of net pre-injury earnings, to the maximum compensable earnings level.

2. Medication coverage

Reminder: Any medications or prescriptive devices related to a work injury are covered at 100% by the Workplace Health and Safety Compensation Commission. Blue Cross should not be used as the insurer to pay these costs.

The Workplace Health, Safety & Compensation Commission is now utilizing the Claim secure program for the processing and payment of medications prescribed for work related injuries. Claim secure is a web-based on-line access system that allows the user to:

- i. pay drug claims
- ii. query drug claims
- iii. process patient exceptions
- iv. query regular and generic DIN prices

This system allows claimants to avail of medications through a provincially licensed pharmacy by simply providing their claim number, surname and date of birth at the pharmacy. On-line approval will **not** be available for claims awaiting entitlement decisions. Where entitlement is subsequently determined by the commission, the worker will be reimbursed for the cost.

Once a claim has been accepted, the staff person will be given the option of availing of this program by simply signing the prescription drug payment authorization form. The Commission's Case Manager will then activate the claim with the Claimsecure system and be responsible for any adjustments to the file.

On-line approval will not be given on claims which have been closed for more than 90 days.

3. Exceptions

If there are any changes in medications prescribed for the work related injury, coverage of such drugs will have to be reviewed by the medical consultant and a determination of approval will have to be made. If an exception is approved, then the case manager will be responsible for entering the exception with Claimsecure. This process may take 3 - 4 days; therefore, early notification is necessary and is the responsibility of the worker and the treating physician to communicate this change to the WHSCC Case Manager.

4. Options

Staff at WHSCC may choose to be enrolled on-line with Claimsecure. A signed authorization form will be required before this option can be implemented.

If staff decide not to be enrolled with Claimsecure, it is required that medications be purchased directly and the receipt submitted to the **finance department** for reimbursement.

5. Copy of file

To receive a copy of the injured workers file, a written copy request from the injured worker must be submitted to the WHSCC case manager.

6. Obligation to Re-employ

WHSCC ACT (Section 89.1)

Effective January 1, 2002, employers have a legislated responsibility to re-employ the worker back to the pre-injury or comparable employment if the employer regularly employs 20 or more workers **and** the worker has been employed by the employer continuously for one year prior to the injury.

The Commission is obligated to offer its eligible employees suitable employment that is or becomes available throughout the period of the re-employment obligation. The periods are as follows:

- i. two years after the date of injury;
- ii. one year after the worker is medically able to perform the essential duties of the pre-injury employment; or
- iii. the date on which the worker reaches age 65.

The Workplace Health and Safety Compensation Commission, as an employer, is committed to the re-employment obligation as outlined in the WHSCC Act.

7. Appeals

A Commission employee (as the injured worker) or the Return to Work Co-ordinator (acting as the employer) may request an internal review of any decision with which they disagree.

A written request for internal review must be submitted to the Manager of Internal Review, within 30 days from the date of the decision. A decision will be rendered within 45 days from the date of request. If the injured worker is employed in the Internal Review Department of the Commission which is managed by the designate who conducts the internal review, another designate will be assigned to conduct this review.

Any parties not satisfied with the decision received from the internal review process may appeal the decision to the external Review Division (WHSCRD).

To initiate this process the worker must file a written request for review with the external review division (WHSCRD) within 30 days from the date the worker was notified of the Commission's final decision.

Workplace Health, Safety & Compensation Commission

**Non Occupational
Injury and Illness Management Program**

2005

Introduction

The Workplace Health Safety and Compensation Commission of Newfoundland and Labrador (the Commission) recognizes the importance of early intervention in assisting the return to work of employees who require time away from work or an accommodation as a result of non-occupational injury or illness.

This document will outline the management of non occupational related illnesses, injuries or accommodation requests of the employees of the Commission. It describes the roles and responsibilities of all key players who may become involved in the event of a non occupational illness or injury resulting in absenteeism or the need for accommodation. As well, it outlines the appropriate processes to assist with safe and timely return to work.

Other reference materials include the WHSCC HR Policies and Procedures, Human Rights Act, Labour Standards and the collective agreement. Additional information such as brochures and publications are available in the Resource Center, WHSCC or can be accessed on the web site www.whscc.nf.ca.

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PART I

Return to Work Policy Statement

The Workplace Health and Safety Compensation Commission through its Return to Work Program is committed to promoting employee health and recovery from disability (injury or illness) through early intervention and active case management.

The Return to Work program is cooperative, consistent and follows the priorities outlined in the Commission's Hierarchy of Return to Work Policy in accordance with section 89 and 89.1 of the WHSC Act. The Commission will contact the employee as soon as possible following an injury and will offer employment that is consistent with the employee's functional abilities. The Commission will make every effort to accommodate its employees as required by the Workplace Health Safety and Compensation Commission's re-employment obligation and the Duty to Accommodate.

A critical component of the Return to Work program is that the employee is involved in all aspects of Return to Work planning. In fact, 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. Where necessary, the company will seek input and advice from other parties involved in the Return to Work process including the Workplace Health Safety and Compensation Commission and external health care providers.

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.

The Return to Work program is has been developed for and is available to all employees of the Workplace Health Safety and Compensation Commission and the return to work process does not in any way jeopardize the health and safety of individuals.

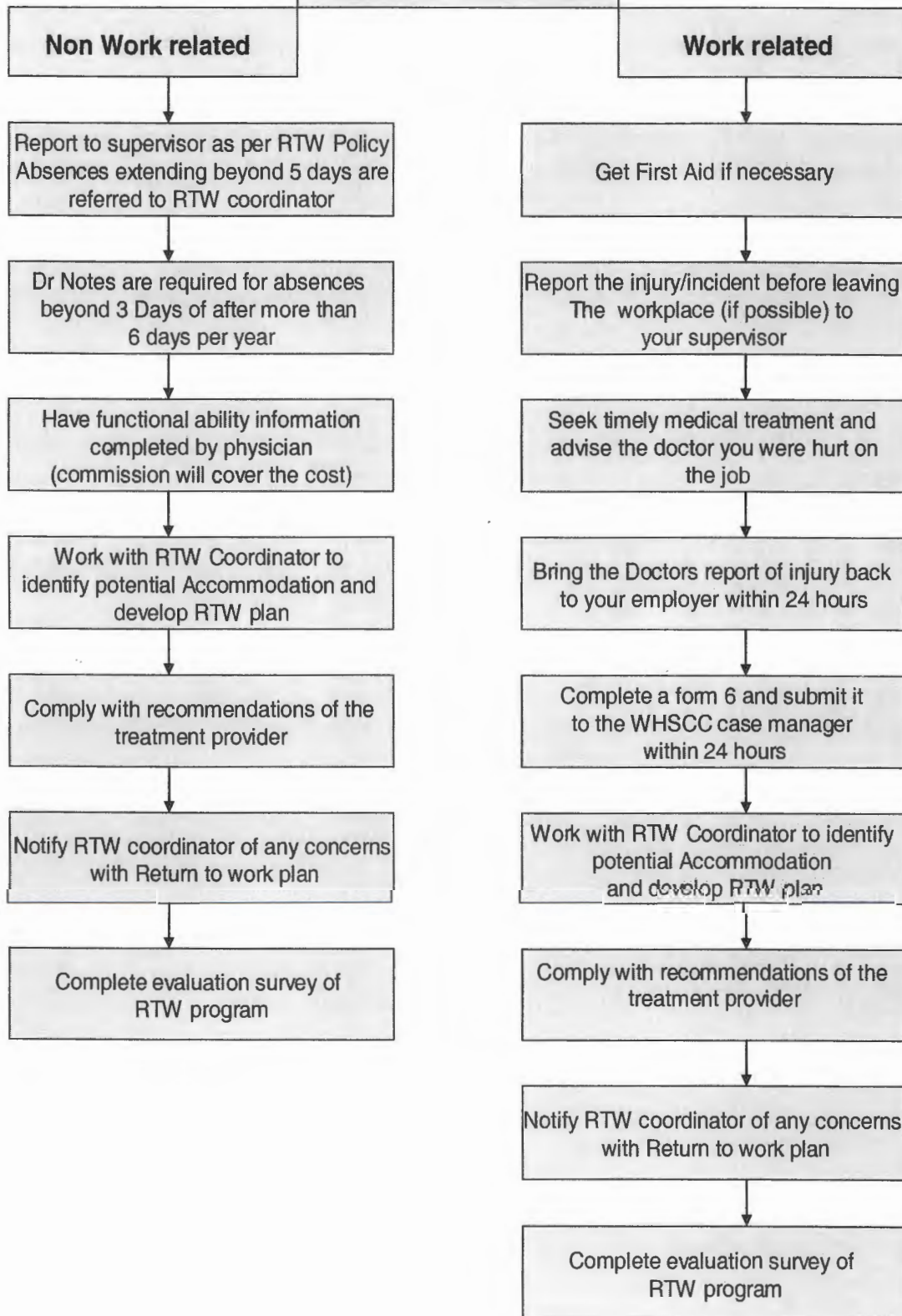
This statement will be reviewed at least annually and may be updated or changed as required.

Signed

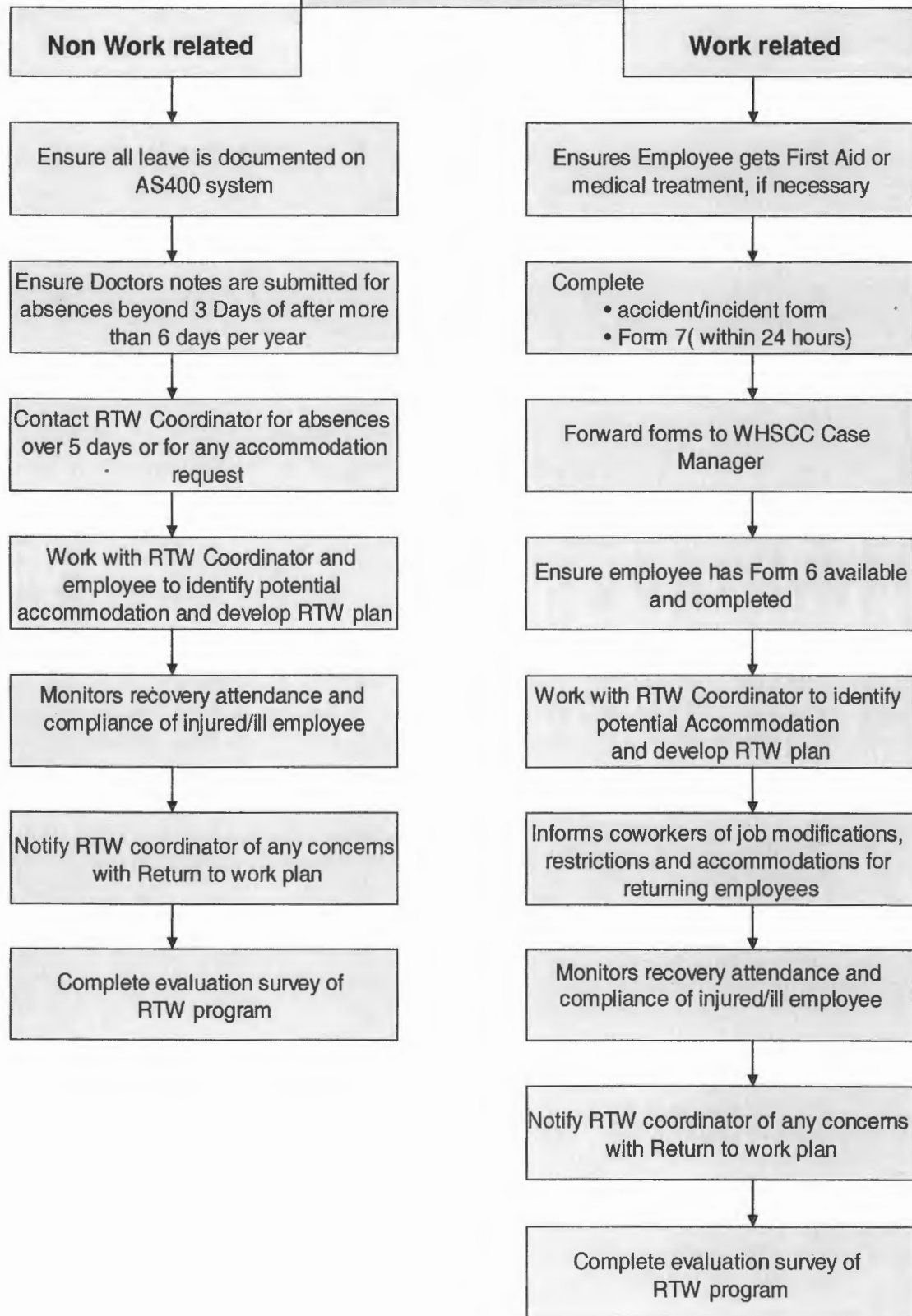
Date

PART II

Employee's Role



Supervisor's Role



PART III

Key Players

A team approach has been adopted for managing non occupational injury absences or accommodation requests. The players from the various areas are as follows:

Return to Work Case Planning Team:

1. **Employee:** The employee of WHSCC with a non occupational illness or injury.
2. **Supervisor:** The first person the employee reports to directly regarding the absenteeism or accommodation request (may include, Supervisor, Manager or Director etc.).
3. **Human Resources Representative (Return to Work Coordinator):** Responsible for maintaining contact with employee during recovery from illness. This person is the liaison between employer and insurance providers; he/she coordinates and monitors individual absenteeism and requests for accommodation on behalf of the Commission (employer).

Human Resources Payroll Administrator: Responsible for ensuring payroll and benefits (STD or LTD) are appropriately administered to the worker.

Ergonomics Committee: Responsible for Monitoring and providing intervention to ensure a safe working environment for employees.

Return to Work Committee: Responsible for developing in house guidelines for injury management of both occupational and non occupational injury and illness. The committee will not be involved in or responsible for individual staffing issues, but will be jointly developing injury reporting guidelines and processes around what occurs in the event of injury or illness.

Union (NAPE: Local #'s 7813 & 1810): Representing the WHSCC bargaining unit employees (may be part of the Return to Work case planning team, if requested by the employee)

Insurance Providers:

- **Blue Cross** - Responsible for group medical and dental insurance for all staff, as well as payment of long term disability benefits for bargaining unit employees.
- **Sunlife** –Responsible for payment of long term disability benefits for management and non bargaining unit employees.

All key players are aware of their responsibility to uphold all principles of confidentiality and to respect the privacy of all employees. Confidentiality is a critical component of all return to work programming and cannot be violated. All employees are required to sign an Oath of Office at the start of employment. The confidentiality of information is also outlined in the Workplace Health, Safety and Compensation Commission Legislation under Section 18 (1) and (2) and Policy # GP-01.

PART IV

1. Reporting Systems for Absenteeism and Accommodation Requests

It is essential that all absenteeism and/or requests for accommodation are reported as soon as possible once they have been identified so that the request can be processed in a timely manner and early and safe Return to Work programs can be immediately initiated if appropriate. Reporting absenteeism is critical so that accurate and up to date information can be collected and maintained in the Human Resources area.

The employee is not required to provide details of their medical condition or personal circumstances, including diagnosis. If such information is provided, it can never be disclosed to any other party without the employee's consent. **In a case of extended absence**, the Return to Work Co-ordinator will contact the employee to discuss accommodation and get authorization from the employee to contact the doctor regarding clarification of the information provided or functional abilities, if required.

In cases where the employer is unaware of the nature of the illness, it is important for the employee to contribute to the accommodation process by identifying potential accommodation. The WHSCC is committed to offering all reasonable accommodation to ensure early and safe return to work.

1. Reporting System for Absenteeism:

The **employee** is responsible for:

- a. Reporting an absence within 15 minutes of the start of the workday to their supervisor and the administrative assistant or designate.
- b. Identifying the reason for absence (sick leave, annual leave, family leave etc.) and anticipated duration of absence.
- c. Entering and/or accept leave transaction on AS400, upon return to work system. Employees who do not enter their leave on the system may be subject to disciplinary action.
- d. Providing a doctor's note to the supervisor if the absence extends beyond three days or if there has been greater than 6 sick days used in the year.
- e. Working with supervisor and Return to Work Co-ordinator to ensure recommended accommodation is implemented.
- f. Having physician complete the Work Abilities Form for Non Occupational Illness and Injury (Appendix 16), if required and returning form to the Return to Work Coordinator.
- g. Notifying the Return to Work Co-ordinator of any concerns or problems encountered with the Return to Work plan.
- h. Notifying the supervisor immediately in order to discuss alternate accommodation, if unable to participate in the return to work plan due to sickness or any other reason.
- i. Completing Evaluation Survey Form (Appendix 17) regarding Return to Work process upon completion of program.

- j. Returning Evaluation Survey Form to Return to Work coordinator.

In the event that the absenteeism is extended beyond 5 working days, the employee shall contact supervisor or Return to Work Co-ordinator to update status of leave expectation and discuss accommodation. If contact is not made by the employee, the supervisor or Return to Work Co-ordinator will initiate contact with the employee after 5 working days.

The Supervisor is responsible for:

- a. Entering the appropriate leave on the AS400 system, once they have received notification that an employee will be off work due to an illness.
- b. Determining whether sufficient paid leave is available for the absence. If no such leave exists, Human Resources must be notified immediately.
- c. Initiating contact with the employee, if there is no contact from the employee within five working days. Discussing when employee will be contacted again and advising employee that their file will be forwarded to Return to Work Coordinator.
- d. Obtaining doctor's notes from employee, where appropriate.
- e. Ensuring doctor's note adequately represents the period of illness and forward to the Human Resources Assistant.
- f. Contacting the Return to Work Co-ordinator immediately if it is known that the leave will be greater than five days.
- g. Contacting the Return to Work Co-ordinator to update status of leave expectation and discuss accommodation, in the event that the absenteeism is extended beyond 5 working days, advising Return to Work Co-ordinator of next planned contact.
- h. Working with the Return to Work Co-ordinator and employee to ensure recommended accommodation is implemented.
- i. Addressing any ongoing issues as accommodation proceeds and being available to discuss and adjust accommodation, as required.
- j. Contacting the Return to Work Co-ordinator immediately if employee is unable to continue in return to work plan due to sickness or any other reason.
- k. Completing Evaluation Survey Form regarding return to work process upon completion of program.
- l. Returning Evaluation Survey Form to Return to Work Co-ordinator

The Supervisor is required to check the attendance system daily to ensure the appropriate leave has been entered, that notes have been received and approved.

The Return to Work Co-ordinator is responsible for:

- a. Maintaining contact with the employee as agreed upon by both workplace parties.
- b. Ensuring that contact with the employee has been made once she/he are notified the leave will be or has been in excess of 5 working days.
- c. Determining whether accommodation requirements are necessary.
- d. Ensuring that doctors' notes are received from supervisor and filed appropriately.

- e. Working in consultation with employee and supervisor to develop Return to Work plan. Other stakeholders may be involved, as necessary (i.e., union or health care providers, coworkers etc.).
- f. Ensuring the plan is implemented, monitored and adjusted as required.
- g. Determining leave types if sick leave is exhausted.
- h. Completing and forward the **Early Notice Form** (Appendix 18) for the insurance carriers when it determined that an employee will be on extended sick leave. This information is placed on the employee file.
- i. Contacting Insurance carrier if employee is availing of Long Term Disability to discuss accommodation for employee and maintain contact until employee has successfully returned to the workplace.
- j. Notifying payroll administrator of return to work hours and adjustments required for payroll.
- k. Reviewing evaluation surveys and utilizing the information obtained to improve program.

In cases where accommodation is required, a functional abilities form will be provided to the employee to be filled out by the attending health care physician.

The Human Resources Assistant is responsible for:

- a. Monitoring the requirement for medical notes monthly.
- b. Following up with supervisor to obtain medical notes for absences over 3 consecutive days or any amount exceeding 6 days in the current year.
- c. Entering acceptance of notes on system.
- d. Filing medical notes and forwarding copies to Return To Work Co-ordinator if absence extends beyond five days.

The Payroll Administrator is responsible for:

BARGAINING

In cases of sick leave:

- a. Maintaining the employee's regular salary for the period of sick leave entitlement or until sick leave is exhausted.
- b. Ensuring they receive information from the Return to Work Co-ordinator regarding the employee's status once sick leave has been exhausted. The employee may avail of another leave type (A/L) or request unpaid leave and receive a Record of Employment.
- c. Reinstating employee payroll status reflective of the Return to Work plan.

NON BARGAINING

In cases of sick leave:

- a. Maintaining the employee's regular salary for the period of sick leave or until sick leave bank is exhausted. If sick leave is exhausted or if there is no sick leave bank, the income protection plan (STD) begins. The number of days and percentage of benefits is dependant upon years of service.
- b. Issuing record of employment, if requested.

- c. If directed by the Return to Work Coordinator, following accommodation and return to work of employee, reinstating employee payroll status reflective of the Return to Work plan.

2. Reporting System for Accommodation Requests (no Absenteeism)

The **Employee** is responsible for:

- a. Reporting the illness and request for accommodation as soon as need is identified.
- b. Completing accident/incident report (even if it is not work related) and forwarding to supervisor for signature.
- c. Working with Return to Work Co-ordinator and supervisor to ensure recommended accommodation is implemented, monitored and evaluated to determine if it has been successful.
- d. Completing Evaluation Survey Form regarding accommodation.
- e. Returning Evaluation Survey Form to Return to Work Coordinator.

The **Supervisor** is responsible for:

- a. Reviewing and signing accident/incident report (even if it is not work related) and forward to Return to Work Co-ordinator for review.
- b. Working with employee and Return to Work Co-ordinator to ensure recommended accommodation is implemented, monitored and evaluated to determine if it has been successful.
- c. Completing Evaluation Survey Form regarding accommodation.
- d. Returning Evaluation Survey Form to Return to Work Coordinator.

The **Return to Work Co-ordinator** is responsible for:

- a. Upon receipt of the form, making the arrangements for any reasonable accommodation.
- b. Working with employee and supervisor to ensure recommended accommodation is implemented.
- c. Following the Commission's purchasing procedure regarding modifications and devices required for accommodation.
- d. Following up with employee and supervisor to ensure accommodations have been successful within two weeks of implementation.
- e. Ensuring evaluation procedure is being utilized as a means of ensuring continuous improvement.

Part V

Roles and Responsibilities of each stakeholder

Workers and employers (the workplace parties), and where appropriate, health care providers, are responsible for resolving return to work issues in the workplace. In unionized work environments, the Commission encourages and promotes union representatives' participation in the process. The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

1. The **Employee** is responsible for initiating contact with the supervisor regarding non occupational illness or issues which require absence or accommodation. The employee must follow medical treatment as prescribed by the treating health care provider(s) and ensure that all doctor's notes are forwarded to the supervisor. Ongoing communication is required with the Return to Work Co-ordinator and/or supervisor if medical status changes.

2. The **Supervisor** must ensure that appropriate leave is documented on the attendance system. It is the supervisor's responsibility to be aware of the ongoing status of all absences. The supervisor must ensure that ongoing communication with the employee is maintained during accommodation or absence. The supervisor ensures all relevant information is forwarded to the Return to Work Co-ordinator in the appropriate time frames as outlined in Part 11. The supervisor will work with the Return to Work Co-ordinator and employee to ensure recommended accommodation is implemented.

3. The **Return to Work Co-ordinator** is the main contact person for all parties involved in the individualized Return to Work case planning. She/he is an active supporter of the injured or ill worker and the catalyst for facilitating the return to work of that worker. The Return to Work Co-ordinator engages actively in the return to work hierarchical process in all Return to Work planning. As well, the Return to Work Co-ordinator liaises with the disability management Co-ordinator on complicated claims to ensure organizational goals and objectives continue to be met.

4. The **Union Representatives** have obligations to ill and disabled workers under human rights legislation. If initiated by the worker, the union provides:

1. Advice and guidance on employee rights under the collective agreement.
2. Representation for the employee when needed and requested.
3. Support and encourages for cooperation through return to work processes.

PART VI

Types of Benefits

The Workplace Health, Safety and Compensation (the Commission) system provides a variety of benefits and services to workers who require an absence or accommodation at the workplace. Entitlement to these benefits varies depending on the nature of the disability and the extent of earnings loss due to the illness.

1. Sick Leave

Bargaining unit employees are eligible to accumulate sick leave with full pay at a rate of two days per month of service to a maximum of 480 days.

2. Short Term and Long Term Disability (Management and Non-Bargaining Employees Only)

The Commission maintains a plan for management and non-bargaining unit employees which provides for short and long-term income protection in the event of illness or disability. This plan replaces any prior sick leave plan and optional long-term disability plan, and is fully funded by the Commission.

Employees in management and non-bargaining unit positions do not accumulate sick leave. Any unionized employee assuming a management or non-bargaining position will retain any accumulated sick leave banks, however sick leave will not continue to be accumulated. In the event that a management or non-bargaining unit employee requires sick leave, any accumulated sick leave bank must be exhausted before the employee is eligible for benefits under the short term plan as outlined in the Income Protection policy.

SunLife Financial provides a plan that is intended to provide a level of income while an employee is unable to work due to total disability resulting from accident or illness which continues beyond the elimination period of 119 consecutive days. When the elimination period is complete, employees receive a monthly benefit of 66 2/3% of gross income to a maximum benefit of \$4,500 for the maximum benefit period which is to age 65, provided total disability continued.

3. Long term disability

Atlantic Blue Cross Care provides a plan that is intended to provide a level of income while the employee is unable to work due to total disability resulting from accident or illness which continues beyond the elimination period of 119 consecutive days. At the employee's option, the elimination period may be extended to the expiration of accumulated sick leave (maximum accumulation 480 days). Benefits are payable through to recovery, attainment of age 65 or death, whichever occurs first. Regular medical examinations and reports are required throughout the entire period of disability.

4. Annual leave

Annual Leave is accrued by employees each year on the basis of length of service with the Commission as follows:

Years of Service	Maximum Number of Days Entitlement
Up to ten years	15
From ten to twenty-five years	20
In excess of twenty-five years	25

5. Accommodation

The Commission is committed to offering all reasonable accommodation to its employees in order to assist and expedite their return to work. See attached accommodation procedure for further explanation.

Conclusion Statement

The development of this program has been progressive. Initially, the goal was to develop a fully integrated Disability Management Program incorporating both Occupational Health and Safety and Return to Work policies and processes. However, due to time restraints and the organizational needs at this time, the objectives were adjusted. While it continues to be important to identify the framework of a Disability Management Program, once this was complete, the focus of this project became developing Return to Work Programs for both occupational and non occupational injuries.

Initially, I met with the Director of Human Resources at the time, Glenda Peet to discuss my idea about helping the Commission develop their Disability Management Program. Within two weeks we had put together a Committee to start working through the process. The first step was to identify what our goals and objectives were for the project. While we had wanted to develop a Disability Management Program that covered both Occupational Health and Safety and Injury/Illness Management, we quickly realized two things. Firstly, the amount of work that was required far exceeded the amount of time we had to complete the work. Secondly, there was a significant conflict of opinion regarding where Occupational Health and Safety fit into Disability Management. Our Occupational Health and Safety folks felt that Disability Management was a component of Occupational Health and Safety and not the other way around. Instead of getting caught up in that debate, we decided that the best approach for us would be to focus on the Return to Work Program side as, from an organizational need perspective; this was the most pressing issue.

The Committee meant on a monthly basis to develop the program. In between these meeting I was responsible for documenting our work from the previous meeting and preparing a template for the following meeting that we could debate and eventually agree upon.

Following best practices guidelines, such as those outlined by the National Institute of Disability Management, a joint committee worked together to identify the process that would best suit our organization. As the project lead, I was responsible for researching various issues, documenting the discussions of the group, formatting into the document and developing the template for the next meeting. It was very interesting to see the different sides working through the various issues, but it was obvious to me that this was an area where consensus could be reached even though the two sides often had differing agendas. A focus on Disability Management in organizations can only have positive results if it is properly developed, implemented and evaluated.

This program is a work in progress. This document represents where we currently are in its development. It is fully expected that this program will change and evolve over time as topics need to be added or deleted to suit the needs of the organization.

Our program currently consists of three components; the disability management program outline, the claims management program and the non occupational injury and illness

management model. While the initial component is simply the framework of an overall Disability Management Program, the second two components are very detailed documents providing the information all workplace parties need in the event of injury or illness.

The program is now going through the various stages of review and approval and it is my hope that over the next several months we can make any adjustments required, start to develop our communication plan and then roll this out to our staff.

I am very grateful to have been given the opportunity to have worked on this project and look forward to its implementation.

Appendices

Appendix 1	WHSCC Policy RE - 18
Appendix 2	WHSCC Policy RE - 15
Appendix 3	WHSC Act Section 89 and 89.1
Appendix 4	Injury Reporting System
Appendix 5	Hazard Report Form
Appendix 6	Hazard Procedure 15.04
Appendix 7	Work Accident /Incident Report Form
Appendix 8	Hazard Procedure 15.01
Appendix 9	Worker's Report of Injury – Form 6
Appendix 10	Physician's Report – Form 8/10
Appendix 11	Employer's Report of Injury – Form 7
Appendix 12	WHSCC Policy RE - 02
Appendix 13	WHSCC Policy RE - 14
Appendix 14	WHSCC Policy RE - 03
Appendix 15	WHSCC Policy GP - 01
Appendix 16	Work Abilities Form for Non Occupational Absences
Appendix 17	Evaluation Survey Form for Return to Work Program
Appendix 18	Early Notice Form

APPENDIX 1

WHSCC Policy RE-18

CHAPTER: RETURN TO WORK AND REHABILITATION

*Client Services Policy Manual
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POLICY NUMBER: **RE-18**

SUBJECT: **HIERARCHY OF RETURN TO
WORK AND ACCOMMODATION**

REFERENCE

Workplace Health, Safety and Compensation Act (the Act), Sections 88, 89, 89.1 and 89.2.

Policies: RE-02 The Goal of Early and Safe Return to Work and the Role of the Parties; RE-05 Re-employment Obligation; RE-07 Undue Hardship; RE-15 Suitable Employment and Earnings; RE-16 Labour Market Re-entry Plans; HC-12 Occupational Rehabilitation Services Private Clinics.

POLICY STATEMENT

The purpose of this policy is to clarify the hierarchy of return to work priorities, the types of programs and the accommodation requirements for the various stages of return to work. For clarity, the policy is structured into separate parts according to whether or not there is a re-employment obligation, as this impacts the employer's accommodation requirements under the Act.

To facilitate return to work services and programs the Commission uses a hierarchical sequence, the goal of which is to safely return the worker to pre-injury employment through early and safe return to work and/or re-employment obligation, or to offer labour market re-entry services to ensure workers have the skills, knowledge and abilities to re-enter the labour market and reduce or eliminate their loss of earnings.

Workplace parties, and where appropriate, health care providers, should keep this hierarchy in mind when making decisions regarding early and safe return to work so that the injured worker's functional rehabilitation is enhanced and facilitated by the return to work program. While the hierarchy is intended as a guideline for most cases, there may be situations where the priorities of a specific case may differ as the most effective method of returning the worker to the pre-injury, comparable, or suitable employment.

DEFINITIONS

A series of definitions is provided to assist workplace parties during the return to work planning and to promote a consistent understanding of the program types to be utilized in the hierarchy of return to work. The hierarchy of return to work priorities is illustrated in the table included in each appropriate section of the policy (i.e. Parts I and II). The definitions should be read in the context of the hierarchy of return to work priorities. Other relevant

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policies should be consulted and considered when decisions are being made on return to work programs.

Accommodation:

Accommodation is any change or adaptation to the work, hours of work, work duties or workplace, and includes the provision of equipment or assistive devices. In any specific case, accommodation can include, but is not limited to, any of the options outlined in this policy or an appropriate combination thereof.

Alternate Duties:

Alternate duties are non pre-injury duties within the worker's functional abilities.

Alternative Work:

A different job or bundle of duties (not the pre-injury job or duties) that are suitable and are provided to accommodate a worker who has temporary or permanent functional restrictions as a result of the injury.

Assistive Devices:

Assistive devices include aids/attachments specifically designed for the worker and/or required by the worker to perform job-related activities.

Ease Back:

A gradual return to pre-injury hours of work achieved by increasing the number of hours worked over a defined time frame agreed upon by the workplace parties utilizing the functional abilities information relating to the worker. While the pre-injury hours of work vary, the pre-injury duties are the same.

Modifications:

Changes to job schedule, equipment, organization of work, and/or facilities.

Modified Work:

Changing the job duties of the pre-injury position required to accommodate the worker's functional restrictions as a result of the injury. Modified work includes altering or removing some duties; however, the worker is still working primarily in his or her pre-injury position.

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GENERAL

PART I

Employers with a Re-employment Obligation

Employers who have a re-employment obligation under section 89.1 of the Act must accommodate the work or the workplace for the worker to the extent that the accommodation does not cause the employer undue hardship (refer to Policy RE-05 Re-employment Obligation and RE-07 Undue Hardship). Where undue hardship is demonstrated, the Commission will cover the cost of the accommodation over and above the point of undue hardship. Employers with a re-employment obligation are also required under section 89 to co-operate in early and safe return to work (refer to Policy RE-02). This includes accommodation of the work or workplace for early and safe return to work purposes.

To achieve the maximum benefit from the return to work program, the workplace parties should consider each of the priorities listed in the hierarchy table in this section in the order that they appear and taking into consideration the functional abilities of the worker. The primary objective, where possible, is to maintain the worker's connection to the pre-injury job during the return to work program. The first priority is to return the worker to the pre-injury job (with accommodation, as required) or to modify the pre-injury job. An alternate comparable job may also be offered (refer to Policy RE-06 Alternative Work Comparable to the Pre-Injury Job). Where the specific functional abilities prevent a return to the pre-injury or a comparable job, then the most suitable work that is available must be offered to the worker. All the factors of the case must be considered when making decisions on return to work.

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Hierarchy of Return to Work Priorities for Employers with a Re-employment Obligation

	Return to Work Program	Description	Goal	Obligation
Priority 1	Pre-injury Job with modifications	Full Hours; Full pre-injury Duties	Full Return to Work	Worker can perform pre- injury job, employer is obligated to provide pre- injury job or comparable job (refer to RE-06).
Priority 2	Essential Duties of Pre-injury Job	Full hours; Essential duties of pre-injury job (modified work)	Move to Priority 1	Worker can perform pre- injury job, employer is obligated to provide pre- injury job or comparable job (refer to RE-06).
Priority 3	Pre-injury job Modified Work	Full hours; Essential pre- injury duties modified or removed.	Move to Priority 2 or 1.	Worker can perform suitable work, employer obligation is to provide the most suitable work that becomes available.
Priority 4	Pre-injury Job Modified Work	Full hours; Some pre- injury duties;	Move to Priority 3, 2 or 1.	Worker can perform suitable

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		Some non pre-injury duties.		work, employer obligation is to provide the most suitable work that becomes available.
Priority 5	Ease Back to Pre-injury Job	Full pre-injury duties; Gradual return to pre-injury hours.	Move to Priority 2 or 1.	Worker can perform suitable work, employer obligation is to provide the most suitable work that becomes available.
Priority 6	Alternate Work	Full hours; Non pre-injury duties. This should only be utilized in cases where none of the other accommodation options involving the pre-injury job can be provided.	Move to Priority 4, 3, 2 or 1.	Worker can perform suitable work, employer obligation is to provide the most suitable work that becomes available.

Notes:

1. Modifications can be made or purchased at any of the phases within the hierarchy.
2. All phases should be reviewed regularly.
3. Where appropriate, the return to work plan should have a rehabilitative component which uses work as part of the worker's physical recovery from the injury.
4. There may be combinations of the return to work strategies that are appropriate for a particular worker's return to work program.

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PART II

Employers without a Re-employment Obligation

Employers who do not have a re-employment obligation are required to co-operate in early and safe return to work under section 89 of the Act (refer to Policy RE-02). The Commission will cover the costs of necessary accommodations to the work or the workplace where the employer does not have a re-employment obligation.

To achieve the maximum benefit from the early and safe return to work program, the workplace parties should consider each of the priorities listed in the hierarchy table in this section of the policy in the order that they appear and taking into consideration the functional abilities of the worker. The primary objective, where possible, is to maintain the worker's connection to the pre-injury job during the early and safe return to work program. The first priority is to return the worker to the pre-injury job or to modify the pre-injury job. Where the specific functional abilities prevent a return to the pre-injury job, then suitable work that is available consistent with the worker's functional abilities that restores the pre-injury earnings, where possible, must be offered to the worker. All the factors of the case must be considered when making decisions on return to work.

Hierarchy of Return to Work Priorities for Employers without a Re-employment Obligation

	Return to Work Program	Description	Goal
<i>Priority 1</i>	Pre-injury Job with modifications	Full Hours; Full pre-injury Duties	Full Return to Work

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Priority 2	Pre-injury job Modified Work	Full hours; Pre-injury duties modified or removed.	Move to Priority 1.
Priority 3	Pre-injury Job Modified Work	Full hours; Some pre-injury duties; Some non pre-injury duties.	Move to Priority 2 or 1.
Priority 4	Ease Back to Pre-injury Job	Full pre-injury duties; Gradual return to pre-injury hours.	Move to Priority 1.
Priority 5	Alternate Work	Full hours; Non pre-injury duties.	Move to Priority 4, 3, 2 or 1.

Notes:

1. Modifications can be made or purchased at any of the phases within the hierarchy.
2. All phases should be reviewed regularly.
3. Where appropriate, the return to work plan should have a rehabilitative component which uses work as part of the worker's physical recovery from the injury.
4. There may be combinations of the return to work strategies that are appropriate for a particular worker's return to work program.

PART III

Accommodation Covered by the Commission during Labour Market Re-entry Programming

When the hierarchy of return to work priorities discussed in this policy under Parts I and II do not achieve return to work, the Commission may consider labour market re-entry to allow the worker to obtain the necessary skills to re-enter the workforce.

The Commission will cover the cost of an accommodation that is required during a labour market re-entry plan. Where the

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Commission has covered modifications or assistive devices for a worker engaged in a labour market re-entry program, the items will remain the property of the Commission until such time as the worker successfully completes the program. Such items will be returned by the worker in cases where the worker discontinues a program. If these items are required as a condition of employment following the labour market re-entry plan, the Commission may transfer ownership to the worker. The Commission retains the discretion to recover the modifications or assistive devices where the specific circumstances of the case warrant recovery.

PART IV

Accommodation Covered by the Commission for the Purpose of Suitable Employment and Earnings

Following labour market re-entry services (refer to Part III), the Commission may cover accommodation that is necessary for the worker to return to suitable employment and earnings. If modifications or assistive devices (which may include, but are not limited to, modified tools and protective equipment) are required as a condition of employment, the Commission may transfer ownership to the worker. The Commission retains the discretion to recover the modifications or assistive devices where the specific circumstances of the case warrant recovery.

Standard tools or equipment required to perform the normal duties of the suitable employment and earnings are not considered modifications or assistive devices.

PART V

Other Considerations

Determining need for modifications and assistive devices

In determining the need for modifications or assistive devices, the Commission will consider:

- i. the tasks or activities to be performed;

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- ii. the worker's functional abilities;
- iii. any non-work-related disability, handicap, or condition a worker may have;
- iv. any modification or device necessary for the performance of job tasks or activities, and
- v. other factors in the work environment that may affect the worker's ability to perform the job duties.

Costs

In cases where it is determined that the Commission will cover accommodations, this will include the purchase, installation and maintenance costs, and may also include the costs for repair or replacement of appropriate modifications and assistive devices, if necessary.

The modifications or assistive devices remain the property of the Commission and may be recovered from the premises of the employer if the worker leaves the employment.

In cases where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or unintended result, the Commission will decide the case based on its individual merits and justice. Such a decision will be considered for that specific case only and will not be precedent setting.

**EXCEPTIONAL
CIRCUMSTANCES**

APPENDIX 2

WHSCC Policy RE-15

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POLICY NUMBER: **RE-15**
SUBJECT: **DETERMINING SUITABLE
EMPLOYMENT AND
EARNINGS**

REFERENCE

Workplace Health, Safety and Compensation Act (the Act), Sections 19, 54, 55, 62, 73-75, and 89.2.

POLICY STATEMENT

The Commission determines suitable employment and earnings for a worker when deciding whether the worker requires a labour market re-entry plan.

Suitable employment is a category of jobs that are safe, suited to the worker's transferable skills, within the worker's functional abilities and aptitude, and will reduce or eliminate the loss of earnings resulting from the injury. Capacity to work and earn -- not the availability of employment opportunity -- is the relevant factor.

Earnings associated with suitable employment are based on either average entry wages, average wages, or actual wages for the suitable employment. The Commission shall rely on provincial wage rate information which establishes average entry and average wages.

**NATIONAL
OCCUPATIONAL
CLASSIFICATION (NOC)**

The Commission will use the National Occupational Classification as a tool to help identify suitable employment and earnings.

Developed by Employment and Immigration Canada in Cooperation with Statistics Canada, the National Occupational Classification is a comprehensive system that classifies and describes occupations in the Canadian labor market according to skill level and type. The National Occupational Classification is a three-level structure that consists of 26 major groups, 139 minor groups, and 522 unit groups. Each group has its own code.

Major group

A two-digit code is assigned to the major group level. The first digit identifies the skill type category and the second digit identifies the skill level category.

Minor group

The third digit, given to the minor group level, focuses specifically on the types of jobs suitable for workers with the identified skill

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type and skill level.

Unit group

The fourth digit, added at the unit group level, identifies specific jobs. The provincial wage rate information used by the Commission is based on wages gathered at this occupational level.

Example:

The National Occupational Classification code for Payroll Clerks is 1432, which can be broken down as follows:

Major Group = 14 Clerical Occupations

Minor Group = 143 Finance & Insurance Clerks

Unit Group = 1432 Payroll Clerks

Other National Occupational Classification's within this 143 minor group are, for example, General Office Clerks, Typists and Word Processing Operators, Records and File Clerks, and Receptionists and Switchboard Operators

Within the same National Occupational Classification (Unit group) there will be variations in physical and other demands from one job to the next (depending upon the needs of the specific workplace).

Determining Suitable Employment

The Commission will determine suitable employment by identifying an appropriate major group and a minor group using the National Occupational Classification system. Once the major group is identified, the minor group is selected considering the worker's skill type, skill level, employment history, and transferable skills. While it is possible that a worker may be capable of suitable work in more than one minor group, the most appropriate is chosen based on the above considerations.

If the worker needs new skills, consideration is given to the worker's aptitudes and qualifications when determining an appropriate minor group.

Where factors other than the compensable injury are preventing the worker from participating in a reasonable and feasible labour market re-entry plan, the worker will, at a minimum, be considered capable of suitable employment within National Occupational Classification

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“labouring and elemental occupations” minor groups for the minimum wage.

**Determining Suitable
Earnings**

The Commission will adopt a flexible approach for determining estimated earning capacity which relies on the use of average entry wages, average wages, or actual wages, whichever is more equitable.

When determining the worker's entitlement at the completion of a labour market re-entry plan, earnings for workers whose plan involves acquiring a new skill set or entering a new field (changing major groups), will be based on the worker's pre-injury indexed earnings less the:

- average entry wages for the applicable minor group, or
- the worker's actual earnings if higher.

For workers whose labour market re-entry plan is designed to improve existing or transferable skills, benefit entitlement at the completion of the plan will be based on the worker's pre-injury indexed earnings less the:

- average wages for the applicable minor group, or
- the worker's actual earnings if higher.

APPENDIX 3

WHSC Act Section 89 and 89.1

WHSCC Act Section 89 and 89.1

Duty to co-operate in return to work

89. (1) An employer shall co-operate in the early and safe return to work of a worker injured in his or her employment by,
- a) contacting the worker as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery;
 - b) providing suitable employment that is available and consistent with the worker's functional abilities and that, where possible, restores the worker's pre-injury earnings;
 - c) giving the commission the information the commission may request concerning the worker's return to work; and
 - d) doing other things that may be prescribed in regulations made under section 123.
- (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;
 - 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, where possible, restores his or her pre-injury earnings;
 - c) accepting suitable employment identified under paragraph (b);
 - d) giving the commission the information the commission may request concerning the worker's return to work; and
 - e) doing other things that may be prescribed in regulations made under section 123.
- (3) The commission may contact the employer and the worker to monitor their progress on returning the worker to work to determine whether they are fulfilling their obligations to co-operate and to determine whether any assistance is required to facilitate the worker's return to work.
- (4) The employer or the worker shall notify the commission of any difficulty or dispute concerning their co-operation with each other in the worker's early and safe return to work.

- (5) The commission shall attempt to resolve the dispute through mediation and, if mediation is not successful, shall decide the matter within 60 days after receiving the notice or within the longer period that the commission may determine.
- (6) Where mediation is provided under this section, the mediator shall not participate in a hearing or proceeding in relation to the subject of the mediation without the consent of the parties to the hearing or proceeding.
- (7) Where the commission determines that a worker has failed to comply with this section, the commission may suspend, reduce or terminate the worker's compensation.
- (8) Where the commission determines that an employer has failed to comply with this section, the commission may levy a penalty on the employer not exceeding the cost to the commission of providing benefits, return to work and rehabilitation services to the worker while the non-compliance continues.
- (9) A penalty payable under subsection (8) is an amount owing to the commission and may be added to the employer's assessment and payment enforced under section 118.

2001 c10 s21

Obligation to re-employ

- 89.1 (1) An employer of a worker who has been unable to work as a result of an injury and who, on the date of the injury, had been employed continuously for at least one year by the employer shall offer to re-employ the worker in accordance with this section.
- (2) This section applies only to an employer and a worker who had been in an employment relationship for a continuous period of one year immediately prior to the date of the worker's injury.
 - (3) This section does not apply to an employer who regularly employs fewer than 20 workers.
 - (4) The commission may determine the following matters on its own initiative or shall determine them if a worker and an employer disagree about the fitness of the worker to return to work:
 - a) where the worker has not returned to work with the employer, whether the worker is medically able to perform the essential duties of his or her pre-injury employment or to perform suitable work; and
 - b) where the commission has previously determined that the worker is medically able to perform suitable work, whether the worker is medically able to perform the essential duties of the worker's pre-injury employment.

- (5) When a worker is medically able to perform the essential duties of his or her pre-injury employment, an employer to whom this section applies shall,
- a) offer to re-employ the worker in the position that the worker held on the date of injury; or
 - b) offer to provide the worker with alternative employment of a nature and at earnings comparable to the worker's employment on the date of injury.
- (6) When a worker is medically able to perform suitable work but is unable to perform the essential duties of his or her pre-injury employment, an employer to whom this section applies shall offer the worker the first opportunity to accept suitable employment that may become available with the employer.
- (7) An employer to whom this section applies shall accommodate the work or the workplace for the worker to the extent that the accommodation does not cause the employer undue hardship.
- (8) An employer is obligated under this section until the earliest of,
- a) 2 years after the date of injury;
 - b) one year after the worker is medically able to perform the essential duties of his or her pre-injury employment; and
 - c) the date on which the worker reaches 65 years of age.
- (9) Where an employer re-employs a worker in accordance with this section and then terminates the employment within 6 months, the employer is presumed not to have fulfilled the employer's obligations under this section.
- (10) An employer may rebut the presumption in subsection (9) by showing that the termination of the worker's employment was not related to the injury.
- (11) Upon the request of a worker or on its own initiative, the commission shall determine whether an employer has fulfilled the employer's obligations to the worker under this section.
- (12) The commission is not required to consider a request under subsection (11) by a worker who has been re-employed and whose employment is terminated within 6 months where the request is made more than 3 months after the date of termination of employment.
- (13) Where the commission decides that an employer has not fulfilled the employer's obligations to a worker, the commission may,
- a) levy a penalty on the employer not exceeding the amount of the worker's net average earnings for the 12 months immediately preceding the beginning of the loss of earnings as a result of the injury; and

- b) make payments to the worker for a maximum of one year as if the worker were entitled to payments under section 74.
- (14) A penalty payable under subsection (13) is an amount owing to the commission and may be added to the employer's assessment and payment enforced under section 118.
- (15) Where this section conflicts with a collective agreement that is binding upon an employer, and the employer's obligations under this section give a worker greater re-employment terms than does the collective agreement, this section prevails over the collective agreement.
- (16) Subsection (15) shall not operate to displace the seniority provisions of a collective agreement.
- (17) This section shall only apply in respect of an injury to a worker which occurs on or after January 1, 2002 .

APPENDIX 4

Injury Reporting System

In case of an Injury at Work

Here's what to do...

INJURED WORKERS . . .

- ① Get first aid, if necessary.
- ② Report the injury/incident before leaving the workplace (if possible) to:

For a copy of applicable forms, please contact person designated by employer

- ③ Seek timely medical treatment and advise doctor you were hurt on the job.
- ④ Bring the Doctor's Report of Injury (Form 8/10) back to your employer as soon as possible (the next working day).
- ⑤ Complete a Worker's Report of Injury (Form 6) and submit to the Workplace Health, Safety and Compensation Commission (the Commission) as soon as possible by faxing toll free to 1-800-276-5257 or (709)778-1302.

EMPLOYERS . . .

- ① Transport your injured worker to appropriate medical care.
- ② Complete an Employer's Report of Injury (Form 7) and submit to the Commission (within three days).
- ③ Complete an Employer Incident Report Form and keep it at your workplace.
- ④ Determine the cause of the injury and take action to prevent further injuries.
- ⑤ Work with your injured worker to develop an Early and Safe Return-to-Work plan and submit to the Commission (within five days of receiving the Doctor's Report of Injury — Form 8/10).
- ⑥ Provincially regulated employers must report "serious injuries" [see OHS Act, s.54(3)]. Call the 24 hour Accident Reporting Line (709)729-4444.
- ⑦ Federally regulated employers must report "serious occurrences" [see Canada Labour Code Part II, Part XV, s.15.5]. Call (709)772-5022 or after hours call collect 0-506-851-6644.

Employer Information

APPENDIX 5
Hazard Report Form



SECTION ONE: To Be Completed By Employee

Location of Hazard: _____

Description of Hazard

PLEASE SUBMIT THIS REPORT TO YOUR IMMEDIATE SUPERVISOR

SECTION TWO: To Be Completed By Supervisor

Part A PROBABILITY OF ACCIDENT/INJURY

- 1 Low Probability of Loss Occurring
- 2 Moderate Probability of Loss Occurring
- 3 High Probability of Loss Occurring

SEVERITY RATING

- 1 Negligible: First Aid Injury/Illness
- 2 Marginal: Minor Injury/Illness, Medical Aid
- 3 Critical: Serious Injury/Illness, Lost-Time, No Permanent Disability
- 4 Catastrophic: Life Threatening, Fatality, Permanent Disability



Workplace Health, Safety and Compensation Commission

Part B **To Be Completed By Supervisor Upon Implementation of
Temporary/Permanent Control Measures**

Corrective Action Taken

Part C **To Be Completed By Supervisor Where Appropriate Controls Are
Unable To Be Implemented**

Suggested Corrective Action

Signature of Supervisor: _____

Date: / /
YY MM DD



Workplace Health, Safety and Compensation Commission

PLEASE SUBMIT THIS REPORT TO THE DIRECTOR OF THE
HUMAN RESOURCES/FACILITIES MANAGEMENT DEPARTMENT
SECTION THREE: To Be Completed By Director of the HR/FM Department

- Agree With Corrective Action Taken By Supervisor
No Further Action Required
- Further Corrective Action Required (See Below)

Further Corrective Action

Signature of Director, HR/FM: _____

Date: / /
YY MM DD

SECTION FOUR: To Be Completed By The OH&S Committee

Comments

Supervisor's Follow-up Evaluation To Be Completed By: _____

Date: / /
YY MM DD

Reviewed By: _____

Date: / /
YY MM DD



Workplace Health, Safety and Compensation Commission

Reviewed By: _____

Date: / /
 YY MM DD

SECTION FIVE: To Be Completed By Supervisor

Follow-up Evaluation

(Supervisor's Report on the Effectiveness of Implemented Controls)

Signature of Supervisor: _____

Date: / /
 YY MM DD

**PLEASE RETURN THIS REPORT TO THE DIRECTOR OF THE
HUMAN RESOURCES/FACILITIES MANAGEMENT DEPARTMENT**

APPENDIX 6

Hazard Procedure 15.04

Procedure 15-04: Hazard Reporting

15-04.00 OVERVIEW

Although the hazard assessment process is the primary tool used to identify and control hazards in the workplace, conditions and practices that may result in accidents/incidents can be corrected by allowing employees to immediately report hazards as they notice them. WHSCC encourages employees to report hazardous conditions by using the following procedure.

15-04.01 EMPLOYEE'S RESPONSIBILITIES

Employees must report all unsafe conditions and acts to their immediate supervisor by obtaining the appropriate form from the Human Resources Intranet and providing all required information under the section that has been identified for the employee's completion. This section requires employees to specify the location of the hazard as well as to provide a description of the hazard.

15-04.02 SUPERVISOR'S RESPONSIBILITIES

Supervisors must make every effort to immediately address reported hazards by eliminating hazards completely or implementing appropriate hazard controls. If possible, supervisors must identify the severity and probability that a hazard may result if an accident or injury were to occur. In addition, supervisors are to report the temporary/permanent control measures that have been implemented by completing the appropriate sections of the form that was submitted by the employee. Supervisors must also inform the employee who reported the hazard of the remedial action that has been taken.

Supervisors who are unable to eliminate reported hazards or implement appropriate controls must make possible suggestions for corrective action under the corresponding section of the report form. Upon completion, supervisors will submit all reported hazards to the Director of the Human Resources/Facilities Management Department.

15-04.03 REVIEW BY DIRECTOR OF THE HUMAN RESOURCES/FACILITIES MANAGEMENT DEPARTMENT

The Director of the Human Resources/Facilities Management Department will indicate whether he/she agrees with the corrective action taken by the supervisor or will identify any further action that is required. The Director of the Human Resources/Facilities Management Department will also inform the supervisor and the employee who reported the hazard of the controls that have been or will be employed.

15-04.04 REVIEW BY OCCUPATIONAL HEALTH AND SAFETY COMMITTEE

The Director of the Human Resources/Facilities Management Department will provide a copy of the report to the Occupational Health and Safety Committee. The committee may make further suggestions for remedial action under the specified section of the form, however the decision to introduce further changes will be coordinated by the Director of Human Resources/Facilities Management. At the discretion of the Occupational Health and Safety Committee and depending on the severity of the reported hazard, the committee will decide on an appropriate date at which the supervisor's follow-up evaluation should be completed. A representative from the committee will be responsible for notifying the supervisor of this date and for returning the form to him/her.

15-04.05 FOLLOW-UP EVALUATION

The supervisor must comment on the effectiveness of the control measures that have been applied in response to the reported hazard by completing the designated section of the form. Once completed, the report must be returned to the Director of the Human Resources/Facilities Management Department.

APPENDIX 7

Accident /Incident Report Form



Workplace Health, Safety and Compensation Commission

INCIDENT/ACCIDENT REPORT FORM

"This form is also to be used for reporting discomfort/pain due to workstation set up, i.e. ergonomics related incidents"

(Please complete Parts I - IV for all cases including ergonomics related incidents - This form must be completed as soon as possible after an incident/accident and must be given to your supervisor before leaving the employer's premises for the day)

Part I: General Information

Employee Name: _____ Current Title: _____
Division: _____
Department: _____
Supervisor: _____

Date of Injury: _____ Time of Injury: _____
Approximate date of onset, if no specific date of injury: _____
Date Reported: _____ Time Reported: _____
Reported to: _____ Witnessed by: _____

Part II: Part of Body

Shoulder	L	R	Wrist	L	R	Knee	L	R
Eye	L	R	Thumb	L	R	Ankle	L	R
Arm	L	R	Hip	L	R	Foot	L	R
Elbow	L	R	Leg	L	R			

Please circle L for left and R for right

Head		Chest		Back	
Neck		Abdomen		Toe	
Finger					

Please check appropriate box. Specify which finger or toe, and if it is upper, middle or lower back.

Other: _____

Part III: Type of Accident/Incident

Slip	•	Lifting	•	Struck By	•	Electric	•
Trip	•	Bending	•	Struck Against	•	Foreign Object	•
Fall	•	Reaching	•	Cut	•	Machinery	•
Repetitive Motion	•	Workstation Set-up/ Posture	•	Environmental	•		

Other: _____

Object, equipment, etc inflicting injury: _____

What contributed most directly to this incident and why?: _____

What action has been taken to prevent recurrence for this employee and/or other staff? _____



Workplace Health, Safety and Compensation Commission

Part IV: Supervisor's Rating

(With the exception of workstation reviews, the supervisor should notify Human Resources immediately upon receiving this form and should forward immediately after completion)

Loss Severity Potential	Recurrence Potential	Major Contributing Factors
• Major (death or permanent disability)	• Frequent (likely to recur soon)	• Machinery/Equip. Failure
• Serious (long term illness, weeks or months in lost time)	• Occasional (likely to recur sometime)	• Lack of Training
• Minor (medical attention, lost time in days)	• Rare (could happen but very rare)	• Unsafe Work Practice
		• Workstation Setup

Were modified duties offered? _____ Y _____ N

Please describe _____

Were alternate duties offered? _____ Y _____ N

Were changes to equipment made? (describe) _____

I have reviewed and understood this report _____
(Employee Signature)

Supervisor Signature: _____

(Unless a workstation review is required, please forward this form to HR immediately after the pressing issue has been addressed and the employee has signed the form in this section)

Part V: Workstation Review (If a workstation review is required, complete this section as well as sections IV, then forward this form to HR for follow up)

Date of Request: _____

General Description of Problem(s) _____

Are you right or left handed? _____ Your height is: _____

When did you first experience the above-referenced problem? _____

Has the problem worsened over time? _____ Y _____ N

Are you currently receiving treatment for the above-referenced problem? _____ Y _____ N

Part VI: (For Ergonomics Committee Members Use Only) Date Received: _____

Comments (suggestions for improvements)

APPENDIX 8

Hazard Procedure 15.01

Procedure 15-01: Accident/Incident Reporting

15-01.00 OVERVIEW

Accidents and incidents (near misses) can occur at any time while employees are in the workplace. When an accident or incident occurs, it is critical that any injuries requiring first aid and/or medical attention are attended to immediately. Equally critical however, is the determination of how an accident or incident occurred and how similar accidents or incidents can be prevented in the future. This can only be achieved through the sharing of information surrounding accidents and incidents.

15-01.01 ACCIDENTS AND INCIDENTS

The term accident refers to any unplanned event that interrupts the completion of an activity and results in injury or property damage.

The term incident refers to any undesired event, that under slightly different conditions, could have resulted in injury or property damage. While this definition categorizes incidents as a single event, employees should be aware that any pain or discomfort experienced as a result of an ergonomics hazard, such as an improperly arranged workstation, should also be considered an incident as there is the possibility that an injury may result if the hazard is not recognized and controlled.

15-01.02 REPORTING ACCIDENTS AND INCIDENTS

Employees must report **all** accidents involving physical injury or property damage to their supervisor immediately following the accident or before leaving the employer's premises. Employees must report **all** incidents that may have resulted in physical injury or property damage to their supervisor as soon as is practical. The employee must obtain the appropriate **form** from the Human Resources Intranet and provide all required information under the sections that have been identified for the employee's completion. The employee must submit this form to his/her immediate supervisor who will complete the required section in consultation with the employee. When both the employee and the supervisor have signed the form indicating that they agree to its contents, the supervisor must forward it to the Human Resources/Facilities Management Department.

The information provided on this form will be used to conduct an appropriate accident/incident investigation, as outlined in Procedure HR 15-02: Accident/Incident Investigations, and will help to maintain an effective Occupational Health and Safety Program as well as a safe working environment for all WHSCC employees.

Accidents that result in serious injuries, such as those outlined under Section 54 of the Occupational Health and Safety Act, will be reported immediately to the Department of Labour by the Human Resources Division.

15-01.03 ERGONOMICS RELATED INCIDENTS

An employee who experiences pain or discomfort that is believed to be attributed to ergonomics is encouraged to make changes to his/her workstation setup based on his/her knowledge and understanding of basic office ergonomics as provided in the staff orientation program, see Procedure HR 3-06: Orientation. If the employee requires assistance in making the changes or if after making the changes the problem is not corrected, the employee must report the incident to his/her immediate supervisor.

When an employee reports an ergonomics related incident, the supervisor must make every effort to work with the employee to correct the problem. For example, if it appears that the

employees' discomfort could be alleviated through the use of a specific piece of equipment, the supervisor is expected to contact the Human Resources/Facilities Management Department to obtain the necessary equipment. However, if after discussing the nature of the problem with the employee the supervisor is unsure of how it can be solved or believes that the employee's workstation requires modifications that are beyond his/her control, the supervisor must direct the employee to obtain the appropriate form from the Human Resources Intranet. The employee must provide all required information under the sections that have been identified for the employee's completion including the section to request a workstation review. The employee must submit this report form to his/her immediate supervisor who will complete the required section in consultation with the employee.

When the employee and the supervisor have signed the form indicating that they agree to its contents, the employee must forward it to the Human Resources/Facilities Management Department. A representative from this department will submit the form to the chairperson of the ergonomics committee who will appoint a member of the committee to follow up with a visit to the employee's work area.



Workplace Health, Safety and Compensation Commission

146-148 Forest Road, P.O. Box 9000, St. John's, NL A1A 3B8

Telephone: (709) 778-1000

Fax: Toll Free 1-800-276-5257, Fax: St. John's (709) 778-1302

www.whscc.nf.ca

June, 2004

CLAIM NUMBER

THIS NUMBER WILL BE ASSIGNED
BY WHSCC WHEN THE FIRST
REPORT OF INJURY IS RECEIVED. IT
SHOULD THEN BE QUOTED ON ALL
CORRESPONDENCE

FORM

6

WORKER'S REPORT OF INJURY

ALL WORKERS MUST CO-OPERATE IN EARLY AND SAFE RETURN-TO-WORK

FORM SHOULD BE FILED WITHIN 3 DAYS OF THE INJURY.

Part 1 - TO BE COMPLETED IN ALL CASES INVOLVING WAGE LOSS AND/OR VISIT TO A PHYSICIAN/CHIROPRACTOR

WORKER'S SURNAME		GIVEN NAMES				
WORKER'S ADDRESS		MCP NUMBER				
WORKER'S TOWN		PROV.	POSTAL CODE			
FE TH	YEAR	MONTH	DAY	GENDER M F	SOCIAL INSURANCE NUMBER	TELEPHONE NO.
EMPLOYER'S NAME						
EMPLOYER'S ADDRESS						
EMPLOYER'S TOWN		PROV.	POSTAL CODE			
NO.		FAX NO.	TELEPHONE			

1. Date and time of injury.
Year _____ Month _____ Day _____ Hour _____ am
pm
Date and time injury reported to employer.
Year _____ Month _____ Day _____ Hour _____ am
pm
Date and time of first medical visit.
Year _____ Month _____ Day _____ Hour _____ am
pm
2. Give the first day you missed work after the injury.
Year _____ Month _____ Day _____
3. To whom was the report made?
Name: _____
Title: _____
4. How many workers does your employer regularly employ?
(see re-employment obligation below.)
less than 20 _____ 20 or more _____

How long have you worked for your employer? years _____ or other (specify) _____

Are you? full-time _____ part-time _____ seasonal _____ casual _____ 6. Occupation: _____

Are you an owner or partner of the business? Yes _____ No _____

Did you notify your Occupational Health & Safety Committee or Workplace Health & Safety Representative of this injury? Yes _____ No _____

Did injury occur on employer's premises? Yes _____ No _____ State the injury worksite location and address. _____

Was the work being done for the purpose of the employer's business? Yes _____ No _____

How did this injury occur? Indicate the size, weight and description of any object, tool, machine, substance or equipment which was being handled or involved. _____

Describe the injury, mentioning the part of the body and if applicable, whether right or left side. _____

Give the names and addresses of witnesses (if any).
1. _____
2. _____

Give name of attending doctor: _____

and clinic/hospital: _____

Answer the following questions in as much detail as possible (attach separate sheet if necessary).

Describe what you were doing when you felt pain. _____

Was the pain felt immediately? Yes _____ No _____

Did you fall? Yes _____ No _____ If Yes, from what height? _____

Did you experience pain elsewhere? Yes _____ No _____ If Yes, describe. _____

Did you have any unusual feelings, i.e. numbness, tingling, weakness? Yes _____ No _____

If Yes, describe. _____

Did you stop working immediately? Yes _____ No _____ If No, when did you stop? _____

Have you returned to work? Yes _____ No _____ If Yes, when? _____

If No, how much longer does your doctor expect you to be off? _____

Complete Part 2 in all cases involving lost-time greater than the day of the injury.

EMPLOYMENT OBLIGATION

Re-employment obligation may exist if there are 20 or more workers with your employer and if you have been continuously employed for greater than one year. Contact your employer to determine if this re-employment obligation applies to you.

WORKER MUST SIGN BELOW

I authorize the Commission to obtain any information for the management of my claim and to share such information, including medical information, with external sources authorized by the Commission including, but not limited to, Human Resources Development Canada and Human Resources and Employment. I declare this form is complete and correct and understand that giving false information or omitting relevant information is a serious offense.

Signature _____

Date _____

PLEASE COMPLETE REVERSE. BOTH SIDES
OF DOCUMENT MUST BE SIGNED.

WHSCC USE ONLY

IMPORTANT: BOTH SIDES OF DOCUMENT MUST BE SIGNED.

Date of Injury _____ YEAR _____ MONTH _____ DAY _____

T 2 - TO BE COMPLETED IN ALL CASES INVOLVING LOST-TIME GREATER THAN THE DAY OF INJURY

If you worked since your injury please give dates.

Period Worked Since Injury	From	Year	Month	Day	To	Year	Month	Day	Total earnings for this period	\$	Has your employer paid you any other amounts during your disability?	Yes	No

What were your gross earnings at the time of the injury? \$ _____ Indicate hourly, weekly, or specify, if other. _____

Show normal work week by entering hours worked each day.

Week 1	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Week 2	Sun	Mon	Tue	Wed	Thur	Fri	Sat

Is this your first claim with the Commission? Yes _____ No _____ If No, are you currently receiving any Commission benefits (including permanent disability pension)? Yes _____ No _____

Will you or are you receiving any benefits other than from the Commission? Yes _____ No _____

Yes, please specify if it is salary or other benefits from an employer. _____

Yes, please specify if it is Employment Insurance, Post-TAGS benefits, etc. Explain. _____

Have you asked your employer about returning to modified/light duties during your recovery? Yes _____ No _____

Has your employer offered you alternate/modified duties? Yes _____ No _____ If Yes, are you currently participating in these duties? Yes _____ No _____

Please choose the ones that best describe your status for income tax purposes:

- ☐ Married and claiming no exemption for spouse (spouse working)
☐ Married and claiming full exemption for spouse or equivalent
☐ Claiming for a disabled dependent relative
☐ Other _____

7. Do you want to authorize your spouse, other family member, a union representative, lawyer or MHA to access information on your claim?
 Yes _____ No _____ If Yes, please name the individual: _____

(You may change this person anytime by completing a WHSCC Form 13.)

T 3 - PREVIOUS PROBLEMS

Do you have problems of this nature before? Yes _____ No _____ If Yes, please explain in the chart below.

Previous Problems	Year	Part of Body	Indicate Left or Right	WHSCC Claim		Saw Specialist		Tests				Surgery		Comments (attach additional paper if necessary)
				Yes	No	Yes	No	CT Scan	MRI	X-Ray	Other	Yes	No	
Problem														
Problem														
Problem														
Problem														

T 4 - TO BE COMPLETED BY WORKERS ON FISHING VESSELS

Vessel Name / Type / Length _____

Personal Commercial Fishing Licence Year _____ Number _____ Date of Issue _____

Master's Name _____ Phone _____

Address _____ City/Town _____ Prov. _____ Postal Code _____

Are your earnings based on a share of the catch? Yes _____ No _____ If so, describe the share arrangement. _____

What overall expenses (i.e. gas, clothing, equipment, food, etc.) do you share and claim? _____

How vessel's sales for the four weeks prior to date of injury.

Fish Buyer's Name, Address & Phone Number	Gross Sales	Periods Fished

Signature _____ Date _____

IMPORTANT: BOTH SIDES OF DOCUMENT MUST BE SIGNED.

APPENDIX 10

Physicians Report of Injury – Form 8/10

INSTRUCTIONS FOR COMPLETING PHYSICIAN'S FORM 8/10

REPORTING RESPONSIBILITIES

There are three (3) copies: **USE A BALL POINT PEN AND PRESS FIRMLY.**

The Form 8/10 must be complete and legible.

The Physician's "Initial Assessment" Report – must be submitted to WHSCC the first time a physician attends a patient for a work related injury or illness.

The Physician's "Progress Reports" – are submitted on the same Form 8/10 – please indicate Initial Assessment or Progress Report on form. Progress Reports should only be submitted when there is a significant change in the worker's condition, treatment or return-to-work plan.

"Complete" – means that all sections are answered, especially pertinent injury history, objective clinical findings, diagnosis, treatment plan, work capability (see below), and any other conditions/factors which may be affecting recovery.

"Legible" – means that the report can be read in its entirety without undue difficulty.

Reports which are not complete and/or legible will be returned.

The physician must provide the employer's copy of the Form 8/10 to the injured worker who will then give it to their employer. Sections outlined in red are required for the employer's copy.

WORK CAPABILITY

Section 89.3 of the *Workplace Health, Safety and Compensation Act* states, "...a health care provider shall give the Commission, the worker and the employer information concerning the worker's functional abilities on the form that may be required by the Commission."

PHYSICIAN MUST COMPLETE EITHER:

A and C or; B and C or; D with explanation

Worker has no functional limitations; or

Worker has functional limitations which are identified and explained with a duration estimated in days or weeks; or

Worker has no limitations in work hours (select "Pre-accident/injury hours" in section C) or requires "modified" or "graduated" hours.

Not capable of any work at this time (**an explanation is required**) and estimation when worker can return to work in any capacity.

If the Work Capability section is not completed as above, the report will be considered incomplete and will be returned.

EXAMPLES OF EXPLANATIONS FOR FUNCTIONAL LIMITATIONS:

Use of upper extremities:

- ♦ Restricted in use of dominant or non-dominant upper extremity only.
- ♦ Restricted from activities above shoulder height.
- ♦ Restricted from repetitive activities.
- ♦ Restricted from performing repetitive movements against resistance and/or gripping.

Standing for longer than _____ minutes/hours (estimate).

Walking for longer than _____ minutes/hours (estimate).

Sitting for longer than _____ minutes/hours (estimate).

• Limitations due to medications:

- ♦ Unable to drive vehicles or equipment.
- ♦ Unable to operate motorized equipment.

• Limitations due to environmental conditions:

- ♦ Unable to work in cold temperatures.
- ♦ Restrict from exposure to specific chemicals (name them).

• Other:

- ♦ Restricted from safety sensitive work situations.
- ♦ Restricted from work activities at heights.

The above are intended to demonstrate possible explanations for specific functional limitations and are not intended to be all-inclusive.

Workplace Health, Safety and Compensation Commission

Area	Regular Telephone	Toll Free Telephone	Regular Fax Number	Toll Free Fax Number
St. John's	(709) 778-1000	1-800-563-9000	778-1049	
Corner Brook	(709) 637-2700	1-800-563-2772	639-1018	1-866-553-5119
Grand Falls-Windsor	(709) 489-1600	1-800-563-3446	463-1613	

Please complete and fax to: Workplace Health, Safety and Compensation Commission

Fax: Toll Free 1-866-553-5119

NOTE: PHYSICIAN'S FORM 8/10 MUST BE FAXED ONLY

VISIT & INITIAL REPORT ☐
VISIT & FOLLOW-UP REPORT ☐
VISIT ONLY - NO REPORT ☐

FORM
8/10

**NOTE: THIS FORM IS
TO BE FAXED ONLY**

PHYSICIAN'S REPORT

CLAIM NUMBER		MCP		PHYSICIAN'S NAME													
WORKER'S - SURNAME		GIVEN NAME(S)		ADDRESS													
WORKER'S - ADDRESS				PROV.	POSTAL CODE												
CITY OR TOWN		PROV.	POSTAL CODE	DR'S PHONE NO.	ARE YOU BILLING WHSCC FOR THIS VISIT ON THIS FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MCP FEE CODES (amount not req.) REPORTING FEE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO												
TELEPHONE NUMBER		DATE OF BIRTH	YEAR	MONTH		DAY											
NAME OF EMPLOYER				DR'S BILLING NO.													
OCCUPATION/TYPE OF WORK				DATE OF INJURY													
				DATE OF VISIT													
<table border="1"> <tr> <td colspan="2">MCP FEE CODE</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						MCP FEE CODE											
MCP FEE CODE																	

DESCRIBE INJURY HISTORY (1st visit only) or relevant changes since previous reports

PERTINENT OBJECTIVE FINDINGS

RELEVANT PAST HISTORY

PART OF BODY INJURED

DIAGNOSIS

FURTHER INVESTIGATION (e.g.: radiology, specialist, surgery)

DATE(S)

Do you want WHSCC to arrange an appointment with (please attach a referral letter) ☐ Orthopedics ☐ Neurology ☐ Neurosurgery

REFERRED FOR OTHER TREATMENT MODALITIES?

IF YES, PROVIDE DETAILS

☐ YES ☐ NO

☐ Physiotherapy

☐ Occupational Rehabilitation (clinic-based, work-site based, FCE, etc.)

☐ Chiropractic

☐ Other, Explain _____

MEDICATIONS PRESCRIBED: (drug name, dose & quantity for each)

Are opioids being prescribed?

Yes ☐ No ☐

A. ☐ Patient has no functional limitations

B. ☐ Patient has functional limitations based on my clinical findings and patient's report

☐ Lifting

☐ Use of upper extremity (explain)*

☐ Walking*

☐ No lifting

☐ Bending, twisting or kneeling

☐ Sitting*

☐ < 10 lbs

☐ Climbing stairs/ladders

☐ Limitations due to medications*

☐ < 20 lbs

☐ Standing*

☐ Limitations due to environmental conditions*

☐ < 50 lbs

☐ Other (see cover sheet for examples)*

* Explanation _____

Estimate duration of functional limitation (days/weeks) _____

C. RECOMMENDED WORK HOURS: ☐ Pre-accident/injury hrs. _____ ☐ Modified hrs. _____ ☐ Graduated hrs. _____

D. ☐ NOT CAPABLE OF ANY WORK AT THIS TIME: EXPLAIN _____

Estimate time before the patient will be able to return in any capacity _____ days ☐ 1 week ☐ 2 wks. ☐ 3 wks. ☐ > 3 wks.

☐ Reviewed details of report with patient

Date of next visit _____

Other conditions/factors affecting recovery/return to work

I certify that this is a complete and accurate report. The fees are in accordance with the WHSCC Medical Fee Schedule and I have received no prior payment. I have read and understand the reporting responsibilities in the instructions.

Physician's Signature: _____

Date: _____

WHSCC USE ONLY

WHITE - PHYSICIAN

YELLOW - EMPLOYER (PATIENT TO RETURN TO EMPLOYER)

BLUE - WORKER

VISIT & INITIAL REPORT ☐
VISIT & FOLLOW-UP REPORT ☐
VISIT ONLY - NO REPORT ☐

FORM
8/10

**NOTE: THIS FORM IS
TO BE FAXED ONLY**

PHYSICIAN'S REPORT

CLAIM NUMBER	MCP	PHYSICIAN'S NAME
WORKER'S - SURNAME	GIVEN NAME(S)	ADDRESS
WORKER'S - ADDRESS	PROV.	POSTAL CODE
CITY OR TOWN	PROV.	POSTAL CODE
TELEPHONE NUMBER	DATE OF BIRTH	DR'S PHONE NO.
NAME OF EMPLOYER	YEAR	MONTH
OCCUPATION/TYPE OF WORK	DAY	DATE OF INJURY
		DATE OF VISIT

PART OF BODY INJURED

FURTHER INVESTIGATION (e.g.: radiology, specialist, surgery)

DATE(S)

Do you want WHSCC to arrange an appointment with (please attach a referral letter)

☐ Orthopedics

☐ Neurology

☐ Neurosurgery

REFERRED FOR OTHER
TREATMENT MODALITIES?

☐ YES

☐ NO

A. ☐ Patient has no functional limitations

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☐ Lifting

☐ No lifting

☐ < 10 lbs

☐ < 20 lbs

☐ < 50 lbs

☐ Use of upper extremity (explain)*

☐ Bending, twisting or kneeling

☐ Climbing stairs/ladders

☐ Standing*

☐ Walking*

☐ Sitting*

☐ Limitations due to medications*

☐ Limitations due to environmental conditions*

☐ Other (see cover sheet for examples)*

* Explanation

Estimate duration of functional limitation (days/weeks)

C. RECOMMENDED WORK HOURS:

☐ Pre-accident/injury hrs.

☐ Modified hrs.

☐ Graduated hrs.

D. ☐ NOT CAPABLE OF ANY WORK AT THIS TIME: EXPLAIN

Estimate time before the patient will be able to return in any capacity

☐ 1 week

☐ 2 wks.

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☐ > 3 wks.

☐ Reviewed details of report with patient

Date of next visit

I certify that this is a complete and accurate report. The fees are in accordance with the WHSCC Medical Fee Schedule and I have received no prior payment. I have read and understand the responsibilities in the instructions.

Physician's Signature: _____

Date: _____

WHSCC USE ONLY

WHITE - PHYSICIAN

YELLOW - EMPLOYER (PATIENT TO RETURN TO EMPLOYER)

BLUE - WORKER

All employers and workers are obligated under the *Workplace Health, Safety and Compensation Act* to co-operate in the worker's early and safe return to suitable and available employment with the injury employer while the worker is receiving active medical rehabilitation for a work injury.

The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

The worker is responsible for providing the employer's copy of the Form 8/10, Physician's Report, to the employer by the next working day following the doctor's visit. If a worker cannot provide the form in person he/she must contact the employer and provide the info by telephone, email or fax.

Worker co-operation:

- (i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- (iii) accept suitable employment when identified; and
- (iv) give the Commission any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

- (i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work process. The Commission will pay the differential, if any, between the salary earned during early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

**For more information, contact
Workplace Health, Safety and Compensation Commission**

Area	Regular Telephone	Toll Free	Fax Numbers
St. John's	778-1000	1-800-563-9000	778-1302
Corner Brook	637-2700	1-800-563-2772	639-1018
Grand Falls-Windsor	489-1600	1-800-563-3448	489-1616

VISIT & INITIAL REPORT ☐
VISIT & FOLLOW-UP REPORT ☐
VISIT ONLY - NO REPORT ☐

FORM
8/10

**NOTE: THIS FORM IS
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PHYSICIAN'S REPORT

CLAIM NUMBER	MCP	PHYSICIAN'S NAME
WORKER'S - SURNAME	GIVEN NAME(S)	ADDRESS
WORKER'S - ADDRESS	PROV.	POSTAL CODE
CITY OR TOWN	PROV.	POSTAL CODE
TELEPHONE NUMBER	DATE OF BIRTH	DR'S PHONE NO.
NAME OF EMPLOYER	DATE OF INJURY	
OCCUPATION/TYPE OF WORK	DATE OF VISIT	

DESCRIBE INJURY HISTORY (1st visit only) or relevant changes since previous reports

PERTINENT OBJECTIVE FINDINGS

RELEVANT PAST HISTORY

PART OF BODY INJURED

DIAGNOSIS

FURTHER INVESTIGATION (e.g.: radiology, specialist, surgery)

DATE(S)

Do you want WHSCC to arrange an appointment with (please attach a referral letter) ☐ Orthopedics ☐ Neurology ☐ Neurosurgery

REFERRED FOR OTHER
TREATMENT MODALITIES?

IF YES, PROVIDE DETAILS

☐ YES

☐ NO

☐ Physiotherapy

☐ Occupational Rehabilitation (clinic-based, work-site based, FCE, etc.)

☐ Chiropractic

☐ Other, Explain _____

MEDICATIONS PRESCRIBED: (drug name, dose & quantity for each)

Are opioids being prescribed?

Yes ☐

No ☐

A. ☐ Patient has no functional limitations

B. ☐ Patient has functional limitations based on my clinical findings and patient's report

☐ Lifting

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☐ Use of upper extremity (explain)*

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☐ Climbing stairs/ladders

☐ Standing*

☐ Walking*

☐ Sitting*

☐ Limitations due to medications*

☐ Limitations due to environmental conditions*

☐ Other (see cover sheet for examples)*

* Explanation _____

Estimate duration of functional limitation (days/weeks) _____

C. RECOMMENDED WORK HOURS: ☐ Pre-accident/injury hrs. _____ ☐ Modified hrs. _____ ☐ Graduated hrs. _____

D. ☐ NOT CAPABLE OF ANY WORK AT THIS TIME: EXPLAIN _____

Estimate time before the patient will be able to return in any capacity _____ days ☐ 1 week ☐ 2 wks. ☐ 3 wks. ☐ > 3 wks.

☐ Reviewed details of report with patient

Date of next visit _____

Other conditions/factors affecting recovery/return to work _____

I certify that this is a complete and accurate report. The fees are in accordance with the WHSCC Medical Fee Schedule and I have received no prior payment. I have read and understand the responsibilities in the instructions.

Physician's Signature: _____

Date: _____

WHSCC USE ONLY

WHITE - PHYSICIAN

YELLOW - EMPLOYER (PATIENT TO RETURN TO EMPLOYER)

BLUE - WORKER

All employers and workers are obligated under the *Workplace Health, Safety and Compensation Act* to co-operate in the worker's early and safe return to suitable and available employment with the injury employer while the worker is receiving active medical rehabilitation for a work injury.

The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

The worker is responsible for providing the employer's copy of the Form 8/10, Physician's Report, to the employer by the next working day following the doctor's visit. If a worker cannot provide the form in person he/she must contact the employer and provide the info by telephone, email or fax.

Worker co-operation:

- (i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- (iii) accept suitable employment when identified; and
- (iv) give the Commission any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

- (i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work process. The Commission will pay the differential, if any, between the salary earned during early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

**For more information, contact
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St. John's	778-1000	1-800-563-9000	778-1302
Corner Brook	637-2700	1-800-563-2772	639-1018
Grand Falls-Windsor	489-1600	1-800-563-3448	489-1616

APPENDIX 11

Employers Report of Injury - Form 7



Workplace Health, Safety and Compensation Commission

146-148 Forest Road, P.O. Box 9000, St. John's, NL A1A 3B8

Telephone: (709) 778-1000

Fax: Toll Free 1-800-276-5257 Fax: St. John's (709) 778-1302

www.whscc.nf.ca

June 2004

CLAIM NUMBER

THIS NUMBER WILL BE ASSIGNED BY WHSCC WHEN THE FIRST REPORT OF INJURY IS RECEIVED. IT SHOULD THEN BE QUOTED ON ALL CORRESPONDENCE

FORM

7

Use FAX or MAIL to _____

EMPLOYER'S REPORT OF INJURY

ALL EMPLOYERS MUST CO-OPERATE IN EARLY AND SAFE RETURN-TO-WORK

THE EMPLOYER MUST FILE THIS FORM WITHIN 3 DAYS OF THE INJURY (Late and incomplete reports may result in a \$200 fine for a lost-time claim or \$100 for a medical aid only claim.)

Part 1 - TO BE COMPLETED IN ALL CASES INVOLVING WAGE LOSS AND/OR VISIT TO A PHYSICIAN/CHIROPRACTOR

WORKER'S SURNAME		GIVEN NAMES		1. Date and time of injury. Year _____ Month _____ Day _____ Hour _____ am/pm	
WORKER'S ADDRESS				2. Date and time injury reported to employer. Year _____ Month _____ Day _____ Hour _____ am/pm	
CITY OR TOWN		PROV.	POSTAL CODE	3. To whom was the report made? Name: _____ Title: _____	
DATE OF INJURY MONTH _____ DAY _____ YEAR _____	GENDER M _____ F _____	SOCIAL INSURANCE NUMBER		4. How many workers do you regularly employ? _____ (see re-employment obligation below.) Do you have seasonal, casual or contractual workers? Yes _____ No _____	
EMPLOYER'S NAME				5. How long has this worker been in your employ? Years _____ or other (specify) _____ Is this worker: full-time _____ part-time _____ seasonal _____ casual _____	
INCORPORATED <input type="checkbox"/> LIMITED <input type="checkbox"/> PARTNER <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> HRDC PROJECT <input type="checkbox"/> OPTIONAL PERSONAL COVERAGE (If the business is not incorporated or limited, only partner/proprietor who has optional personal coverage is eligible for compensation.)					
EMPLOYER'S ADDRESS					
CITY OR TOWN		PROV.	POSTAL CODE		
NO.	SITE NO.	FAX NO.	TELEPHONE		

Occupation: _____ 7. Did injury occur on employer's premises? Yes _____ No _____

State the injury worksite location and address: _____

Was the work being done for the purpose of the employer's business? Yes _____ No _____

Has the Occupational Health and Safety Committee or Worker Health and Safety Representative been notified of this injury? Yes _____ No _____

Will the injury be investigated? Yes _____ No _____ 11. Has this kind of injury happened before? Yes _____ No _____

How did this injury occur? Indicate the size, weight and description of any object, tool, machine, substance or equipment which was being handled or involved. _____

Describe the injury, mention the part of the body and if applicable, whether right or left side (attach incident report if available.) _____

Give the names and addresses of witnesses (if any).
1. _____
2. _____

Give name of attending doctor: _____

and clinic/hospital: _____

Was any person not in your employ involved in the injury?
(If Yes, please attach explanation on separate paper.) Yes _____ No _____

Do you know any reason why this claim should not be allowed?
(If Yes, please attach explanation on separate paper.) Yes _____ No _____

Has the worker lost-time at work beyond the day of injury?
(If Yes, please complete Part 2 on reverse side.) Yes _____ No _____

Has the worker been offered alternate/modified duties? Yes _____ No _____

If Yes, is the worker currently participating in these duties? Yes _____ No _____

If No, are alternate/modified duties available? Yes _____ No _____

EMPLOYERS MUST SIGN BELOW

I am a representative of the employer and I declare the form is complete and correct. I understand that giving false information or omitting relevant information is a serious offense.

Employer Representative (Please Print)

Employer Signature

Position

Telephone Number

Date (Y/M/D)

IF WORKER IS A FISHER COMPLETE PART 3. PLEASE ATTACH ADDITIONAL COMMENTS ON SEPARATE PAPER.

Use complete Part 2 in all cases involving lost-time greater than the day of the injury.

RE-EMPLOYMENT OBLIGATION

Re-employment obligation may exist if there are 20 or more workers in your employment and if you have continuously employed the injured worker for greater than one year.

WHSCC USE ONLY

IMPORTANT: BOTH SIDES OF DOCUMENT MUST BE SIGNED.

Worker's name _____ Date of injury _____
 YEAR MONTH DAY

FORM

7

PART 2 - TO BE COMPLETED IN ALL CASES INVOLVING LOST-TIME GREATER THAN THE DAY OF THE INJURY AND/OR WHERE MODIFIED DUTIES ARE PROVIDED. (The employer is responsible for wages on the day of the injury.)

Date and time worker stopped work: Year _____ Month _____ Day _____ Time _____ am
 pm

If the worker returned to work for any period since the injury, please give dates:

Year _____ Month _____ Day _____ TO Year _____ Month _____ Day _____

Are you continuing to pay the worker directly during the lost-time period? Yes _____ No _____
 (The employer cannot pay the worker an amount in excess of compensation entitlement.)

If Yes, please give details: _____

If No, give date worker stopped receiving wages: Year _____ Month _____ Day _____

If the worker is back to work, please give date of return: Year _____ Month _____ Day _____

Show separately for each week or pay period the worker's gross wages and lost-time for the four pay periods preceding injury (include bonuses, overtime, etc.).

Period From			To			Wages		Lost-Time		
Year	Month	Day	Year	Month	Day	\$	¢	HOLIDAYS WITHOUT PAY	SICKNESS WITHOUT PAY	LACK OF WORK
								DAYS	DAYS	DAYS
								DAYS	DAYS	DAYS
								DAYS	DAYS	DAYS
								DAYS	DAYS	DAYS

Please enter hours per day normally worked on this 14-day chart.

	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Week 1							
Week 2							

PART 3 - THIS SECTION IS TO BE COMPLETED BY MASTER, OWNER OR PART OWNER. IF THE INJURED FISHER IS SELF-EMPLOYED IT IS ONLY NECESSARY TO COMPLETE THE WORKER'S REPORT OF INJURY - FORM 6.

Vessel Name / Type / Length _____

Personal Commercial Fishing Licence:

Year _____ Number _____ Date of Issue _____

Master's Name _____ Phone _____

Address _____
 City/Town _____ Prov. _____ Postal Code _____

Are you owner, part owner or master of the vessel? Yes _____ No _____

How many crew members are on the vessel? _____

Are earnings based on a share of the catch? Yes _____ No _____ If so, describe the share arrangement. _____

Show vessel's sales for the four weeks prior to date of injury.

Fish Buyer's Name, Address & Phone Number	Gross Sales	Periods Fished

Employer Representative Signature _____

The Occupational Health and Safety Act requires that all incidents resulting in serious injury be reported to the Occupational Health and Safety Branch at (709) 729-4444.

FOR ADDITIONAL FORMS CALL 778-1248 OR 778-1000 OR 1-800-563-9000

IMPORTANT: BOTH SIDES OF DOCUMENT MUST BE SIGNED.

APPENDIX 12

WHSCC Policy RE- 02

CHAPTER: RETURN TO WORK AND REHABILITATION

*Client Services Policy Manual
Newfoundland and Labrador*

POLICY NUMBER: **RE-02**

SUBJECT: **THE GOAL OF EARLY & SAFE
RETURN TO WORK AND THE
ROLES OF THE PARTIES**

REFERENCE

Workplace Health, Safety and Compensation Act,
(the Act) Section 89 and 89.4.

Policies: RE-01 through RE-11 and RE-18.

POLICY STATEMENT

ALL employers (including self-insured employers and those covered by the Government Employees' Compensation Act) and workers are obligated under the Act to co-operate in the worker's early and safe return to suitable and available employment while the worker is receiving active medical rehabilitation for a work injury.

Workers and employers (the workplace parties), and where appropriate, health care providers, are responsible for resolving return to work issues in the workplace with support from the Commission. In unionized work environments, the Commission encourages and promotes union representatives' participation in the process. The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

Employers and unions also have obligations to injured and disabled workers under human rights legislation

When referencing any of the return to work policies (RE-01 to RE-11 and RE-18), it is important to recognize the responsibilities of the workplace parties within the context of the complete return to work process. Therefore, the whole return to work model must be considered in its entirety and not only the specific guidelines under an individual policy.

Construction Industry

Effective January 1, 2002, section 89 of the Act applies to non-construction workers of construction employers. Effective January 1, 2003, section 89 of the Act shall also apply to a worker who performs construction work and to an employer who is engaged primarily in construction work as defined by Policy RE-19 "Construction Industry".

GENERAL

The effectiveness of the workplace parties' early and safe return to work activities can be measured by the success with which:

- i. the worker returns to suitable and available work with the injury employer in a timely and safe manner, and
- ii. the worker's pre-injury earnings are restored.

Definitions

Co-operation means:

- i. maintaining effective communication throughout the period of the worker's recovery;
- ii. working towards identifying suitable and available employment for the worker, and
- iii. fulfilling the reporting obligations to the Commission.

Suitable employment is work that meets all of the following criteria:

- i. the work is within the worker's functional abilities;
- ii. the worker has, or is reasonably able to acquire, the necessary skills to perform the work;
- iii. the work does not pose a health or safety risk to the worker or co-workers, and
- iv. the work restores the worker's pre-injury earnings, if possible.

Available work is work that exists with the injury employer at the pre-injury work site, or at a comparable work site arranged by the employer.

To determine a **comparable work site** to the pre-injury work site, the Commission considers whether:

- i. assignment to a work site other than the injury site forms part of the employment contract, or
- ii. traveling to the proposed job is within the normal parameters of travel expected of a worker.

Health care provider - generally refers to the treating health care provider recognized by the Commission who is responsible for the ongoing care of the worker. This includes physicians, specialists, and other health care professionals (see policy HC-10, "Coverage for Health Care Services").

ROLES OF THE PARTIES

Role of the Worker

Worker Co-operation

The Act sets out minimum requirements for workers regarding co-operation in the early and safe return to work process. Workers are required to:

- i. contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- ii. assist the employer, as may be required or requested, to identify suitable and available employment;
- iii. accept suitable employment when identified, and
- iv. give the Commission any information requested concerning the return to work, including information about any disputes or disagreements which arise during the early and safe return to work process.

Workers are eligible to receive appropriate benefits while co-operating in their active medical rehabilitation and in the progressive early and safe return to work process.

Unions also have obligations to injured and disabled workers under human rights legislation.

Role of the Employer

Employer Co-operation

The Act sets out minimum requirements for employers of injured workers regarding co-operation in the early and safe return to work process. Employers are required to:

- i. contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- ii. provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return to work process. The Commission will pay the differential, if any, between the salary earned during early and safe return to work and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling, and
- iii. give the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return to work process.

Role of the Health Care Provider

The health care provider is responsible for:

- i. providing the workplace parties and the Commission with functional abilities information;
- ii. providing the worker and the Commission with medical information;
- iii. identifying the most appropriate method of treatment for the injury;
- iv. ensuring the worker receives timely treatment, and
- v. ensuring return to work is discussed throughout recovery.

Role of the Commission

The Commission is responsible to facilitate the shared responsibilities of the workplace parties in the early and safe return to work process by:

- i. communicating to the workplace parties their statutory obligations to co-operate in the early and safe return to work process;
- ii. ensuring the return to work plans are achieving the hierarchy of return to work priorities (refer to Policy RE-18) and are consistent with the worker's functional abilities (refer to Policy RE-03);
- iii. monitoring activities, progress, and co-operation of the workplace parties;
- iv. proactively managing the medical rehabilitation of the worker in consultation with the worker and health care provider(s);
- v. determining compliance with the obligation to co-operate and, where applicable, to re-employ,
- vi. offering/providing dispute resolution, and
- vii. communicating regularly and effectively with the workplace parties and health care providers.

Resolving disputes or disagreements

If a dispute or disagreement is identified, or if there is evidence of difficulty, the Commission will contact both workplace parties to determine what assistance or information is required to initiate, maintain or restore co-operative activities.

To facilitate self-reliance and remove barriers in the early and safe return to work process, the Commission shall provide:

- i. information to assist in assessing the workplace in terms of the worker's functional abilities, skills, knowledge and fitness to work;
- ii. information regarding job/workplace

- accommodations, and
- iii. the offer of mediation services, if either of the workplace parties request mediation, or if the Commission determines that mediation will be helpful (see policy RE-04 "Mediation Services").

PENALTIES FOR NON CO- OPERATION

Penalties for worker non-co-operation

Where there has been a finding against a worker for non co-operation, the worker will be given an opportunity to respond to the Commission regarding the reason for not co-operating. If the Commission determines that a worker is not co-operating in the early and safe return to work activities and does not have a legitimate reason, the worker will be notified (verbally, if possible, and in writing) of the obligation to co-operate in early and safe return to work, the finding of non co-operation, and the consequences of this finding.

Where - within one week from the notification by the Commission - the worker fails to demonstrate co-operation to the satisfaction of the Commission and does not have a legitimate reason for not co-operating, the worker's benefits shall be reduced, suspended or terminated, as determined appropriate by the Commission. Where the worker was in receipt of benefits at the time of the finding of non co-operation, those benefits will be continued during the notice period.

Where there is evidence that a worker has been formally notified in writing of non co-operation in the early and safe return to work process in the past (either on the same claim or other claims) the Commission will not provide a subsequent one week notification before benefits are reduced, suspended or terminated. However, the worker will be given an opportunity to co-operate before any finding of non co-operation is made on the same or subsequent claim. A suspension, reduction or termination of benefits will only be implemented where the worker fails to demonstrate co-operation to the satisfaction of the Commission and does not have a legitimate reason for not co-operating.

Penalties for employer non-co-operation

Before a penalty is levied against an employer for non co-operation, the employer will be given an opportunity to respond to the Commission regarding the reason for not co-operating. If the Commission determines that an employer is not co-operating in the early and safe return to work activities and does not have a legitimate reason,

the employer will be notified (verbally, if possible, and in writing) of the obligation to co-operate in early and safe return to work, the finding of non co-operation, and the consequences of this finding.

Where - within one week from the notification by the Commission - the employer fails to demonstrate co-operation and does not have a legitimate reason for not co-operating, the Commission shall levy a financial penalty on the employer not exceeding the cost to the Commission of providing the worker's benefits, and may levy a penalty equal to the costs of return to work and labour market re-entry services during the period of non co-operation.

The non co-operation penalty(s) is an amount owing to the Commission at the time that it is levied and shall be added to the injury employer's assessment and payment enforced under Section 118 of the Act. A principal, contractor, or subcontractor referred to in section 120 of the Act who is not the injury employer will not be held liable for a non co-operation penalty charged against the injury employer.

Where there is evidence that an employer has been formally notified in writing of non co-operation in the early and safe return to work process in the past (either on the same claim or other claims) the Commission will not provide a subsequent one week penalty notification. However, the employer will be given an opportunity to co-operate before any non co-operation penalty is levied on the same or subsequent claim. The penalty will only be levied where the employer fails to demonstrate co-operation to the satisfaction of the Commission and does not have a legitimate reason for not co-operating.

Objection to Penalty

A non co-operation penalty is not suspended if an employer launches an objection. In these cases, the penalty is still levied. However, the employer's objection is considered before the penalty is enforced.

Misrepresentation by Parties

Any misrepresentation by any of the parties during the early and safe return to work program will be considered as non co-operation. Before any decision is rendered for misrepresentation, the party will be given an opportunity to respond. Depending on the nature of the misrepresentation, the case may be referred for criminal prosecution.

Independent Workers

Early and safe return to work for independent workers

For the purpose of this policy, independent workers are defined as:

- i. independent operators who have purchased optional personal coverage from the Commission;
- ii. sole proprietors of a non-incorporated business who have purchased optional personal coverage from the Commission;
- iii. partners of a non-incorporated business who have purchased optional personal coverage from the Commission, and
- iv. active directors, managers and executive officers of an incorporated company.

For independent workers the Commission will become involved in the early and safe return to work process if:

- i. the worker is fit for suitable work;
- ii. the worker is unable to perform the pre-injury duties full time, and
- iii. the worker continues to suffer a loss of earnings due to the work-related injury.

For independent workers who have purchased optional personal coverage, the amount of optional personal coverage purchased is the maximum amount which may be used to calculate loss of earnings capacity.

The Commission's involvement will consist of determining:

- i. the essential duties of the pre-injury job (as noted on the optional personal coverage application for those who have purchased same);
- ii. the duties of the pre-injury job that cannot be performed due to the work-related injury;
- iii. whether the job can be modified to allow the worker to safely perform the pre-injury essential duties;
- iv. an estimate of the worker's current working abilities, expressed as a percentage, in relationship to the pre-injury duties, and
- v. whether the worker will continue to experience a loss of earnings after reaching maximum medical recovery.

If the Commission determines that the independent worker will continue to experience a loss of earnings due to the work-related injury after reaching maximum medical recovery, the Commission will conduct a Labour Market Re-entry assessment.

**EXCEPTIONAL
CIRCUMSTANCES**

In cases where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or unintended result, the Commission will decide the case based on its individual merits and justice. Such a decision will be considered for that specific case only and will not be precedent setting.

EFFECTIVE DATE

This policy applies to all claims effective January 1, 2002, regardless of injury date, except for claims from workers defined under Policy RE-19 "Construction Industry". For a worker who performs construction work and an employer who is engaged primarily in construction work as defined by Policy RE-19 "Construction Industry", the requirements for co-operation under Policy RE-02 apply effective January 1, 2003, regardless of the date of injury.

Policy Amendment History:

	<i>Effective Date</i>	<i>Board Approved</i>
<i>Original Policy</i>	2002 01 01	2001 09 17
<i>Revision #1</i>	2002 10 11	2002 10 11
<i>Revision #2</i>	2004 09 01	2004 07 22

APPENDIX 13

WHSCC Policy RE - 14

POLICY NUMBER:

RE-14

SUBJECT:

LABOUR MARKET RE-ENTRY ASSESSMENTS

REFERENCE

Workplace Health, Safety and Compensation Act (the Act), Sections 54.1, 88 & 89.2.

**POLICY
STATEMENT**

A labour market re-entry assessment is conducted to determine whether a worker has transferable skills or requires assistance to re-enter the labour market and to determine whether a labour market re-entry plan is required. A minimum of three labour market re-entry options will be identified in conjunction with the worker during the assessment process.

The success of a labour market re-entry assessment is facilitated by ongoing communication between the worker, employer, labour market re-entry planner, and the Commission.

GENERAL

**Assessment
Provided**

The Commission shall provide a worker with a labour market re-entry assessment when:

- i. it is unlikely the worker will be re-employed with the pre-injury employer due to the nature of the injury;
- ii. the worker's employer has been unable to arrange work for the worker (as documented by the employer) that is consistent with the worker's functional abilities and that restores the pre-injury earnings;
- iii. the employer is not co-operating in the early and safe return to work process; or
- iv. the employer has not met the re-employment obligation for a worker who has been cleared for suitable work.

For workers who have successfully returned to suitable employment through early and safe return to work, the Commission may provide a labour market re-entry assessment where there is a subsequent deterioration of the work-related injury.

Assessment Not Provided

The Commission will not provide a labour market re-entry assessment if the worker returned to suitable employment through early and safe return to work but later stops working due to:

- i. temporary or permanent lay off;
- ii. labour strike or lock out, or
- iii. other circumstances unrelated to the compensable injury.

Purpose of Assessment

Labour market re-entry assessments are used:

- i. to determine whether a worker has transferable skills that allow re-entry to the workforce;
- ii. to determine whether the worker requires a labour market re-entry plan to re-enter the labour market in suitable employment, or
- iii. to facilitate a return to work with the injury employer, or to restore pre-injury earnings.

Entitlement to Labour Market Re-entry Plan

Upon completion of a labour market re-entry assessment, the identified suitable employment options will be considered in conjunction with the worker. The employer will be informed of the suitable option and the rationale for the option. The Commission will then determine whether a labour market re-entry plan is required as the most appropriate and cost effective means of returning the worker to the workforce or restoring the pre-injury earnings.

When determining entitlement to a labour market re-entry plan, the Commission may consider any non-work related condition a worker may have had prior to the work injury. However, any wage loss entitlement at the completion of the plan will be determined using the proportionment policy (see policy EN-02 "Proportionment".)

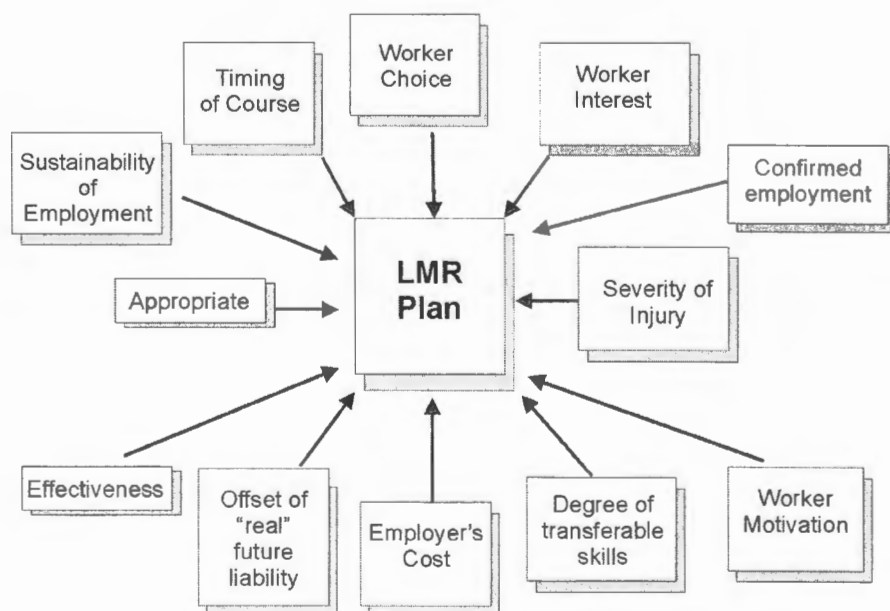
Selecting the Labour Market Re-entry Plan

The Commission considers all information gathered in the labour market re-entry assessment for each labour market re-entry option, including but not limited to whether:

- i. the worker has transferable job skills or skills that can be improved to enable the worker to be market ready;
- ii. the worker requires a labour market re-entry plan to become employable;
- iii. the worker has the aptitude and physical ability to participate in and complete the activities outlined in the plan;
- iv. the labour market re-entry plan maximizes the worker's earning potential to the compensable pre-injury earnings level in an efficient and expedient manner;
- v. the costs/benefits associated with a labour market re-entry plan are reasonable;
- vi. the identified suitable employment will restore the pre-injury earnings of the worker;
- vii. a loss of earnings is expected if the worker is not provided with a labour market re-entry plan;
- viii. a loss of earnings is expected following completion of a labour market re-entry plan;
- ix. the options are feasible.

The following flowchart illustrates the factors considered when evaluating the options:

Evaluating LMR Options



Plan not provided

When the results of the labour market re-entry assessment indicate that the worker has the skills, knowledge and abilities to perform suitable employment and restore the pre-injury earnings, no labour market re-entry plan will be provided. Further entitlement will be determined under policy RE-15 "Determining Suitable Employment and Earnings." In these cases, the worker and the employer are notified, verbally if possible, and in writing, of the decision and the reasons for that decision.

Labour Market Re-entry Re-assessments

In general, workers are entitled to **one** labour market re-entry assessment and plan. The Commission may provide a labour market re-entry re-assessment if the worker's attempt to return to extensively accommodated employment in the suitable employment is unsuccessful. Extensively accommodated refers to work/workplace accommodations so significant that a comparable job is unlikely to exist in the labour market.

Changes in the Functional Abilities Status of the Worker

The Commission may provide a labour market re-entry re-assessment if, due to deterioration in the work-related injury, the suitable employment becomes unsuitable or the worker is unable to continue working in the suitable employment.

A re-assessment may be provided where there is improvement in the functional abilities of the worker as indicated by the health care provider. This may result in reconsideration of suitable employment.

The Commission will use the information from the re-assessment to determine whether the original suitable employment remains appropriate. If so, the worker will not require further labour market re-entry programming.

If the original suitable employment is not appropriate in light of the deterioration or improvement in the worker's functional abilities, other appropriate labour market re-entry options will be explored.

Exceptional Circumstances

In cases where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or unintended result, the Commission will decide the case based on its individual merits and justice. Such a decision will be considered for that specific case only and will not be precedent setting.

Policy Amendment History:

	<i>Effective Date</i>	<i>Board Approved</i>
<i>Original Policy</i>	2001 11 01	2001 09 17
<i>Revision #1</i>	2004 06 01	2004 03 18

APPENDIX 14
WHSCC Policy RE - 03

POLICY NUMBER:

RE-03

SUBJECT:

**FUNCTIONAL ABILITIES INFORMATION
FOR RETURN TO WORK**

REFERENCE

Workplace Health, Safety and Compensation Act
(the Act), Section 89.3.

Policies: RE-01 through RE-11 and RE-18.

PREAMBLE

ALL employers (including self-insured employers and those covered by the Government Employees' Compensation Act) and workers (the workplace parties) are obliged under the Act to co-operate in the worker's early and safe return to suitable and available employment.

Workers and employers, and where appropriate, health care providers, are responsible for resolving return to work issues in the workplace. The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

When referencing any of the return to work policies (RE-01 to RE-11 and RE-18), it is important to recognize the responsibilities of the workplace parties within the context of the complete return to work process. Therefore, the whole return to work model must be considered in its entirety and not only the specific guidelines under an individual policy.

Construction Industry

Effective January 1, 2002, section 89 of the Act applies to non-construction workers of construction employers. Effective January 1, 2003, section 89 of the Act shall also apply to a worker who performs construction work and to an employer who is engaged primarily in construction work as defined by Policy RE-19 "Construction Industry".

**POLICY
STATEMENT**

The intended use of the functional abilities information by the workplace parties is to assist with return to work efforts to the pre-injury position, comparable work or suitable employment consistent with the worker's functional abilities (refer also to RE-18 Hierarchy of Return to Work and Accommodation). Its purpose is to highlight what a worker can do and what limitations apply. The functional abilities information provided to the employer will not contain medical or diagnostic information.

GENERAL

To help in the early and safe return to work of the worker, the workplace parties can obtain written functional abilities information by using:

- a. the functional abilities information provided by the health care provider on the Commission's Form 8/10, and
- b. a form created by them which is specific to their own workplace should they wish to do so, or
- c. if required, a more comprehensive evaluation of functional ability, such as a functional capacity evaluation.

If an employer uses their own functional abilities form, or the workplace parties desire a different evaluation of functional ability, the employer must cover the fee to complete the evaluation or form, and obtain separate consent from the worker, as the consent given to the Commission by the worker when filing a claim relates only to the disclosure of information on the Commission's forms. The employer's request for disclosure of functional abilities information shall be limited to that which is required for the purpose of aiding in the worker's return to work. Where, in the Commission's opinion, a comprehensive evaluation of functional ability is required, the Commission will arrange and pay for it.

When requested to do so by an employer, worker or the Commission, the health care provider treating the worker must give the employer, worker and Commission information concerning the worker's functional abilities.

Generally, the treating health care provider is the person who is responsible for the ongoing care of the worker (see policy HC-10, "Coverage for Health Care Services"). However, as recognized by the Commission, other health care providers who treat and/or assess the worker may also be called upon by the workplace parties or the Commission to provide functional abilities information.

Employers or employer representatives may disclose the functional abilities information provided by the health care provider to a person assisting the workplace parties in meeting their early and safe return to work or re-employment obligations with the consent of the worker.

**Confidentiality of
report**

Anyone who contravenes this confidentiality requirement may be considered under section 125 of the Act. If prosecuted and convicted under that section, they are liable for a fine of up to \$25,000 or up to six (6) months in jail, or both.

**EXCEPTIONAL
CIRCUMSTANCES**

In cases where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or unintended result, the Commission will decide the case based on its individual merits and justice. Such a decision will be considered for that specific case only and will not be precedent setting.

EFFECTIVE DATE

2002 01 01

APPENDIX 15
WHSCC Policy GP - 01

POLICY NUMBER:
SUBJECT:
EFFECTIVE DATE:
BOARD APPROVED:

GP-01
INFORMATION PROTECTION AND ACCESS
1998 09 01
1998 05 27

REFERENCE

Workers' Compensation Act (the Act), R.S.N. 1990, c. W-11, Sections 5, 14-19, 55, 58, 60, 101
Workers' Compensation Review Division Regulation 1117/96 Section 7
Freedom of Information Act
Privacy Act
Board Policies EL-05 and EN-11

POLICY STATEMENT

The Board of Directors and Commission employees must sign and abide by an *Oath of Office* pledging to protect the right of confidentiality for all clients. They shall refrain from discussing with each other and, especially, with persons outside the Commission, any confidential information obtained during their employment, unless required to do so in the course of their job function.

The Commission is highly aware of the sensitive nature of the information it collects and maintains in the administration of the Act. At all times the Commission is responsible for protecting the privacy of individuals and for ensuring the integrity of information in its paper and electronic records.

The Commission also routinely shares information with workers, employers, service providers, and others. When determining the need to share information the Commission must balance the protection of personal privacy against its right to relevant information, as well as against its general responsibility to encourage practical, expedient administration. The Board of Directors may approve written information sharing agreements which are advisable for carrying out the Act.

Workers, employers, service providers and others may be entitled to certain types of information when the rules of natural justice (i.e. the right to know the case affecting oneself, the right to be heard, etc.) apply in the event of decision review.

Written requests must be received by the Commission before any information is released pertaining to decision review. The Commission must balance the protection of personal privacy against the rights of others to know relevant information which may affect them.

Information is protected and not shared except in the circumstances outlined in this policy. Information accessed and shared under this policy is to be used for workers' compensation purposes only. The Commission

expects individuals and organizations to protect information they have accessed and any violation of that principle will be viewed seriously by the Commission.

GENERAL

1. Board of Director Policies

Policies of the Board of Directors are available in the Client Services Policy Manual, or via the Commission's Internet Home page located at <http://www.whscc.nf.ca>.

2. Freedom of Information Act

Information requests not specifically covered by this policy may be more appropriately handled under the Freedom of Information Act.

3. "Access"

For the purposes of this policy the term access may include:

- a. obtaining general information by telephone or electronic means;
- b. reviewing file documentation in person;
- c. obtaining photocopies of documents; or,
- d. obtaining data for research or other purposes.

4. "Authorized Representative"

An authorized representative is an individual, including a spouse, with written authority from an injured worker or employer to act on their behalf and to access information held by the Commission about them. Where a worker is incapacitated or deceased as a result of injury, a dependent or the most appropriate family member (as determined by the Commission) may act as the authorized representative; or, the dependent or the most appropriate family member may name, in writing, someone else as the authorized representative. Copies of written authorizations are kept on file and remain in effect until the worker, dependent, family member, or employer inform the Commission otherwise in writing.

5. General Representation [on behalf of a Worker or Employer]

The Commission may provide general updates and information (not including confidential information) necessary to answer written requests from federal, provincial, or municipal officials, the Workers' or Employers' Advisor, lawyers, accountants, or union representatives, who have been asked to intervene on behalf of a worker or employer.

**PART I - OTHER ACCESS
TO INJURED WORKERS'
CLAIM FILE INFORMATION**

6. Worker and Authorized Representative

An injured worker, or his or her authorized representative, shall have a copy of their complete injury claim file upon written request.

1. Employer and Authorized Representative

A. Outside the scope of Internal Review

Employers receive copies of all return-to-work plans, vocational rehabilitation information, claim cost information, decision letters, and all appeal letters associated with their injured workers' claim files. Any additional information requested by the employer can only be released with the written consent of the worker.

B. Under Internal Review

When there is a formal internal review of a decision, an employer may be granted, upon written request, access to additional relevant claim file information. The Commission shall determine relevance in terms of information which has a direct bearing on, or which is indispensable in order to discuss, the disputed issue(s). Before this relevant information is released the employer must provide the Commission, in writing, the name of the individual to whom the Commission may release the documentation. Copies of all information released to an employer or to an employer's authorized representative will be sent to the injured worker.

2. Health Care Providers

To ensure timely and effective care of injured workers, the Commission will share medical information regarding past treatments, diagnoses, or investigations with health care providers as a routine practice without notifying the injured worker. The amount and type of information shared may vary, but is limited to information necessary for the practitioner to provide the required level of professional service. Health care providers include physicians, psychologists, chiropractors, physiotherapists, and occupational therapists.

3. Third Party Information Requests

Written authorization from the worker, or his or her authorized representative, must be received by the Commission before information from a claim file will be released following a request from a third party, such as a government agency or a private insurance company, except where the Commission is in the course of pursuing an action in the name of the worker or Commission. The authorization must be directed to the Commission; specifically name the third party; indicate which particular

claim file; and, clearly state which information can be released.

PART II - ACCESS TO EMPLOYER ASSESSMENT FILES

Employer and Authorized Representative

The employer or its authorized representative shall have a copy of its complete assessment file upon written request. The Commission shall not release information to anyone else concerning an employer's account. As a matter of business routine, however, the Commission does release requested *Letters of Good Standing* concerning an employer to other employers when the employer in question is in good standing. The Commission shall not issue a *Letter of Good Standing* concerning an employer who is not in good standing, but it will provide an immediate opportunity for that employer to correct its status before responding to the *Letter of Good Standing* request.

PART III - RELEASING AND SHARING INFORMATION UNDER STATUTORY AUTHORITY, WRITTEN AGREEMENTS, AND COURT ORDERS

1. Workers' Compensation Review Division (W.C.R.D.)

Upon written request from W.C.R.D., the Commission must release all information on a claim or assessment file to the W.C.R.D. for the purpose of decision review. The Commission will notify injured workers and employers whenever information is released to the W.C.R.D. from their claim or assessment file.

2. Written Agreements

A. General

The Commission may enter into written information sharing agreements which are advisable for carrying out the Act, under the authority of sections 15 and 18 of the Act.

B. Income Support Agencies

The Commission will share information with other public income support agencies in accordance with a written information sharing agreement which has been approved by the Board of Directors.

C. Board Approval

Any written information sharing must be approved by the Board of Directors and shall contain provisions which require the information to be kept confidential and to be used for the purpose agreed to only.

3. Occupational Health and Safety Division (O.H.&S.)

There is an access and usage agreement signed by O.H.&S. and the Commission. O.H.&S. uses the information contained in the Commission's database in the performance of duties outlined in the Occupational Health and Safety Act and Regulations.

The agreement also provides for the release of information in response to generic external requests and to assist in the development of research projects supported by O.H.&S.

4. Canadian Workers' Compensation Commissions, Boards, Associations

Where a worker moves to another jurisdiction and the Commission or Board in that jurisdiction is able to assist through the provision of medical or vocational rehabilitation services, the Commission will provide all documentation required by that other Commission or Board for effective administration. Also under this policy, the Commission will provide all necessary information from an employer's assessment file to another Commission or Board where their services are required with respect to an employer (such as an audit of financial records).

The Commission will notify injured workers and employers whenever information from their claim or assessment file is released to another Commission or Board. Information is provided to other Commissions or Boards in accordance with the *Interjurisdictional Agreement on Workers' Compensation*.

General statistical information is released to the Association of Workers' Compensation Boards of Canada (A.W.C.B.C.) for inclusion in various annual reports. Injury statistics are also released to the A.W.C.B.C. which is responsible for maintaining the *National Work Injury Statistics Program*.

5. Police

Information will be released to the police only with the written authorization of the individual worker or employer, unless the police agency provides a search warrant or other compelling court order, or if the inquiry is a necessary part of an investigation initiated by the Commission. The police shall be provided with all necessary information whenever the Commission is satisfied that evidence in its files warrants referral for criminal investigation.

**PART IV - ACCESS TO
GENERIC DATA**

The Commission may release its generic data upon request, provided the information released cannot be used to identify an individual worker or employer. The Commission will remove all individual identifiers from data which is released and may place conditions upon the subsequent use of the information generated from the data.

EFFECTIVE DATE

1998 09 01

APPENDIX 16

Work Abilities Form for Non Occupational Absences

Work Abilities Form for Non Occupational Absences

Employee Name: _____

Date: _____

Is able to return to work?	YES	NO	
Full time Regular Duties?	YES	NO	
Part Time Hours?	YES	NO	_____
Is there an hourly restriction?	YES	NO	_____

If part time hours and/or modified duties are recommended, when, in your opinion, will the employee be medically capable of full time duties?

Please comment the following work abilities/restrictions, if appropriate

Lifting _____

Carrying _____

Prolonged Walking _____

Prolonged standing _____

Prolonged sitting _____

Repetitive twisting/bending of the back _____

Repetitive twisting/bending of the neck _____

Reaching or working above shoulder height _____

Repetitive hand movements with RT _____ LT _____ hand _____

Other _____

Please specify any further information that may be helpful for accommodation of this employee

Patient will be re-evaluated on _____

Is participating in a program of physiotherapy? **YES NO**

Is participating in other treatments

Please specify_____

Signature of Doctor

Date

APPENDIX 17

Evaluation Survey Form for Return to Work Program

Evaluation Survey Form for Return to Work Program

This survey may be completed by any employee of the Commission who has been impacted by a return to work accommodation. This survey must be completed by all employees who have been accommodated and all supervisors who have been involved in the accommodation once the employee has successfully returned to work.

1) How soon after your injury/illness was there contact with your employer? _____

2) While you were away from the workplace did your employer contact you? Yes _____
No _____

3) Did you feel the information you received during the first contact with the supervisor or RTW coordinator regarding (benefits, services available, etc) was sufficient?

Yes _____ No _____

If no, please explain _____

If yes, please highlight what information was most helpful _____

4) How long was your absence from

a. The workplace? _____

b. Your pre injury position? _____

5) Was there regular contact from

a. The Return to work Coordinator? Yes _____ No _____

b. Your supervisor? Yes _____ No _____

6) Were you comfortable with the contact schedule set up between you and the Return to work Coordinator or your supervisor? Yes _____ No _____

If no, please indicate how this process could have been improved for you _____

7) Were you successful in returning to your pre injury position? Yes _____ No _____

If no, please describe what accommodations were put in place and if this is a permanent accommodation _____

8) Was there any further accommodation that you felt should have been attempted?

Yes_____ No_____

If yes, please explain_____

9) Was a formal Return to work plan developed in your case?

Yes_____ No_____

a. Did you feel part of that process?

Yes_____

No_____

b. Did any disagreements occur between the parties?

Yes_____

No_____

c. Did you feel the schedule of RTW was fair and reasonable?

Yes_____

No_____

10) Overall did you feel that the service provided by your supervisor during the RTW process was helpful in assisting you return to work? Yes_____ No_____

11) Overall, did you feel that the assistance provided by your coworkers during the RTW process was helpful in your return to work process? Yes_____ No_____

12) Overall, did you feel that the service provided by the Return to Work Coordinator was helpful in assisting you return to work? Yes_____ No_____

13) Do you feel the RTW program was beneficial to you? Yes_____ No_____

14) Do you have suggestions or additional comments that may improve the program?

APPENDIX 18

Early Notice Form

80 KENNAMOUNT RD SUITE 102 ST LOUIS MO 63107
TR: 1-800-457-6511 FAX: 1-800-666-1722

**Must be submitted within
4 to 6 weeks from last day
worked.**

Date: _____

Title: _____

Signature: _____

ortic Blue Cross Care is committed to a proactive program for disability management.

ip Name: _____

Library Number: _____

☐ Long Term Disability ☐ Waiver of Premium
☐ Short Term Disability (Weekly Indemnity)

Classification Number: _____ ☐ Male ☐ Female

e: _____
 Last First Initial

ess: _____

Employee Telephone Number() Date of Birth: YYYY MM DD

Title: _____

Last Worked: _____

mm MM DD

Anticipated Return
to Work Date: _____
 YYYY MM DD

re of Medical Condition:

Comments: _____

